

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	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   2018-004211</b>		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	JUVENILE	
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>None/not Applicable</b>		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>1900 S FEDERAL HWY</b>				Location of Offense (Business Name, Address) <b>1900 S FEDERAL HWY, BOCA RATON, FL 33432</b>							
Date of Arrest <b>03/23/2018</b>	Time of Arrest <b>21:42</b>	Booking Date <b>03/23/2018</b>	Booking Time <b>21:55</b>	Jail Date	Jail Time	Location of Vehicle <b>WESTWAY TOWING</b>					
Name (Last, First, Middle) <b>DULIN, JOAN HELENA</b>											
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>11/29/1947</b>	Height <b>5'07</b>	Weight <b>176</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>7831 LA MIRANDA DR 29, BOCA RATON, FL 33433</b>				Phone <b>(973) 727-7320</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>7831 LA MIRANDA DR 29, BOCA RATON, FL 33433</b>				Phone <b>(973) 727-7320</b>		Address Source <b>DEFENDANT</b>					
Business Address (Name, Street) (City) (State) (Zip) <b>RETIRED,</b>				Phone <b>(561) -</b>		Occupation					
D/L Number, State <b>D450488479290 / FL</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>DOVER, NJ, United</b>		Citizenship <b>US</b>				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone							
<input type="checkbox"/> Legal Custodian				Business Phone							
Address (Street, Apt. Number) (City) (State) (Zip)											
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.				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. Disperses/ 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>DUI (INJURY TO PERSON OR PROPERTY)</b>				Statute Violation Number <b>316.193(3C1)</b>		Violation of ORD #					
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense #	Counts <b>I</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond <b>OR</b>			
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 <b>FAIR</b>				Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>RAFALKO</b>		Released By <b>RAFALKO</b>	
Transported By <b>RAFALKO</b>				Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> 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>04/23/2018 08:30:00</b>		2018 MAR 24 AM 11:52		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian) 		Date Signed <b>3/23/18</b>					
HOLD for Other Agency				Signature of Arresting Officer 		Name Verification (Printed by Arrestee) <b>RAFALKO</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>GENDEN, E. B.</b>		I.D. # <b>680</b>		WITNESS HERE IF SUBJECT SIGNED WITH AN "X"		PAGE <b>1 OF 1</b>	
Initials <b>Thomas</b>		Pouch #		Transporting Officer <b>RAFALKO</b>		I.D. # <b>779</b>		Agency <b>BOCA</b>			

0496837

1878

PROBABLE CAUSE AFFIDAVIT

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

**1** JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2018-004211</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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					Special Notes:	

Name (Last, First, Middle) <b>DULIN, JOAN HELENA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/29/1947</b>
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Charge Description <b>316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	Phone <b>(561) -</b>	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone <b>(56) -</b>	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 . . .

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **23** day of **March**, **2018** at **21:06** (Specifically include facts constituting cause for arrest.)

On 03/23/2018 at 2106 hours, I responded to 1900 S Federal Hwy, Boca Raton, FL in reference to a DUI investigation. Upon arrival, I met with Officer Bissoon and W/F Joan Dulin who was the driver of a 2017 Hyundai bearing FL Tag #BLRU99. W/F Siobhan Carty advised Joan was in actual physical control of her vehicle when she crashed into a tree in the northbound lanes of Federal Hwy and on the median. Officer Bissoon also confirmed she was in actual physical control of her vehicle. Officer Bissoon advised he could smell an alcoholic beverage smell on Joan's breath along with glassy eyes and slurred speech. Officer Bissoon completed his accident investigation and I read Joan her constitutional rights.

Joan advised she understood and she told me she drank three glasses of wine prior to driving. Joan appeared to be lethargic and uneasy on her feet. Joan's eyes were glassy/bloodshot and her eyelids were droopy (ptosis). I could smell a strong alcoholic beverage smell emanating from her breath. Joan's speech was slurred and she displayed a drunk like behavior. At this point I asked Joan to perform some roadside exercises and she said yes.

First, Joan conducted the Horizontal Gaze Nystagmus Exercise and she advised she understood my instructions. She displayed a lack of smooth pursuit in the right and left eye. She also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes.

Next, I asked Joan to conduct the Walk and Turn exercise. Joan advised she understood my instructions. Joan did not remain in the starting position and she had difficulties balancing. Joan did not remain on the straight line and she used her arms to balance. Joan made an improper turn and she did not use heel to toe steps. Lastly, Joan took too many steps during this exercise. Officer Bissoon and I had to assist Joan from falling due to her lack of balance on this exercise.

SWORN AND SUBSCRIBED BEFORE ME  <b>FRENZ, JONATHAN RYAN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>03/23/2018</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>GENDEN, ERIC BRADLEY (680)</b> NAME OF OFFICER (PLEASE PRINT) <b>03/23/2018</b> DATE
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-004211</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>DULIN, JOAN HELENA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/29/1947</b>
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Next, I asked Joan to recite the Rhomberg Alphabet and she advised she understood my instructions. Joan did not keep her eyes closed and she stated "TUV XYZ."

Lastly, I asked Joan to conduct the finger to nose exercise and she advised she understood my instructions. Joan performed the exercise with the following results:

Left- She touched her eye and then she touched her nose. She did not drop her arm as instructed.

Right- She used the pad of her finger to touch her nose.

Left- She used the pad of her finger to touch her nose.

Right- She used the tip of her finger to touch her nose.

Right- She initially lifted her left arm and then she switched to her right arm. She used the pad of her finger to touch her nose.

Left- She used the pad of her finger to touch her nose.

Based on my training (DRE #028046), experience and the totality of circumstances, Joan was placed under arrest for driving under the influence. I transported her to the Boca Raton Police Department and Officer Rafalko conducted the breath tech operation. Joan refused to submit to a lawful breath test and I read her implied consent. I asked Joan a second time to submit to a lawful breath test and she refused again. Officer Rafalko transported Joan to the Boca Raton Regional Hospital and she was medically cleared. Next, Joan was turned over to the Palm Beach County Jail and the vehicle she was driving was towed to Westway Towing. The video of the incident was downloaded into evidence on 03/23/2018.

Per Florida State Statute 316.193(3C1), Joan did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages/ chemical substances and was affected to the extent that her normal faculties were impaired causing property damage/ minor injury.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>FRENZ, JONATHAN RYAN</b>	<b>GENDEN, ERIC BRADLEY (680)</b>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<b>03/23/2018</b>	<b>03/23/2018</b>
DATE	DATE