

25CF 7686

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
6. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral

1

JUVENILE

Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A.'s only) <b>3, 2   2025-010322</b>
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type: <b>UNARMED</b>	Multiple Charge Indicator <b>NO</b>
Location of Arrest (Including Name of Business) <b>1400 W GLADES RD, BOCA RATON, FL 33431</b>		Location of Offense (Business Name, Address) <b>1400 W GLADES RD, BOCA RATON, FL 33431</b>
Date of Arrest <b>09/24/2025</b>	Time of Arrest <b>02:28</b>	Booking Date <b>09/24/2025</b>
Booking Time <b>05:32</b>	Jail Date	Jail Time
Location of Vehicle <b>PRIORITY TOWING</b>		
Name (Last, First, Middle) <b>BALDASSARRE, CAITLYN NICOLE</b>		
Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>		
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/20/1988</b>
Height <b>5'07</b>	Weight <b>127</b>	Eye Color <b>BROWN</b>
Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT L NECK / SHARK TOOTH; TATT LOR HAND / FLOWER</b>		Marital Status <b>S</b>
Religion <b>NONE</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>2088 SW 13TH AVE, BOYNTON BEACH, FL 33426</b>		Phone
Permanent Address (Street, Apt. Number) <b>2088 SW 13TH AVE, BOYNTON BEACH, FL 33426</b>		Phone
Business Address (Name, Street) <b>THE BOULEVARD, 1403 BOYTON BEACH BLVD</b>		Phone
Occupation <b>Bartender</b>		Address Source <b>SELF</b>
DL Number, State <b>B432114889600 / FL</b>	Soc. Sec. Number	DNS Number
Place of Birth (City, State) <b>CORTLAND, NY,</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
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"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	
Address (Street, Apt. Number)	(City)	(State)
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
Drug Activity S. Sell H. N/A P. Possess	R. Struggle 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.	F. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other	Statute Violation Number <b>893.13(6A) C0C</b>	
Charge Description <b>POSSESSION OF COCAINE</b>	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
Health / Apparent Physical Condition of Defendant <b>GOOD</b>	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	Released By <b>MEYER</b>
Transported By <b>MEYER</b>	Date Transported	Time Transported
Other	Released To <b>TOTCJ</b>	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	
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.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian) <i>[Signature]</i>		Date Signed <b>9/24/25</b>
HOLD for Other Agency	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed by Arrestee) <b>SEP 24 4 01 00</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) <b>TAYLOR, Z. S.</b>
Agency ID # <b>7969</b>	Agency ID # <b>916</b>	Agency <b>BRPD</b>
Page # <b>1</b>	PAGE <b>1 OF 1</b>	

SCANNED

SEP 25 2025

299


0501639

PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Copies

1

JUVENILE

A D M I N I S T R A T I V E	OST's Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2025-010322</b>			
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:				
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
D E F E N D E N T	Name (Last, First, Middle) <b>BALDASSARRE, CAITLYN NICOLE</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/20/1988</b>	
C H A R G E S	Charge Description <b>893.13(6A) COC POSSESSION OF COCAINE</b>			Charge Description					
	Charge Description			Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>					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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24</u> day of <u>September</u>, <u>2025</u> at <u>02:28</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 09/24/25, at approximately 0136 hours, I responded to 1400 W Glades Rd as a back-up unit for a traffic stop. Upon arrival, I observed that Officer Tejada had stopped a gray 2022 Honda, bearing FL tag AR81LG.</p> <p>Officer Tejada informed me that she initially observed the vehicle driving westbound on Glades Rd while swerving in its lane. Upon running the vehicle's license plate, Officer Tejada discovered that the registered owner had an expired license. Officer Tejada then initiated a traffic stop on the vehicle and identified the driver as the registered owner, Alexander Bisson, via his FL DL. While speaking to Officer Tejada, she informed me that Bisson was exhibiting what she believed to be signs of impairment.</p> <p>I then approached the vehicle from the driver side and made contact with Bisson. I immediately observed that the Bisson's eyes were red and glossy, his eyelids were droopy, his movements were slowed, and his speech was slurred. I also observed a strong odor of an unknown alcoholic beverage emanating from Bisson's breath.</p> <p>Based on the totality of the circumstances, the information provided by Officer Tejada, and my observations of Bisson, I requested that Bisson exit the vehicle for further investigation. I then asked Bisson how much alcohol he consumed this evening, and he stated he had a few shots of tequila while out with friends in Mizner Park. I later asked Bisson to submit to Standardized Field Sobriety Exercises, and he agreed to participate.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Bisson stated that he understood. I first ensured that Bisson's eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Bisson displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. During the exercise, I had to remind Bisson</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME								
	<u>HORNE, ASHTON</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>09/24/2025</u> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>TAYLOR, ZACHARY SEBASTIAN (917)</u> NAME OF OFFICER (PLEASE PRINT) <u>09/24/2025</u> DATE				
								PAGE 1 OF 2	

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED

SEP 25 2025

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1 JUVENILE

ORIS Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2025-010322</b>
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Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>BALDASSARRE, CAITLYN NICOLE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/20/1988</b>
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one time to not move his head and to follow the stimulus with only his eyes. Lastly, I could smell an overwhelmingly strong odor of an unknown alcoholic beverage emanating from his breath when he exhaled.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Bisson stated that he understood, and he was instructed to begin. Bisson missed heel-to-toe numerous times and stepped on his toes several times. Additionally, he stepped off the line, stopped while walking, took ten steps one way, made an improper turn, and took nine steps back.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Bisson stated he understood. Bisson swayed in a circular motion and put his foot down several times while completing the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Bisson knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions. The pattern was L-R-L-R-R-L. On the first command Bisson used the pad of his finger to touch his nose instead of the tip. There were no other obvious clues noted.

The final exercise was the modified romberg balance test. I asked Bisson if he felt comfortable estimating the passage of 30 seconds and he stated he did. The instructions were administered, and the exercise was conducted. Bisson estimated the passage of 30 seconds in 33 seconds.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Bisson was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Bisson was placed under arrest for DUI per F.S.S. 316.193(1a).

I then conducted a tow inventory of Bisson's vehicle. During this time I located a clear plastic bag with a white powdery substance underneath the front passenger seat, which had been occupied by Caitlyn Baldassarre. Based on this discovery and reason to believe that the white powdery substance inside of the bag was narcotics I informed Baldassarre of her constitutional warnings (Miranda) and Baldassarre stated that she understood. I then asked Baldassarre about the contents of the bag and she ultimately confessed to it containing cocaine and to it belonging to her. A field test was conducted on the white powdery substance which yielded a positive result for cocaine. The total weight of the bag with the white powdery substance was 0.1 Grams.

Based on the totality of circumstances probable cause exists to charge Baldassarre with possession of cocaine per F.S.S 893.13(6a).

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<b>HORNE, ASHTON</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117(10))	<b>TAYLOR, ZACHARY SEBASTIAN (917)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>09/24/2025</b> DATE	<b>09/24/2025</b> DATE
		PAGE 2 OF 2



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025025653	Date: 9/25/2025
	Specialist Name/ID#: Angela Pinkney/7796

SCANNED

SEP 25 2025