

0509010

22CT19708 SB

3399

ARREST NOTICE TO APPEAR

Arrest: No Warrant 1 Request for Warrant 3  
Arrest: Warrant 2 Request for Capas 4  
N.T.A. 3 Juvenile Referral 5

1

JUVENILE

Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A. only) <b>3, 2, 2022-015066</b>
Charge Type 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input checked="" type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other <input type="checkbox"/>	If Weapon Seized Enter Type: <b>UNARMED</b>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>1000 S DIXIE HWY, BOCA RATON, FL 33432</b>		Location of Offense (Business Name, Address) <b>1000 S DIXIE HWY, BOCA RATON, FL 33432</b>
Date of Arrest <b>11/27/2022</b>	Time of Arrest <b>02:35</b>	Booking Date <b>11/27/2022</b>
Booking Time <b>02:45</b>	Jail Date <b>11/27/2022</b>	Jail Time <b>03:46</b>
Name (Last, First, Middle) <b>MILICI, CASEY NICOLE</b>		Alias: <b>None</b>
Race W - White <input type="checkbox"/> B - Black <input type="checkbox"/> American Indian <input type="checkbox"/> O - Oriental Asian <input type="checkbox"/> <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/08/1994</b>
Height <b>5'01</b>	Weight <b>190</b>	Eye Color <b>BROWN</b>
Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>M</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>		Marital Status <b>S</b>
Local Address (Street, Apt. Number) <b>7381 CHESAPEAKE CIR, BOYNTON BEACH, FL 33436</b>		Phone
Permanent Address (Street, Apt. Number) <b>7381 CHESAPEAKE CIR, BOYNTON BEACH, FL 33436</b>		Phone
Business Address (Name, Street) <b>M420114948280 / FL</b>		Phone
D.L. Number, State <b>M420114948280 / FL</b>	INS Number	Place of Birth (City, State) <b>TALLAHASSEE, FL</b>
Citizenship <b>U.S.</b>		
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> Arrested <input type="checkbox"/> At Large	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> Arrested <input type="checkbox"/> At Large	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> 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
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents		School Attended
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 Value	Description of Property
<input type="checkbox"/> Yes, by <input type="checkbox"/> No	Value of Property	
Drug Activity S Sell N N.A. P Possess	S Sell B Buy T Traffic R Smuggle D Deliver E Use K Disperse Distribute M Manufacture Produce Cultivate Z Other	Drug Type N S.A. A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium Deriv P Paraphernalia Equipment S Synthetic U Unknown Z Other
Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>	Statute Violation Number <b>316.193(1A)</b>	Violation of ORD #
Drug Activity	Drug Type	Amount Unit
Offense #	Counts	Domestic Violence
Warrant	Capas Number	Bond
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount Unit
Offense #	Counts	Domestic Violence
Warrant	Capas Number	Bond
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount Unit
Offense #	Counts	Domestic Violence
Warrant	Capas Number	Bond
Health - Apparent Physical Condition of Defendant <b>GOOD</b>	Any knowledge of the following Explain <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Check which applies <input type="checkbox"/> Released @ R <input type="checkbox"/> Released to Parent Guardian <input checked="" type="checkbox"/> T O T County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By <b>868</b>	Released By <b>868</b>
Transported By <b>868</b>	Date Transported <b>11/27/2022</b>	Time Transported <b>03:46</b>
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2	Court Date and Time <b>01/02/2023 08:30:00</b>	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED		No Photo Available
Signature of Defendant (for Juvenile and Parent Custodian)		Date Signed
HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestor)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>WILLIAMS, D.</b>	ID # <b>868</b>
Initials Deputy <b>J. DUNN</b>	Transporting Officer <b>WILLIAMS, D.</b>	Agency <b>BOCA</b>
ID # <b>30660</b>	Witness here (if subject signed with an "X")	PAGE <b>1</b>

MILLER 722

REC'D  
NOV 28 2022  
11:06:25  
ED

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 N/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 2022-015066

Charge Type: 4 Traffic Misdemeanor

Name (Last, First, Middle): MILICI, CASEY NICOLE Race: W Sex: F Date of Birth: 09/08/1994

Charge Description: 36.193(1A) DUI

Victim's Name (Last, First, Middle): STATE OF FLORIDA Race: B Sex: M Date of Birth:

Local Address (Street Apt Number): 100 NW 2ND AVE, BOCA RATON, FL 33432 Phone: (561) 338-1234

Business Address (Name, Street): (561) -

The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe that the above named Defendant committed the following violation of law... On the 27 day of November 2022 at 02:35

On 11/27/2022, at approximately 0225 hours, I was traveling northbound on Dixie Hwy approaching SE 5th St. I observed a red Hyundai (FL 16BZHF) traveling southbound on Dixie swerving in and out of all the lanes.

