

2018CT15085

05009164

F-2015

Check if Supplement is Attached

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OSTS Number	Agency ORI Number FL 5000000	Agency Name Gardens PD PALM BEACH COUNTY SHERIFFS OFFICE	Agency Report Number (N.T.A.'s only) 0181181010509164
Change Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other	If Weapon Seized	Enter Type	Multiple Clearance Indicator

Location of Arrest (Including Name of Business) N Military Trl / Elm Ave	Location of Offense (Business Name, Address) N Military Trl / Elm Ave
Date of Arrest 082118	Time of Arrest 2225
Booking Date	Booking Time
Jail Date	Jail Time
Location of Vehicle N Military Trl / Elm Ave	

Name (Last, First, Middle) Bucanier, Danielle Christine	Alias (Name, DOB, Soc. Sec. #, Etc.)
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Race W - White B - Black	Sex M	Date of Birth 021790	Height 5-04	Weight 155	Eye Color BRO	Hair Color BRO	Complexion Lgt	Build Avg
Tattoos, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo, "Sex" left wrist				Marital Status	Religion	Indication of: Alcohol Intoxication Drug Intoxication		
Local Address (Street, Apt. Number) 4219 Bahia Tak Cir			(City) Wellington	(State) FL	(Zip) 33449	Phone (561) 201-7952	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source Verbal	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Bartender	
D/L Number, State 1376163905370	Soc. Sec. Number	INS Number	Place of Birth (City, State) Boca, FL		Citizenship US			

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile

Parent 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 Dept. and Released. 2. TOT HRS/DYS 3. Incorporated	
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 385-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)				School Attended
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. Synthetic	U. Unknown Z. Other
Charge Description DUI	Courts	Domestic Violence OY ON	Statute Violation Number 316193	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond OR					
Charge Description	Courts	Domestic Violence OY ON	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
Charge Description	Courts	Domestic Violence OY ON	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
Charge Description	Courts	Domestic Violence OY ON	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					

Location (Court, Room Number, Address) North County Gov Center 3188 PGA Blvd
Court Date and Time Month: September Day: 25 Year: 2018 Time: 830 AM P.M.

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] AUG 22 AM 12:37
Date Signed

HOLD for other agency	Signature of Arresting Officer X <i>[Signature]</i>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Subdued	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) TRUITEAU 493
Intake Deputy <i>[Signature]</i> 7622	I.D. # Pouch #	Transporting Officer <i>[Signature]</i> P36
Witness here if subject signed with an "X"		PAGE OF

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21ST DAY OF AUGUST 20 18 AT 2204HRS

SUBJECT: DANIELLE BUCARIA CASE NUMBER: 18005094

AGENCY: Palm Beach Gardens Police Department ARRESTING OFFICER: Ofc. Trudeau #493

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 08/21/18 at approximately 2200 hours, I observed a black Jeep Grand Cherokee bearing FL Tag (033TRE) travel North on N Military Trl approaching Elm Ave with no rear tail lights; tag lights emitting light. In my marked patrol vehicle with overhead light bar conducted a traffic stop on the vehicle and observed a white female sitting in the driver seat and the sole occupant of the vehicle. I made contact with the female and requested her driver's license and vehicle registration. I identified the female as Danielle Bucaria via her FL DL, who stated she was the registered owner of the vehicle and she was traveling to a friends house for the night.

OBSERVATION OF DRIVER:

I observed Danielle's eyes to be blood shot and watery, her pupils to be dilated more than a normal person, and her speech to be slow and her deliberate. I also noticed when asking fact finding questions Danielle would stare off into the distance before answering.

DRIVER'S STATEMENTS:

Danielle stated she had two Vodka and Soda drinks approximately 2 hours prior to the stop.

ODORS:

Strong odor of alcohol emitting from her breath from a conversational distance.

