

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OPTS Number			ARREST / NOTICE TO APPEAR										
Agency ORI Number 0500200			Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3 1 2 2017-013055						
Charge 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 None/not Applicable							Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 5300 N. FEDERAL HWY, Boca Raton, FL 33487			Location of Offense (Business Name, Address) 5300 N FEDERAL HWY, BOCA RATON, FL 33487										
Date of Arrest 09/21/2017		Time of Arrest 23:39		Booking Date 09/22/2017		Booking Time 00:04		Jail Date 09/22/2017		Jail Time 00:45			
Location of Vehicle WESTWAY													
Name (Last, First, Middle) DEMAURO, KRISTIN JENNIFER													
Alias: 													
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 01/20/1973		Height 5'11		Weight 125		Eye Color BLUE			
Marital Status S		Religion CATHOLIC		Complexion MEDIUM		Build Large							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR M STOMACH/SCAR ON STOMACH													
Local Address (Street, Apt. Number) 6991 NE 7TH AVE, BOCA RATON, FL 33487			(City) 			(State) 			(Zip) 				
Phone (908) 528-1216			Phone (908) 528-1216			Phone (908) 528-1216			Phone (908) 528-1216				
Permanent Address (Street, Apt. Number) 6991 NE 7TH AVE, BOCA RATON, FL 33487													
Business Address (Name, Street) SELF EMPLOYED, CONGRESS AVE, BOCA RATON			(City) 			(State) 			(Zip) 				
D/L Number, State D560510735200 / FL			Soc. Sec. Number 			INS Number N/A			Place of Birth (City, State) POINT PLEASANT, NJ			Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth	
												<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth	
												<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Name (Last, First, Middle) 													
Residence Phone													
JUVENILE Address (Street, Apt. Number) 													
(City) 													
(Zip) 													
Business Phone													
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													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Description of Property													
Value of Property													
C O D E Drug Activity S Sell R Smuggle K. Disperses/ M. Manufacture/ 2. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other F. Possess T. Traffic E. Use A. Amphetamine E. Heroin S. Synthetic													
C H A R G E Charge Description DUI													
Statute Violation Number 316.193(1)													
Violation of ORD #													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number													
Bond													
C H A R G E Charge Description													
Statute Violation Number 2													
Violation of ORD #													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number													
Bail													
C H A R G E Charge Description													
Statute Violation Number 2													
Violation of ORD #													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number													
Bail													
I N T A K E Health / Apparent Physical Condition of Defendant GOOD													
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: 													
Released To COUNTY JAIL													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail FABELO Released By FABELO													
Transported By Date Transported 11:15 Time Transported Other 36													
N O T I C E <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) South County 200 W Atlantic Ave Delray Beach, FL 33444													
Court Date and Time 10/23/2017 08:30:00													
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													
HOLD for Other Agency													
Signature of Arresting Officer 799													
Name Verification (Printed by Arrestee)													
(PRINT) SEP 22 AM 4:48													
A D M I N I S T R A T I O N <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other													
I.D. # 799 PAGE 1 OF 1													
Intake Deputy SPANN 8101 Pouch # 790 Agency BRPD													
Witness here if subject signed with an 'X'.													

0470587

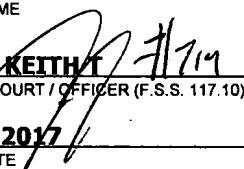
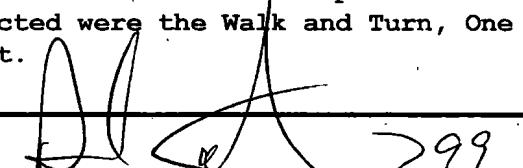
2624

