

0535703

2022CT-019723ASJ 865

ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
5 Arrest (Warrant) 4 Request for Capias
2 N.T.A. 5 Juvenile Referral

1 JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2022-015135
Charge Type Check as many as apply: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" 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: UNARMED	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 1906 CLINT MOORE RD, BOCA RATON FL 33496, 1906 CLINT		Location of Offense (Business Name, Address) 1906 CLINT MOORE RD, BOCA RATON, FL 33496
Date of Arrest 11/28/2022	Time of Arrest 18:55	Booking Date 11/28/2022
Booking Time 19:05	Jail Date 11/28/2022	Jail Time 2100
Name (Last, First, Middle) GANS, CASEY		Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White I - American Indian B - Black O - Other/Asian W F	Sex F	Date of Birth 12/11/1989
Height 5'03	Weight 120	Eye Color BLUE
Hair Color BLONDE	Complexion LIGHT	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R FOREARM / DREAM CATCHER		Marital Status S
Religion JEWISH		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Indication of Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Residence Type 1 City 3 Florida 2 County 4 Out of State 1
Local Address (Street, Apt. Number) (City) (State) (Zip) 6503 N MILITARY TRL 4007, BOCA RATON, FL 33496		Phone (516) 477-5157
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 6503 N MILITARY TRL 4007, BOCA RATON, FL 33496		Phone (516) 477-5157
Business Address (Name, Street) (City) (State) (Zip) (516) 477-5157		Occupation Unemployed
ID# Number, State Y6769211 / CA	Soc. Sec. Number	INS Number
Place of Birth (City, State) MANHATTAN, NY,		Citizenship US
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"/> Other	Name (Last, First, Middle)	
<input type="checkbox"/> Legal Custodian	Residence Phone	
Address (Street, Apt. Number) (City) (State) (Zip)	Business Phone	
Notified by (Name)	Date	Time
Relationship	Date	Time
Released To (Name)	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 355-2526) informed of any change of address.		Grade
<input type="checkbox"/> Yes, by <input type="checkbox"/> No	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
Value of Property	Drug Activity	
S. Sell N. N/A P. Possess	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/Deer
P. Paraphernalia Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description DUI	Statute Violation Number 316.193(1)(A)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond	
Health / Apparent Physical Condition of Defendant		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
Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released To	
Transported By	Date Transported	Time Transported
Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
		Court Date and Time 12/29/2022 08:30:00
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.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed
Signature of Arresting Officer		Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) HORNE, A.		ID # 791
Transporting Officer Horne 791 Boca Raton		Agency Boca Raton
Witness here if subject signed with an "X"		PAGE OF 1


COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT


PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-015135		
	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		Special Notes:		Name (Last, First, Middle) GANS, CASEY		Race W	Sex F	Date of Birth 12/11/1989
C H A R G E S	Charge Description 316.193(1) DUI		Charge Description		Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race B	Sex M	Date of Birth
	Charge Description		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone (561) 338-1234		Address Source
V I C T I M	Business Address (Name, Street) (City) (State) (Zip) (561)		Phone (561)		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 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 28 day of November, 2022 at 18:34 (Specifically include facts constituting cause for arrest.)</p> <p>On 11/28/2022 at approximately 1805 hours, I was dispatched to 1906 Clint Moore Road, Renzo's Cafe & Pizzeria, regarding an unknown female sitting in the driver seat of an Audi sedan intoxicated. Boca Raton Telecommunication Center received a call from a representative of Renzo's Cafe & Pizzeria stating that there was a female parked in front of the restaurant in a car who appeared to be intoxicated.</p> <p>Upon my arrival on the scene, I activated the MVR within my marked patrol vehicle. As I entered the parking lot, I positioned my vehicle directly behind a blue in color Audi bearing Florida tag CI9AL, which had the engine in the on position along with the front and rear lights activated. I observed the vehicle parked in the running position with a white female who was the vehicle's sole occupant. While observing the female, she appeared to be under the influence of an unknown alcoholic beverage or drug. The female, who was identified by her California DL (Y6769211) as Casey Gans, was going in and out of consciousness while sitting in the driver's seat. While standing outside of her vehicle, where her window was down, I was immediately presented with an extremely strong odor of alcohol emanating from the interior of the vehicle. As I started speaking with Casey, I was able to observe the strong smell of alcohol emanating from her breath, as well as bloodshot/ watery eyes.</p> <p>Based upon the combination of cad caller statements and my post-interaction observations, I requested Casey participate in Field Sobriety Exercises (FSEs), to which she complied. While walking to my vehicle, Casey fell over to the point where she had to lean on me as stability to hold her up. It should be noted during this investigation, Casey disclosed that she took several prescription pills and had several alcoholic beverages. I also asked her if she had any medical issues prior to conducting my investigation to which she said she was fine.</p> <p>The FSEs were conducted as follows.</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		NAME OF OFFICER (PLEASE PRINT)		DATE		P A G E 1 OF 3
	ZIADIE, ANDREW C NOTARY PUBLIC / CLERK OF COURT / OFFICER (S. 117.10) 11/28/2022 DATE		 HORNE, ASHTON (791) DATE		11/28/2022 DATE				

