

0510721

19CT 16292 AMB

1912

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19111837</b>	
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		Weapon Seized / Type <b>2</b> 1. Yes 2. No N/A	
Location of Arrest (Including Name of Business) <b>LYONS RD / NEW ENGLAND BLVD BOCA RATON FL 33434</b>		Location of Offense (Business Name, Address) <b>NEW ENGLAND BLVD / LYONS RD, BOCA RATON FL 33434</b>					
Date of Arrest <b>09/05/2019</b>	Time of Arrest <b>2123</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>LEFT WITH SON</b>	
Name (Last, First, Middle) <b>Uzzo, Robert, Joseph</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>W M</b>	Date of Birth <b>12/30/1963</b>	Height <b>5'11</b>	Weight <b>165</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>TAN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status <b>SINGLE</b>	Religion <b>UNK</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>8978 Sw 6th Street, Boca Raton, FL 33433</b>		(City)	(State)	(Zip)	Phone <b>(561) 5739987</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>PUBLIX EMPL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>EMPLY</b>	
D/L Number, State <b>U200770634700, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>BROOKLYN NY</b>	Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)				(City)	(State)
Address (Street, Apt. Number)		(City)	(State)	(Zip)	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		1	
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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other P. Possess B. Buy D. Deliver E. Use		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>	
Charge Description <b>D.U.I.</b>		Offense # <b>19111837</b>		Warrant / Capias Number		Violation of ORD #	
Drug Activity <b>N</b>		Drug Type		Amount / Unit		Bond <b>OK</b>	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Warrant / Capias Number	
Location (Court, Room Number, Address)							
Court Date and Time <b>Month OCTOBER Day 3RD Year 2019 Time 0830 AM X PM</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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. <b>09/05/2019</b>							
Signature of Defendant (or Juvenile) and Parent /Custodian				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S H. BUDISH</b>		I.D. # <b>34271</b>		(PRINT)	
Intake Agency <b>Palmas 7986</b>		ID # <b>7986</b>		Pouch #		PAGE	
Transporting Officer <b>D/S H. BUDISH</b>		ID # <b>34271</b>		Agency <b>PBSO</b>		Witness here if subject signed with an -X-	

SCANNED  
SEP 06 2019

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5TH DAY OF SEPTEMBER 20 19, AT 2129 AM  PM  
SUBJECT: Uzzo, Robert, Joseph CASE NUMBER: 19111837  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S H. BUDISH

## PERSONAL CONTACT

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

PBSO RECIEVED A CALL FROM A COMPLAINANT WHO WAS FOLLOWING A DRIVER THAT WAS "SWERVING ALL OVER THE ROAD" IN THE AREA OF ATLANTIC AND LYONS. D/S C. GARCIA #21280 OBSERVED THE SAME VEH/TAG ON LYONS AND NEW ENGLAND. D/S GARCIA OBSERVED A TRAFFIC VIOLATION (FAIL TO OBEY TCD) AND CONDUCTED A TRAFFIC STOP. D/S GARCIA MADE CONTACT WITH THE SOLE OCCUPANT IN THE DRIVER SEAT, IDENTIFIED VIA HIS FL DL AS ROBERT UZZO.

### OBSERVATION OF DRIVER:

I MADE CONTACT AT DRIVER SIDE WINDOW AND OBSERVED THE DRIVER SITTING IN THE DRIVER SEAT. THE DRIVERS FACE WAS FLUSHED, EYES WERE BLOODSHOT AND DROOPY. THE DRIVER WAS LOOKING FORWARD DAZING INTO THE DISTANCE. I ASKED THE DRIVER FOR HIS REGISTRATION AND INSURANCE. THE DRIVER REACHED INTO THE GLOVE BOX AND CLUMSILY GRABBED HANDFUL OF PAPERS, DROPPING SEVERAL OF THEM ON THE GROUND. ROBERT FUMBELED THROUHG THE PAPERS FOR A FEW MINUTES AND WAS UNABLE TO LOCATE THE INSURACE/REGISTRATION. I ASKED THE DRIVER TO STEP OUT OF THE VEHICLE AND AS HE DID, HE STUMBLERD AND BRACED AGAINST THE VEHICLE FOR BALANCE USING HIS RIGHT ARM.

### DRIVER'S STATEMENTS:

DRIVER HAD TROUBLE ANSWERING SIMPLE QUESTIONS ABOUT WHERE HE WAS COMING FROM/GOING TO. DRIVER DID NOT KNOW WHAT TIME IT WAS. THE DRIVER THOUGHT THAT HIS VEHICLE WAS ON 441 I INFORMED HIM IT WAS ON LYONS. THE DRIVER

### ODORS:

STRONG OFFENSIVE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE

## GENERAL OBSERVATIONS

SPEECH: SLURRED, UNCLEAR, TOO FAST AT TIMES,

ATTITUDE: POLITE

CLOTHING: BLUE TANK TOP - BLK SHORTS

MEDICAL/OTHER: N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

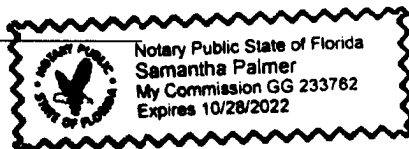
D/S H. BUDISH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5TH day of SEPTEMBER 20 19 by D/S H. BUDISH

