

0493244

ARREST / NOTICE TO APPEAR

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

1

531 JUVENILE

17CT 20617

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</b>	2017-015474
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>
Location of Arrest (Including Name of Business) <b>1500 N FEDERAL HWY BOCA RATON FL</b>		Location of Offense (Business Name, Address) <b>1500 N FEDERAL HWY, BOCA RATON, FL 33432</b>	
Date of Arrest <b>11/11/2017</b>	Time of Arrest <b>02:38</b>	Booking Date <b>11/11/2017</b>	Booking Time <b>02:48</b>
Jail Date <b>11/11/2017</b>	Jail Time <b>00:00</b>	Location of Vehicle <b>1980 NW 1ST AVE BOCA</b>	

Name (Last, First, Middle) <b>LIUZZO, GUIDO FRANK</b>		Alias:	
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>11/05/1975</b>
Height <b>6'01</b>	Weight <b>230</b>	Eye Color <b>BROWN</b>	Hair Color <b>BALD</b>
Complexion <b>MEDIUM</b>		Build <b>Large</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion
Local Address (Street, Apt. Number) <b>23249 ISLAND VIEW B, BOCA RATON, FL 33433</b>		Phone <b>(561) -</b>	Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) <b>23249 ISLAND VIEW B, BOCA RATON, FL 33433</b>		Phone <b>(561) -</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Business Address (Name, Street) <b>VAST ARROWS SERVICES,</b>		Phone <b>(561) 998-9330</b>	Address Source <b>OFFENDER</b>
D/L Number, State <b>L200286754050 / FL</b>		INS Number	Place of Birth (City, State) <b>BROOKLYN, NY,</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex
Co-Defendant Name (Last, First, Middle)		Race	Sex
Citizenship <b>US</b>		Occupation <b>Salesman</b>	

Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)	Residence Phone
Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)	Business Phone
Address (Street, Apt. Number) (City) (State) (Zip)	
Notified by: (Name)	Date
Relationship	Date
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.	
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description <b>DUI</b>	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type	Amount / Unit
Offense # <b>2017-015474</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	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 type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By <b>JALIC</b>	PROPERTY - Received By <b>SAAVEDRA</b>
Date Transported <b>11/11/17</b>	Released By <b>SAAVEDRA</b>
Time Transported <b>5:15</b>	Released To <b>PBCJ</b>

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Court Date and Time <b>12/11/2017 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 COMTEMPT 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)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>SAAVEDRA, ALONSO</b>	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID. # <b>777</b>	
Intake Deputy	Transporting Officer <b>JALIC</b>	ID. # <b>675</b>
ID. #	Agency <b>BRPD</b>	Witness here if subject signed with an "X":

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NOV 15 2017

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number, Agency ORI Number (FL 0500200), Agency Name (BOCA RATON POLICE DEPARTMENT), Agency Report Number (3 | 2 | 2017-015474)

Charge Type: 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor (checked), 5. Ordinance, 6. Other. Special Notes:

Name (Last, First, Middle): LIUZZO, GUIDO FRANK. Alias: . Race: W, Sex: M, Date of Birth: 11/05/1975

Charge Description: 316.193(1) DUI. Victim's Name (Last, First, Middle): STATE OF FLORIDA. Local Address: 100 NW 2ND AVE, BOCA RATON, FL 33432. Business Address: .

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. On the 11 day of November, 2017 at 02:38 (Specifically include facts constituting cause for arrest.)