I walked up to the driver's side window and identified the driver by her FL DL as Casey Milici. As Casey opened her window, I was immediately presented with the overwhelming odor of alcohol emanating from within her vehicle.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to operate the motor vehicle safely due to her being heavily intoxicated.

SWORN AND SUBSCRIBED BEFORE ME VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/27/2022 DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 11/27/2022 DATE

OBTS Number

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

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JUVENILE

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Agency ORI Number  
**FL F0500200**

Agency Name  
**BOCA RATON POLICE DEPARTMENT**

Agency Report Number  
**3 | 2 | 2022-015066**

Charge Type  
Check as many as apply  
 1 Felony  
 2 Traffic Felony  
 3 Misdemeanor  
 4 Traffic Misdemeanor  
 5 Ordinance  
 6 Other

Special Notes

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Name (Last, First, Middle):  
**MILICI, CASEY NICOLE**

Alias  
Race: **W** Sex: **F** Date of Birth: **09/08/1994**

fell while speaking with her. Casey was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was towed by Westway towing. The inventory was completed and submitted by me.

Casey was transported to the BRPD DUI room. Officer Price completed the 20-minute observation period and operated the Intoxilyzer. Casey indicated she did not wish to provide a breath sample and as such was read her Implied Consent Warnings at 0308 hours. After acknowledging she understood, Casey still declined to provide a sample. Reference Intoxilyzer 8000 S# 80-006622 results (Refused)

Casey was transported to the Palm Beach County Jail.

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SWORN AND SUBSCRIBED BEFORE ME  
**VAN CAMP, JEFFERY ALAN**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
**11/27/2022**  
DATE

SIGNATURE OF ARRESTING/INVESTIGATING OFFICER  
**WILLIAMS, DAVID (868)**  
NAME OF OFFICER (PLEASE PRINT)  
**11/27/2022**  
DATE

PAGE  
**2 OF 2**

22-15066  
06 0247  
X15 0239

# DUI INFLUENCE REPORT



NOT A VALID COPY

BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

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

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 27 day of November, 20 22, at 0235  P.M.  A.M.

DRIVER Casey Nicole Millican,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M420114948250, state of Florida, was placed under lawful arrest for

the offense of DUI by David Williams and  
(Name of Arresting Officer)

issued Citation # ABL&REE.

That on or about the 27 day of November, 20 22, at 0308  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 Notary Public

Date 11/21/2022

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification  
Notary Public \_\_\_\_\_

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.

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

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 27 day of November, 2022, at 0235  P.M.  A.M.

DRIVER Casey Nicole Milici,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M420114948250, state of Florida, was placed under lawful arrest for

the offense of DUI by David Williams and  
(Name of Arresting Officer)

issued Citation # ABLQKEE.

That on or about the 27 day of November, 2022, at 0308  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 Officer David Price

Date 11/27/2022

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification  
Notary Public \_\_\_\_\_

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.

**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: 11/27/2022

Date of Last Agency Inspection: 11/14/2022  
Observation Period Began: 02:47  
Subject's Name: CASEY N MILICI

DOB: 09/08/1994 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	03:10
	Air Blank	0.000	03:11
	Control Test	0.079	03:11
	Air Blank	0.000	03:12
	Subject Sample #1	REF*	03:12
	Air Blank	0.000	03:12
	Control Test	0.079	03:13
	Air Blank	0.000	03:13
	Diagnostics Check	OK	03:14

\*Subject Test Refused

Cylinder Lot: 02422980A1  
Exp: 02/05/2024

State of Florida, County of Polk Beach,

Personally appeared before me the undersigned authority, who (X) is personally known to me or ( ) produces \_\_\_\_\_ as identification, and who after being placed under oath, swears:

\_\_\_\_\_, 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: 11/27/2022  
Signature

Sworn to (or affirmed) before me this 27 day of November, 2022  
Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida Daniel Williams 828

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.



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 27 day of November, at 09:35 AM/PM:

Subject: Casey Milici Case Number: 2022-015066

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
CEL  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_  
CEL  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
CEL  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_  
CEL

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Horizontal Gaze Nystagmus:

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

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this 11/27/22 (date) by PRICE

\_\_\_\_\_  
Notary/Clerk of Court/ Officer (FSS 117.10) Date 11/27/22

\_\_\_\_\_  
Signature of Arresting Officer Name of Officer (print) D. Williams

ARRESTING OFFICER: David Williams

Name: Price Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: B to

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: \_\_\_\_\_

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

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

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

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

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

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

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BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2022-15066

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday November 27 2022  
(day) (month) (date) (year)

