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NH

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ADMINISTRATIVE		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16-153924</b>					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator <b>01</b>					
Location of Arrest (Including Name of Business) <b>6950 South Congress Ave. Lantana, FL 33462</b>		Location of Offense (Business Name, Address) <b>6950 South Congress Ave. Lantana, FL 33462</b>							
Date of Arrest <b>11/18/2016</b>		Time of Arrest <b>2204</b>		Booking Date		Booking Time		Jail Date	
				Jail Time		Location of Vehicle <b>JD's Towing</b>			
Name (Last, First, Middle) <b>Fredey, Patricia</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White   - American Indian B - Black   - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/18/1959</b>		Height <b>5'8"</b>		Weight <b>150</b>	
Eye Color <b>Blue</b>		Hair Color <b>Blonde</b>		Complexion <b>Light</b>		Build <b>Medium</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>		Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>7543 Colony Palm Dr.</b>		(City) <b>Boynton Beach</b>		(State) <b>FL</b>		(Zip) <b>33436</b>		Phone <b>(561) 5781982</b>	
Permanent Address (Street, Apt. Number) <b>7543 Colony Palm Dr.</b>		(City) <b>Boynton Beach</b>		(State) <b>FL</b>		(Zip) <b>33436</b>		Phone <b>(561) 5781982</b>	
Business Address (Name, Street) <b>( )</b>		(City) <b>( )</b>		(State) <b>( )</b>		(Zip) <b>( )</b>		Phone <b>( )</b>	
D/L Number, State <b>F630-681-59-798-0</b>		Soc. Sec. Number <b>( )</b>		INS Number <b>( )</b>		Place of Birth (City, State) <b>Boston, Massachusetts</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone <b>( )</b>	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone <b>( )</b>	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date		Time			
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property					
CODE Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics	
U. Unknown Z. Other									
Charge Description <b>DUI</b>		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>16-153924</b>		Warrant / Capias Number <b>N/A</b>	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Location (Court, Room Number, Address) <b>South County Courthouse 200 W. Atlantic Ave. Delray Beach, FL 33444</b>									
Court Date and Time Month <b>December</b> Day <b>12</b> Year <b>2016</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.									
Signature of Defendant (or Juvenile and Parent /Custodian) <b>(Signature)</b>		Date Signed <b>11-19-16</b>							
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee) <b>NOV 21 2016</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D.Carrillo</b>		I.D. # <b>15494</b>			
Intake/Depu <b>(Signature)</b>		Pouch #		Transporting Officer <b>D.Carrillo</b>		ID # <b>15494</b>		Agency <b>PBSO</b>	
				Witness here if subject signed with an "X"				PAGE <b>1 OF 1</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF November 20 16, AT 8:27 AM ☒ PM

SUBJECT: Fredey, Patricia CASE NUMBER: 16-153924

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D.Carrillo #15494

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

**Patricia crashed into the rear of another vehicle while the other vehicle was stopped at the red light. See PBSO case 16-153897.**

## OBSERVATION OF DRIVER:

Patricia was sleeping in the driver seat with the door open. I tried speaking to Patricia but she could not make any words out. She was slouched over the center console sleeping. Patricia's movements were very slow and she had a hard time picking up items. Her eyes were very watery. Patricia's responses to anything I asked her were inconsistent. She had a hard time locating her FL Drivers License, registration and proof of insurance. She gave up looking for them, never located them, and went back to sleep.

## DRIVER'S STATEMENTS:

Patricia stated she went out with her friends for a couple of drinks after work. She stated she was also taking medication for depression, but said it did not effect her coordination or ability to operate a car.

## ODORS:

Strong Odor of an Alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: slurred and mumbled

ATTITUDE: very calm

CLOTHING: Black Shirt, Red/Violet pants, Tan sandals

MEDICAL/OTHER:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D.Carrillo #15494

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of November 20 16 by D/S D.Carrillo

(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced Known)

Cpl. M.Lopez 6680

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED

NOV 21 2016

SUBJECT: Fredey, Patricia

CASE NUMBER 16-153924

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Too unstable on her feet to complete the task. Difficulty following instructions even after being explained repeatedly.

#### WALK & TURN:

I attempted to get Patricia to stand on a line in a heel to toe position and was physically unable to do it. She also could not maintain either foot on the line and constantly used her arms for balance. Too unstable on her feet to complete the task, therefore, task was not conducted.