On 11/11/2017 at 0211 hours, I was traveling northbound on Federal Hwy. stopped at the red light on 20th St waiting to go westbound. I then observed a white 2011 Cadillac CTS bearing FL DBG82 traveling southbound on Federal Hwy stopped pass the stop bar at 2000 N. Federal and he was blocking the intersection and impeding me from making the left turn. I then conducted the traffic stop at the intersection. The vehicle did not come to a complete stop until 1500 N. Federal Hwy. I then approached the passenger side window and made contact with the sole occupant W/M driver Guido Liuzzo. I then explained Liuzzo the reason for my traffic stop. I asked Liuzzo where was he coming from and he advised from Buddah Sky Bar located in Delray. As I was speaking with Liuzzo, I was able to detect a strong odor of an alcoholic beverage emitting from his breath. Liuzzo then advised he lost his wallet and his cell phone in Delray Beach. I then asked Liuzzo to step out of his vehicle, which he did. Once he stepped out, he had to hold on to the vehicle for balance. I then asked Liuzzo to stand in front of my marked police unit 325. As Liuzzo was walking towards my car, he was swaying side to side. His eyes were red and bloodshot and he also had slurred speech. I then asked Liuzzo if he had anything to drink and he stated no. Liuzzo repeated numerous times that he lost his wallet and his cell phone. I repeated myself numerous time, that I understood his concern and I was now conducting a DUI investigation. As I continued talking with Liuzzo the odor of an alcoholic beverage emitting from his breath became stronger. I then asked Liuzzo if he would perform the standard roadside task to dispel my alarm that he was driving under the influence, which he provided consent to perform the task. Liuzzo advised that he had no injuries and was not taking any medication. I then performed and demonstrated each task before he performed them.

SWORN AND SUBSCRIBED BEFORE ME. GRAHAM, KEITH T. NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10). 11/11/2017 DATE. SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT). 11/11/2017 DATE. PAGE 1 OF 2

Agency ORI Number **FL 0500200** Agency Name **BOCA RATON POLICE DEPARTMENT** Agency Report Number **3 | 2 | 2017-015474**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  4. Traffic Misdemeanor  6. Other

Name (Last, First, Middle) **LIUZZO, GUIDO FRANK** Alias \_\_\_\_\_ Race **W** Sex **M** Date of Birth **11/05/1975**

The first task was the Horizontal Gaze Nystagmus. While performing the task Liuzzo showed equal pupil size and no resting nystagmus. Liuzzo had lack of smooth pursuit and distinct and sustained nystagmus at maximum deviation in both eyes. Liuzzo displayed onset of nystagmus prior to forty-five degrees in both eyes. During the task Liuzzo had a hard time keeping his head still and following my stylus.

The second task was the Walk and Turn. Liuzzo was swaying side to side. He was unable to maintain the starting position. He took 13 steps forward. While performing the task he did not step heel to toe on steps 2, 4, 5, 6, 7, 8, 9, 10, and 13. Liuzzo did not turn around at all. I asked Liuzzo if he understood the task and he stated yes. I asked him if he would like me to repeat the instructions and he said no, that he just needed to take 9 steps forward. Liuzzo did not make the turn and did not take 9 heel to toe steps back. I asked Liuzzo if he was done with the task and he stated yes.

The third task was the One Leg Stand. Liuzzo was unable to maintain his balance. He dropped and placed his foot on the ground while counting 1005, 1007, 1009, 1014, 1015, 1016 and 1017.

The fourth task was the Finger to Nose. The sequence is (L-R-L-R-R-L). While performing this task, Liuzzo was swaying side to side. L- he held his finger to his nose for three of seconds then brought it down. He then open and closed his eyes. R- missed the tip of his nose and touched his nostril, then open his eyes. L- missed the tip of his nose and touched his nostril. He did not bring his finger down immediately. He then again open eyes. R-missed the tip of his nose and touched his nostril. He did not bring his finger down immediately. He then again open his eyes. Liuzzo then brought his head down and open his eyes. R- He kept his eyes open and raised his left finger. Liuzzo then looked at me and asked if I said right. I stated yes and reminded him to close his eyes and to tilt his head back. He then missed the tip of his nose and touched his nostril. He then again open his eyes. L- He missed the tip of his nose and touched his nostril. He did not bring his finger down immediately.

