



Driving Offence Notes & Evidence

OFFICER IN CHARGE Bower
OCCURRENCE No. 12-404901

PLEASE PRINT

TIME STAMP

ARRESTING OFFICER Bower	ACCUSED SURNAME Cassista	RADGE No. 2976	RANK CS1	DIVISION 11
DATE OF OFFENCE (YY-MM-DD) 2012-11-29	TIME OF OFFENCE (USE 24-HOUR) 23:22	ESTABLISHED BY Bawn	<input type="checkbox"/> WITNESS	<input checked="" type="checkbox"/> OFFICER
LOCATION OF OFFENCE Stavebank Lakeshore			CITY / TOWN Mississauga	
WEATHER & ROAD CONDITIONS cool clear / good, dry			IF BYC INVOLVED - ATTACH REPORT OR ANY WITNESS STATEMENTS	

REASON FOR STOPPING ACCUSED'S VEHICLE IF A WITNESS, THE TIME ACCUSED WAS LAST SEEN DRIVING, TIME OF ACCIDENT, OR IF NO WITNESSES FOR BYC, YOUR TIME OF ARRIVAL

TIME (USE 24-HOUR) 23:22	VEHICLE YEAR 2001	MAKE Pon Motor	MODEL / STYLE Van	CONDITION fair
<input checked="" type="checkbox"/> CHECK SOBRIETY	VEHICLE PLATE NO. [REDACTED]	PROVINCE / STATE ont	YEAR VALIDATION [REDACTED]	COLOUR blue
<input type="checkbox"/> BIDE SPOT CHECK				
<input type="checkbox"/> BYC				
<input type="checkbox"/> HTA VIOLATION DESCRIBE OFFENCE				
<input type="checkbox"/> OTHER / DRIVING EVIDENCE				
PASSENGERS IN VEHICLE		SPOKEN TO (IF YES, P.4 DETAILS ON PAGE 2)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

APPROVED SCREENING DEVICE (A.S.D.) ALCOTEST 7410 GLC - P.5PST (SEE PAGE 5)

FORMED THE SUSPICION THAT THE INDIVIDUAL WAS ALCOHOL IN THEIR BODY AND WAS OPERATING A MOTOR VEHICLE / CARE CONTROL OF A MOTOR VEHICLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN DID YOU LAST HAVE ALCOHOL IN YOUR MOUTH? <small>ASD ONLY AFTER 15 MINUTES</small>
ASD SAMPLE DEMAND I demand that you provide a sample of your breath into an approved screening device, to enable a proper analysis of your breath to be made, and that you accompany me now for the purpose of taking the sample. Do you understand?		
TIME DEMAND GIVEN	GIVEN BY	RESPONSE BY ACCUSED
TIME OF TEST (USE 24-HOUR)	GIVEN BY	RESPONSE BY ACCUSED
RESULT OF TEST / REASON FOR DELAY OF TEST, IF ANY <small>IF LENGTHY DELAY FOR ASD ON SCENE - READ #72</small>		
ASD SERIAL No.	TIME TESTED ASD / BY	CALIBRATION DATE MUST BE WITHIN 14 DAYS
CALIBRATED TO FAIL IF AT 100MG OR HIGHER OF ALCOHOL IN 100 ML OF BLOOD		IF FAIL, GO TO DETAILS OF ARREST PAGE 2
DEMONSTRATED TO ACCUSED BY / TIME		
Refusal ASD	DETAILS & DESCRIPTION OF EACH ATTEMPT <small>VEHICLE (WHAT SAID) AND/OR PHYSICAL CLUES, AS WELL AS NUMBER OF ATTEMPTS, IF ANY</small>	

- Formed the opinion that the accused was operating a motor vehicle or had care and control of a motor vehicle with over 80mgs of alcohol in 100ml of blood.
- Formed the opinion that the accused's ability to operate a motor vehicle, or had care and control of a motor vehicle, was impaired by a alcohol / drug(s).