#### ONE LEG STAND:

I attempted to get Patricia to stand on a line in a heel to toe position and was physically unable to do it. She also could not maintain either foot on the line and constantly used her arms for balance. Too unstable on her feet to complete the task, therefore, task was not conducted.

#### FINGER TO NOSE:

I attempted to get Patricia to stand on a line in a heel to toe position and was physically unable to do it. She also could not maintain either foot on the line and constantly used her arms for balance. Too unstable on her feet to complete the task, therefore, task was not conducted.

#### ROMBERG ALPHABET:

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D.Carrillo #15494

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of November, 20 16 by D/S D.Carrillo

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Cpl. M.Lopez 6680

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED  
NOV 21 2016

# WITNESS LIST

CASE NUMBER: **16-153924**

ARRESTING OFFICER: **D.Carrillo #15494**

ADDRESS: **PBSO District 6**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **5616884860**

CAN TESTIFY TO: **See report and PC**

NAME: **M.Lopez 6680**

ADDRESS: **PBSO District 6**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **5616884860**

CAN TESTIFY TO: **See Report and PC**

NAME: **D/S. Cimoch 16044**

ADDRESS **PBSO**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **5616883000**

CAN TESTIFY TO: \_\_\_\_\_

NAME: **Bauman, Andrew C.**

ADDRESS **683 Bluejay Rd. Delray Beach, FL 33444**

PHONE NUMBERS (HOME) **732-330-6526** (WORK) \_\_\_\_\_

CAN TESTIFY TO: **See Report and PC**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**

**NOV 21 2016**

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-CARRILLO

SUBJECT: FREDEY, PATRICIA

CASE NUMBER: 16-153924

DATE: Nov 18, 2016

VIDEO DVD NUMBER: 61674

BEGINNING TIME: 2333

ENDING TIME: 2344

BREATH TESTS RESULTS: 1) REF TIME 2335 A.M. ☐ P.M. ☒ 2) XX TIME XX A.M. ☐ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karkleck #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: UPSET, SOMEWHAT COOPERATIVE

CLOTHING: BLACK TANK TOP, RED AND WHITE PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, RED  
SUBJECT UNSTEADY ON FEET

## COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2310  
SUBJECT REFUSED THE TEST INITIALLY  
SUBJECT WAS READ IMPLIED CONSENT AND ADVISED SHE UNDERSTOOD  
SUBJECT REFUSED THE TEST ONCE AGAIN  
MIRANDA WAS READ AND UNDERSTOOD  
SUBJECT SUBMITTED TO THE QUESTIONS ASKED

SCANNED

NOV 21 2016

SUBJECT: Fredeg, Patricia A

CASE NUMBER: 16-153924

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am DIS Carrillo of the PBSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

**SCANNED**

**NOV 21 2016**

SUBJECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Frederick, Patricia A CASE NUMBER: 16-153924

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? No idea

DIRECTION OF TRAVEL? W WHERE DID YOU START? East

WHAT TIME DID YOU START? 8:00pm WHAT TIME IS IT NOW? No idea

WHAT IS TODAY'S DATE? Nov, 18 2016 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 6:00pm. WHAT DID YOU EAT? Shrimp, Chicken, Fritters, App.

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing, hanging with friend, at home

HOW MUCH DO YOU WEIGH? 150-160lb HAVE YOU BEEN DRINKING? yes WHAT? wine, couple

HOW MUCH? couple WHERE? Hurricane Alley WITH WHOM? co workers

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:15pm AND YOUR LAST DRINK? 7:00pm.

WHAT DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped it

DID YOU FEEL THE EFFECTS OF THE ALCOHOL? No. ARE YOU UNDER THE INFLUENCE? No.

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No. HOW MUCH? None

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Nurse WHEN DID YOU LAST WORK? 5:00pm.

DID YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DID YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No.

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

EPILEPSY?	<u>_____</u>
GLASS EYE?	<u>_____</u>
FALSE TEETH?	<u>_____</u>
EAR INFECTION?	<u>_____</u>
INNER EAR TROUBLE?	<u>_____</u>
DIABETES?	<u>_____</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Contact

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? No

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Maj.