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		PROBABLE CAUSE AFFIDAVIT					
A	Agency ORI Number	Agency Name		Agency Report Number			
M	FL 0500200	BOCA RATON POLICE DEPARTMENT		3 2 2017-013055			
N	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:			
D	Name (Last, First, Middle) DE MAURO, KRISTIN JENNIFER			Alias		Race	Sex
E						W	F
F						Date of Birth 01/20/1973	
Charge Description 316.193(1) DUI		Charge Description					
Charge Description		Charge Description					
V	Victim's Name (Last, First, Middle) STATE OF FLORIDA,			Race		Sex	
I	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Date of Birth	
T	100 NW 2ND AVE, BOCA RATON, FL 33432			(561) -		Address Source	
M	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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>21</u> day of <u>September</u> <u>2017</u> at <u>23:39</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>On 09/22/2017 Ofc Bissoon and I observed a white BMW bearing FL tag#ASHK37 going northbound on 5300 N Federal Hwy and was swerving unable to maintain her lane (traveling to the outside lane and then correcting back into the center of the lane).</p> <p>Ofc Bissoon and I conducted a traffic stop on the vehicle on N Federal Hwy just north of Yamato Rd and met with the driver Kristin De Mauro and advised her of the reason for the stop. Ofc Bissoon advised De Mauro the reason for the traffic stop was due to her swerving in and out of her lane at which time she advised that she was texting. Ofc Bissoon then asked De Mauro for her driver's license, registration and proof of insurance which she was able to provide all the required documentation. Ofc Bissoon asked De Mauro where she was coming from and she stated that she was going home and she was having an argument with her boyfriend. Ofc Bissoon then asked her if she had anything to drink and she stated that she had two glasses of wine. While speaking with De Mauro, Ofc Bissoon could smell an odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glossy and she was slurring his speech. Ofc Bissoon advised me of his observations of impairment and had me conduct the roadside sobriety tasks. Ofc Galazka responded as my backup.</p> <p>Based on the above information we asked De Mauro to exit the vehicle. Ofc Bissoon and I then asked De Mauro if she would submit to roadside sobriety tasks to dispel our alarm that she was under the influence. De Mauro advised that she would submit to roadside tasks. I then walked her over to a well lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. De Mauro advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.</p>							
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> GRAHAM, KEITH NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>09/22/2017</u> DATE</p> <p> FABELO, DAVID (799) SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NAME OF OFFICER (PLEASE PRINT)</p> <p><u>09/22/2017</u> DATE</p>							
ADMINISTRATIVE	PAGE 1 OF 2						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1

JUVENILE

A D M I N	OBTS Number FL 0500200	Agency ORI Number BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-013055
D E F	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	Agency Name BOCA RATON POLICE DEPARTMENT	Special Notes:
	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	
	Name (Last, First, Middle) DE MAURO, KRISTIN JENNIFER	Alias	Race W Sex F Date of Birth 01/20/1973

The first SFST was the Walk and Turn. De Mauro started the task several times before being told to begin and stated that she knows what to do. She failed to keep her feet heel to toe. She took over 20 steps forward and over 20 steps back and she did not count out loud every step as instructed. When she came back to the starting point, we asked her why she did not take nine steps as instructed and she stated that she just kept on going waiting for us to tell her to stop.

The second SFST was the One Leg Stand. De Mauro started the task before being told to begin and stated that she knows what to do. She stumbled and lost her balance. She swayed during the task and she did not count like she was instructed too. She put her foot down multiple times and used her arms to keep her balance.

The third SFST was the Finger to Nose. (L-R-L-R-R-L). De Mauro used the pad of her finger on each attempt and started before being told to start.

The fourth SFST was the Rhomberg Alphabet which she was able to recite up to the letter H which she then stated the letter R and was unable to continue saying the alphabet properly. She then open her eyes and looked forward stating that she could not remember the alphabet. Based on the above information I placed De Mauro under arrest for DUI. I then transported her to BRPD.

Ofc Fong responded to BRPD as my Breath Test Operator. Ofc Fong and I conducted the 20 minute observation and then he was taken into the BAT room. De Mauro refused to provide a breath sample. I read her Implied Consent Warnings, which she refuse to answered that she understood the Implied Consent Warning and she still refused to provide a breath sample. I also read De Maura her Constitutional Rights which she refused to respond or answer any of my questions. See DUI influence report.

De Mauro is being charged under F.S.S. 316.193(1) for DUI. She was also issued a citation under F.S.S 316.074(1) for violation of traffic control device. De Mauro was transported to the Palm Beach County Jail for further processing. De Mauro vehicle was towed to Westway Towing.

