

JK+H 0484483

NOT880
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

pch 3328

OBTS Number		Agency ORI Number FL0502400		Agency Name OCEAN RIDGE POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 72-2017-0017							
ADMINISTRATIVE	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) 5800 BLK OF N. OCEAN BLVD.		Location of Offense (Business Name, Address) 5800 BLK OF N. OCEAN BLVD										
Date of Arrest 01/10/17		Time of Arrest 0350		Booking Date 01/10/17		Booking Time		Jail Date 01/14/17	Jail Time	Location of Vehicle			
Name (Last, First, Middle) CAROLINE H. ZAPIEC <i>ZAPIEC CAROLINE H</i> Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 06/28/90		Height 511	Weight 170	Eye Color BLU	Hair Color BLN	Complexion LT	Build H		
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE	Religion CATHOLIC	Indication of: Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/>					
DEFENDANT	Local Address (Street, Apt. Number) 209 N.E. 13TH STREET DELRAY BEACH FL. 33444						Phone (239) 910-2881	Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State 2					
	Permanent Address (Street, Apt. Number)						Phone ()	Address Source SELF					
Business Address (Name, Street)						Phone ()	Occupation LAWYER						
D/L Number, State Z120108907280			Soc. Sec. Number [REDACTED]			INS Number		Place of Birth (City, State) CAPE CORAL, FL.		Citizenship US			
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		
Name (Last) OR (First) (Middle)						Residence Phone ()							
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													
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.						School Attended				Grade			
<input type="checkbox"/> Yes, by: (Name)						<input type="checkbox"/> No: (Reason)							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property							
CODE	CHARGE	Drug Activity N. N/A B. Buy P. Possess	S. Sell D. Deliver T. Traffic	R. Smuggle E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A C. Cocaine A. Amphetamine	B. Barbiturate E. Heroin	H. Hallucinogen O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
		Charge Description DUI						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193.1			
CHARGE	CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 2017-0017			Warrant / Capias Number				Bond	
		Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			
CHARGE	CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 2017-0017			Warrant / Capias Number				Bond	
		Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			
CHARGE	CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 2017-0017			Warrant / Capias Number				Bond	
		Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			
NOTICE TO APPEAR	Location (Court, Room Number, Address) 200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL. 33444												
	Court Date and Time Month JANUARY Day 30 Year 2017 Time 8:30 AM ✓ 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)													
HOLD for other Agency Name: Thomas				Signature of Arresting Officer R. ERMERI 4841				Name Verification (Printed by Arrestee) 5/11/17					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: OF.C. R. ERMERI				I.D. # (PRINT)					
Intake Deputy ID. # Thomas				Transporting Officer ID. # R. ERMERI 4841 ORPD				PAGE 1 OF 1					
Witness here if subject signed with an "X"													

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF JANUARY 20 17, AT _____ PM ✓ AM
SUBJECT: CAROLINE H. ZAPIEC CASE NUMBER: 2017-0017
AGENCY: OCEAN RIDGE POLICE DEPARTMENT ARRESTING OFFICER: OFC. R. ERMERI
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Zapieci was unconscious behind the wheel of her black in color, 2013, BMW with the engine running and with the vehicle in gear. I also observed that her cellular telephone was on her lap.

OBSERVATION OF DRIVER:

Officer Plesnik and I tapped on the vehicle windows and Zapieci was obviously startled causing her foot to apparently slip off of the brake pedal.

The vehicle then started to roll forward and Plesnik and I were unable to get Zapieci to respond to our further tapping on the widows and our verbal commands.

I returned to my patrol vehicle and activated my emergency lights and utilizing my P.A. I was able to get Zapieci to stop her vehicle.

DRIVER'S STATEMENTS:

Zapieci advised that she was in Delray Beach and that she did not become unconscious behind the wheel of her vehicle.

Zapieci indicated that she was driving in Delray Beach and that I pulled her over so she stopped.

ODORS:

I detected an odor of alcoholic beverage emanating from her person while she was seated in the rear passenger compartment of my patrol car.

GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Uncooperative

CLOTHING: Black and White dress, neat and clean

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

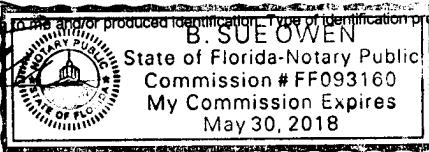
The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of January 20 17 by OFC. R. ERMERI

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

B. SUE OWEN

State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

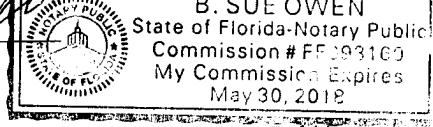
<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT-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

Other Observations:**REFUSED****WALK & TURN:****REFUSED****ONE LEG STAND:****REFUSED****FINGER TO NOSE:****REFUSED****ROMBERG ALPHABET:****REFUSED****BREATH TEST RESULTS:** 1) 2) 3) 4)**STATE OF FLORIDA
COUNTY OF PALM BEACH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of January 2017 by **OFC. R. ERMERI**

(Print name of Arresting/Investigative Officer), who is personally known to me and acknowledged her/his signature. Type of Identification produced



B. SUE OWEN
State of Florida-Notary Public
Commission # FF 093100
My Commission Expires
May 30, 2018

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

OFC. R. ERMERI

WITNESS LIST

CASE NUMBER: 2017-0017

ARRESTING OFFICER: OFC. R. ERMERI

ADDRESS: 6450 N. Ocean Blvd, Ocean Ridge, Florida 33435

PHONE NUMBERS (HOME): N/A (WORK) 561-732-8331

CAN TESTIFY TO: Zapiec was in physical control of her vehicle and unconscious behind the wheel.

NAME: OFC. N. PLESNIK

ADDRESS: 6450 N. Ocean Blvd, Ocean Ridge, Florida 33435

PHONE NUMBERS (HOME) _____ (WORK) (561) 732-8331

CAN TESTIFY TO: Zapiec was in physical control of her vehicle and unconscious behind the wheel.

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: Ocean Ridge P.D.
SUBJECT: Zapiiec, Caroline Halina CASE NUMBER: 17-026478
DATE: 01/14/17 VIDEO # 61985
BEGINNING TIME: 0522 ENDING TIME: 0525
BREATH TESTS RESULTS: **REFUSED** 1) TIME 0524 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6407

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: quiet, co-operative

CLOTHING: black/white striped dress

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Strong odor of unknown alcoholic beverage

I allowed to go to bathroom during observation

COMMENTS: A/I & I arrived at 0450 hrs

A/I observed 20 minutes

A/I requested breath test, I refused

A/I read IIC, I understood, still refused

A/I read C/W, I understood rights

NO Q/E, I asked for attorney

SUBJECT: _____ CASE NUMBER: _____

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 _____ of the _____

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) _____

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. 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.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ CASE NUMBER: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL