
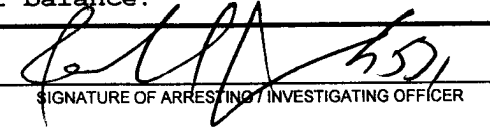


AD MI NI ST RA TION	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
D E F E N D A N T	Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3 2 2016-013854				
	Charge Type: Check 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 None/not Applicable		Multiple Clearance Indicator 01					
	Location of Arrest (Including Name of Business) 5050 TOWN CENTER CIR, BOCA RATON, FL					Location of Offense (Business Name, Address) 5050 TOWN CENTER CIR, BOCA RATON, FL 33486				
	Date of Arrest 09/22/2016	Time of Arrest 02:01	Booking Date 09/22/2016	Booking Time 02:11	Jail Date	Jail Time	Location of Vehicle WESTWAY TOWING			
	Name (Last, First, Middle) LANZA, GABRIELLE NICOLE					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:				
	Race W - White	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 07/01/1992	Height 5'06	Weight 175	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Med
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1020 NW 18TH AVE, BOCA RATON, FL 33486					Phone (631) 905-2952		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1020 NW 18TH AVE, BOCA RATON, FL 33486					Phone (631) 905-2952		Address Source FL D/L		
	Business Address (Name, Street) (City) (State) (Zip) BRIO REST, 5050 TOWN CENTER CIR, BOCA RATON, FL					Phone		Occupation Manager		
D/L Number, State L520294927410 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LONG ISLAND, NY,		Citizenship US		
C O D E F	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone				
	<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone				
C H A R G E	Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	Released To: (Name) Relationship					Date	Time			
C O D E	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.					School Attended		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
C H A R G E	Drug Activity N. N/A S. Sell B. Buy P. Possess T. Traffic					Drug Type N. N/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 DUI					Statute Violation Number 316.193(1)		Violation of ORD #		
C H A R G E	Drug Activity N					Amount / Unit /		Offense # 2016-013854		Counts 1
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					Warrant / Capias Number				
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #		
	Drug Activity N					Amount / Unit /		Offense #		Counts
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #		
	Drug Activity N					Amount / Unit /		Offense #		Counts
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD					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				
	Check which applies: <input type="checkbox"/> Released O.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					Explain:				
N O T I C E T O A P P E A R	Transported By					Date Transported 783		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				
A D M I N I S T R A T I O N	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					Court Date and Time 10/24/2016 08:30:00				
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed				
A D M I N I S T R A T I O N	HOLD for Other Agency					Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					(PRINT)				
A D M I N I S T R A T I O N	Intake Deputy WARRIOR					ID # 531				
	Pouch #					Agency BRPD				
A D M I N I S T R A T I O N	Transporting Officer D. Graham					ID # 773				
	Witness here if subject signed with you					PAGE 1 OF 1				

O#0481246

22 AM
BOOK CL
COUNTY
BRANCH

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE	
ADMINISTRATIVE	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-013854			
	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:					
DEFENDANT	Name (Last, First, Middle) LANZA, GABRIELLE NICOLE				Race W	Sex F	Date of Birth 07/01/1992	
	Alias							
CHARGES	Charge Description 316.193(1) DUI		Charge Description					
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) State Of Florida				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>22</u> day of <u>September</u>, <u>2016</u> at <u>02:01</u> (Specifically include facts constituting cause for arrest.)</p>								
PROBABLE CAUSE	<p>On 9/22/2016 at 0131 hours, Officer Alvino stopped a vehicle at 5050 Town Center Circle, Boca Raton, Florida. He stopped the vehicle because it had almost caused an accident with another vehicle. He observed signs of possible impairment coming from the driver, Gabrielle Lanza. He called myself and Officer Calhoun to the scene at 0137 hours. We arrived at 0138 hours. See his report for further.</p>							
	<p>After speaking with Officer Alvino, I made contact with Lanza as she was still sitting in the driver's seat. There was one male passenger. She stated she was coming from The Whistle Stop where she had a couple of Vodka drinks. She has no medical conditions.</p>							
	<p>I was able to smell an odor of an alcoholic beverage coming from her breath. Her eyes were red and glassy. her speech was slurred.</p>							
	<p>I set up my in car camera in the parking lot. I asked her to exit the vehicle and walk to the front of my vehicle. She was swaying while walking. I explained my observations and asked her if she would attempt the road side tasks to dispel my alarm that she was driving impaired. She stated he would.</p>							
	<p>The first task was the horizontal gaze nystagmus. She was swaying front to back at times. There was a lack of smooth pursuit in each eye. Distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye.</p>							
EVIDENCE	<p>The second task was the walk and turn. She left the starting position. She did not touch heel to toe on each step. She did not turn as instructed. She stopped to steady herself before walking back.</p>							
	<p>The third task was the one leg stand. She raised her right leg. She was swaying. She kept dropping her foot to the ground to keep her balance.</p>							
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER JESONEK, ROBERT S (531) NAME OF OFFICER (PLEASE PRINT)			
	<u>09/22/2016</u> DATE				<u>09/22/2016</u> DATE			