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

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



SCANNED  
SEP 06 2019

SUBJECT: Uzzo, Robert, Joseph

CASE NUMBER 19111837

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**HGN: SWAYED DURING THIS TASK. NO VERTICAL NYSTAGMUS PRESENT. EYES DISPLAYED EQUAL PUPIL SIZE AND EQUAL TRACKING. DRIVER STATED HE DOES NOT WEAR GLASSES OR CONTACTS**

**WALK & TURN:**

A SOLID WHITE LINE IN A WELL LIT PARKING LOT, FREE OF DEBRIS WAS USED. THE DEFENDANT INITIALLY ATTEMPTED THE TASK WITH HIS SANDALS ON BUT REQUESTED TO DO IT BAREFOOT. ONCE BAREFOOT ROBERT SWAYED WHILE BALANCING /LISTENING TO INSTRUCTIONS. THE DEFENDANT COULD NOT MAINTAIN THE STARTING POSITION AND STUMBLED BACKWARDS DURING INSTRUCTIONS.. ROBERT STOPPED WALKING TO STEADY HIMSELF SEVERAL TIMES TO STEADY HIMSELF, HE DID NOT TOUCH HEEL TO TOE, INSTEAD HE STEPPED ON HIS TOE EACH STEP AND THEN PUT HIS FOOT SIDE BY SIDE BEFORE CONTINUING. THE DEFENDANT ALSO COMPLETELY MISSED HEEL TO TOE SEVERAL TIMES. ROBERT STEPPED OFF THE LINE TWICE FORWARD AND TWICE BACK. ROBERT RAISED HIS ARMS OVER 6" TO BALANCE. ROBERT DID NOT TURN PROPERLY, INSTEAD HE JUST SIMPLY WALKED AROUND AND TURNED AROUND WITHOUT KEEPING HIS FOOT ON THE LINE. ROBERT TOOK TOO MANY STEPS BOTH DIRECTIONS.

**ONE LEG STAND:**

THE DRIVER HAD TROUBLE MAINTAINING THE STARTING POSITION. THE DRIVER SWAYED WHILE STANDING STATIONARY. WHILE ATTEMPTING TO RAISE HIS FOOT, HE SWAYED FOR BALANCE, LIFTED HIS ARMS UP FOR BALANCE, AND PUT HIS FOOT DOWN OVER 4 TIMES. THE DEFENDANT ATTEMPTED WITH EACH FOOT. THE DRIVER WAS UNABLE TO DO THE TASK/COULD NOT KEEP HIS FOOT UP FOR LONGER THAN 3 SECONDS.

**ROMBERG ALPHABET:**

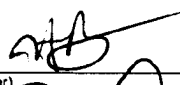
THE DEFENDANT SWAYED WHILE BALANCING. THE DEFENDANT DID NOT TOUCH HIS FINGERTIP TO THE TIP OF HIS NOSE, INSTEAD HE TOUCHED THE BRIDGE OR SIDE OF HIS NOSE. THE DEFENDANT DID NOT RETURN HIS HAND TO HIS SIDE EACH TIME AS INSTRUCTED TO INITIALLY.

**ROMBERG ALPHABET:**

THE DEFENDANT SWAYED WHILE BALANCING AND DID NOT KEEP HIS EYES CLOSED

**BREATH TEST RESULTS: .222 .228**

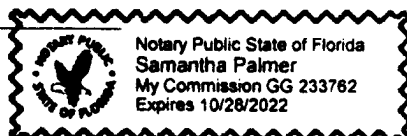
STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S H. BUDISH**   
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5TH day of SEPTEMBER 2019 by D/S H. BUDISH

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

  
Notary Public, Clerk of Court, Officer (F.S.S. 117.16)