GENERAL OBSERVATIONS

SPEECH: Slow, deliberate

ATTITUDE: Cooperative

CLOTHING: Ruffled, clean

MEDICAL PROBLEMS: No complaints

MEDICATIONS: None stated

OTHER: N/A

SUBJECT: DANIELLE BUCARIA

CASE NUMBER: 18005094

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO. WHY? REFUSED

WALK AND TURN:

REFUSED

CAN NOT DO. WHY? _____

ONE LEG STAND:

REFUSED

CAN NOT DO. WHY? _____

FINGER TO NOSE:

REFUSED

CAN NOT DO. WHY? _____

ROMBERG/ALPHABET:

REFUSED

CAN NOT DO. WHY? _____

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS August 21st, 2018 (DATE)

BY: _____

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

SIGNATURE OF ARRESTING OFFICER



TESTING FACILITY TASK REPORT

AGENCY: PBE
SUBJECT: Bucaria, Danielle C
CASE NUMBER: 18-111891
DATE: 08/21/18
VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 23:13
ENDING TIME: 23:22
BREATH TESTS RESULTS: 1) R TIME 23:15 A.M./PM 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: H. Mounihan # 82079
MAINTENANCE TECHNICIAN: J. Kariecke # 10467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, Quiet, Cooperative

CLOTHING: Black and white Yoga Pants, Grey Sleeveless Shirt, Grey and black socks

MEDICAL CONDITIONS: "Anxiety"

MEDICATIONS: None

OTHER: Eyes glassy and blood shot.
Admitted to drinking 2 Vodkas & Sodas.

COMMENTS: Arrived at Testing Center. A/o began 20 minute Observation Period at 23:50 hrs.

REFUSED

Δ refused to take Test

No read I/c

Δ stated She understood I/c and again Refused to take test.

No read Rights

Δ stated She understood her Rights.

No conducted Q&A

REFUSED

Δ answered Questions

SUBJECT: Bucaria, Danielle C.

CASE NUMBER: 18-005094

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) Read on Camera

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) Read on Camera

SUBJECT: Bucoria, Danielle C

CASE NUMBER: 18-005094

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? Yes

WHERE WERE YOU GOING? A Friends house

WHAT STREET OR HIGHWAY WERE YOU ON? Palm Beach Gardens

DIRECTION OF TRAVEL? N WHERE DID YOU START? South

WHAT TIME DID YOU START? I don't know WHAT TIME IS IT NOW? I'm not sure

WHAT IS TODAY'S DATE? 8-20-2018 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach Gardens / West Palm

WHEN DID YOU LAST EAT? 4:00pm WHAT DID YOU EAT? Chicken wings

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging out w Friends

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? Earlier WHAT? Vodka + Soda

HOW MUCH? 2 at a time WHERE? Harriean Grill WITH WHOM? my friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:30pm AND YOUR LAST DRINK? 4:00pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Through a Straw

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? 0

WHAT? 0 WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Barender WHEN DID YOU LAST WORK? Yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? —