B. The time is now approximately 308 PM.

C. The following is in reference to case number 22-15066.

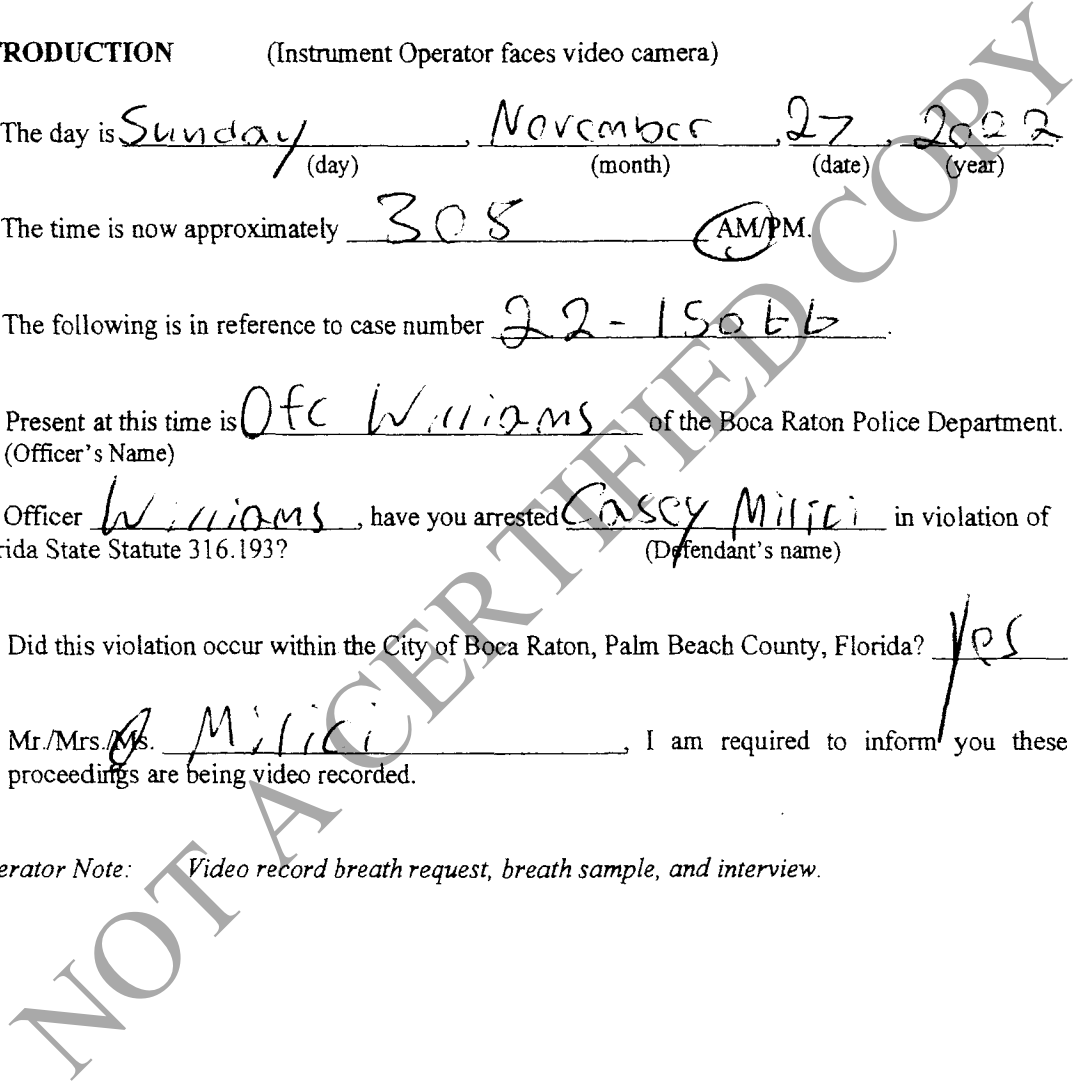
D. Present at this time is Ofc Williams of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Williams, have you arrested Casey Milici 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. Milici, I am required to inform you these proceedings are being video recorded.

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



**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 \_\_\_\_\_ 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 Signature: \_\_\_\_\_

*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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ 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 Milici

CASE #: 22-15066 DATE: 11/27/22

BREATH TEST RESULTS

- 1) TIME Refused AM/PM      2) TIME \_\_\_\_\_ AM/PM
- 3) TIME \_\_\_\_\_ AM/PM      4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Price

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

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: \_\_\_\_\_ Date: 2/2/20 Time: \_\_\_\_\_

**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? first \_\_\_\_\_

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 3:14 AM/PM.

The date is November, 27, 2022  
(month) (day) (year)



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

**REVIEW COMPLETED BY**

Booking Number: 2022030602	Date: 11/28/2022
	Specialist Name/ID: C. Smith/39657