**SCANNED**  
**SEP 06 2019**

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	0	
OBTs Number				2. N.T.A.		4. Request for Capias			
ADMIN	Agency ORI Number	Agency Name	Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-19-111837						
CHARGES	Charge Type		Special Notes:						
	Check as many as apply:								
DEF	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth			
	Uzzo, Robert, Joseph			W	M	12/30/1963			
VICTIM	Charge Description		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle)		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		
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>05</u> day of <u>September</u> 20<u>19</u> at <u>2045</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Thursday, September 05, 2019 at approximately 2045 hours, I was dispatched to the area of Clint Moore Rd and Lyons Rd, located in unincorporated Boca Raton within Palm Beach County FL, 33434 in reference to a possible Drunk Driver.</b></p> <p><b>Upon my arrival of the area of Whisper Walk Blvd and Lyons Road, I asked PBSO dispatch to advised the complainant who was following the suspected drunk driver vehicle to turn on his blinkers in order for me to identify him. I observed a vehicle with its flashers on approaching Yamato road on Lyons road driving Southbound. The vehicle was following a Blue Toyota Corolla Bearing license plate# 660 YDY.</b></p> <p><b>Upon positioning my vehicle to right side of the suspected vehicle, I advised PBSO dispatch to advised the complainant to stay behind in order for me to get behind of the suspected vehicle in an attempt to establish a driving pattern. While behind the Blue Toyota( suspected vehicle), the vehicle entered the right turning lane on Lyons on to New England Rd. As the vehicle attempted to make the right turn in to New England RD, the vehicle abruptly changed to the left lane while having the right turning signals on, almost hitting a group of traffic dividers that were in front of him. I initiated a traffic stop by positioning the vehicle in question and switching my overhead lights and sirens on. The vehicle came to a stop in the parking lot of 19557 Lyons Road.</b></p> <p><b>Upon approaching the driver side door of the vehicle, I identified myself and ask the driver for his license, registration and insurance card. While the drive was speaking to me I noticed a strong odor of an unknown alcoholic beverage emanating from the driver, I also noticed slurred speech and glassy eyes. At which point I requested a DUI unit to the scene. Deputy H. Budish#34271 arrived and took over the traffic stop.</b></p> <p><b>This ended my involvement in this incident.</b></p> <p><b>D/S C. Garcia #21280</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>(Signature)</i> D/S C. Garcia</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5</u> day of <u>September</u> 20<u>19</u> by <u>D/S C. Garcia</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p><i>(Signature)</i></p> <p>Notary Public, Clerk of Court, Officer (F S S 117 10)</p>									

# WITNESS LIST

CASE NUMBER: 19111837

ARRESTING OFFICER: D/S H. BUDISH

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 5616883000

CAN TESTIFY TO: \_\_\_\_\_

NAME: D/S C. GARCIA 21280

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 5616883000

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 \_\_\_\_\_ (WORK) 0

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: \_\_\_\_\_

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: \_\_\_\_\_

SCANNED

SEP 06 2019

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 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:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH,

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2220  
SUBJECT AGREED TO TAKE BREATH TEST  
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
A/O CONDUCTED Q&A  
SUBJECT ANSWERED QUESTIONS  
TECH READ TEST RESULTS  
SUBJECT STATED HE UNDERSTOOD RESULTS

SCANNED  
SEP 06 2019

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: 80-006240 Software: 8100.27  
Date of Test: 09/05/2019

Date of Last Agency Inspection: 08/16/2019  
Observation Period Began: 22:20  
Subject's Name: ROBERT JOSEPH UZZO

DOB: 12/30/1963 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	22:42
	Air Blank	0.000	22:43
	Control Test	0.081	22:43
	Air Blank	0.000	22:43
	Subject Sample #1	0.222	22:44
	Air Blank	0.000	22:45
	Air Blank	0.000	22:46
	Subject Sample #2	0.228	22:47
	Air Blank	0.000	22:48
	Control Test	0.080	22:48
	Air Blank	0.000	22:48
	Diagnostics Check	OK	22:49

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 SAMANTHA M PALMER, 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: [Signature] Date: 9/5/19  
Signature

Sworn to (or affirmed) before me this 5 day of Sept, 2019  
[Signature] D/S BUDISH #34271  
Signature of Notary Public-State of Florida 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.

SCANNED  
SEP 06 2019

SUBJECT: Uzzo, Robert CASE NUMBER: 19 111837

### 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? L/203

DIRECTION OF TRAVEL? S WHERE DID YOU START? L/203 - 5th - L/203

WHAT TIME DID YOU START? 11:30 WHAT TIME IS IT NOW? 1/10

WHAT IS TODAY'S DATE? 3 WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 10 PM WHAT DID YOU EAT? Food

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

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? 1 Beer

HOW MUCH? 1 WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? at 10 PM AND YOUR LAST DRINK? at 11 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at home

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 1 Beer

WHAT? 1 Beer WHERE? at home WHEN? at 11 PM

WHAT LINE OF WORK ARE YOU IN? at home WHEN DID YOU LAST WORK? at 11 PM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? at home

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? at home

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? at 11 PM

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? at 11 PM WHY? at 11 PM

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? at 11 PM WHEN? at 11 PM

- DO YOU HAVE:
- EPILEPSY? \_\_\_\_\_
  - GLASS EYE? \_\_\_\_\_
  - FALSE TEETH? \_\_\_\_\_
  - EAR INFECTION? \_\_\_\_\_
  - INNER EAR TROUBLE? \_\_\_\_\_
  - DIABETES? \_\_\_\_\_

SCANNED  
SEP 06 2018

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

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? at 11 PM

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? at 11 PM

INTERVIEWER: DIS BUDISH # 32471

SUBJECT: WZG, Robert CASE NUMBER: 19 111-57

**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.

SCANNED  
SEP 06 2019

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 type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<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"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019029012	Date: 09/06/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED  
 SEP 06 2019