

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile		
OBTS Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-082124</b>				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1		
Location of Arrest (Including Name of Business) <b>7160 ADDISON RESERVE BLVD DELRAY BCH FL 33446</b>				Location of Offense (Business Name, Address) <b>7160 ADDISON RESERVE BLVD DELRAY BCH FL 33446</b>				
Date of Arrest <b>05/25/17</b>		Time of Arrest <b>2356</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>BLAKES TOWING</b>
Name (Last, First, Middle) <b>CUMPAN ROXANA LISA</b>								
Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian								
Sex W F								
Date of Birth <b>03/17/1996</b>								
Height <b>502</b>								
Weight <b>100</b>								
Eye Color <b>GRN</b>								
Hair Color <b>BRO</b>								
Complexion <b>FAIR</b>								
Build <b>SMALL</b>								
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>TAT PALM TREE LEFT ARM</b>								
Marital Status <b>S</b>								
Religion <b>CATHOLIC</b>								
Indication of: Y N Unk. Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/>								
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>27 COVENTRY GREENE LN POTTSTOWN PA 19465 (484) 684 0916</b>								
Residence Type: 1. City 2. County 3. Florida 4. Out of State 1								
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone ( )								
Address Source								
Business Address (Name, Street) (City) (State) (Zip) Phone ( )								
Occupation								
D/L Number, State <b>(PA)31018934</b>		Soc. Sec. Number			INS Number		Place of Birth (City, State) <b>QUEENS NY</b>	
Citizenship <b>US</b>								
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile								
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile								
Parent Name (Last) (First) (Middle) Residence Phone Legal Custodian Other ( )								
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone ( )								
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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								
School Attended Grade								
Property Crime? Description of Property Value of Property								
Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver K. Distribute M. Produce/ Z. Other N. N/A C. Cocaine M. Marijuana P. Equipment S. Synthetics P. Possess T. Traffic E. Use A. Amphetamine E. Heroin O. Opium/Deriv.								
Charge Description DUI Counts Domestic Violence Statute Violation Number <b>316.193(1)</b> Violation of ORD #								
Drug Activity Drug Type Amount / Unit Offense # <b>N N N/A 17-082124</b> Warrant / Capias Number Bond								
Charge Description POSSESSION OF A CONTROLLED SUBSTANCE Counts Domestic Violence Statute Violation Number <b>893.13(6)a</b> Violation of ORD #								
Drug Activity Drug Type Amount / Unit Offense # <b>p 17-082124</b> Warrant / Capias Number Bond								
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #								
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Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond								
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>								
Court Date and Time Month Day Year Time AM PM <b>MAY 26 2017</b>								
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) Date Signed <b>5:45 PM</b>								
HOLD for other Agency Name: <b>X</b>		Signature of Arresting Officer <b>X</b>			Name Verification (Printed by Arrestee) <b>4</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Inv. E.K. White 7209</b>			I.D. # <b>7209</b>		(PRINT)	
Intake Deputy I.D. # Pouch #		Transporting Officer ID # <b>Inv. E.K. White 7209</b>			Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>	
Witness here if subject signed with an -X" <b>SCANNED</b>								

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD DEFENDANT (N.T.A.'s ONLY)

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 17-082124</b>						
	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) <b>CUMPAN ROXANA LISA</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/17/1996</b>
CHARGES	Charge Description <b>DUI</b>		316.193(1)		Charge Description				
CHARGES	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone ( )	Address Source		
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( )	Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>									
<p>On the <u>25</u> day of <u>MAY</u> <u>20 17</u> at <u>2306</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
PROBABLE CAUSE STATEMENT	<p>After placing the defendant under lawful arrest for DUI and during an inventory of the contents inside her brown purse I looked inside her prescription bottle (D-Amphetamine Salt Comer (XR) 20MG C-filled on 04/24/2017) and saw a red and green pill. Post Miranda I asked the defendant if she was taking any medicine other than her prescribed medication. She told me no. Later I showed her the prescribed prescribed medication and asked if it was in fact hers. She seemed hesitant and I asked if it was her name on the bottle. She told me it is her medication. I asked if there was any other pill inside the bottle other than the prescribed medicine. Without showing her what was inside the bottle she told me her friend gave her a "Zani Bar" that a friend had given to her. The green suspected Zani Bar had an inscription of "S 903". The Abused Pharmaceutical Substances showed this drug to be Hydrocodone/Acetaminophen. Since this drug was not prescribed to her and placed inside her prescription and since she admitted to having the pill, I feel there is probable cause for the additional charge.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<p><b>Inv. E.K. White 7209</b> (Signature of Arresting/Investigative Officer)</p> <p><b>25</b> <b>May</b> <b>17</b> by <b>Inv. E.K. White</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ known _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or has been identified by _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>						
			<p><b>B. SUE OWEN</b> State of Florida-Notary Public Commission # FF093160 My Commission Expires _____</p> <p>GREEN - STATE ATTORNEY May 30, 2018 FBI - PALM BEACH AGENCY</p> <p>SCANNED</p>						
<p>DISTRIBUTION: WHITE - COURT COPY</p> <p>PBSO #0004 REV. 04/01</p> <p>PINNED BY: MAY 26 2017</p>									

