

0344530

2020 MM 004105 ANB 3142
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20002436		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input type="checkbox"/> N <input checked="" type="checkbox"/>									
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) ALT A1A/LIGHTHOUSE DR, PBG, FL						Location of Offense (Business Name, Address) ALT A1A/BURNS RD, PBG, FL															
Date of Arrest 05/17/2020		Time of Arrest 23:41		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405									
Name (Last, First, Middle) SEIGER, ROBERT, DARYL										Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 06/09/1979		Height 6'7		Weight 210		Eye Color BRO		Hair Color BRO		Complexion LIGHT		Build LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A								Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>									
Local Address (Street, Apt. Number) 6772 PALMETTO CIR S UNIT 106				(City) BOCA RATON		(State) FL		(Zip) 33433		Phone (561) 215-3508		Residence Type 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>									
Permanent Address (Street, Apt. Number) 6772 PALMETTO CIR S UNIT 106				(City) BOCA RATON		(State) FL		(Zip) 33433		Phone ()		Address Source VERBAL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation DINING ROOM MANAGER									
D/L Number, State S260764792090 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) REDDING, PA		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 <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone ()		Business Phone ()													
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated															
Released To: (Name)				Relationship				Date		Time											
The above address 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 (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Name)						School Attended		Grade													
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE OVER .08				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(C)		Violation of ORD #											
Drug Activity E		Drug Type M		Amount / Unit		Offense #		Warrant / Capias Number		Bond OR											
Charge Description POSSESSION OF MARIJUANA UNDER 20 GR				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)(B)		Violation of ORD #											
Drug Activity P		Drug Type M		Amount / Unit		Offense #		Warrant / Capias Number		Bond OR											
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																					
Court Date and Time Month JULY Day 1 Year 2020 Time 13:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>																					
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 05/17/2020													
HOLD for other Agency Name:				Signature of Arresting Officer [Signature] 514				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. ANDREW FLINK 514				(PRINT)													
Pouch #		Transporting Officer ANDREW FLINK ID # 514		Agency PBGPD		Witness here if subject signed with an -X"		PAGE 1		OF 1											

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002436
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:
D E F	Name (Last, First, Middle) SEIGER, ROBERT DARYL	Alias SEIGER, ROBERT DARYL	Race Sex Date of Birth W M 06/09/1979
C H A R G E S	Charge Description 316.193(1)(C) DUI - BREATH .08 OR ABOVE	Charge Description 893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE TH	
	Charge Description	Charge Description	
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida	Race Sex Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
	Business Address (Name, Street) (City) (State) (Zip)	Phone	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.

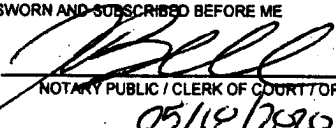
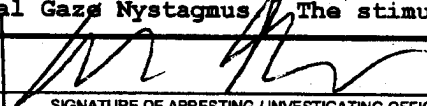
On the 17 day of May, 2020 at 23:26 (Specifically include facts constituting cause for arrest.)

On 05/17/2020, at approximately 2326 hours, this Officer was in marked unit #16474 on patrol in the area of Alt A1A and Burns Rd, PBG, FL. Body worn camera and in car video were activated upon traffic stop.

While traveling North bound on Alt A1A, approaching Burns Rd, PBG, FL, this Officer observed a vehicle traveling at an increased rate of speed, South bound on Alt A1A in the inside through lane. This Officer's initial visual estimation of the vehicle, was approximately 60 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (S/N DB001317) (Front Antenna #KC086606), this Officer received a steady tone and reading of 62 MPH. It should be noted, the RADAR unit was checked for accuracy at the start and conclusion of this tour of duty. This Officer conducted a legal U-turn and entered traffic flow behind the vehicle, a Volkswagen sedan (GXKW51/FL). This Officer initiated a traffic stop on the vehicle at the intersection of Alt A1A and Lighthouse Dr, PBG, FL. This Officer made contact with the driver and lone occupant of the vehicle, identified via Florida Driver License photo, Robert Seiger (SU), while he was still in actual physical control of the vehicle. Seiger had bloodshot watery eyes, slow slurred speech, heavy droopy eyelids, and the obvious odor of an unknown alcoholic beverage emanating from his breath. This Officer was also able to detect obvious the odor of Cannabis on Seiger. Seiger admitted to consuming one or two alcoholic beverages, earlier with dinner on this night.

