

0492229

ARREST / NOTICE TO APPEAR

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

1657 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2017-013440	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 2301 W GLADES RD Boca Raton FL 33431			Location of Offense (Business Name, Address) 2301 W GLADES RD, BOCA RATON, FL 33431			
Date of Arrest 09/30/2017	Time of Arrest 01:49	Booking Date 09/30/2017	Booking Time 02:10	Jail Date 09/30/2017	Jail Time 02:45	Location of Vehicle EMERALD

Name (Last, First, Middle) PACI, CATHERINE ANN						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 07/26/1974	Height 5'02	Weight 125	Eye Color GREEN	Hair Color BLONDE	Complexion LIGHT	Build Small	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) (City) (State) (Zip) 79 OREGON LANE, BOCA RATON, FL 33487			Phone (561) 901-0592			Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 79 OREGON LANE, BOCA RATON, FL 33487			Phone (561) 901-0592			Address Source DL			Marital Status M Religion UNKNOWN		
Business Address (Name, Street) (City) (State) (Zip) UNEMPLOYED,			Phone			Occupation			D/L Number, State P200121747660 / FL		
Soc. Sec. Number			INS Number			Place of Birth (City, State) CLINTON, NJ, United			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
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	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.				
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drug Activity		Drug Type		Value of Property

Drug Activity	S. Sell	R. Smuggle	K. Disperses/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		

Charge Description DUI	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
	N	
Offense # 2017-013440	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE	Statute Violation Number 843.02	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
	N	
Offense # 2017-013440	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
		<input type="checkbox"/> Y <input type="checkbox"/> N

Health / Apparent Physical Condition of Defendant GOOD	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medical <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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By BISSOON
Transported By	Released By BISSOON
	Released To COUNTY JAIL
Date Transported // : :	Time Transported
	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 10/30/2017 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE AND COSTS AND 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 Colson	Name Verification (Printed by Arrestee) Colson
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) BISSOON, STEPHEN R.	ID.# 664
Transferring Agency D/S T. BURNSIDE #5406	Transferring Officer TYSON	Agency BRPD
	ID.# 789	Witness here if subject signed with an "X"

SCANNED OCT 03 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 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-013440		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F	Name (Last, First, Middle) PACI, CATHERINE ANN					Alias	Race W	Sex F	Date of Birth 07/26/1974
	Charge Description 316.193(1) DUI		Charge Description 843.02 RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE						
C H A R G E S	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race	Sex	Date of Birth				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone (561) -		Address Source				
V I C T I M	Business Address (Name, Street) (City) (State) (Zip)		Phone (56) -		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. 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. <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 30 day of September, 2017 at 03:45 (Specifically include facts constituting cause for arrest.)</p> <p>On 09/30/2017 I responded to 5151 Town Center Cir in reference to a drunk driver. A concerned citizen observed the female in a blue Town and Country minivan throwing up outside of the vehicle. The female then got into her van and drove almost hitting a car crossing the road. The caller followed the vehicle until they lost sight of the van in the parking lot of the Courtyard Marriot at 2000 NW Executive Center. Ofc Reilly and Ofc Coviello were on scene.</p> <p>I observed the blue minivan as it failed to slow or stop at a stop sign at NW Executive Center Dr and NW 22nd Ave to go westbound on NW Executive Center Dr. The blue minivan bearing Fl tag#264VGB turned into the plaza of 2301 W Glades Rd and drove into the bushes after going over the curb. The minivan then corrected and pulled into a parking spot. I then met with driver Catherine Paci and front seat passenger Courtney Cardozo. I immediately smelled a strong odor of an alcoholic beverage emanating from her person, her eyes were bloodshot and glossy and she was slurring her speech. I then asked for her driver's license, registration and proof of insurance. Paci was able to provide the required documentation with the assistance of Cardozo. Paci handed me her current registration and then handed me her expired registration believing it was her insurance card. I advised her that this was not the insurance card and she then was able to retrieve her insurance card. I then asked Paci where she was going and she believed that she was in the parking lot of the Courtyard Marriott but she was in the parking lot of 2301 W Glades Rd.</p> <p>I then asked Paci to exit the vehicle at which point she held on the driver door to prevent herself from falling. She then stumbled back onto the side of the minivan using the minivan to prevent herself from falling. I then asked Paci if she would consent to roadside sobriety tasks based on all my observations up to this point. Paci stated no and then called her husband and continued to refuse to get off her cell phone. I told Paci several times to get off her phone and she refused to obey my commands. I then asked her if she would submit to the roadside sobriety tasks and she stated no. I</p>								
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME								
	<p>GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 09/30/2017 DATE</p>				<p><i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT) 09/30/2017 DATE</p>				
A D M I N I S T R A T I V E	<p>SCANNED OCT 03 2017</p>								PAGE 1 OF 2

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-013440
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" 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		Special Notes:

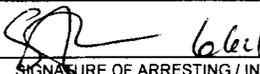
Name (Last, First, Middle) PACI, CATHERINE ANN	Alias	Race W	Sex F	Date of Birth 07/26/1974
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then advised her of her Taylor Warnings and once again asked her if she would submit to the roadside sobriety tasks. While she was still speaking to her husband on the cell phone, I once again asked her if she would consent to the roadside sobriety tasks and Paci stated no.

