

Agency ORI Number 0500200 Agency Name Boca Raton Police Department Agency Report Number (N.T.A.'s only) 3, 2 2019-005946

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle) KOZIOL, PETER A Alias: Race W - White 1 - American Indian 2 - Black 3 - Oriental/Asian 4 - Other W M Date of Birth 04/30/1977 Height 6'00 Weight 170 Eye Color BLU Hair Color GRA Complexion LIGHT Build SM

Local Address (Rt, Apt, Number) 427 NW 11TH AVE, BOCA RATON, FL 33486 Phone (561) 372-9634

Business Address (Name, Street) ASSOULINE & BERLOWE, 2700 N MITTARY TRL #150 BOCA RATON, FL 33431 Phone (561) 361-6566 Occupation Attorney

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth

Parent Other: Name (Last, First, Middle) Address (Street, Apt, Number) (City) (State) (Zip)

Drug Activity S. Sell B. Sample K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Charge Description DUI Statute Violation Number 316.193(1)

Charge Description Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Citrus Number

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Health / Apparent Physical Condition of Defendant Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By Released By Released To

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

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

HOLD in Other Agency Signature of Arresting Officer Name of Arresting Officer (Print) LIGNAL, L. J. LD. # 823

Subpoena Deputy LD. # Pouch # Transporting Officer LD. # Agency

J-0507411

P-2573 SCANNED

MAY 01 2019

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-005946		
Charge Type: Check as many as apply.		Special Notes:						
<input type="checkbox"/> 1. Felony		<input 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				
Name (Last, First, Middle) KOZIOL, PETER A				Alias		Race W	Sex M	
						Date of Birth 04/30/1977		
CHARGES	Charge Description 316.193(1) DUI			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.</p> <p>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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>April</u>, <u>2019</u> at <u>01:31</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 04/26/19 at approximately 2257 hours while I was conducting traffic enforcement in the area of N Federal Hwy and Yamato Rd, I observed a gold Ford Explorer driving southbound on Federal Hwy in front of me. I observed the Ford Explorer drifting dramatically from right to left, failing to maintain its proper lane of travel. At least two times, I observed the Ford Explorer drive with its passenger side wheels in the bicycle lane for several seconds. After making these observations, I immediately conducted a traffic stop of that vehicle which was bearing FL tag HZHM67. The vehicle pulled into the parking lot at 3501 N Federal Hwy.</p> <p>Upon approaching the vehicle I made contact with the driver, identified by his FL driver's license as Mr. Petr Koziol. He stated to me that he had been texting on his cellphone. While speaking with Koziol, I observed that his speech was slightly slurred and he avoided making eye contact with me. Koziol was also unable to follow instruction when I asked him for his Driver's license, registration, and proof of insurance. Koziol also stated to me that he had consumed alcohol earlier today.</p> <p>I then had Koziol step out of his vehicle and I explained to him that I believed him to be under the influence of drugs and/or alcohol. I requested that he submit to a series of tasks to determine his level of impairment, to which he agreed to. I escorted him over to the area where he would be performing the tasks. That area was a flat, dry surface. Koziol appeared to be in good physical health.</p> <p>Task one was the Horizontal Gaze Nystagmus task. There was a lack of smooth pursuit in each eye. Distinct and sustained nystagmus was at maximum deviation in each eye. Onset of Nystagmus was prior to 45 degrees in each eye. I observed him to be swaying 1-2 inches as he stood.</p> <p>Task two was the one-legged stand task. I explained the task to him and</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>Samantha Palmer</i> 823 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117) Notary Public State of Florida Samantha Palmer My Commission GG 233762 Expires 10/28/2022</p> <p>LIGNAL, LISA JEANNINE (823) NAME OF OFFICER (PLEASE PRINT)</p> <p><u>4/27/19</u> DATE</p> <p><u>04/27/2019</u> DATE</p> <p>PAGE 1 OF 2</p>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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MAY 01 2019

TESTING FACILITY TASK REPORT

AGENCY: BRPD/LINGAL

SUBJECT: KOZIOL, PETER

CASE NUMBER: 19-064419

DATE: Apr 27, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0042

ENDING TIME: 0053

BREATH TESTS RESULTS: 1) R TIME 0052 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE SHIRT, BLUE JEANS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: THREE MEDS FOR BLOOD PRESSURE

OTHER:
EYES: GLASSY

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0020
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED HE WANTED TO TALK TO LAWYER
A/O EXPLAINED I/C
SUBJECT AGAIN REFUSED TO TAKE BREATH TEST @ 0052
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
AND REFUSED ANY QUESTIONING

SCANNED
MAY 01 2019

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SCANNED

MAY 01 2019

SUBJECT: KOZIOL, Peter CASE NUMBER: 2019 005946

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 OFC Lignol # 823 of the Boca PD

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 **SCANNED**

MAY 01 2019

SUBJECT: Kozig, Feier CASE NUMBER: 2019-005946

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: OFC. Lignal # 823

SCANNED
MAY 01 2019



**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	<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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019014038	Date: 04/28/2019
	Specialist Name/ID: AM/31562

**SCANNED
MAY 01 2019**