INTERVIEWER: DRS D. Carrillo ID# 15494

SCANNED  
NOV 21 2016

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	16-153924	ZONE:	6-12	SUSPECT:	Patricia Fredex	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	11/18/16 2027
EVENT TYPE:	DUI	DEPUTY:	Carrillo	ID#:	15494		

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:
Baumann		Andrew		C	White	M
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:	
8/2/1990		6'2	160	brown	brown	
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:
683 Bluejay Rd				Delray Beach	FL	33444
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
Sentry Hard Assets 2500 N Military Tr				Boca Raton		33431
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:
(888) 330-4445		(734) 930-3840		( )		

## WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Andrew Baumann	
I was stopped at the Red light on Hypoloxo & congress heading west on congress. When a middle aged woman in a red Kia Sorento slammed into the back of my car, I then asked her to pull into the CVS parking lot, where I realize she was intoxicated and called the police. She remained in car when the police arrived	
PAGE 1 OF 1	

## READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE:

*Andrew Baumann*

☒ DEPUTY SHERIFF

☐ NOTARY PUBLIC

FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE:

11/18/16

TIME: 2100

SIGNATURE:

*[Signature]*

ID: 60620

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE WITH A

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

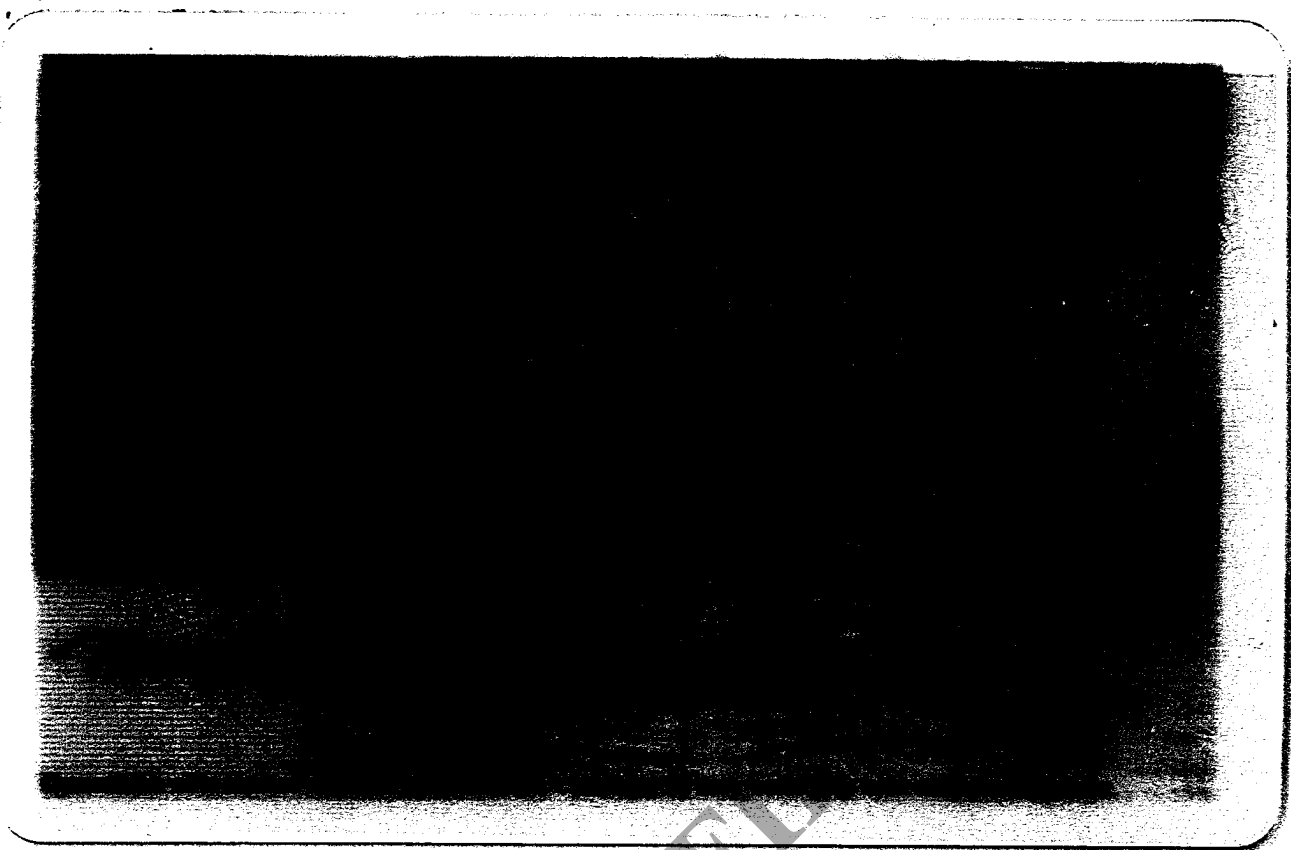
WHITE - RECORDS COPY

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM COPY





NOT A CERTIFIED

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