I then grabbed her hands to begin the process of placing her into handcuffs, when Paci tried pulling her hands away Ofc Reilly then grabbed hold of her hands and stated stop resisting. I then advised her that she was under arrest for DUI. During this short period Paci pulled her hands away, she tensed her body and tried to get away from Ofc Reilly and I as I attempted to place handcuffs on her hands. I held onto her left wrist as I retrieved my handcuffs and Ofc Reilly held onto her right hand. I then applied the handcuffs to her right hand and then applied the other half to the left hand. I secured the handcuffs and double locked the handcuffs. I then tried to walk over to my patrol car and Paci kept pulling her body backward and trying to keep her feet dug into the ground. I continued to walk her to my car by lifting her up from her arms and walked her over to the backseat of the patrol car until Ofc Murphy arrived on scene to conduct a search of her person. I then transported Paci to BRPD to be processed.

Ofc Murphy responded to BRPD as my Breath Test Operator. Ofc Murphy and I conducted the 20 minute observation and Paci was taken into the BAT room. Paci refused to provide a breath sample. I then read her Implied Consent Warnings, which she advised she understood and still refused to provide a breath sample. I also read Paci her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

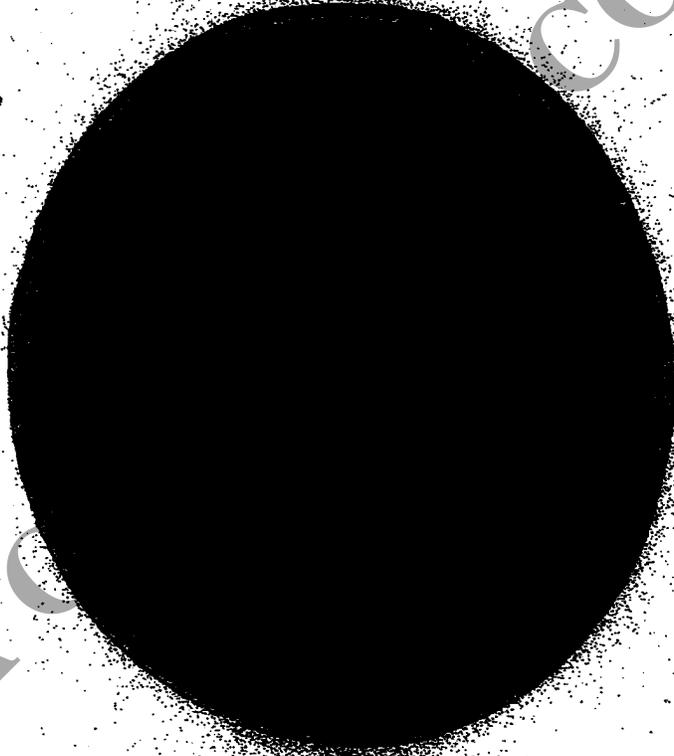
Paci is being charged under F.S.S. 316.193(1) for DUI and she is also being charged with resisting without violence under F.S.S 843.02. Paci's vehicle was towed to Emerald and Cardoza left without further incident. Paci was transported to the Palm Beach County Jail for further processing.

SWORN AND SUBSCRIBED BEFORE ME GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/30/2017 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT) 09/30/2017 DATE
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OCT 03 2017
 PAGE 2 OF 2

CASE#: 2017-013440
10-15: 0149
08V: 0212

D. U. I. INFLUENCE REPORT



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Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432

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WITNESS LIST

ARRESTING OFFICER: Bissoon

Name: Bissoon Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Coviello Phone # Home _____ Work " "

Address: " "

Can testify to: " "

Name: Billy Phone # Home _____ Work " "

Address: " "

Can testify to: " "

Name: Murphy Phone # Home _____ Work " "

Address: " "

Can testify to: put down 3 Doohing

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-013440

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Saturday, September, 30, 2017
(day) (month) (date) (year)

B. The time is now approximately 0234 AMPM

C. The following is in reference to case number 2017-013440

D. Present at this time is Officer Bisson Officer Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Bisson Have you arrested Catherine Paci
(Defendant's name)
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Paci, I am required to inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

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Agency Case # 2017-013440

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2. I am Officer Bisson of the BRPD

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 signature: on video

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. Paci, Catherine has refused to submit to a breath test.

The date is September (Month) 30 (Day) 2017 (Year) and the time 0236 AM PM

A refusal form will be completed by the arresting officer.

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Agency Case # 2017-013440

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) on video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now _____

What is today's date? _____ What day of the week is it? _____

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Agency Case # 2017-013440

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 0241 (AM/PM)

The date is: September (month) 30 (day) 2017 (year).

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refused

SCANNED
OCT 03 2017