A D M I N I S T R A T I V E	OBTS 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 0500200	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-013854				
	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:			
D E F	Name (Last, First, Middle) LANZA, GABRIELLE NICOLE					Race W	Sex F	Date of Birth 07/01/1992
<p>The fourth task was the finger to nose (L-R-L-R-R-L). She was swaying side to side at times. She missed the tip of her nose on the 1st, 2nd, 3rd, and 6th movements.</p> <p>The fifth task was the romberg/alphabet. She was swaying front to back at times. She went to H-K before finishing.</p> <p>At 0201 hours, I placed her under arrest. The vehicle was removed by Westway Towing. The passenger took a cab home.</p> <p>Officer Fong conducted The Intoxilyzer 8000 testing. I asked Lanza to provide a breath sample. She provided the breath samples of .198% and .193% BrAC.</p> <p>Lanza was charged with DUI FSS 316.193(1). She was given the court date of 10/24/2016 at 8:30am. The video was submitted into property. After processing she was transported to The PBCJ.</p>								
NOT A CERTIFIED COPY								
A D M I N I S T R A T I V E	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>09/22/2016 DATE</p> </div> <div style="width: 45%;"> <p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>JESONEK, ROBERT S (531) NAME OF OFFICER (PLEASE PRINT)</p> <p>09/22/2016 DATE</p> </div> </div>							
							PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

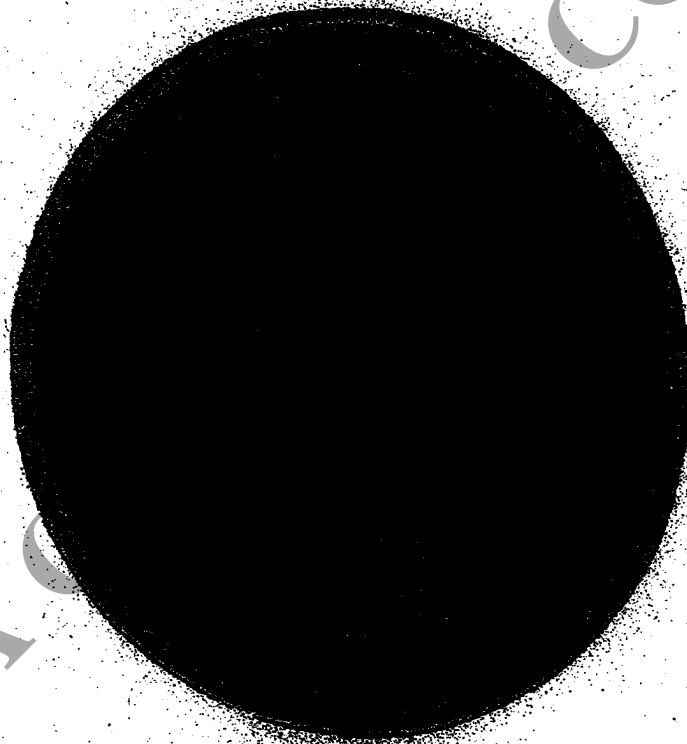
P. I. O.

SCANNED

16-13854

0201
0230

D. U. I. INFLUENCE REPORT



**Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432**

SCANNED

WITNESS LIST

ARRESTING OFFICER: JESIONEK

Name: ALVINO Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: INITIAL TRAFFIC STOP

Name: ALVERIAZ Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: CALITOUN Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: FONG Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BREATH TELL OPERATOR

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-13854

H. 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 its alcohol content.

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.

2.

I am OFF. JESIONE K of the BOCA RATON 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 signature: _____

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.

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

(IF REFUSAL THEN)

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

The date is SEPTEMBER (Month) 22 (Day) 2016 (Year) and the time AM/PM

A refusal form will be completed by the arresting officer.

SCANNED

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: GABRIELLE LANZA

CASE #: 2016 13854 DATE: 9-22-16

BREATH TESTS RESULTS

1) TIME 0257 AM/PM 2) TIME 0302 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC. FONG

MAINTENANCE TECHNICIAN: OFC. BROCK

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: BLACK TANK TOP, BLUE JEANS & SANDALS

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: STRONG SMELL OF ALCOHOL FROM
SUBJECT'S BREATH

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016 13854

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) Video

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? _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-13854

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 affects of alcohol? Yes ☐ No ☐Have you consumed alcohol since the accident? Yes ☐ No ☐Can you feel the affects 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? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes ☐ No ☐ What? _____ When? _____Do you have: Epilepsy? Yes ☐ No ☐
Glass Eye? Yes ☐ No ☐
False Teeth? Yes ☐ No ☐Inner ear trouble? Yes ☐ No ☐
Ear Infection? Yes ☐ No ☐
Diabetes? Yes ☐ No ☐

Any eye 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 videotaping. The time now is approximately 302 PMThe date is: SEPTEMBER (month) 22 (day) 2016 (year).