

0395912

3631

ARREST NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 17-005323	
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 NONE	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 6230 W INDIANTOWN RD, CHASEWOOD PLAZA			Location of Offense (Business Name, Address) 309 S CENTRAL BLVD/CHASEWOOD DR N, JUPITER, FL			
Date of Arrest 11/06/2017	Time of Arrest 22:30	Booking Date 11/06/2017	Booking Time 22:40	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) BOLTZ, CAITLIN ELIZABETH		Alias: BOLTZ, CAITLIN ELIZABETH BOLTZ, CAITLIN				
Race W - White B - Black	Sex F	Date of Birth 02/01/1991	Height 5'04	Weight 119	Eye Color Bro	Hair Color Bro
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion Other	Complexion Med	Build Medium
Local Address (Street, Apt. Number) 152 VIA CATALUNHA, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 339-0427	
Permanent Address (Street, Apt. Number) 152 VIA CATALUNHA, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 339-0427	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
D/L Number, State B432105915410 / FL	Spec. Sec. Number	INS Number	Place of Birth (City, State) Pensacola, FL		Citizenship	

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	Name (Last, First, Middle)			Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)	Relationship	Date	Time			
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	Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property		

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	-----------------------------	--	----------	---------------------------------------	---	--	--	------------------------

Charge Description DRUGS - POSSESSION OF HEROIN						Statute Violation Number 893.13 (6)(A)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense # 17-005323	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description DRUGS - POSSESSION OF COCAINE						Statute Violation Number 893.13 (6)(A)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense # 17-005323	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description						Statute Violation Number NOV 7 4 12:42	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant		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					
Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other	
Transported By		//					

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Court Date and Time	
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

HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) COUNTS, RUSSELL L.		(PRINT)	
Intake Deputy Spain	I.D. # 8101	Pouch #	Transporting Officer R.COUNTS	I.D. # 347	Agency JUPITE
Witness here if subject signed with an "X".				PAGE 1 OF 1	

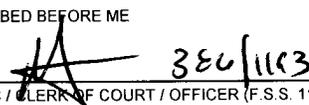
NOV 07 2017

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-005323	
	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	
D E F	Name (Last, First, Middle) BOLTZ, CAITLIN ELIZABETH				Alias BOLTZ, CAITLIN ELIZABETH		Race W	Sex F
	Date of Birth 02/01/1991				Special Notes:			
C H A R G E S	Charge Description 893.13 (1A) (1) DRUGS - POSESSION OF HEROIN				Charge Description 893.13 DRUGS - POSSESSION OF COCAINE			
	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
P R O B A B L E C A U S E S T A T E M E N T	<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 checked="" 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 6 day of November, 2017 at 22:30 (Specifically include facts constituting cause for arrest.)</p> <p>On 11/6/17, at 2136 hours, I was in full police uniform, driving my fully marked patrol vehicle. During my routine patrol, I observed a Silver Toyota (FL Tag IMQM44) traveling eastbound on Jupiter Gardens Drive approaching South Central Boulevard. The vehicle proceeded past the stop sign and stopped in the middle of the sidewalk, blocking the route for pedestrian traffic.</p> <p>A nearby construction sign also advised no left turn. The vehicle then made a left turn onto South Central Boulevard. I activated my emergency lights and initiated traffic stop on the vehicle. The vehicle proceeded into Chasewood Plaza and stopped near the BB&T Bank.</p> <p>Upon arrival at the vehicle, I made contact with the driver, WF Caitlin E. Boltz DOB: 2/1/91, identified myself, and advised her the reason she was stopped. I asked Boltz for her FL DL, vehicle registration, and insurance information, which she provided. I ran Boltz` FL DL through NCIC/FCIC, which advised her FL DL had been suspended on 10/18/17.</p> <p>I asked Boltz to exit the vehicle, which she complied. After Boltz exited the vehicle, Ofc. Hobby advised he observed a small clear plastic baggie containing a white powdery substance, fall onto the driver seat where Boltz was sitting. I placed Boltz in handcuffs, which were double locked and checked for proper spacing, and placed her in the rear of my patrol vehicle.</p> <p>Next to the clear plastic baggie, I located a small pill capsule containing a brown powdery substance. From my training and experience, I suspect the white powdery substance to be cocaine and the brown powdery substance to be heroin.</p> <p>Boltz advised the pill and baggie were hers and she is recovering from heroin use.</p>							
	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/06/2017 DATE				COUNTS, RUSSELL L (1150) NAME OF OFFICER (PLEASE PRINT) 11/06/2017 DATE				
				PAGE 1 OF 2				

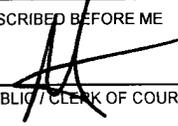
OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number				
FL 0501700	JUPITER POLICE DEPARTMENT		5 4 17-005323				
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 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)	Alias			Race	Sex	Date of Birth	
BOLTZ, CAITLIN ELIZABETH	BOLTZ, CAITLIN ELIZABETH			W	F	02/01/1991	

The white powdery substance was field tested with a quick check test kit which tested positive. The brown powdery substance was field tested with a quick check test kit which tested positive.

I advised Boltz she was under arrest for possession of heroin and possession of cocaine. Boltz was transported to the Jupiter Police Department for processing. Once processing was completed, Boltz was transported to county jail without incident.

The clear plastic baggie and pill containing the brown powdery substance were placed into evidence at the Jupiter Police Department.

In conclusion of the incident, I find probable cause to charge Boltz with possession of heroin per F.S.S. 893.13(1A)(1) and possession of cocaine per F.S.S. 893.13(6)(A).

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	 <u>396/1193</u>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	COUNTS, RUSSELL L (1150)
	11/06/2017 DATE	NAME OF OFFICER (PLEASE PRINT) 11/06/2017 DATE
		PAGE 2 OF 2