OBT Number _____	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL FLO500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-015135			
Charge Type: Check as many as apply <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					Special Notes: _____
Name (Last, First, Middle) GANS, CASEY			Race W	Sex F	Date of Birth 12/11/1989
<p>Horizontal Gaze Nystagmus (HGN)</p> <p>The defendant identified the stimulus as a pen that I had in my hands. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions, the defendant continued to sway and move her head as I instructed her not to. Sporadically the defendant would close her eyes and then open them during the exercise.</p> <p>Walk and Turn</p> <p>The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I ensured the defendant both knew the line she would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions, the defendant failed to stay in the starting position. I had to give instructions several times, and the defendant continued not to listen and started the exercise without being told to do so. The defendant was unable to complete this exercise due to her inability to follow instructions. During the conclusion of my instructions, the defendant complained that her back was hurting and that she was having a hard time moving around.</p> <p>One Leg Stand</p> <p>The surface was flat and hard. The defendant could not complete the exercise due to her current state. Again, the defendant complained that her back was hurting and was having difficulty moving around. Based on her complaint, I did not conduct this test.</p> <p>Finger to nose</p> <p>The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to complete this exercise due to her inebriated state. The defendant would not listen to instructions and had difficulty keeping her balance. I gave the defendant several chances to listen to me while I provided instructions; however, she continued to talk over me and did not listen.</p> <p>Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired and her inability to follow instructions. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was the sole occupant of the vehicle,</p>					
SWORN AND SUBSCRIBED BEFORE ME					
ZIADIE, ANDREW C. NOTARY PUBLIC / CLERK OF COURT / OFFICER (FLA. STAT. § 117) _____ 11/28/2022 DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HORNE, ASHTON (791) NAME OF OFFICER (PLEASE PRINT) _____ 11/28/2022 DATE			
					PAGE 2 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-015135
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Change Type Check as many as apply:	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) GANS, CASEY	Alias	Race W	Sex F	Date of Birth 12/11/1989
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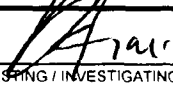
which was in the on position with the key fob in her possession, giving her actual physical control. The defendant was placed under arrest at 1834 hours for driving under the influence. Casey was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was turned off and left on the scene within the parking lot.

Casey was transported to the BRPD DUI room. Officer Walker conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000, the defendant chose to refuse a breath and did not want to answer any questions. See the DUI Influence report for further.