The fifth task was the Rhomberg Alphabet. While reciting the Alphabet Liuzzo gave the following sequence "ACDEFGLMOL NPQRSTUEWXYZ".

At 0238 hours, I placed Guido Liuzzo under arrest for DUI per F.S.S. 316.193(1). He was transported to Boca Raton Police Department for processing. Officer Murphy conducted the Intoxilyzer Testing. I then asked Liuzzo to provide a sample of his breath and he stated "take me to jail". I then read him Implied Consent. He had no questions. I asked him to provide a sample of his breath and he stated again "take me to jail". At 0313 hours, he was issued a refusal. Liuzzo was given a court date of 12/11/2017 at 0830 hours. The video was classified and submitted into BRPD evidence. Liuzzo was transported to Palm Beach County jail for final disposition.

SWORN AND SUBSCRIBED BEFORE ME

**GRAHAM, KEITH T**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
**11/11/2017**  
DATE

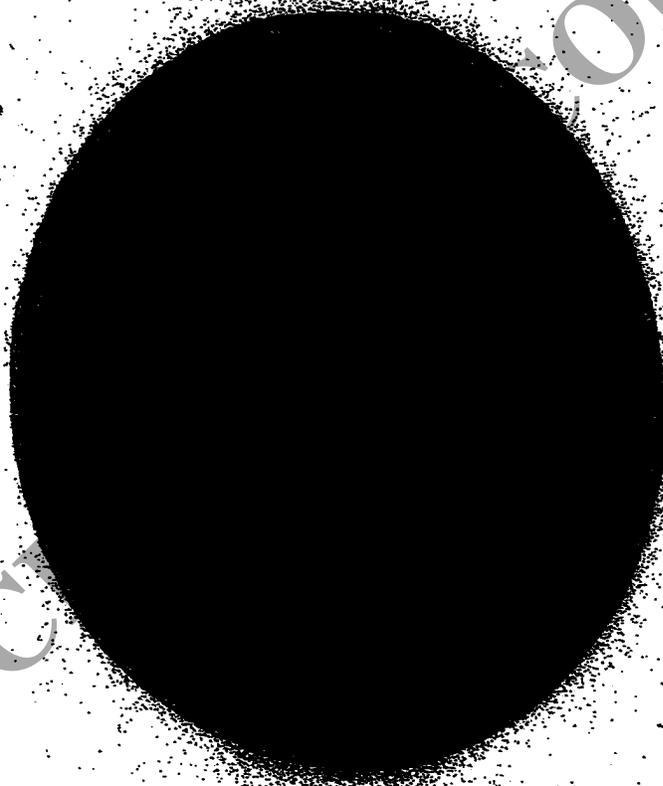
**SAAVEDRA, ALONSO (777)**  
NAME OF OFFICER (PLEASE PRINT)  
**11/11/2017**  
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PAGE **2** OF **2**

CASE: 2017-15474  
10-15-0238  
OBN: 0250

# D. U. I. INFLUENCE REPORT



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Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432

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NOV 15 2017

ARRESTING OFFICER: Saavedra

Name: Saavedra Phone # Home \_\_\_\_\_ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL

Can testify to: investigation

Name: Coon Phone # Home \_\_\_\_\_ Work " "

Address: " "

Can testify to: scene

Name: Murphy Phone # Home \_\_\_\_\_ Work " "

Address: " "

Can testify to: boothing

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

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

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

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

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

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

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

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

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

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

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

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

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**ADULT CONSTITUTIONAL WARNINGS**  
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

**DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?**

(X) on video

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle <sup>Refused to speak</sup> 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? \_\_\_\_\_

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**NOV 15 2017**

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 affects of alcohol? Yes  No

Have you consumed alcohol since the accident? Yes  No

Can you feel the affects 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? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

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

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

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

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

Are you taking any prescription medicines? Yes  No  What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye 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 videotaping. The time now is approximately 0318 AM/PM

The date is: NOVEMBER 11 (month) 2017 (day) (year)

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