Based on this Officer's observations, Seiger was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. This Officer noticed that Seiger walked with an unsteady gait and swayed when standing up straight. Seiger informed this Officer of an ankle injury, thus alternative exercises were conducted. Seiger stated he was currently wearing contact lenses in both eyes.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 119.10) through 1st State Insurance DATE <u>05/18/2020</u>	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) DATE <u>05/18/2020</u>
			PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002436
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:
Name (Last, First, Middle) SEIGER, ROBERT DARYL		Race: W Sex: M Date of Birth: 06/09/1979

a Toxoptix X3, with an illuminated red tip. This Officer observed a lack of smooth pursuit in both eyes, distinct and sustained Nystagmus at maximum deviation in both eyes. This Officer noticed the onset of Nystagmus prior to 45 degrees in both eyes. Vertical Gaze Nystagmus was observed in both eyes. Seiger was swaying back and forth during the exercise. This Officer observed six out of six indicators of possible impairment.

The next exercise conducted, was the Finger to Nose. During the exercise, Seiger was swaying back and forth for the duration. On the first command of left, Seiger touched the bridge of his nose. On the next command of right, Seiger touched his nose after hovering his finger over his nose briefly. On the following command of left, Seiger touched his nose with the pad of his finger. For the first three commands, Seiger did not bring his hand down until told to do so.

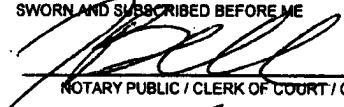
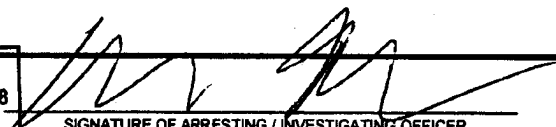
The next exercise conducted, was the Romberg Balance (passage of thirty seconds). During the exercise, Seiger estimated 30 seconds in approximately 32 seconds. Seiger was also swaying throughout the exercise.

The final exercise conducted, was the Romberg Alphabet. During the exercise, Seiger recited the alphabet in correct order with obvious slurred speech. Seiger was also swaying back and forth for the duration.

Based on this Officer's observations, Seiger was placed under arrest at 2341 hours. While searching Seiger's person, incident to arrest, this Officer discovered a "Bud Light" bottle cap in his right front pocket. This Officer also discovered a clear plastic baggy containing a green leafy substance in Seiger's front left pocket. The substance later field tested positive as Cannabis. Seiger later told this Officer, post Miranda, that he did not have a prescription for the suspected Cannabis. This Officer seized the Cannabis and placed it into evidence.

At the PBSO BAT, Seiger agreed to provide a breath sample for the purpose of determining its alcohol content. At 0042 hours, he blew .118 and at 0045 hours, he blew .100.

Based on the results of the investigation, this Officer has probable cause to prove Robert Seiger operated a motor vehicle in the state of Florida, while impaired by alcohol, in violation of FSS 316.193(1)(C). Seiger was also in possession of Cannabis weighing under 20 grams, in violation of FSS 893.13(6)(B).

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICIAL 05/18/2020 DATE	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)
	05/18/2020 DATE	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17TH DAY OF MAY 2020, AT 2329 AM PM
SUBJECT: SEIGER, ROBERT, DARYL CASE NUMBER: 20002436

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

While traveling North bound on Alt A1A, approaching Burns Rd, PBG, FL, this Officer observed a vehicle traveling at an increased rate of speed, South bound on Alt A1A in the inside through lane. This Officer's initial visual estimation of the vehicle, was approximately 60 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (S/N DB001317) (Front Antenna #KC086606), this Officer received a steady tone and reading of 62 MPH. It should be noted, the RADAR unit was checked for accuracy at the start and conclusion of this tour of duty. This Officer conducted a legal U-turn and entered traffic flow behind the vehicle, a Volkswagen sedan (GXKW51/FL). This Officer initiated a traffic stop on the vehicle at the intersection of Alt A1A and Lighthouse Dr, PBG, FL. This Officer made contact with the driver and lone occupant of the vehicle, identified via Florida Driver License photo, Robert Seiger, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Seiger had bloodshot watery eyes, slow slurred speech, heavy droopy eyelids, and the obvious odor of an unknown alcoholic beverage emanating from his breath. This Officer was also able to detect obvious the odor of Cannabis on Seiger.

