

JK 6525916

50-2021-CT-015454-ASB

P# 3654

AD MIN IS TR A T I O N		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE
Agency ORI 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: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: <b>UNARMED</b>		Multiple Clearance Indicators			
Location of Arrest (Including Name of Business) <b>5525 NOTTINGHAM RD, BOCA RATON, FL, 5525 NOTTINGHAM</b>		Location of Offense (Business Name, Address) <b>2192 NE 5TH CIR, BOCA RATON, FL 33431</b>		Date of Arrest <b>09/13/2021</b>		Time of Arrest <b>18:02</b>	
Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>ULATOWSKA, EMMA P</b>		Alias:		Date of Birth <b>07/24/1975</b>		Height <b>5'06</b>	
Sex <b>F</b>		Weight <b>115</b>		Eye Color <b>HAZEL</b>		Hair Color <b>BLONDE</b>	
Complexion <b>LIGHT</b>		Build <b>Small</b>		Marital Status <b>S</b>		Religion <b>CATHOLIC</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		Address Source <b>IL DL</b>	
Local Address (Street, Apt. Number) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>		Phone <b>(305) 794-4857</b>		Business Address (Street, Apt. Number) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>		Phone <b>(305) 794-4857</b>	
Business Address (Name, Street) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>		Phone <b>(305) 794-4857</b>		Occupation <b>Self Employed</b>			
D/L Number, State <b>U43221575810 / IL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>POLAND, Poland</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
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)		Residence Phone		Business Phone			
Address (Street, Apt. Number) <b>5525 NOTTINGHAM RD, BOCA RATON, FL 33487</b>		(City) <b>BOCA RATON</b>		(State) <b>FL</b>		(Zip) <b>33487</b>	
Notified by: (Name) <b>DL</b>		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
Released To: (Name) <b>DL</b>		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.		School Attended		Grade			
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. Scuffle D. Deliver E. Use		K. Disperse/ 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 <b>LEAVE SCENE OF ACCIDENT</b>		Statute Violation Number <b>316.061(1)</b>		Violation of ORD #			
Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2021-10685</b>		Counts <b>1</b>	
Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	
Transported By		Date Transported		Time Transported		Other	
INSTRUCTION NO. 1 - Mandatory appearance in court 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 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 the Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>CARECCLIA, G. J.</b>		ID # <b>843</b>		PAGE <b>1 OF 1</b>	
Intake Deputy <b>Syanna #2021</b>		Punch #		Transmitting Officer <b>J. Duran</b>		Agency <b>BOCA BRPD</b>	
Witness here if subject signed with an "X".							

OW FRKA

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		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>		
	Charge Type: Check as many as apply. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony  <input type="checkbox"/> 2. Traffic Felony             </div> <div> <input type="checkbox"/> 3. Misdemeanor  <input checked="" type="checkbox"/> 4. Traffic Misdemeanor             </div> <div> <input type="checkbox"/> 5. Ordinance  <input type="checkbox"/> 6. Other             </div> </div>				Special Notes:		
D E F	Name (Last, First, Middle) <b>ULATOWSKA, EMMA P</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/24/1975</b>
	Aliases						
C H A R G E S	Charge Description <b>316.061(1) LEAVE SCENE OF ACCIDENT</b>		Charge Description				
	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) <b>1098 SW 3RD ST, BOCA RATON, FL 33486</b>				Phone <b>(954) 495-7030</b>		
B U S I N E S S	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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____ admitting to the below facts.             </div> <div> <input checked="" type="checkbox"/> was observed by <b>DANIEL WIRGAU</b> who told <b>OFC. CARECCIA</b> that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.             </div> </div> <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 R O B A B L E  C A U S E  S T A T E  M E N T	<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 Ulatowski was the driver of the suspect vehicle at the time of the crash.</p>						
A D M I N I S T R A T I V E	<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>						
	<p>SWORN AND SUBSCRIBED BEFORE ME</p>						
	<p><b>VOLGUARDSON, ROBERT R</b>            NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p>				<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>CARECCIA, GREGORY JAMES (843)</b>            NAME OF OFFICER (PLEASE PRINT)</p>		
	<p><u>09/13/2021</u> DATE</p>				<p><u>09/13/2021</u> DATE</p>		
<div style="display: flex; justify-content: space-between;"> <div>PAGE</div> <div>1 OF 2</div> </div>							

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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021022912

**Date:** 9/14/2021

**Specialist Name/ID:** J. Beck/9007