No "OTHER" DETAILS, TIME STAMP

DETAILS OF ARREST I AM ARRESTING YOU FOR — BRIEFLY DESCRIBE THE REASONS

<input type="checkbox"/> REFUSED AID TEST	<input type="checkbox"/> IMPAIRED CARE OR CONTROL OF MOTOR VEHICLE	TIME (USE 24-HOUR)
<input type="checkbox"/> IMPAIRED OPERATION OF A MOTOR VEHICLE	<input type="checkbox"/> EXCESS BLOOD ALCOHOL	23:27
<input type="checkbox"/> EXCESS BLOOD ALCOHOL	OTHER (EX. IMPAIRED BODY MARK) DESCRIBE:	TIME OTHER UNIT ARRIVED
TIME ADVISED FOR TOW / OTHER UNIT	TIME TOW ARRIVED	
23:27 / 23:27		
ANY DELAY FOR TOW OR OTHER UNIT? REASON		

RIGHTS TO COUNSEL INDICATE ACCUSED'S RESPONSE BELOW STATEMENT

IT IS MY DUTY TO INFORM YOU THAT YOU HAVE THE RIGHT TO RETAIN AND INSTRUCT COUNSEL WITHOUT DELAY. DO YOU UNDERSTAND?

YOU HAVE THE RIGHT TO TELEPHONE ANY LAWYER YOU WISH. DO YOU UNDERSTAND?

YOU ALSO HAVE THE RIGHT TO FREE ADVICE FROM A LEGAL AID LAWYER. DO YOU UNDERSTAND?

IF YOU ARE CHARGED WITH AN OFFENCE, YOU MAY APPLY TO THE ONTARIO LEGAL AID PLAN FOR ASSISTANCE. DO YOU UNDERSTAND?

1-800-265-2421 IS A TOLL-FREE NUMBER THAT WILL PUT YOU IN CONTACT WITH A LEGAL AID DUTY COUNSEL LAWYER FOR FREE LEGAL ADVICE RIGHT NOW. DO YOU UNDERSTAND?

DO YOU WISH TO CALL A LAWYER NOW?

IF YES, DO YOU HAVE A SPECIFIC LAWYER YOU WOULD LIKE TO CONTACT?

CONTACTED COUNSEL AT PHONE NUMBER (INDICATE PHONE NUMBER)

COUNSEL (INDICATE COUNSEL NAME)

COUNSEL COMPLETE WITH ACCUSED.

CAUTION TO PRISONER (INDICATE CHARGE) YOU ARE CHARGED WITH ANSWER TO THE CHARGE? YOU ARE NOT OBLIGED TO SAY ANYTHING UNLESS YOU WISH TO DO SO, BUT WHATEVER YOU SAY MAY BE GIVEN IN EVIDENCE. DO YOU UNDERSTAND?

BREATH SAMPLE DEMAND — I DEMAND THAT YOU PROVIDE SUITABLE SAMPLES OF YOUR BREATH INTO AN APPROVED INSTRUMENT TO ENABLE AN ANALYSIS TO BE MADE TO DETERMINE THE CONCENTRATION, IF ANY, OF ALCOHOL IN YOUR BLOOD, AND THAT YOU ACCOMPANY ME NOW FOR THIS PURPOSE. DO YOU UNDERSTAND?

DRUG DEMAND — DRUG DEMAND (REASONABLE GROUNDS OF IMPAIRMENT BY DRUG OR COMBINATION OF DRUG AND ALCOHOL) — I DEMAND THAT YOU SUBMIT TO AN EVALUATION CONDUCTED BY AN EVALUATING OFFICER TO DETERMINE WHETHER YOUR ABILITY TO OPERATE A MOTOR VEHICLE IS IMPAIRED BY A DRUG OR A COMBINATION OF DRUG AND ALCOHOL, AND THAT YOU ACCOMPANY ME FOR THIS PURPOSE. DO YOU UNDERSTAND?

IF NO, TO LAWYER, HOW MUCH DID YOU HAVE TO DRINK, OF WHAT, WHERE, ETC. MAKE NOTES

CLEAR SCENE TIME	TRANSPORTING OFFICER	DESTINATION	ARRIVAL TIME
23:36	Bowen	11 D:U	23:49
REASON FOR DELAY IF ANY			

ACCUSED

SURNAME	FIRST NAME	MIDDLE NAME
Cassista	Shawn (cy)	
STREET ADDRESS	CITY	PROVINCE / STATE
	Mississauga	Ontario
DRIVER'S LICENSE NUMBER	DR CLASS	HOME PHONE No.
	G	
EMPLOYER NAME & ADDRESS		CELL PHONE No.
Self employed		
MARKS / SCARS / TATTOOS		BUSINESS PHONE No.
DOB (MM/DD/YY)	NATIONALITY	RACIAL ORIGIN
	Canadian	White
CURRENT RESIDENCE	RIGHT / LEFT HANDED	HAIR COLOUR
		Salt & pepper
		HAIR LENGTH
		Short
		HAIR STYLE
		straight
		FACIAL HAIR
		soatee
		FACIAL HAIR COLOUR
		black
		BUILD
		med
OTHER INFORMATION	VEHICLE TOWED TO	VEHICLE TOWED BY
	310 Clarence Street	J.P. Towing
		OFFICER WHO SEIZED THE VEHICLE

OBSERVATIONS OF THE ACCUSED AT THE SCENE

Affects of Alcohol or Drugs on Subject <input type="checkbox"/> APPARENTLY NONE <input checked="" type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> NOTICEABLE <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		Conclusion <input checked="" type="checkbox"/> APPARENTLY IMPAIRED BY THE CONSUMPTION OF ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> APPARENTLY FIT <input type="checkbox"/> BOTH ALCOHOL & DRUGS	
Breath ODOUR OF ALCOHOLIC BEVERAGE COMING FROM ACCUSED'S BREATH (OTHER ODOURS, MASKING ODOURS, ETC.) LIST BELOW <input checked="" type="checkbox"/> DETECTED <input type="checkbox"/> NOT DETECTED		Footwear TYPE OF FOOTWEAR DESCRIBE CONDITION OF FOOTWEAR DESCRIBE ACCUSED INDICATES CONDITION IS SATISFACTORY FOR THE WALKING TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	
Colour of Face <input type="checkbox"/> APPARENTLY NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> TANNED <input type="checkbox"/> FLUSHED <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/> CHEEKS <input type="checkbox"/> NOSE <input type="checkbox"/> FOREHEAD <input type="checkbox"/> ENTIRE FACE		Attitude <input type="checkbox"/> CO-OPERATIVE <input type="checkbox"/> POLITE <input type="checkbox"/> CONCERNED <input type="checkbox"/> COCKY <input checked="" type="checkbox"/> OTHER DESCRIBE <i>Saying he is above the law</i> <input type="checkbox"/> ANTAGONISTIC <input type="checkbox"/> CAREFREE <input type="checkbox"/> EXCITED <input type="checkbox"/> SLEEPY <input checked="" type="checkbox"/> BELLIGERENT <input type="checkbox"/> TALKATIVE <input type="checkbox"/> INDIFFERENT	
Eyes <input type="checkbox"/> APPARENTLY NORMAL <input type="checkbox"/> CONTACT LENSES <input type="checkbox"/> REGULAR GLASSES <input type="checkbox"/> BI-FOCAL GLASSES <input type="checkbox"/> RED-RIMMED <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> OTHER DESCRIBE COLOR OF EYES		Unusual Actions <input checked="" type="checkbox"/> PROFANITY <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/> CRYING <input type="checkbox"/> BELONGING <input type="checkbox"/> HICCUPS <input type="checkbox"/> DROOLING	
Speech * INDICATE SPECIFIC WORDS - SLURRED IN NOTES <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> SLURRED <input type="checkbox"/> ACCENT DESCRIBE <input type="checkbox"/> FAIR <input type="checkbox"/> STUTTERING <input type="checkbox"/> INCOHERENT		Pupils <input checked="" type="checkbox"/> APPARENTLY NORMAL <input type="checkbox"/> UNEQUAL <input type="checkbox"/> PUPIL RESPONSE TIME WITH USE OF FLASHLIGHT <input type="checkbox"/> QUICK <input type="checkbox"/> SLOW <input type="checkbox"/> NONE <input type="checkbox"/> CONTRACTED <input type="checkbox"/> OTHER DESCRIBE	
Clothes <input type="checkbox"/> BUSINESS SUIT <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/> WORKING <input type="checkbox"/> CASUAL		Condition of Clothes <input checked="" type="checkbox"/> ORDERLY <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/> DISORDERLY <input type="checkbox"/> SOILED	
Balance Standing Still <input type="checkbox"/> SURE <input type="checkbox"/> OTHER DESCRIBE <input checked="" type="checkbox"/> SWAYING <input type="checkbox"/> FALLING / LOSES BALANCE		Walking <input type="checkbox"/> SURE <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/> SWAYING <input type="checkbox"/> FALLING / LOSES BALANCE <i>Pen from car</i>	
Additional Observations of Accused / Accused's Vehicle WROTE IN: THAT I SAID / I'M ABOVE THE LAW			
TIME STAMP			

BREATH TECHNICIAN / DRUG RECOGNITION EXPERT (DRE)

TIME TURNED OVER TO BREATH TECHNICIAN / DRE FOR TESTING 12:19	LOCATION 11	BREATH TECHNICIAN / DRE NAME Bryant	BADGE 2405
E & PG OUTLINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REASON(S) FOR DELAY IF ANY	BREATH TECHNICIAN / DRE TIME vs OFFICER'S TIME no watch	
OBSERVATIONS OF ACCUSED WHILE IN TECHNICIAN'S / DRE CUSTODY See video.			
SEE Pg 41 OF TRANSCRIPT. NOTES ABOUT ASSAULT ONLY.			
BATHROOM BREAKS 12:10 had in & water, 12:22 drink & wash face. 12:18 water again, 12:31 wash face. SEE TIME STAMP			
TIME AND TEST COMPLETED 12:33	RESULT 59	TIME SECOND TEST COMPLETED 12:55	RESULT 60
ALCOHOL INFLUENCE TEST REPORT ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
TIME RETURNED TO INVESTIGATING OFFICER 12:55	OFFENCE <input type="checkbox"/> REFUSED APPROVED INSTRUMENT <input type="checkbox"/> IMPAIRED CARE CONTROL <input checked="" type="checkbox"/> OTHER DESCRIBE <i>asault on vehicle to resist arrest</i>	<input type="checkbox"/> DRIVING OVER 80 MGS <input type="checkbox"/> IMPAIRED DRIVING	<input type="checkbox"/> CARE CONTROL OVER 80 MGS <input type="checkbox"/> REFUSED OTHER
ATTACHED DOCUMENTS HAVE BEEN COMPARED TO ORIGINALS, FOUND TO BE IDENTICAL, AND SERVED ON ACCUSED BY		BADGE NO.	TIME
DATE (YY-MM-DD)			
NOTICE - CERTIFICATE OF ANALYSIS <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE OF ANALYSIS <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTICE - INCREASED PENALTY <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER NOTICE SERVED IF ANY <input type="checkbox"/> YES <input type="checkbox"/> NO
CPIC CHECKS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENCE HISTORY ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NYC REPORT ATTACHED IF APPLICABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTICE TO REGISTRAR <input type="checkbox"/> YES <input type="checkbox"/> NO

QUESTIONS OF ACCUSED (location conducted), to be asked only if counsel has been REFUSED or spoken to.

DO NOT ASK IF IT WILL DELAY TAKING OF BREATH SAMPLES

START TIME _____ FINISH TIME _____

1. (A) HAVE YOU BEEN TAKING ANY DRUGS? <input type="checkbox"/> PRESCRIBED <input type="checkbox"/> YES <input type="checkbox"/> NO	2. (C) WHAT TIME IS IT NOW?	4. (A) WERE YOU IN AN ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
(B) WHAT DRUGS?	3. (A) HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	(B) HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
(C) WHERE - HOW?	(E) WHAT HAVE YOU BEEN DRINKING?	(C) WHAT HAVE YOU BEEN DRINKING SINCE THE ACCIDENT?
(D) HOW MUCH?	(F) WHAT QUANTITIES?	(D) WHAT QUANTITIES SINCE THE ACCIDENT?
2. (A) WHERE WERE YOU GOING?	(G) WHERE WERE YOU DRINKING?	5. (A) HAVE YOU BEEN TAKING ANY DRUGS, PRESCRIPTION OR NON-PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
(B) FROM WHERE DID YOU START?	(H) WHAT TIME DID YOU START?	
(C) WHEN DID YOU START?	(I) WHAT TIME DID YOU STOP?	
DO YOU HAVE A RECEIPT FOR YOUR DRINKS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU RUNNING A TAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY DRINKS WERE BOUGHT FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WERE YOU DRINKING WITH?		HOW WERE DRINKS SERVED? <input type="checkbox"/> BOTTLE <input type="checkbox"/> CAN <input type="checkbox"/> GLASS <input type="checkbox"/> PITCHER
AT WHAT LOCATION(S) WERE YOU DRINKING?		

PASSENGER INFORMATION

SURNAME	FIRST NAME	DOB (YY-MM-DD)
STREET ADDRESS	CITY	PROVINCE / STATE
POSTAL CODE	HOME PHONE No.	CELL PHONE No.
SPOKEN TO <input type="checkbox"/> YES <input type="checkbox"/> NO	CONDITION OF PASSENGER <input type="checkbox"/> INTOXICATED <input type="checkbox"/> BEEN DRINKING <input type="checkbox"/> SOBER	
SURNAME	FIRST NAME	DOB (YY-MM-DD)
STREET ADDRESS	CITY	PROVINCE / STATE
POSTAL CODE	HOME PHONE No.	CELL PHONE No.
SPOKEN TO <input type="checkbox"/> YES <input type="checkbox"/> NO	CONDITION OF PASSENGER <input type="checkbox"/> INTOXICATED <input type="checkbox"/> BEEN DRINKING <input type="checkbox"/> SOBER	

IN CUSTODY - CELL INFORMATION

TIME ENTERED - SALEY PORT	TIME ENTERED - CELL	VIDEO REQUESTED - IMPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REQUIRED (YY-MM-DD)
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RELEASE / HOLD IN CUSTODY

PARTY <input type="checkbox"/> RELEASED <input type="checkbox"/> HELD IN CUSTODY	IF HELD, WHY?
ATTEMPTS FOR SOMEONE TO PICK UP IF DEEMED FIT FOR RELEASE	
ARRANGEMENTS MADE	
PHONE No. CALLED FOR ACCUSED	

WITNESS INFORMATION

SURNAME	FIRST NAME	PHONE No.	DOB (YY-MM-DD)
SURNAME	FIRST NAME	PHONE No.	DOB (YY-MM-DD)
SURNAME	FIRST NAME	PHONE No.	DOB (YY-MM-DD)
WILL STATE			

2/22/22 observe MV leaving a liquor license the old stable.	CHARGE.
MV trulls E/B on Lakeshore, speeds up when it sees me. make a <u>hard right</u> on to streetbank.	TESTIFIED THAT HE FIRST DOCUMENTED THE ASSAULT CHARGE
I have my lights on. male slows on his breaks. jumps out of car and runs about 10-15 feet. I run out of my car and go after male.	"AFTER" BEING OVER- RULED ON IMPAIRED BY
male is yelling saying I have no right to stop him. He is above our law, above the courts, says the HTA & criminal code does not effect him.	STAFF SGT. SEE PAGES 41-44. OF THE TRANSCRIPT.
saying he has <u>soveright</u> over all laws. - male is <u>swaying</u> from side to side. very angry eyes are watery & red, strong smell of Alch. coming from his breath.	
ask male if he has been drinking says he has had a few beers & there is nothing wrong w that. advise male he is under arrest for impaired driving. grab male & take him to the rear of the cruiser. he's yelling at his friends app 5 people get out of this minivan	

ADDITIONAL NOTES

try to place cuffs on male, pushes me away X2
male has his hands in fist, yelling
saying he does not have to comply
he is not apart of the criminal code or
HTA. above all laws.

male is O.C.

other unit arrives, male puts his hands
to the rear and is cuffed.