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF MAY 20 17, AT 2306 AM PM ✓

SUBJECT: CUMPAN ROXANA LISA CASE NUMBER: 17-082124

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

## PERSONAL CONTACT

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

On Thursday, May, 25, 2017 at approximately 2259 hours, I responded to a security gate at Addison Reserves, located at 7160 Addison Reserve Boulevard, Del Ray Beach (Palm Beach County) Florida to assist Deputy Timothy J. Farrington with a "Mobile Eyes" complaint of a motorist stopped at the guard gate whom appeared to be impaired. Upon my arrival I noticed a white vehicle bearing Pennsylvania license plates "KGN4347" stopped in the inside lane of the outgoing gate. D/S Farrington and D/S Robert Peitz were positioned by the driver side of the vehicle. I made contact with two security officers that came forward with information regarding the defendant driving up to the gate. They both wrote sworn witness statements with detailed information regarding their encounter with the driver. Robert Tallman told me a white female drove up to the gate in a white Audi. She could not remember who she was visiting or where she was going. He thought she was impaired and thought it necessary to notify the police.

His Captain (Roger Yeakley) also responded and told me the driver had red and glossy eyes and spoke with slurred speech.

I also made contact with D/S Farrington who told me the following: I RESPONDED TO THE ENTRANCE TO ADDISION RESERVED IN REFERENCE TO MEETING WITH SECURITY ON A VEHICLE THAT THEY HAD STOPPED DUE TO THE DRIVER BEING UNDER THE INFLUENCE. UPON MY ARRIVAL, I SPOKE WITH SECURITY OFFICER ROBERT TALLMAN. HE STATED THE FEMALE DRIVER THE AUDIO 4DR DROVE UP TO THE GATE AND APPEARED TO BE LOST AND INCOHERENT. SHE WAS NOT AWARE OF HER SURROUNDINGS.

I WALKED UP TO THE FEMALE DRIVING THE AUDIO. SECURITY OFFICER TALLMAN HAD HANDED ME A DRIVER LICENSE THAT IDENTIFIED THE DRIVER AS AS I WAS SPEAKING WITH HER, I COULD SMELL A STRONG ALCOHOLIC ODOR EMITTING FROM HER FACIAL AREA. HER SPEECH WAS SLURRED. HER FACE WAS FLUSHED AND SHE COULD BARELY KEEP HER HEAD UP. I ASKED FOR HER REGISTRATION AND SHE HANDED ME HER PARKING PASS. I ASKED HER FOR HER INSURANCE AND SHE HANDED ME A WRITTEN WARNING PARKING CITATION SHE RECEIVED.

AFTER OBSERVING THIS, I CONTACTED A DUI UNIT AND DUIS, D/S WHITE RESPONDED AND THE INVESTIGATION WAS TURNED OVER TO HIM: He also wrote a sworn witness statement on a probable cause affidavit.

### OBSERVATION OF DRIVER:

I made contact with the driver who was sitting in the driver seat of a white vehicle. She was later identified as Roxana Lisa Cumpman by her Pennsylvania driver license. She was consumed with rummaging through papers in search of a parking pass. She later handed me business cards in a clip and thought it was a parking pass. She appeared to be disoriented and confused. She was inattentive and not following instructions. While speaking with her I noticed her eyes were watery and glossy. Her speech was slurred and her cheeks were flushed. Her movements were slow and calculated. I could smell an odor of an unknown alcoholic beverage emanating from the inside of the vehicle. I explained to her that security personnel called the sheriff's office due to her appearing to be impaired after driving to the guard gate. Moreover, I told her I also suspected her to have been drinking an unspecified amount of unknown alcoholic beverages. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs, but told me she could stay at a friend's house. Prior to exiting the vehicle I asked if he had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. She told me she was taking Adderall for a focusing problem. She said she had nothing wrong with her physically, however. I asked them to exit the vehicle and walk to the back of it. When she exited I noticed she was not able to maintain her balance. She staggered while walking. Once she reached the back of her vehicle she leaned against it. I asked her to step away from the vehicle and watched her sway from side to side while standing. I escorted her to a smooth and level surface that was free from obstructions and debris. The area was well lighted by the lights from my patrol car and ambient lighting. I could now smell a strong odor of an unknown alcoholic beverage coming from her breath which intensified when she spoke. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand and The Finger to Nose. The defendant started crying during some of the tasks. Her deficiencies were captioned on another form on this worksheet.