ARE YOU SICK OR INJURED? No WHAT'S WRONG? —

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? — WHEN? —

- DO YOU HAVE: EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? —

INTERVIEWER: Off. Trudeau #497 PBGPD



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 18-111891 PBSO ZONE 3-13

AGENCY CASE # 18-005094 CRASH CASE # _____

TIME OF STOP/CRASH 2204 DATE 8-21-18 DAY Tuesday

SUBJECT'S NAME Danielle Bucaria RACE W SEX F

HGT 5-4 WGT 155 DOB 2-17-90 1

LOCATION N Military Tol / Elm Ave

ARRESTING OFFICER'S NAME & ID TRUDEAU #493 AGENCY 1736/PD

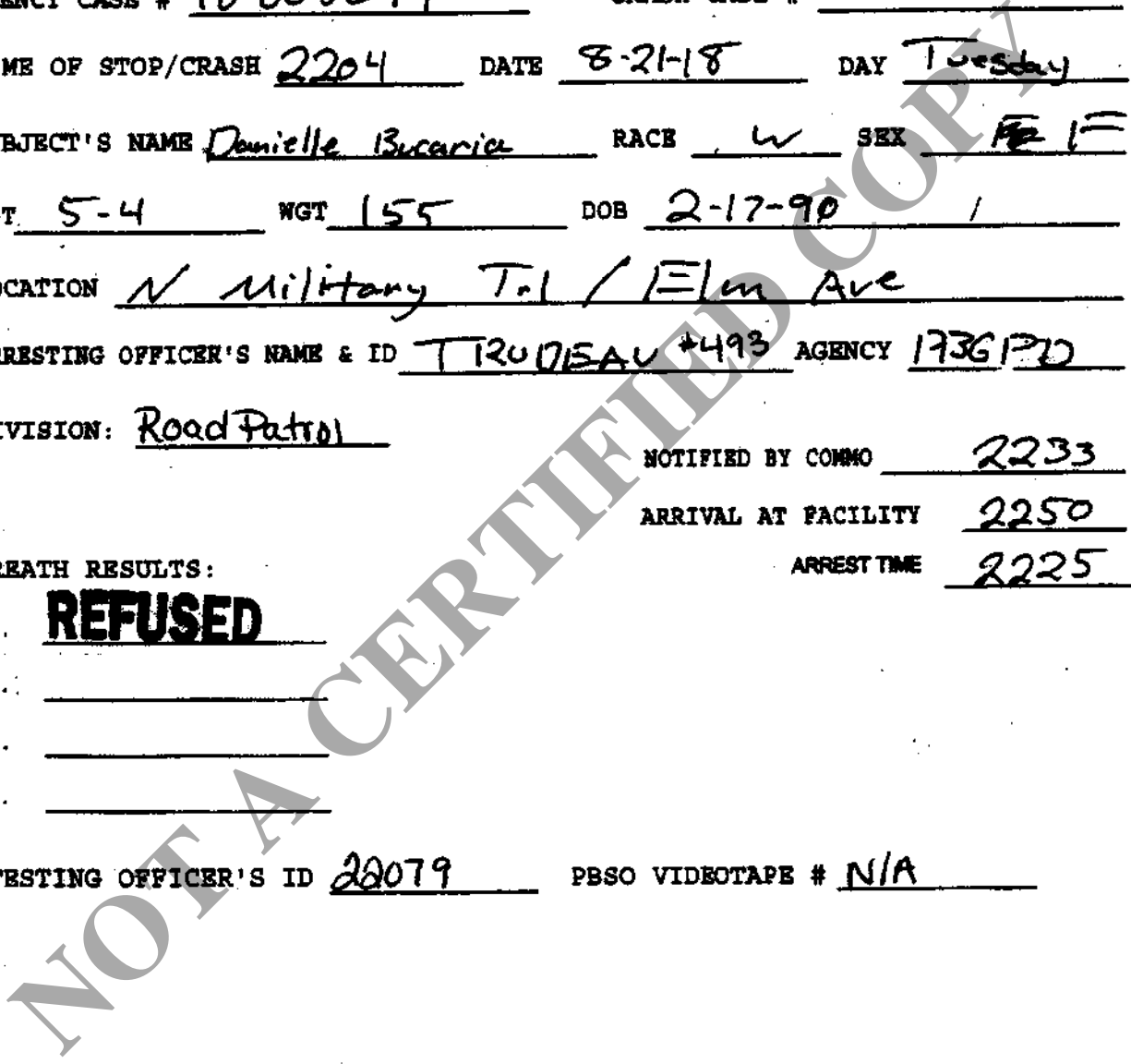
DIVISION: Road Patrol NOTIFIED BY COMMO 2233

ARRIVAL AT FACILITY 2250

BREATH RESULTS: ARREST TIME 2225

- 1. **REFUSED**
- 2. _____
- 3. _____
- 4. _____

TESTING OFFICER'S ID 28079 PBSO VIDEOTAPE # N/A



Florida

DRIVER LICENSE

USA



B260-163-90-000-0

CLASS 9

DOB

[REDACTED]

SEX F

HT 5-04

HAIR BROWN

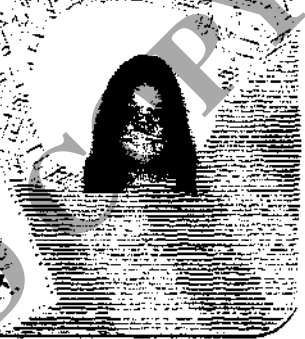
ISSUE DATE

EXPIRES

REPLACES

Domestic Driver

Operation of a motor vehicle constitutes consent to any and all tests required by law.



NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(vi) 119.0714(1)(i)-(j), 2)(a)-fe	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xi) 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018027994	Date: August 22, 2018
	Specialist Name/ID: L. Rosales, 4489