Casey was transported to Palm Beach County Jail.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	
	ZIADIE, ANDREW C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10)	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	11/28/2022 DATE	HORNE, ASHTON (791) NAME OF OFFICER (PLEASE PRINT)
		11/28/2022 DATE

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 11/28/2022

Date of Last Agency Inspection: 11/14/2022
Observation Period Began: 19:05
Subject's Name: CASEY M GANS

DOB: 12/11/1989 Sex: F

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	19:29
	Air Blank	0.000	19:29
	Control Test	0.079	19:30
	Air Blank	0.000	19:30
	Subject Sample #1	RFF*	19:31
	Air Blank	0.000	19:31
	Control Test	0.079	19:31
	Air Blank	0.000	19:32
	Diagnostics Check	OK	19:32

*Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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, _____, 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: _____ Date: 11/28/22
Signature

Sworn to (or affirmed) before me this 28 day of November, 2022.

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida: Ofc. Horne

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.

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

I, Off. Ashton Horne, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28 day of November, 2022, at 732 P.M. A.M.

DRIVER Casey Margaret Gans,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# Y6769211, state of California, was placed under lawful arrest for
the offense of DUI 36.193(1) by Off. Horne and
(Name of Arresting Officer)
issued Citation # _____

That on or about the 28 day of November, 2022, at 18341 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a 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]
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:

[Signature]
Signature of Attesting Officer

Title Police Officer

Date 11/28/2022

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 28 day of November, 2022,
by [Signature],
who is personally known to me or who has produced
Police ID as identification
Notary Public [Signature]

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.

GANS, CASEY MARGARET

12/11/89

10-15. 1834hrs

20Min. 1905hrs

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 20 day of November, at 6:34 AM/PM:
Subject: Casey Margaret Gans Case Number: 22-15135