DRIVER'S STATEMENTS:

Seiger admitted to consuming one or two alcoholic beverages, earlier with dinner on this night.

ODORS:

Unknown alcoholic beverage and Cannabis

GENERAL OBSERVATIONS

SPEECH: Slow slurred

ATTITUDE: Compliant

CLOTHING: yellow shirt, black shorts, beige sneakers

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of May 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SUBJECT: SEIGER, ROBERT, DARYL

CASE NUMBER 20002436

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Vertical Gaze Nystagmus in both eyes. Seiger was swaying back and forth during the exercise. This Officer observed six out of six indicators of possible impairment.

FINGER TO NOSE:

During the exercise, Seiger was swaying back and forth for the duration. On the first command of left, Seiger touched the bridge of his nose. On the next command of right, Seiger touched his nose after hovering his finger over his nose briefly. On the following command of left, Seiger touched his nose with the pad of his finger. For the first three commands, Seiger did not bring his hand down until told to do so.

ROMBERG BALANCE:

During the exercise, Seiger estimated 30 seconds in approximately 32 seconds. Seiger was also swaying throughout the exercise.

ROMBERG ALPHABET:

During the exercise, Seiger recited the alphabet in correct order with obvious slurred speech. Seiger was also swaying back and forth for the duration.

WALK & TURN:

Not conducted due to injury.

BREATH TEST RESULTS: 1) .118 2) .100 3) - 4) -

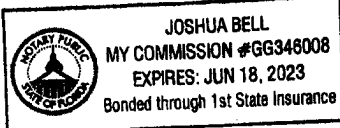
STATE OF FLORIDA COUNTY OF PALM BEACH

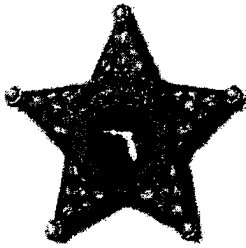
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of May 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)





**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-069419 PBSO ZONE 3-13

AGENCY CASE # 20002436 CRASH CASE # _____

TIME OF STOP/CRASH 2329 DATE 05/17/2020 DAY MONDAY

SUBJECT'S NAME SEIGER ROBERT DARYL RACE W SEX M
LAST FIRST MD

HGT 6'7 WGT 210 DOB 06/09/1979

LOCATION ALT A1A/LIGHTHOUSE DR, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO yes

