

50-2021-CT-015454-ASB

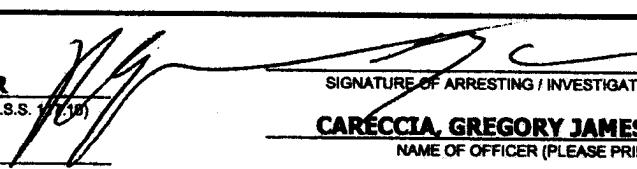
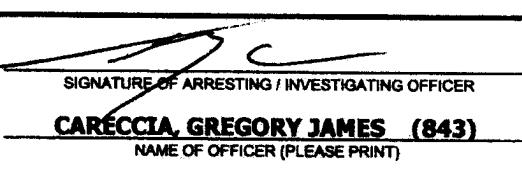
JK\* 6525916

PP 3654

ARREST / NOTICE TO APPEAR			1. Arrest (No Warrant) 3. Request for Warrant 2. Arrest (Warrant) 4. Request for Copies 3. N.T.A. 5. Juvenile Referral			1 JUVENILE					
OBTIS Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>			Agency Report Number (N.T.A.'s only) <b>3 2 2021-10685</b>						
Charge Type: <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					If Weapon Seized <b>UNARMED</b>		Multiple Clearance Indication				
Location of Arrest (Including Name of Business) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>											
Date of Arrest <b>09/13/2021</b>	Time of Arrest <b>18:02</b>	Booking Date	Booking Time	Arr Date	Arr Time	Location of Vehicle <b>5525 Nottingham Rd.</b>					
Name (Last, First, Middle) <b>ULATOWSKA, EMMA P</b>											
Alias: <b>Alias (Name, DOB, Soc. Sec. #, etc.)</b>											
Race W - White 1 - American Indian B - Black 2 - Oriental/Asian		Sex <b>W F</b>	Date of Birth <b>07/24/1975</b>	Height <b>5'06</b>	Weight <b>115</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BLONDE</b>				
Social Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion <b>CATHOLIC</b>						
Local Address (Street, Apt. Number) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>				Phone <b>(305) 794-4857</b>			Residence Type: 1. City 2. County 3. Out of State <b>1</b>				
Permanent Address (Street, Apt. Number) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>				Phone <b>(305) 794-4857</b>			Address Source <b>IL DL</b>				
Business Address (Name, Street)				Phone			Occupation <b>Self Employed</b>				
D/L Number, State <b>U43221575810 / IL</b>		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) <b>POLAND, Poland</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____											
Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone				
Notified by: (Name) <i>[Signature]</i>				Date	Type	JUVENILE DISPOSITION					
Released To: (Name) <i>[Signature]</i>				Date	Time	1. Handled/Processed within Detention and Released 2. TOT JAC 3. Incorporated					
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. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>LEAVE SCENE OF ACCIDENT</b>								Statute Violation Number <b>316.061(l)</b>		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
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	Warrant / Capias Number					Bond
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	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"/> Relocated to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By	Released To		
Transported By						Date Transported	Time Transported	Other			
INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>					
Court Date and Time <b>10/18/2021 08:30:00</b>						No Photo Available					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT 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"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Office (Print) <b>CARECIA, G. J.</b>				(PRINT)			
Inmate Deputy <i>[Signature]</i>				I.D. # <b>843</b>				PAGE			
I.D. # <b>843</b>				Pouch #				1 of 1			
Witness here if subject signed with an 'X'.											

OBTS Number:		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE	
A D M I N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2021-010685</b>							
D E F	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input 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:								
V I C T I M	Name (Last, First, Middle) <b>ULATOWSKA, EMMA P</b>	Alias				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/24/1975</b>		
H A R G E S	Charge Description <b>316.061(1) LEAVE SCENE OF ACCIDENT</b>	Charge Description								
P R O C E S	Charge Description	Charge Description								
V I C T I M	Victim's Name (Last, First, Middle) <b>MILLER, SHAWN L</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/18/1983</b>		
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source <b>1098 SW 3RD ST, BOCA RATON, FL 33486 (954) 495-7030</b>										
Business Address (Name, Street) (City) (State) (Zip) Phone 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.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by <u>DANIEL WIRGAU</u> who told <u>OFC. CARECCIA</u> that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13</u> day of <u>September</u>, <u>2021</u> at <u>18:02</u> (Specifically include facts constituting cause for arrest.)</p>										
<p>On 09/13/21 at approximately 1711 hours, I responded to the area of 1999 N Federal Hwy. in reference to a report of a possible drunk driver. The caller advised that a white female with messy blonde hair was driving a silver older model station wagon with "two blown out tires". The caller then advised that the suspect vehicle struck a vehicle at 2192 NE 5th Cir. and continued north on NE 5th Ave.</p> <p>Det. Coronado advised that he observed a vehicle matching the description driving northbound on Federal Hwy. in the area of Spanish River Blvd. Det. Coronado followed the vehicle back to 5525 Nottingham Rd. at which point Ofc. Owirka arrived on scene and made contact with the driver, later identified as Emma Ulatowska.</p> <p>I made contact with Shawn Miller, the owner of the unoccupied gray 2021 Ford Explorer bearing FL tag QMYT37 which was struck on the rear driver side by Ulatowska. Miller advised that his tenant, Daniel Wirgau, at 2192 NE 5th Cir. witnessed the vehicle crash. Wirgau provided a sworn video statement where he advised that he observed a white female with blonde hair driving a silver sedan strike the victim's vehicle. Wirgau said that both the front and rear driver side tires were gone. Wirgau advised that he then followed the suspect vehicle for a bit so that he could get a tag, which he said was LEWY46.</p> <p>I then responded to 5525 Nottingham Rd. with Wirgau to conduct a show up. Wirgau was read the show up instructions from a BRPD Show-Up Instructions card and he advised he understood them. Wirgau then advised that Ulatowska was the driver of the suspect vehicle at the time of the crash.</p> <p>I then met with Ulatowska, who was standing to the rear of the silver 2002 Audi A6 bearing FL tag LEWY46. It should be noted that I observed that the front and rear driver side tires were both flat. Additionally, there was damage on the front right bumper of</p>										
ADM IN I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  <u>VOLGUARDSON, ROBERT R.</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 147.10) <u>09/13/2021</u> DATE					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>GREGORY JAMES (843)</u> NAME OF OFFICER (PLEASE PRINT) <u>09/13/2021</u> DATE				
PAGE <b>1 of 2</b>										

PROBABLE CAUSE STATEMENT	OBTIS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE	
	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2021-010685</b>					
	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes:			
	Name (Last, First, Middle) <b>ULATOWSKA, EMMA P</b>		Alias				Race	Sex	Date of Birth	
							<b>W</b>	<b>F</b>	<b>07/24/1975</b>	
	the vehicle which would be the same area of the vehicle that would have struck the victim's vehicle.									
	Ulatowska was then placed under arrest for leaving the scene of an accident involving property damage pursuant to FSS 316.061(f).									
	NOT A CERTIFIED COPY									

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		 <b>VOLGUARDSON, ROBERT R.</b> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17718)</small>		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<b>09/13/2021</b>	DATE			 <b>CARECCIA, GREGORY JAMES (843)</b> <small>NAME OF OFFICER (PLEASE PRINT)</small>	
					<b>09/13/2021</b>	
					DATE	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**

**Florida State Statute Exemption Sheet**

**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"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	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"/>	(xii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021022912	Date: 9/14/2021
	Specialist Name/ID: J. Beck/9007