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ADMINISTRATIVE		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		2. N.T.A.		4. Request for Capias		Juvenile	
OBTS Number		Agency OR Number		Agency Name		Agency Report Number							
Charge Type: Check as many as apply.		1. Felony		3. Misdemeanor		5. Ordinance		2. Traffic Felony		4. Traffic Misdemeanor		6. Other	
Location of Arrest (Including Name of Business)		100 Block of Clematis N		Location of Offense (Business Name, Address)		100 Block of Clematis N		Weapon Seized/Type		1. Yes		2. No	
Date of Arrest		0.1.15.17		Time of Arrest		1.4.0.0		Booking Date		Booking Time		Jail Date	
Location of Vehicle		Other Local Number		FDLE Number		DOC Number		FRI Number		Fingerprinted		Identification	
Name (Last, First Middle)		CACCIAPUOTI, JENNA		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race		W-White		Sex		F		Date of Birth		0.3.0.4.9.3		Height	
W-White		1-American Indian		B-Black		0-Oriental/Asian		H		E		S	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		LEFT HAND ON SECOND FINGER		Marital Status		Single		Religion		N/A		Indication of: Alcohol Influence	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:		1. City	
8854 SE MARINA BAY DR.		HOGE SUNDAY 3341ST								2. County		3. Florida	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source		DEFENDANT	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation			
D/L Number, State		C213-431-93-584-0		INS Number				Place of Birth		Orlando, FL		Citizenship	
Co-Defendant Name (Last, First middle)				Race				Sex		Date of Birth		1. Arrested	
Co-Defendant Name (Last, First middle)				Race				Sex		Date of Birth		2. At Large	
1. Parent		Name (Last)		(First)		(Middle)		Residence Phone		Business Phone		3. Felony	
2. Legal Custodian												4. Misdemeanor	
3. Other:												5. Juvenile	
Address (Street, Apt. Number)		(City)		(State)		(Zip)						6. Felony	
Notified by: (Name)		Date		Time		Juvenile Disposition		1. Handled/Processed within Dept. and Released.		2. TOT HRS/CYF		3. Incarcerated	
Released to: (Name)		Relationship		Date		Time		JAN 15 PM 4:18					
The above address was provided by defendant and/or defendant's. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone: 355-6227) informed of any change of address.		Yes, by: (Name)		No: (Reason)		School Attended		Grade					
Property Crime?		Description of Property		Value of Property									
Yes		No											
Activity		S. Sell		R. Smuggle		K. Dispense/		M. Manufacture/		Z. Other		Type	
N. N/A		B. Buy		D. Deliver		Distribute		Produce/		Cultivate		N. N/A	
P. Posses		T. Traffic		E. Use								B. Barbiturate	
												C. Cocaine	
												H. Hallucinogen	
												P. Paraphernalia/	
												Equipment	
												U. Unknown	
												Z. Other	
Charge Description		Disorderly Intoxication		Counts		FSS		ORD		Statute Violation Number		8.5.6.1.0.1.1	
Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description		Resisting Arrest without Violence		Counts		FSS		ORD		Statute Violation Number		8.4.3.1.0.2	
Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description				Counts		FSS		ORD		Statute Violation Number			
Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description				Counts		FSS		ORD		Statute Violation Number			
Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Instruction No. 1		Mandatory Appearance in Court		Location (Court, Room Number, Address)		KK		Court Data and Time		Month		2	
Instruction No. 2		You need not appear in Court but must comply with instruction sheet.		Month		Day		Year		Time		830 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 of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Prisoner)		SCANNED		PAGE		OF	
HOLD for other Agency		Name:		Signature of Arresting Officer		1437		Name of Arresting Officer (Print)		I.D.#		1437	
Dangerous		Resisted Arrest		Suicidal		Other		Transporting Officer		I.D.#		Agency	
Intake Date		Pouch #		Transporting Officer		I.D.#		Agency		I.D.#		Agency	
DISTRIBUTION:		WHITE-COURT COPY		GREEN-STATE ATTORNEY		YELLOW-AGENCY		PINK-AGENCY		GOLD-DEFENDANT		FORM#550-O	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capia		1	Juvenile
FLO 5 0 0 8 0 0		Agency Name WEST PALM BCH. POLICE DEPARTMENT		Agency Report Number 9 4 1 7 - 9 3 2					
Charge Type <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:					
Name (Last, First, Middle) CACCIAPUOTI, JENNA		Alias		Race W		Sex F		Date Of Birth 04/03/93	
Charge Description Disorderly Intoxication		Charge Description		Charge Description		Charge Description			
Victim's Name (Last, First, Middle) Society				Race		Sex		Date Of Birth	
Local Address (Street, Apt. Number) Society		(City) State Zip		Phone ()		Address Source			
Business Address (Street, Apt. Number)		(City) State Zip		Phone ()		Occupation			
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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed To admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 15 th day of JANUARY 20 17 at 1400 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)									
<p>ON JANUARY 15th, 2017 approx. 1400, I WAS WORKING OVERTIME CITY UNIFORMED DETAIL ON CLEMATIS STREET WHEN I WAS CALLED BY DOWNTOWN SECURITY IN REFERENCE TO A DISTURBANCE IN THE 100 BLOCK OF CLEMATIS STREET.</p> <p>UPON ARRIVAL, I OBSERVED A DISORDERLY FEMALE WHO WAS BEING DETAINED IN HANDCUFFS BY SECURITY. SECURITY OFFICER BANKS ADVISED THE FEMALE (DEFENDANT: CACCIAPUOTI) WALKED UP TO HIS PARKED SECURITY GOLF CART, SAT ON THE SEAT, STARTED THE GOLF CART AND ATTEMPTED TO DRIVE AWAY WHILE HE ATTEMPTED TO STOP HER AS HE STOOD BESIDE THE CART. BANKS STATED THE DEFENDANT IGNORED HIS COMMANDS TO STOP & GET OFF THE CART. SHE DROVE OVER HIS FOOT, INJURING HIM AS SHE WAS ABLE TO BE STOPPED BY BANKS & ASSISTING SECURITY OFFICERS. BANKS STATED ALONG WITH ASSISTING OFFICERS THE DEFENDANT WAS VISIBLY INTOXICATED AS SHE SMELLED OF ALCOHOL, SLURRED HER SPEECH AND SCREAMING IN PUBLIC CAUSING A PUBLIC DISTURBANCE. THE DEFENDANT'S ACTIONS WERE OBSERVED BY MYSELF AND ASSISTING OFFICERS ON SCENE. THE DEFENDANT REFUSED TO COMPLY NUMEROUS OF TIMES AFTER SHE WAS ADVISED SHE WAS BEING PLACED UNDER ARREST & STRUGGLED TO PREVENT HERSELF FROM BEING PLACED INTO HANDCUFFS.</p> <p>BASED ON THESE EVENTS, PROBABLE CAUSE EXIST TO CHARGE THE DEFENDANT WITH ONE COUNT EACH OF FSS 856.015 DIS-INTOXICATION & 843.02 RESISTING ARREST WITHOUT VIOLENCE. THESE EVENTS OCCURRED IN WEST PALM BEACH.</p>									
SWORN AND SUBSCRIBED BEFORE ME: NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER 1/15/17 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER [Signature] NAME OF OFFICER (PLEASE PRINT) JAN 18 2017 DATE					