0512624 / 3955 19-12233

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 0 0 0 0 0
Agency Name: ~~PALM BEACH COUNTY SHERIFF'S OFFICE~~ Gardens Police
Agency Report Number (N.T.A.'s only): 0 6 - 1 9 - 0 0 6 7 5 5

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: N/A
Multiple Clearance Indicator:

Location of Arrest (including Name of Business): Hood Rd/N Military Trail PBG FL
Location of Offense (Business Name, Address): Hood Rd/N Military Trail, PBG, FL

Date of Arrest: 11/16/19 Time of Arrest: 0212 Booking Date: Booking Time: Jail Date: Jail Time:
Location of Vehicle: 4377 Fargo Av, WPB FL

DEFENDANT

Name (Last, First, Middle): Zollo, Brett
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian): W Sex: M Date of Birth: 1 22 3 77 Height: 5'9 Weight: 270 Eye Color: Brn Hair Color: Brn Complexion: Light Build: Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): Tat on right arm
Marital Status: Religion:
Indication of: Alcohol Influence Y ☒ Drug Influence N ☒ Unk

Local Address (Street, Apt. Number): 5923 Asturian Trl (City) Lake Worth (State) FL (Zip) 33449 Phone: 561 460 6946
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 5923 Asturian Trl (City) Lake Worth (State) FL (Zip) 33449 Phone: ( )
Address Source: Verbal

Business Address (Name, Street) (City) (State) (Zip) Phone: ( )
Occupation: Information Tech

D/L Number, State: Z400607724630/FL [redacted]
INS Number:
Place of Birth (City, State): Plantation, FL
Citizenship: US

CO-DEF

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) Residence Phone ( )
Address (Street, Apt. Number) (City) (State) (Zip) 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 was provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No (Reason)
School Attended Grade
Property Crime? ☐ Yes ☐ No Description of Property Value of Property

CODE

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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: Driving Under the Influence Counts: 1 Domestic Violence: ☐Y ☒N Statute Violation Number: 316.193 (1) Violation of ORD #:
Drug Activity: N Drug Type: N Amount / Unit: Offense #: Warrant / Capias Number: Bond: ROR

CHARGE

Charge Description: Counts: Domestic Violence: ☐Y ☐N Statute Violation Number: Violation of ORD #:
Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

CHARGE

Charge Description: Counts: Domestic Violence: ☐Y ☐N Statute Violation Number: Violation of ORD #:
Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

CHARGE

Charge Description: Counts: Domestic Violence: ☐Y ☐N Statute Violation Number: Violation of ORD #:
Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, PBG, FL 33410
Court Date and Time: Month December Day 18 Year 2019 Time 1000 A.M. X P.M.

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

x Brett Zollo — 11/16/19
Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for other agency:
Signature of Arresting Officer: x [signature] 514
Name Verification (Printed by Arrestee): NOV 16 AM 4:42 (PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Name of Arresting Officer (Print): Andrew Flink I.D. #: 514
Intake Deputy: DS 7011/MS 7620 I.D. # Pouch #
Transporting Officer: Andrew Flink I.D. #: 514 Agency: PBGPD
Witness here if subject signed with an "X"
PAGE 1 OF 1

PBSO #0148 REV. 09/07 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

Flink, A 514

SUBJECT: ZOLLO, BRETT, CASE NUMBER 19006755

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Unable to initially follow instructions. All observations were made once Zollo followed proper instructions.

WALK & TURN:

Zollo was unable to maintain the starting position during instructions. Zollo raised his arms more than six inches from his sides and stepped off the line. During the first set of steps, Zollo took ten steps rather than nine as instructed. After the tenth step, Zollo stopped and asked for further instructions. During the return set of steps, Zollo stepped off the line on step two and raised his arms more than six inches. Zollo kept his arms raised more than six inches from his sides for the duration of the exercise. Zollo took 11 steps rather than nine as instructed.

ONE LEG STAND:

During the exercise, Zollo put his foot down twice prior to the conclusion of the exercise. Zollo also raised his arms more than six inches from his sides. Zollo was also swaying for the duration of the exercise.

ROMBERG ALPHABET:

Not completed

FINGER TO NOSE:

Not completed

BREATH TEST RESULTS: 1) Ref | 2) | 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 16th day of November 2019 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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF NOVEMBER 20 19, AT 0157 ✓ AM PM

SUBJECT: ZOLLO, BRETT, CASE NUMBER: 19006755

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)

Ofc Zuccarelli 518, stated the vehicle was traveling 60 MPH in a posted 45 MPH zone. Upon my arrival, Zollo was still in the driver seat of the vehicle.

OBSERVATION OF DRIVER:

Zollo had bloodshot watery eyes, flushed red face and was sweating despite the outside temperature being approximately 65 degrees. I was also able to detect the odor of an alcoholic beverage emanating from his breath.

DRIVER'S STATEMENTS:

Zollo said he was coming from east Lake Worth and had consumed two or three beers.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Appeared normal**

ATTITUDE: **Compliant, calm**

CLOTHING: **Black and white shirt, black pants, black shoes.**

MEDICAL/OTHER: **None stated**

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 16th day of November 20 19 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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

19006755

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **Ofc. ANDREW FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **Palm Beach Gardens Police Department**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the **16TH** day of **NOVEMBER**, 20 **19**, at **02:12** ☐ P.M ☑ A.M.

DRIVER **BRETT** **ZOLLO**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **Z400060724630**, state of **FL**, was placed under lawful arrest for

the offense of **DRIVING UNDER THE INFLUENCE** by **Ofc. ANDREW FLINK** and
(Name of Arresting Officer)

issued Citation # A56H4XE.

That on or about the **16TH** day of **NOVEMBER**, 20 **19**, at **0307** ☐ P.M ☑ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a X **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me this **16th** day of **November**, 20 **19**, by **Ofc. ANDREW FLINK**, who is personally known to me or who has produced **Personally Known** as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date 11/16/19

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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

PBSO CASE # 19-138129 PBSO ZONE 3-12

AGENCY CASE # 19006755 CRASH CASE # _____

TIME OF STOP/CRASH 0157 DATE 11/16/2019 DAY Saturday

SUBJECT'S NAME Zollo, Brett RACE W SEX M

HGT 5'9 WGT 270 DOB 12/23/72

LOCATION Hood Rd/N Military Trail, PBG, FL

ARRESTING OFFICER'S NAME & ID Andrew Flint AGENCY PBGPD

DIVISION: _____

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0245hrs

Arrest Time 0212

BREATH RESULTS:

1. _____
2. _____
3. REFUSED
4. _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: REFUSED 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ 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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

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

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

SUBJECT: _____ 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 _____ of the _____.

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)_____

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)_____

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019036986	**Date:** 11/17/2019
	Specialist Name/ID: AM/31562