PERSONAL CONTACT

Driving Pattern: see PC

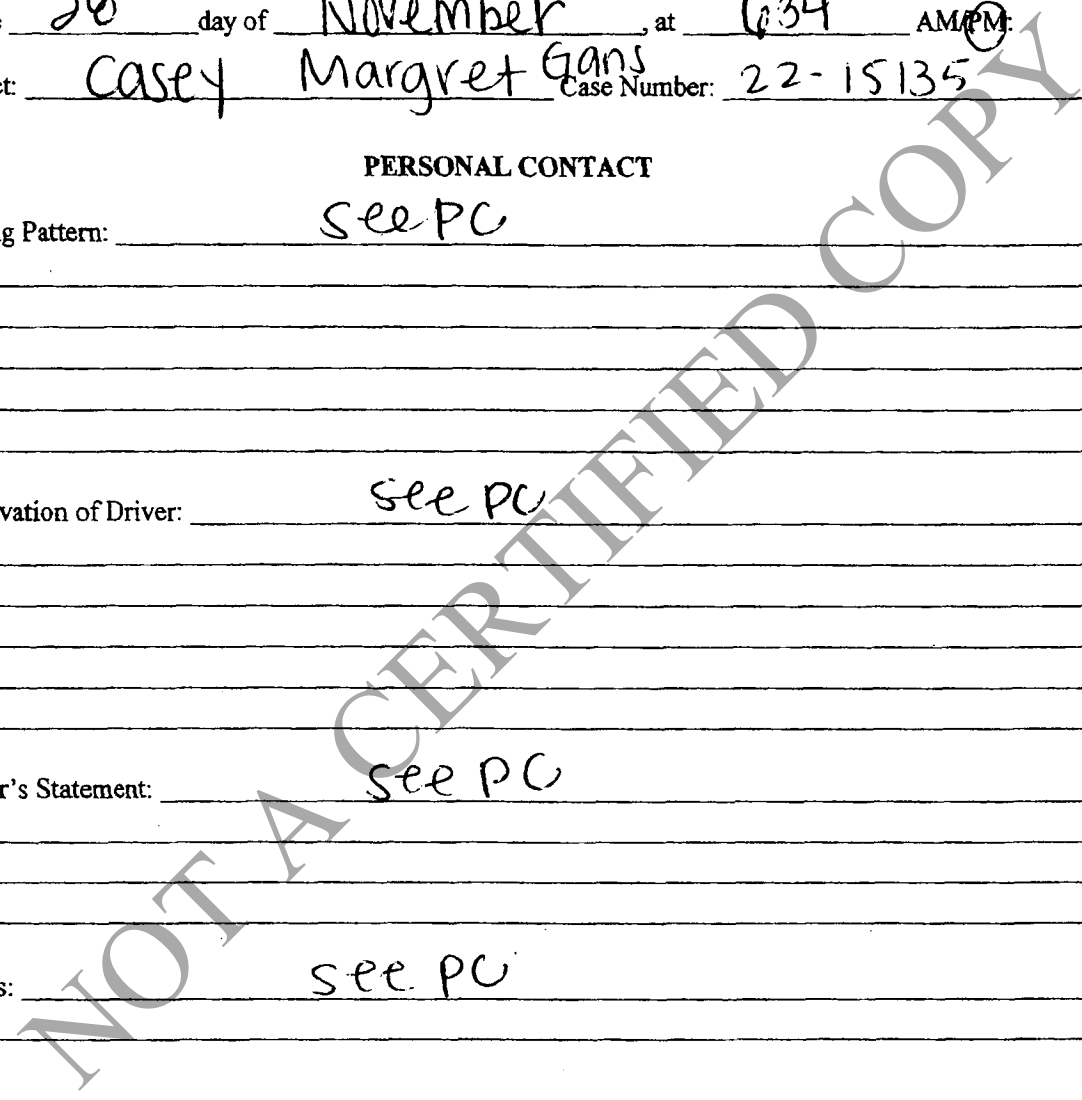
Observation of Driver: see PC

Driver's Statement: see PC

Odors: see PC

GENERAL OBSERVATIONS

Speech: see PC
Attitude: see PC
Clothing: see PC
Medical Problems: see PC
Medications: |
Other: _____



Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Right eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Right eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: see PC

Can not do, Why? _____

One leg stand: see PC

Can not do, Why? _____

Finger to nose: see PC

Can not do, Why? _____

Alphabet (speech pattern): see PC

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 11/28/22 (date) by _____

[Signature] 11/28/22
Notary/Clerk of Court/ Officer (FSS 117.10) Date

[Signature] Ashtan Home
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: A. HORNE, 791

