

0496088

ARREST / NOTICE TO APPEAR

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

1

3753 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   2018-003894</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>None/not Applicable</b>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>50 E PALMETTO PARK RD, BOCA RATON</b>			Location of Offense (Business Name, Address) <b>50 E PALMETTO PARK RD, BOCA RATON, FL 33432</b>			
Date of Arrest <b>03/18/2018</b>	Time of Arrest <b>01:37</b>	Booking Date <b>03/18/2018</b>	Booking Time <b>01:47</b>	Jail Date <b>03/18/2018</b>	Jail Time <b>02:28</b>	Location of Vehicle <b>EMERALD</b>
Name (Last, First, Middle) <b>BUCCI, KYRSTI ANN</b>			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b> <b>F</b>	Date of Birth <b>12/01/1992</b>	Height <b>5'03</b>	Weight <b>150</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>
Complexion <b>LIGHT</b>			Build <b>Medium</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>		Religion <b>CATHOLIC</b>	
Local Address (Street, Apt. Number) <b>6550 NW 84TH AVE, PARKLAND, FL 33067</b>			Phone <b>(954) 425-2275</b>		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>6550 NW 84TH AVE, PARKLAND, FL 33067</b>			Phone <b>(954) 425-2275</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>	
Business Address (Name, Street) <b>ATC COLLEGE,</b>			Phone		Address Source <b>SUBJECT</b>	
D/L Number, State <b>B200501929410 / FL</b>			INS Number		Place of Birth (City, State) <b>MARGAT, FL, United</b>	
Citizenship			Occupation <b>Student</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)			Residence Phone		Business Phone	
Address (Street, Apt. Number) (City) (State) (Zip)			Notified by: (Name)		Date	
Address (Street, Apt. Number) (City) (State) (Zip)			Released To: (Name)		Date	
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 S. Sell N. N/A P. Possess B. Buy T. Traffic R. Smuggle 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. Ophum/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other		Statute Violation Number <b>316.193(1)</b>	
Charge Description <b>DUI</b>			Counts <b>1</b>		Warrant / Capias Number	
Drug Activity Drug Type Amount / Unit Offense #			Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Bond	
Charge Description			Counts		Warrant / Capias Number	
Drug Activity Drug Type Amount / Unit Offense #			Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Bond	
Charge Description			Counts		Warrant / Capias Number	
Drug Activity Drug Type Amount / Unit Offense #			Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Bond	
Health / Apparent Physical Condition of Defendant <b>GOOD</b>			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			
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By		Released By	
Transported By			Date Transported <b>// : : :</b>		Time Transported	
<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>04/16/2018 08:30:00</b>			
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) <i>Kyrsti Bucci</i> Date Signed <b>3/18/2018</b>			
HOLD for Other Agency			Signature of Arresting Officer <i>Label</i>		Name Verification (Printed by Arrestee) <i>Kyrsti Bucci</i>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>BISSOON, S. R.</b>		ID.# <b>664</b>	
Intake Deputy <i>[Signature]</i>			Transporting Officer <i>Castillo</i>		Agency <b>BRPD</b>	
ID.#			ID.# <b>804</b>		PAGE <b>1 OF 1</b>	

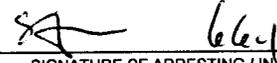
SCANNED MAR 19 2018 MAR 18 AM 9:07

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   2018-003894</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" 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>BUCCI, KYRSTI ANN</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/01/1992</b>		
Charge Description <b>316.193(1) DUI</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				
<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>18</u> day of <u>March</u>, <u>2018</u> at <u>01:37</u> (Specifically include facts constituting cause for arrest.)</p>						
<p>On 03/18/2018 I responded to 50 E Palmetto in reference to an accident involving a 2017 Audi bearing Fl tag#ILMK58 and a pedestrian. CSO Boylston responded to the scene and handled the traffic crash investigation. CSO Boylston advised that Kyrsti Bucci was the driver of the vehicle after witnesses to the crash could put her behind the wheel of the vehicle. See his report for further details. Sgt Shifflett was also on scene and she was talking to Bucci about the accident.</p> <p>I then met with Bucci and CSO Boylston advised her that he had completed his traffic crash investigation. I then advised Bucci that I would now be conducting a criminal investigation. I then read her Constitutional Warnings in the presence of Sgt Shifflett and Bucci advised that she understood and she would not answer any of my questions without an attorney present. While speaking to Bucci I could smell an odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glossy and she was slurring her speech.</p> <p>Based on my observations I then asked Bucci if she would submit to roadside sobriety tasks and she stated no. I then advised Bucci of her Taylor Warnings and she still refused to submit to the roadside tasks. I then placed Bucci into custody for DUI. Sgt Shifflett searched Bucci and I then transported her to BRPD.</p> <p>Ofc Fong responded as my Breath Operator. Ofc Fong and I conducted the 20-minute observation and then she was taken into the BAT room. Bucci refused to provide a breath sample. I then read Bucci her Implied Consent Warnings and she still refused to provide a breath sample. Bucci also refused to answer my questions without an attorney present. See DUI influence report.</p> <p>Bucci is being charged under F.S.S. 316.193(1) for DUI. Bucci was transported to</p>						
SWORN AND SUBSCRIBED BEFORE ME	 <b>SHIFFLETT, KELLY D</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>BISSOON, STEPHEN R (664)</b> NAME OF OFFICER (PLEASE PRINT)			
<u>03/18/2018</u> DATE			<u>03/18/2018</u> DATE			

