

J# 0486547

P# 2005

| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias | | 1 | Juvenile | N |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Agency ORI Number FL 0500300 | | Agency Name BOYNTON BEACH POLICE DEPT. | | Agency Report Number 34-17-17155 | | | | |
| Charge Type: Check as many as Apply. | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | If Weapon Seized Enter Type | | Multiple Clearance Indicator | | |
| Location of Arrest (Including Name of Business) 1600 SW 3rd Street, Boynton Beach FL, 33435 | | | | Location of Offense (Business Name, Address) 1600 SW 3rd Street, Boynton Beach FL, 33435 | | | | |
| Date of Arrest 03/27/2017 | | Time of Arrest 2045 | | Booking Date | | Booking Time | | Location of Vehicle |
| Name (Last, First, Middle) NUZZI, KELLY A | | | | Alias (Name, DOB, Soc. Sec. #, Etc) | | | | |
| W - White B - Black | | I - American Indian O - Oriental / Asian | | Race W | Sex F | Date of Birth 02/12/1962 | Height 505 | Weight 115 |
| Eye Color GREEN | | Hair Color BROWN | | Complexion FAIR | | Build THIN | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Marital Status SINGLE | | Religion NONE | | Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Local Address (Street, Apt. Number) 255 MAIN BLVD, | | (City) BOYNTON BEACH | | (State) FL | (Zip) 33435 | Phone () - () - () | | Residence Type 1. City 3. Florida 2. County 4. Out of State 1 |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | (Zip) | Phone () - () - () | | Address Source VERBAL |
| Business Address (Street, Apt. Number) | | (City) | | (State) | (Zip) | Phone () - () - () | | Occupation NONE |
| D/L Number, State N952-543-0615-2626 | | Soc. Sec. Number [REDACTED] | | INS Number | | Place of Birth NY, NY | | Citizenship YES |
| 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) | | Residence Phone | | Business 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 <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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason) | | | | School Attended | | Grade | | |
| Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/> | | 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. Barbituate C. Cocaine E. Heroin | | H. Hallucinogen M. Marijuana O. Opium/Deriv. | | P. Paraphernalia/ Equipment S. Synthetic |
| U. Unknown Z. Other | | Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Statute Violation Number 316.193(1) | | Violation of ORD# | | |
| Charge Description DUI | | Counts 1 | | Offense # 17-17155 | | Warrant/Capias Number | | Bond |
| Drug Activity N | | Drug Type N | | Amount/Unit N/A | | Statute Violation Number | | Violation of ORD# |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number |
| Instruction No. 1 Mandatory Appearance in Court | | Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side. | | Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach FL 33446 | | | | |
| 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. | | Court Date and Time Month April Day 24 Year 2017 Time 8:30 A.M. | | Signature of Defendant (or Juvenile and Parent/Custodian) [Signature] | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer [Signature] | | Name Verification (Printed by Arrestee) (PRINT) | | Page 1 OF 1 | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) ofc. A Corum | | I.D. # 974 | | Agency BBPD |
| Intake Deputy Off. Hardemon | | I.D. # 4716 | | Pouch # | | Transporting Officer Ofc. Corum | | I.D. # 974 |
| Witness here is subject Signed with an "X". | | SCANNED MAR 30 2017 MAR 28 AM 12:30 | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF March 2017 AT 2033 ☐ A.M ☒ P.M.

CASE #: 17-17155 DEFENDANT: NUZZI, KELLY A

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On Monday, March 27, 2017 at approximately 2033 hours, I was dispatched to the 1600 block of SW 3rd Street in reference to an ALS call made by BBFD, (reference BBPD case#17017156). Upon my arrival I met with Ofc. Ramos (965) and BBFD personnel Darren Clarke (273) and Stanley Cale (218). Upon speaking with Clarke and Cale they advised me that they were driving down SW 3rd Street when they observed a White Chevy Equinox (FL N68BAN) parked on the side of the road. Clarke who was the driver of the FD engine advised that he observed a W/F, later identified as Kelly Nuzzi, in the drivers seat, and appeared to be unconscious and was slumped over the center console of the vehicle. Clarke stated that he exited his vehicle to render aid which is when he observed that the vehicle was still on (engine running) and the doors were unlocked. He then opened the door to the vehicle which is when Nuzzi awoke. Clarke advised that Nuzzi refused to go to the hospital and that she had an odor of alcohol emanating from her person. I then met with Ofc. Ramos who was on scene prior to my arrival. Ofc. Ramos advised me that he also observed Nuzzi in the driver's seat of the above vehicle. Ofc. Ramos observed that the vehicle was on (engine running) and the vehicle was parked. Ofc. Ramos advised that as he was speaking to Nuzzi he could smell an odor of alcohol emanating from her person. Ofc. Ramos stated that he then asked Nuzzi to step out of her vehicle. As Nuzzi stepped out of her vehicle he explained that she could barely stand and was using the vehicle door frame for balance. Ofc. Ramos also advised that he gave several orders for Nuzzi to stand in front of her vehicle and to stop holding on to the door. Nuzzi needed to be asked several times according to Ofc. Ramos to step out of her vehicle and also to stand in front of her vehicle.