Name: Off. Horne Phone # 561-338-1234 Work # _____

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: DUI Investigation

Name: Off. Brian Becker Phone # 561-338-1234 Work # _____

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: DUI Investigation

Name: Off. Danielle Harrison Phone # 561-338-1234 Work # _____

Address: 100 NW 2nd Ave, Boca Raton

Can testify to: DUI Investigation

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

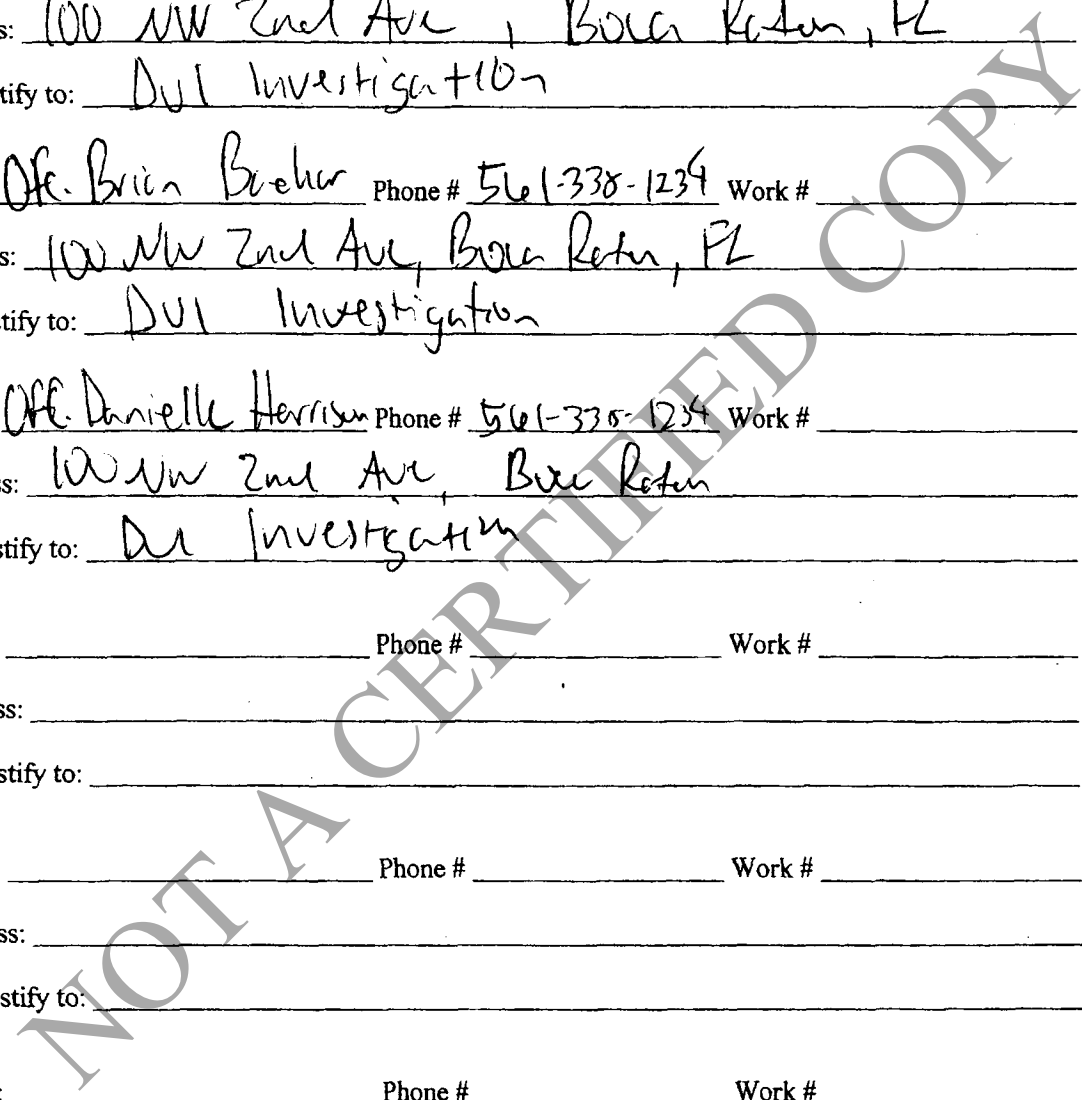
Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____





BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 22-15135

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday, November, 28, 2022.
(day) (month) (date) (year)

B. The time is now approximately 7:28 AM/PM.

C. The following is in reference to case number 22-15135.

D. Present at this time is Officer Horne of the Boca Raton Police Department.
(Officer's Name)

E. Officer Horne, have you arrested Casey Gans in violation of Florida State Statute 316.193?
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Gans, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Off. Horne of the Boca Raton Police Dept

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 Signature: Read on Camera

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. has refused to submit to a breath test.

The date is November, 18, 2022, and the time is 1932 AM/PM
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

-) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
-) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
-) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
-) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
-) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
-) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
-) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
-) Do you understand these rights as I have read them to you, and do you wish to speak to me?

igned: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Casey Gans

CASE #: 22-15135 DATE: 11/28/22

BREATH TEST RESULTS

1) TIME Ref AM/PM 2) TIME 1932 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: K. Walker 061.

