

JK # 0484483

# NOTES

## ARREST / NOTICE TO APPEAR

### Juvenile Referral Report

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FL0502400</b>		Agency Name <b>OCEAN RIDGE POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>72- 2017-0017</b>	
	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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>5800 BLK OF N. OCEAN BLVD.</b>				Location of Offense (Business Name, Address) <b>5800 BLK OF N. OCEAN BLVD</b>			
	Date of Arrest <b>01/14/17</b>	Time of Arrest <b>0350</b>	Booking Date <b>01/14/17</b>	Booking Time	Jail Date <b>01/14/17</b>	Jail Time	Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) <b>CAROLINE H. ZAPIEC</b> <b>ZAPIEC CAROLINE H</b>							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>06/28/90</b>	Height <b>511</b>	Weight <b>170</b>	Eye Color <b>BLU</b>	Hair Color <b>BLN</b>	Complexion <b>LT</b>
	Build <b>H</b>							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>209 N.E. 13TH STREET DELRAY BEACH FL. 33444</b>				Phone <b>(239) 910-2881</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>SELF</b>	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>LAWYER</b>	
	D/L Number, State <b>Z120108907280</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CAPE CORAL, FL.</b>	
	Citizenship <b>US</b>							
CO-DEF	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
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				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		Date	Time
CHARGE	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)							
	Property Crime? <input type="checkbox"/> Yes <input 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. 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>1</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 Drug Type Amount / Unit		Offense # <b>2017-0017</b>		Warrant / Capias Number		Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
	Drug Activity Drug Type Amount / Unit		Offense # <b>2017-0017</b>		Warrant / Capias Number		Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
	Drug Activity Drug Type Amount / Unit		Offense # <b>2017-0017</b>		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL. 33444</b>							
	Court Date and Time Month <b>JANUARY</b> Day <b>30</b> Year <b>2017</b> Time <b>830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 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.							
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
	HOLD for other Agency Name:		Signature of Arresting Officer <b>R. ERMERI</b>		Name Verification (Printed by Arrestee) (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>OFC. R. ERMERI</b>		I.D. #		PAGE	
	Initials/Signature <b>THOMAS</b>		Pouch #		Transporting Officer <b>R. ERMERI</b>		Witness here if subject signed with an -X- 1 OF 1	

# 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)

**Zapiec 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 Zapiec 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 Zapiec to respond to our further tapping on the windows 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 Zapiec to stop her vehicle.**

## DRIVER'S STATEMENTS:

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

**Zapiec 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

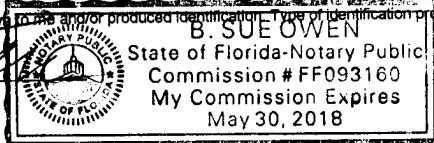
[Signature] #541

(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) OFC. R. ERMERI

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



SUBJECT: CAROLINE H. ZAPIEC

CASE NUMBER: 2017-0017

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ 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)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

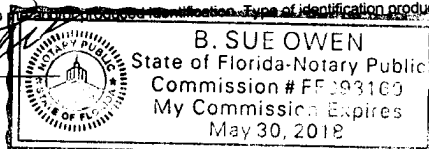
*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of January, 2017 by OFC. R. ERMERI

(Print name of Arresting/Investigative Officer, who is personally known to me, and the type of identification produced)

**OFC. R. ERMERI**

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



# 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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: Ocean Ridge P.D.  
SUBJECT: Zapiec, Caroline Halina CASE NUMBER: 17-026478  
DATE: 01/14/17 VIDEO # 61985  
BEGINNING TIME: 0522 ENDING TIME: 0525  
BREATH TESTS RESULTS: **REFUSED** 1) 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. Karlecki #6467

## 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  
Δ allowed to go to bathroom during observation

COMMENTS: A/O & Δ arrived at 0450 hrs  
A/O observed 20 minutes

A/O requested breath test, Δ refused

A/O read IIC, Δ understood, still refused

A/O read CIW, Δ understood rights

No CO2 Δ 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) \_\_\_\_\_

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