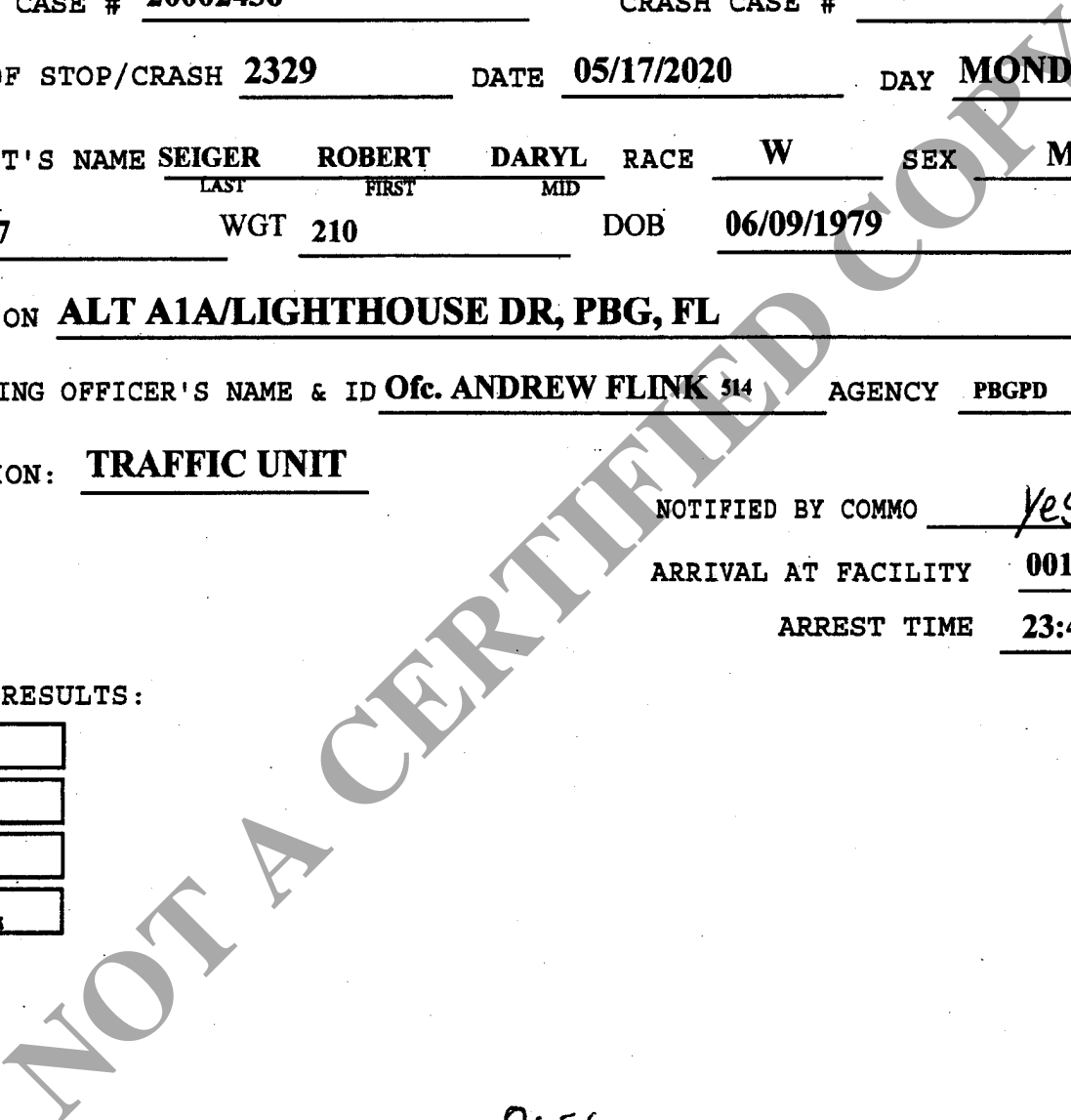
ARRIVAL AT FACILITY 0013

ARREST TIME 23:41

BREATH RESULTS:

- 1) .118
- 2) .100
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: 8656



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 05/18/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 00:13

Subject's Name: ROBERT D SEIGER

DOB: 06/09/1979 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	00:39
	Air Blank	0.000	00:40
	Control Test	0.080	00:40
	Air Blank	0.000	00:41
	Subject Sample #1	0.118	00:42
	Air Blank	0.000	00:43
	Air Blank	0.000	00:44
	Subject Sample #2	0.100	00:45
	Air Blank	0.000	00:46
	Control Test	0.076	00:46
	Air Blank	0.000	00:47
	Diagnostics Check	OK	00:47

Cylinder Lot: 28719080A1
Exp: 12/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 5/18/20
Signature

Sworn to (or affirmed) before me this 18 day of May, 2020

Signature of Notary Public-State of Florida OFC. FLINK #514
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: SEIGER, ROBERT D
CASE NUMBER: 20-069419
DATE: May 18, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0035
ENDING TIME: 0054

BREATH TESTS RESULTS: 1) .118 TIME 0042 A.M. P.M. 2) .100 TIME 0045 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED, DELIBERATE

ATTITUDE: TALKATIVE, INQUISITIVE, COOPERATIVE

CLOTHING: YELLOW TEE SHIRT, BLACK SHORTS, BROWN

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: NONE

OTHER:

EYES: GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 3 OR 4 BEERS (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0013 HOURS

SUBJECT ASKED WHAT IF HE REFUSED TO TAKE BREATH TEST

A/O READ I.C, EXPLAINED AND ANSWERED QUESTIONS ABOUT I.C
SUBJECT STATED HE UNDERSTOOD I.C AND AGREED TO TAKE BREATH TEST

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED QUESTIONS

SUBJECT: Seiger, Robert D CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Apparently

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? ALT 111

DIRECTION OF TRAVEL? S WHERE DID YOU START? 11600

WHAT TIME DID YOU START? 7:00 WHAT TIME IS IT NOW? 1:53

WHAT IS TODAY'S DATE? 10th Nov WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County

WHEN DID YOU LAST EAT? 7:00 WHAT DID YOU EAT? steak

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at home

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? One WHERE? Bar WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AND YOUR LAST DRINK? 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Bottle of beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? Not sure

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? water utility WHEN DID YOU LAST WORK? Apr. 6

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? Bad Ankles

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____

GLASS EYE? No

FALSE TEETH? Not worn

EAR INFECTION? _____

INNER EAR TROUBLE? No

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Pa.

INTERVIEWER: OFC. Flink #514

SUBJECT: Seiger, Robert D

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

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

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OR FLINK of the TRIA

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'S SIGNATURE: (X) _____

Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

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

SUSPECT'S SIGNATURE: (X) _____

Read on camera



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	5, 12
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2020012896	Date: 5/18/2020
	Specialist Name/ID: M. Tooks #8557

FLINK
(514)

20002436



COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION A56H9GE

COUNTY OF **PALM BEACH 06** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER

CITY IF APPLICABLE **PALM BEACH GARDENS** AGENCY NAME **PALM BEACH GARDENS**

AGENCY # **78**

IN THE COURT DISMISSED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAD JUST AND REASONABLE GROUND TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **SUNDAY** MONTH **05** DAY **17** YEAR **2020** TIME **11:33** A.M. P.M.

NAME (PRINT) FIRST **ROBERT** MIDDLE **DARYL** LAST **SEIGER**

STREET **6772 PALMETTO CIR S UNIT 106** IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE

CITY **BOCA RATON** STATE **FL** ZIP CODE **33433**

TELEPHONE NUMBER _____ DATE OF BIRTH MONTH **06** DAY **09** YEAR **1979** RACE **W** SEX **M** HT **607**

DRIVER LICENSE NUMBER **S 2 6 0 7 6 4 7 9 2 0 9 0** STATE **FL** CLASS **E** CDL LICENSE YR LICENSE EXP. **2028** COMMERCIAL VEHICLE YES NO

VEHICLE YEAR **2012** MAKE **VOLK** STYLE **4D** COLOR **STL** PLACARDED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO. **GXKW51** TRAILER TAG NO. _____ STATE **FL** YEAR TAG EXPRES **2020** YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **9852 ALT A1A, PALM BEACH GARDENS** MOTORCYCLE YES NO

COMPLAINT CITATIONS YES NO

FT. _____ MILES OF MILES

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.18**

COMMENTS (PRINT/NEEDS TO OFFENSE ONLY) **DUI - BREATH .08 OR ABOVE | Driving Under The** RE-EXAM YES NO

AGGRESSIVE DRIVER PASSENGER A 10 YEARS STATE STATUTE SECTION **316.193** SUB-SECTION **(1)(C)**

CRASH DAMAGE TO OTHER PROPERTY INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

07/01/2020 01:30 PM

COURT DATE **A56H9GE**

NORTH COUNTY GOVERNMENT CENTER

3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO **PBSO MAIN JAIL** DATE **05/18/2020**

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SET FORTH IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATION TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **OVER .08**

ELIGIBLE FOR PERMIT? YES NO REASON **VALID DL**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LAUDERDALE LAKES** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 30 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

FLINK - SIGNATURE OF OFFICER **514** SAIDE NO. _____ ID NO. _____ TROOP UNIT _____

HEMV 73004 (Rev. 10/14)

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____

