

03/9212

17mm 1531 237

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 0500200		Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2017-001889
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

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
-------------------------------------	--------------------------------	-----------------------------------	------------------------------	--------------------------------	---------------------------	--

Name (Last, First, Middle) POUPARD, NICOLE SUSAN		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Oriental/Asian	Sex 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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> 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 3. Florida 2. County 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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	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
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Value of Property		Grade

VICTIM NOTIFICATION REQUIRED

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/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	-----------------------------	--	----------	---------------------------------------	---	---	--	------------------------

Charge Description BATTERY / DOMESTIC BATTERY	Statute Violation Number 784.03(1) a(1)	Amendment #
Drug Activity	Drug Type N	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		
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 CHRISWISSER
Transported By CHRISWISSER		Date Transported 02/06/2017	Time Transported 09:49
		Released By	Released To

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time

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 _____

No Photo Available

SCANNED FEB 07 2017

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Report ID #	Pouch #	Page 1 OF 1
Signature of Arresting Officer (Print) CHRISWISSER, JACLYN	ID # 788	Agency BRPD
Signature of Arresting Officer CHRISWISSER	ID # 788	Agency BRPD
Witness here if subject signed with an "X"		

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
D E F E N D A N T	Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY						
	Victim's Name (Last, First, Middle)				Race W	Sex M	Date of Birth 09/20/1988
V I C T I M	Business Address (Name, Street)				City	State	Zip
	Phone				Address Source		
A D D I T I O N A L	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"/>		
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT						
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: [REDACTED]</p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS, FIST</p> <p>WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: N/A</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ALCOHOL/DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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]. 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>, 2017.</p> <p>SOMMER LEE S NOTARY PUBLIC, CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

CERTIFIED COPY

2017 FEB - 7 AM 6:22

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 02/06/2017 09:16	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-001889
	Agency ORI Number FL 0500200			

house in Boca Raton. Nicole stated she drove to Boca Raton to get back from house. Nicole stated she arrived at house at 0630 hours and was yelling name in the parking lot.

Nicole stated she did not know what unit lived in but she did know what building. Nicole stated she waited for to exit the building and confronted him as he exited the stairs. Nicole stated grabbed her by the arms with both of his hands and threw her to the ground. Nicole stated held her down by the arms and yelled "You are a Psycho" and "You'll never find". Nicole stated held her down until the police came and Nicole was able to get up.

stated Nicole and himself were having a verbal argument after watching the Superbowl. stated he commented on how good Lady Gaga looked and Nicole started to become verbally argumentative. stated Nicole continued to argue and yell at him. stated he called and asked her to come pick him and up from their house. stated came and got them around 0130 hours and brought them back to her house in Boca Raton. stated throughout the night he kept getting harassing phone calls from Nicole. stated he did not answer his phone in fear of Nicole finding him and becoming physically violent as she has been in the past. stated he heard Nicole yelling his name outside in the parking lot around 0630 hours.

husband, stated he heard Nicole yelling as he was exiting the building to go to work. stated he walked outside first to make sure Nicole would not harass. 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. stated Nicole punched him repeatedly in the side and back of his head. stated he was punched by Nicole at least three or more times. Upon speaking with, I noticed blood and cuts on the side of his head and scratches on his arm and neck consistent with his story. declined medical treatment. stated he was able to grab onto Nicole's arm in order to restrain her. stated Nicole and himself fell to the ground. pinned Nicole's arms down and straddled her body with his legs in order to restrain her from punching him further. stated Nicole began to spit on him and yell "You will never see again" and "I'll ruin you".

stated he was able to see the incident occur as he was looking out the second floor window stated he saw exit the building. stated as soon as stepped outside, Nicole began punching him repeatedly, about eight times, in the head. stated he returned to his apartment and called police.

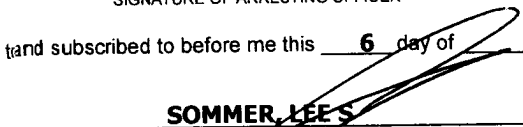
Upon completing my investigation I was able to develop probable cause to arrest Nicole Poupard for Domestic Battery. My investigation determined Nicole intentionally and actually punched and struck against his will contrary to FSS 784.03(1)(a) &

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)

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: _____
Home #: _____

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

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

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