**II. 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.*

I am Off. Bissoon 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: \_\_\_\_\_

*Note: 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.

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

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. <sup>Bucci</sup> \_\_\_\_\_ has refused to submit to a breath test.

The date is March, 14, 2018, and the time is 0227 (AM/PM).

A refusal form will be completed by the arresting officer.

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MAR 19 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.  
Identify yourself and state:**

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

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

SCANNED  
MAR 19 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: 2018-3894 KYRSTI BUCCI

CASE #: 2018-3894 DATE: 3/18/18

BREATH TEST RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: OFC FONG

MAINTENANCE TECHNICIAN: OFC PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: BLACK SWEATER, BLUE JEAN SHORTS, BLACK SANDALS

MEDICAL CONDITION: NONE

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional 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 a right to the presence 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 and representation 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.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: ON VIDEO Date: 3/18/18 Time: \_\_\_\_\_

**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 effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects 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?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  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 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 video recording. The time is now approximately 2:32  AM  PM.

The date is MARCH, 18, 2018.  
(month) (day) (year)

SCANNED  
MAR 19 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-3894

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SUNDAY, MARCH, 18, 2018.  
(day) (month) (date) (year)

B. The time is now approximately 2:25 ~~AM~~ PM.

C. The following is in reference to case number 2018-3894

D. Present at this time is OF. BISSON & OF. FONG of the Boca Raton Police Department.  
(Officer's Name)

E. Officer BISSON, have you arrested KYRSTI BUCCI in violation of Florida State Statute 316.193?  
(Defendant's name)

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

G. Mr./Mrs. (Ms) KYRSTI BUCCI, I am required to inform you these proceedings are being video recorded.

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

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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 Name		Agency Report Number	
	<b>BOCA RATON POLICE DEPARTMENT</b>		<b>3   2   2018-003894</b>	
Agency ORI Number	Charge Type:		Special Notes:	
<b>FL 0500200</b>	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
<b>BUCCI, KYRSTI ANN</b>		<b>W</b>	<b>F</b>	<b>12/01/1992</b>

Palm Beach county jail for final disposition. Bucci's vehicle was towed to Emerald.

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P R O B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E

SWORN AND SUBSCRIBED BEFORE ME

*Sgt K Shifflett*  
**SHIFFLETT, KELLY D**

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

**03/18/2018**  
DATE

*Stephen R Bissoon*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**BISSOON, STEPHEN R (664)**  
NAME OF OFFICER (PLEASE PRINT)

**03/18/2018**  
DATE

PAGE  
**2 OF 2**

SCANNED  
MAR 19 2018

2018-3894

0137

0150

# DUI INFLUENCE REPORT



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BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

SCANNED

MAR 19 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ AM/PM:

Subject: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PERSONAL CONTACT**

Driving Pattern: \_\_\_\_\_

---

---

---

---

---

Observation of Driver: \_\_\_\_\_

---

---

---

---

---

Driver's Statement: \_\_\_\_\_

---

---

---

Odors: \_\_\_\_\_

---

**GENERAL OBSERVATIONS**

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

\_\_\_\_\_  
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: OFF. BISSON

Name: SGT. SCIFFLETTE Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON, FL 33432

Can testify to: BACK UP OFFICER

Name: CSO BOYLSTON Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: ACCIDENT INVESTIGATOR

Name: OFF. FONG Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE, BOCA RATON FL 33432

Can testify to: BREATH TECH OPERATOR.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_