

03/9212

ARREST / NOTICE TO APPEAR

17mm 1531 237

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-001889		1. Arrest 2. N.T.A. 3. Request for Warrant 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 checked="" 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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator N							
D E F E N D A N T	Date of Arrest 02/06/2017		Time of Arrest 07:58		Booking Date 02/06/2017		Booking Time 09:56		Jail Date 02/06/2017		Jail Time 09:49			
	Location of Vehicle LEFT ON SCENE, SECUR													
C O D E F	Name (Last, First, Middle) POUPARD, NICOLE SUSAN													
	Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black W		Sex M - Male F - Female F		Date of Birth 06/24/1988		Height 5'04		Weight 145		Eye Color BLUE		Hair Color BROWN	
	Complexion LIGHT		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L BICEP / FOREVER STRONG; TATT BACK BACK / THREE RED		Marital Status S		Religion NONE		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 950 EGRET CIRCLE 5504, DELRAY BEACH FL, FL 33444						Phone (561) 685-5337		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 950 EGRET CIRCLE 5504, DELRAY BEACH FL, FL 33444						Phone (561) 685-5337		Address Source FLDL					
	Business Address (Name, Street) (City) (State) (Zip) IMAGE FIRST SALON,						Phone (561) -		Occupation Hairstylist					
	D/L Number, State P163637887240 / FL		Soc. Sec. Number		DNS Number		Place of Birth (City, State) FT LAUDERDALE, FL,		Citizenship US					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) Date Time 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____ School Attended _____ Grade _____ Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property _____ Value of Property _____													
	Drug Activity: S. Sell, R. Smuggle, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use, P. Possess, T. Traffic 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: BATTERY / DOMESTIC BATTERY Statute Violation Number: 784.03(1) a(1) Drug Activity: N Drug Type: / Amount / Unit: / Offense #: 2017-001889 Counts: 1 Domestic Violence: <input checked="" 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: _____													
	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: 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: _____ 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 Transported By: CHRISWISSER Date Transported: 02/06/2017 Time Transported: 09:49 Other: _____ PROPERTY - Received By: CHRISWISSER Released By: _____ Released To: _____													
	INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. 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 IN CONTEMPT 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: _____ Name Verification (Printed by Arrestee): _____ Name of Arresting Officer (Print): CHRISWISSER, JACLYN I.D. #: 788 Transporting Officer: CHRISWISSER I.D. #: 788 Agency: BRPD Intake Report: _____ Pouch #: _____ Witness here if subject signed with an "X": _____													
	No Photo Available FEB 6 AM 11:42													

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/06/2017 09:16	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-001889		
	Name (Last, First, Middle) POUPARD, NICOLE SUSAN				Alias	Race W	Sex F
C H A R G E S	Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY						
	Victim's Name (Last, First, Middle) [REDACTED]				Race W	Sex M	Date of Birth 09/20/1988
V I C T I M	Business Address (Name, Street) [REDACTED]				(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]
	Phone [REDACTED]				Address Source [REDACTED]		
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT				
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]						
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED]</p> <p>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS, FIST</p> <p>WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: N/A</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>ALCOHOL/DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>						
N A R R	<p>On February 6th, 2017 at approximately 0724 hours I arrived at [REDACTED] in regards to a domestic disturbance. I met with Nicole Poupard who stated she was in an argument with [REDACTED].</p> <p>[REDACTED] Nicole stated [REDACTED] took [REDACTED], from [REDACTED] Delray Beach at 0230 hours on 02/06/17. Nicole stated [REDACTED] brought [REDACTED] to his sister's, [REDACTED].</p>						
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>6</u> day of <u>February</u>, <u>2017</u>.</p> <p>SOMMER LEE S NOTARY PUBLIC, CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSTS

P. I. O.

2017 FEB - 7 AM 6:27

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 02/06/2017 09:16	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-001889
	<p>N A R R A T I V E</p> <p>house in Boca Raton. Nicole stated she drove to Boca Raton to get [REDACTED] back from [REDACTED]. Nicole stated she arrived at [REDACTED] house at 0630 hours and was yelling [REDACTED] name in the parking lot.</p> <p>Nicole stated she did not know what unit [REDACTED] lived in but she did know what building. Nicole stated she waited for [REDACTED] to exit the building and confronted him as he exited the stairs. Nicole stated [REDACTED] grabbed her by the arms with both of his hands and threw her to the ground. Nicole stated [REDACTED] held her down by the arms and yelled "You are a Psycho" and "You'll never find [REDACTED]". Nicole stated [REDACTED] held her down until the police came and Nicole was able to get up.</p> <p>[REDACTED] stated Nicole and himself were having a verbal argument after watching the Superbowl. [REDACTED] stated he commented on how good Lady Gaga looked and Nicole started to become verbally argumentative. [REDACTED] stated Nicole continued to argue and yell at him. [REDACTED] stated he called [REDACTED] and asked her to come pick him and [REDACTED] up from their house. [REDACTED] stated [REDACTED] came and got them around 0130 hours and brought them back to her house in Boca Raton. [REDACTED] stated throughout the night he kept getting harassing phone calls from Nicole. [REDACTED] stated he did not answer his phone in fear of Nicole finding him and becoming physically violent as she has been in the past. [REDACTED] stated he heard Nicole yelling his name outside in the parking lot around 0630 hours.</p> <p>[REDACTED] husband, [REDACTED], stated he heard Nicole yelling as he was exiting the building to go to work. [REDACTED] stated he walked outside first to make sure Nicole would not harass [REDACTED]. [REDACTED] stated as he exited the stairs Nicole attacked him from the back and began to punch the side of his head with a closed fist. [REDACTED] stated Nicole punched him repeatedly in the side and back of his head. [REDACTED] stated he was punched by Nicole at least three or more times. Upon speaking with [REDACTED], I noticed blood and cuts on the side of his head and scratches on his arm and neck consistent with his story. [REDACTED] declined medical treatment. [REDACTED] stated he was able to grab onto Nicole's arm in order to restrain her. [REDACTED] stated Nicole and himself fell to the ground. [REDACTED] pinned Nicole's arms down and straddled her body with his legs in order to restrain her from punching him further. [REDACTED] stated Nicole began to spit on him and yell "You will never see [REDACTED] again" and "I'll ruin you".</p> <p>[REDACTED] stated he was able to see the incident occur as he was looking out the second floor window [REDACTED] stated he saw [REDACTED] exit the building. [REDACTED] stated as soon as [REDACTED] stepped outside, Nicole began punching him repeatedly, about eight times, in the head. [REDACTED] stated he returned to his apartment and called police.</p> <p>Upon completing my investigation I was able to develop probable cause to arrest Nicole Poupard for Domestic Battery. My investigation determined Nicole intentionally and actually punched and struck [REDACTED] against his will contrary to FSS 784.03(1) a(1) A</p>			

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn (and subscribed to before me this 6 day of February, 2017.

SOMMER, LEE S

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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 2017-001889 Agency: Boca Raton
Offense: Domestic Battery
Suspect/Offender: Nicole Paupard
D.O.B. 6/24/88 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: [REDACTED] D.O.B. 9/20/86 Race: W Sex: M
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED]

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.

☐ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: J. CHRIS WISSER I.D.# 788 Date: 2/6/17

SUSPECT/OFFENDER: Nicole Paupard
COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)