### DRIVER'S STATEMENTS:

I can go stay at a friend's house. After being told she had too much to drink she responded, "You are probably right".

### ODORS:

Strong odor of an unknown alcoholic beverage coming from the subject's breath.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: crying, pleading, aggressive and inattentive

CLOTHING: red and black dress

MEDICAL/OTHER: ADHD

STATE OF FLORIDA  
COUNTY OF PALM BEACH

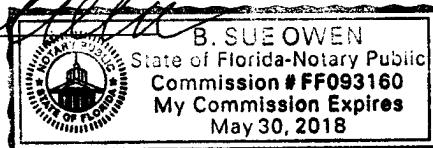
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of May 20 17 by D/S WHITE

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

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



SCANNED  
MAY 26 2017



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 #:	17-082124	ZONE:	4-21	SUSPECT:	Roxana Cumpan	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	3/25/17 2336
EVENT TYPE:	SUICIDE	DEPUTY:	WHITE		ID#:	7209	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Yekeler	Roser	M	A	M
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT: 5'9"	YOUR WEIGHT: 198	YOUR HAIR COLOR: Blk	YOUR EYE COLOR: Brn
YOUR HOME ADDRESS: 108 Henshorne Dr.	<input type="checkbox"/> CHECK IF HOMELESS		CITY: Lake Worth	STATE: FL ZIP: 33461
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE: ZIP:
WORK PHONE: ( )	CELL PHONE: (1850) 225 7502	HOME PHONE: ( )	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: I Roser Yekeler	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>on 3/25/17 at approximately 2250 hours I was in the Gate house when I observed Lt. Tallman trying to admit a white Audi. Upon observation the vehicle was operated by a w/f later identified as Roxana Lisa Cumpan. Ms. Cumpan was having problems telling Lt. Tallman where she wanted to go. She had red blood shot eyes and spoke with a slur. She was denied entry. At this time she was caused to pull around to the exit lane. When she was talking she trying to restart the car. (car was already running). At this time I asked Lt. Tallman to call PBSO.</p>	

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 3/25/17 TIME: 2335  
 SIGNATURE:  ID: 7209

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 INITIALLING 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.

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

DO NOT WISH TO PROSECUTE (INITIAL)



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 #:	17-082124	ZONE:	4-21	SUSPECT:	Roxana Giempen	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	5/25/17 2306
EVENT TYPE:	DUI			DEPUTY:	D/S	ID#:	7209

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	TALLMAN		FIRST NAME:	ROBERT		MIDDLE INITIAL:	M	RACE:	W	SEX:	M
DATE OF BIRTH:	02/09/61		YOUR HEIGHT:	5'8		YOUR WEIGHT:	172		YOUR HAIR COLOR:	BROWN	
YOUR HOME ADDRESS:	2301 S. CONGRESS AVE #122			<input type="checkbox"/> CHECK IF HOMELESS	CITY:	BOYNTON BCH.		STATE:	F	ZIP:	33462
YOUR WORK NAME & ADDRESS:				<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:			STATE:		ZIP:	
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:	<input checked="" type="checkbox"/> CHECK IF NONE				
(561) 493 0668 (954) 588 2405 ( )											

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME:	ROBERT TALLMAN	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>OBSEVED A WHITE AUDI (LC. TAG # KGN4347-PA TAG) DRIVE UP TO THE MAIN GATE AT ADDISON RESERVE (7160 ADDISON RESERVE BLVD. THE DRIVER, A WHITE FEMALE APPEARED TO BE IMPAIRED. SHE COULD NOT SEEM TO REMEMBER WHO SHE WAS VISITING OR WHERE SHE WAS GOING. CAPT. ROGER YEAKLE AND MYSELF LT. ROBERT TALLMAN BOTH AGREED THAT THE YOUNG LADY WAS IMPAIRED AND THAT LAW ENFORCEMENT SHOULD BE NOTIFIED. THE TIME WAS APPROXIMATELY 2250 HRS. - ON 05/25/17 THE NAME OF THE FEMALE WAS ROXANA CUMPAW.</p> <p>(END OF STATEMENT.)</p>		

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: 

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 INITIALLING 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.

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DO NOT WISH TO PROSECUTE (INITIAL)

SCANNED

WHITE - RECORDS COPY

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM COPY

MAY 26 2017