I then made contact with Nuzzi. I immediately smelled an odor of an unknown alcoholic substance emanating from her person. This smell only intensified as Nuzzi was attempting to speak to me. The smell was so strong that it made me take several steps away from Nuzzi. I also observed that Nuzzi was having trouble standing and maintaining her balance. Nuzzi was using the front hood of the vehicle to maintain her balance and at times was laying the top portion of her body on the hood. Nuzzi also had bloodshot red eyes and her speech was slurred. Nuzzi had a hard time gathering her thoughts and also had trouble listening to me when I was attempting to speak to her. Nuzzi also had a hard time putting sentences together. Nuzzi was belligerent towards officer on scene claiming that she never did anything and to please let her go. I then began to question Nuzzi as to how she ended up asleep behind the wheel of her vehicle. Nuzzi refused to answer all my questions.

Based on the above facts and information, I then requested Nuzzi to submit to a series of roadside sobriety tasks to determine her impairment which she refused. I advised Nuzzi of the consequences resulting from her refusal and that her refusal can and will be used against her as evidence in court. I also advised Nuzzi that her refusal will lead to a year suspension of her license. I again asked Nuzzi if she understood what I had just informed her of and to submit to a series of roadside sobriety tasks which she again refused.

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Nuzzi was placed in handcuffs (double locked and checked for spacing) and advised that she was being placed under arrest for DUI. I transported Nuzzi to PBCJ BAT and began my 20 minute observation. Upon completion of my 20 minute observation at 2140 hrs, I began my video format on Nuzzi. I requested from Nuzzi to submit to a lawful test of her breath for the purpose of determining its alcohol content which she refused. I read Implied Consent to Nuzzi which she stated she understood. I then made a second request from Nuzzi to submit a lawful test of her breath for the purpose of determining its alcohol content which she again refused.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG/ALPHABET:

REFUSED

I then Read Nuzzi constitutional rights which she acknowledged. I asked Nuzzi if she would answer a list of questions which she refused to complete.


Based on the above stated facts, I have established probable cause to charge Nuzzi with one count of DUI in accordance to F.S.S. 316.193.1. Nuzzi was processed at and TOT to PBCJ. DUI Refusal Citation was written to Nuzzi.

It should be noted that Nuzzi did not have her driver's license on her at the time of her arrest. An NCIC/FCIC check revealed that she had a valid New Jersey license (N95254306152626) Nuzzi was also written a citation for this infraction.

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The following instrument was sworn to before me this 27 day of March 2017

By: Ofc. Corum # 974

 #965
Notary Police Officer (F.S.S. 117.10)


Signature of Arresting Officer

NOT A CERTIFIED COPY

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CASE #: 17-17155

DEFENDANT: Nuzzi, Kelly A

Arresting Officer: A. Corum

Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435

Phone Numbers: Home: 561-742-6100

Work: (561) 742-6100

Name: Darren Clarke

Address: 100 E BOYNTON BEACH BLVD

Phone Numbers: Home: 561-742-6100

Work: _____

Can testify to: Initial contact

Name: Stanley Cale

Address: 100 E BOYNTON BEACH BLVD

Phone Numbers: Home: 561-742-6100

Work: _____

Can testify to: Initial

Name: OFC. Ramos

Address: 100 E BOYNTON BEACH BLVD

Phone Numbers: Home: 561-742-6100

Work: _____

Can testify to: Everything

Name: Ofc. Loshelder

Address: 100 E BOYNTON BEACH BLVD

Phone Numbers: Home: _____

Work: _____

Can testify to: initial contact

Name: _____

Address: _____

Phone Numbers: Home: _____

Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____

Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____

Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____

Work: _____

Can testify to: _____

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TESTING FACILITY TASK REPORT

AGENCY: BAPD
SUBJECT: MUZZI, KELLY A. CASE NUMBER: 17-057117
DATE: 02/27/17 VIDEO TAPE NUMBER: 62342
BEGINNING TIME: 2152 ENDING TIME: 2202
BREATH TESTS RESULTS: 1) R TIME 2200 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G PARENT # 7909
MAINTENANCE TECHNICIAN: KAC... #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MISHEARD
ATTITUDE: UPSET, FEELING, RESISTIVE, WILLING, ASKING
CLOTHING: BLUE JEANS, WHITE SHOES, BARE FEET
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: EYES GROSSY, PROUDLY WALKING ON FEET, SWAYING,

REFUSED

COMMENTS: ARRIVED A- CENTER ALO BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 2120 HRS

A STATED YES SHE WOULD TAKE TEST, WHILE TECH WAS GIVING INSTRUCTIONS A STATED SHE WAS NOT GOING TO TAKE TEST

ALO READ I/C

REFUSED

A STATED SHE UNDERSTOOD I/C AND REFUSED TEST

ALO READ RIGHTS

A STATED SHE UNDERSTOOD RIGHTS

ALO ATTEMPTED Q+A

A REFUSED TO ANSWER ANY QUESTIONS

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

SUBJECT: Not a Real A CASE NUMBER: 17-17155

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) _____

Real or Guess

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SUBJECT: Muzzo, Kelly A CASE NUMBER: 17-17155

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: _____

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