ADM
IN
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SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T

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

09/22/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FABELO, DAVID (799)

NAME OF OFFICER (PLEASE PRINT)

09/22/2017

DATE

PAGE
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

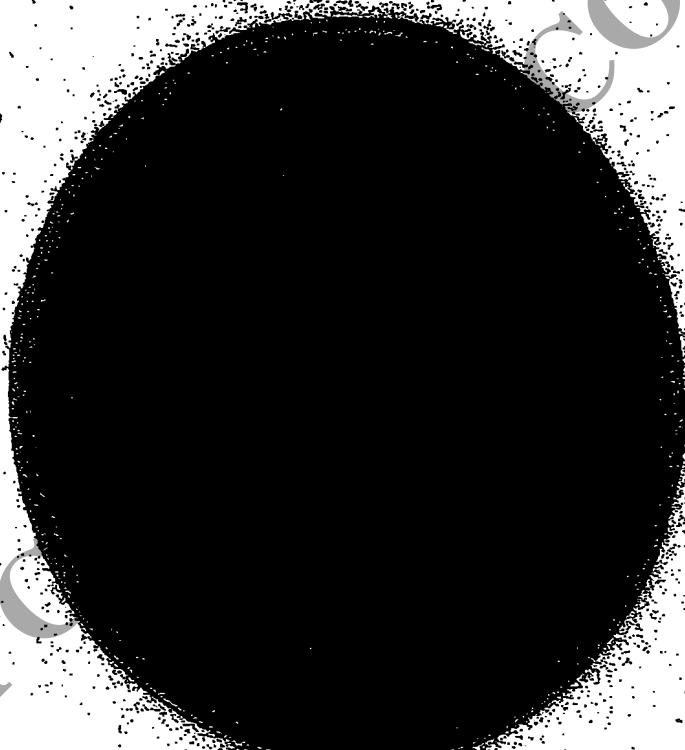
D. U. I. INFLUENCE

REPORT

2017-13055

2339

12/15



Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432

ARRESTING OFFICER: OFFICER DAVID FABLO DAVID

WITNESS LIST
FABLO

Name: BISSON Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: OFFICER ALEXANDER GULICKA Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: OFFICER KENNETH FONG Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BREATH TEST

Name: OFFICER BEBECCA COON Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-13055

PART II D.U.I. REPORT

To be filled out at testing facility

L INTRODUCTION

(Instrument Operator faces video camera)

A. The day is FRI DAY, SEPTEMBER, 22, 2017
(day) (month) (date) (year)

B. The time is now approximately 1235 AM/PM

C. The following is in reference to case number 2017-13055

D. Present at this time is OF C. BISSO ~, FABELO, FONG of the Boca Raton Police
Department. (Officer's Name)

E. Officer OF C. FABELO Have you arrested KRISTIN DE MAURO
(Defendant's name)

In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. KRISTIN DE MAURO, I am required to
inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-13055

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your URINE for the purpose of determining its alcohol content.

C. I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2.

I am Off. FABELO of the BOCA RATON PD

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 signature: _____

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. KRISTIN DE MAURO has refused to submit to a breath test.

The date is SEPTEMBER (Month) 22 (Day) 2017 (Year) and the time 12:45 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: KRISTIN DE MARO

CASE #: 2017-13055

DATE: 07/22/17

BREATH TESTS RESULTS

1) TIME REFUSED AM/PM 2) TIME REFUSED AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC FONG

MAINTENANCE TECHNICIAN: OFC PARC

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ANGRY & UPSET

CLOTHING: PINK TANK TOP, GRAY PANTS, & SILVER SANDALS

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: SUBJECT STATED SHE HAD 2 GLASSES

OF WINE DURING OBSERVATION PERIOD

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-13055

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X)

ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What City (County) were you stopped in? _____

What time did you start? _____

AM/PM What time is it now? _____

What is today's date? _____

What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No

Inner ear trouble? Yes No

Glass Eye? Yes No

Ear Infection? Yes No

False Teeth? Yes No

Diabetes? Yes No

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately _____ AM/PM

The date is: September (month) 22 (day) 2017 (year)