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

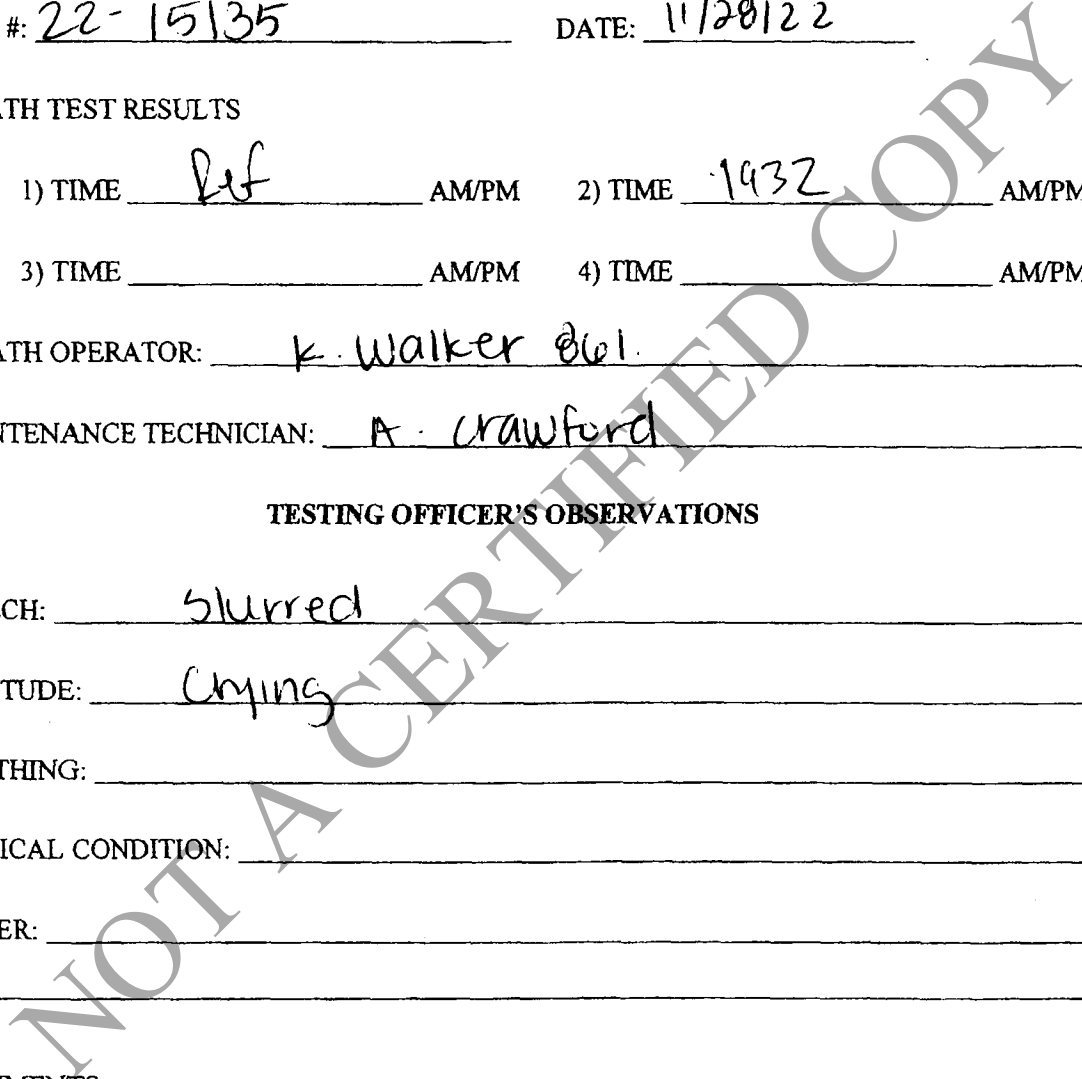
ATTITUDE: Crying

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____



Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional 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 a right to the presence 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 and representation 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.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Reed on Camera Date: 11/28/22 Time: 1934

QUESTIONS AND ANSWERS

Were you operating a motor vehicle 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? _____

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 effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects 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? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any 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 video recording. The time is now approximately 7:34 AM/PM. 6

The date is November, 25, 2022.
(month) (day) (year)



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

REVIEW COMPLETED BY

Booking Number: 2022030738	Date: 11/29/2022
	Specialist Name/ID: M. Tooks #8557