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ARREST / NOTICE TO APPEAR

ADMI NISTR ATION	CRIM INAL	CHARGE	ARREST	NOTICE TO APPEAR
OBTI Number Agency OBTI Number 6500400 Agency Name Delray Beach Police Department		Agency Report Number (O.T.A.'s only) 1.0 18-010078	1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Copies <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	JUVENILE <input type="checkbox"/>
Charge Type <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. Offense <input type="checkbox"/> 6. Other		If Weapon Seized <input type="checkbox"/>	Birth Type None/Not Applicable	Multiple Offenses <input type="checkbox"/>
Location of Arrest (Including Name of Detention) 1538 S FEDERAL HWY, DELRAY BEACH, FL		Location of Offense (Including Name, Address) 1538 S FEDERAL HWY, DELRAY BEACH, FL 33483		
Date of Arrest 07/20/2018		Time of Arrest 20:42	Booking Date 07/20/2018	Booking Time 20:52
Name (Last, First, Middle) TROLLINGER, DAVID MICHAEL		Alias: <input type="checkbox"/>		
Race W - White I - American Indian N - Black O - Other/Unknown W		Sex M	Date of Birth 11/19/1960	Height 5'10
Weight 140		Eye Color BROWN	Hair Color GRAY OR	Complexion LIGHT
Birthplace Medford, Oregon		Medical Status U	Religion not indicated	Submission of Alcohol Informs Yes <input type="checkbox"/> No <input type="checkbox"/>
Local Address (Street, Apt. Number) 590 LAYERS CIR 237, DELRAY BEACH, FL 33444		Phone (757) 650-6021	1. City 2. County 3. State 12	
Permanent Address (Street, Apt. Number) 590 LAYERS CIR 237, DELRAY BEACH, FL 33444		Phone (757) 650-6021	Address Status Verland	
Business Address (Street, Apt. Number) 590 LAYERS CIR 237, DELRAY BEACH, FL 33444		Phone (757) 650-6021	Occupation Verland	
DM Number, State T64S173604190 / FL		Exp. Date 07/20/2018	DM Number 1118	Place of Birth (City, State) Washington DC
Citizenship US		Other		
Co-Defendant Name (Last, First, Middle) <input type="checkbox"/>		Race <input type="checkbox"/>	Sex <input type="checkbox"/>	Date of Birth <input type="checkbox"/>
Co-Defendant Name (Last, First, Middle) <input type="checkbox"/>		Race <input type="checkbox"/>	Sex <input type="checkbox"/>	Date of Birth <input type="checkbox"/>
<input type="checkbox"/> Present <input type="checkbox"/> Other Name (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		
Modified by: (Name) <input type="checkbox"/>		Date <input type="checkbox"/>	Time <input type="checkbox"/>	JUVENILE DISPOSITION 1. Referred to Parent/Guardian 2. Referral to Department and Referral 3. TOTTING 4. Institutional
Released To: (Name) <input type="checkbox"/>		Relationship <input type="checkbox"/>	Date <input type="checkbox"/>	Time <input type="checkbox"/>
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 <input type="checkbox"/>		
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property VEHICLE CRASH	Value of Property \$1,000
Drug Activity A. Marijuana B. Cocaine C. Heroin D. Ecstasy E. Amphetamines F. Prescription G. Other		Amount / Unit <input type="checkbox"/>	Offense # <input type="checkbox"/>	Counts <input type="checkbox"/>
Charge Description DUI-DAMAGE TO PERSON/PROPERTY		State Violation Number 316.193(MC/D)	Violation of CRD # OR	
Drug Activity <input type="checkbox"/>		Amount / Unit <input type="checkbox"/>	Offense # 18-010078	Counts <input type="checkbox"/>
Charge Description <input type="checkbox"/>		State Violation Number <input type="checkbox"/>	Violation of CRD # <input type="checkbox"/>	
Drug Activity <input type="checkbox"/>		Amount / Unit <input type="checkbox"/>	Offense # <input type="checkbox"/>	Counts <input type="checkbox"/>
Charge Description <input type="checkbox"/>		State Violation Number <input type="checkbox"/>	Violation of CRD # <input type="checkbox"/>	
Drug Activity <input type="checkbox"/>		Amount / Unit <input type="checkbox"/>	Offense # <input type="checkbox"/>	Counts <input type="checkbox"/>
Health / Apparent Physical Condition of Detainee <input type="checkbox"/>		Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Rape Kit <input type="checkbox"/> Other		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		T.O.T. County Jail <input type="checkbox"/>	PROPERTY - Returned By <input type="checkbox"/>	Released By <input type="checkbox"/>
Transported By <input type="checkbox"/>		Date Transported <input type="checkbox"/>	Time Transported <input type="checkbox"/>	Other <input type="checkbox"/>
<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		
<input type="checkbox"/> 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.		Date Signed 07/21/18 08:56		
Signature of Defendant (or Juvenile and Parent/Custodian) D. STANLEY		Date Signed JUL 21 PM 1:11		
HELD for Other Agency <input type="checkbox"/>		Signature of Arresting Officer TABARES	Name Verification (Printed by Arrestee) JUL 21 PM 1:11	(PRINT) <input type="checkbox"/>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Escaped Arrest <input type="checkbox"/> Escaped <input type="checkbox"/> Other		Name of Arresting Officer (Print) TABARES MEDEROS, JESUS R.	ID # 1118	Agency DBPD
Arresting Officer D. STANLEY		ID # 1118	Agency DBPD	Where here if subject signed with an "X" <input type="checkbox"/>

2018 CT 12744 SB

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF July, 2018, AT 2000 hours AM PM

SUBJECT: David Trollinger CASE NUMBER: 18010878

AGENCY: Delray Beach PD ARRESTING OFFICER: Tabares

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Trollinger was observed driving his black, Lincoln by a witness from his apartment complex in Lavers Cir. The witness advised Trollinger was driving eastbound on SW 10th St. from SW 4th Ave. He fail to maintain a single lane and was swerving all over the roadway. The witness was following Trollinger from behind. Trollinger crashed into the rear of an unknown vehicle on SW 10th St. and kept traveling eastbound. Trollinger then made a left turn on SE 5th Ave which is a one way road for southbound traffic only. Trollinger proceeded to go the wrong way on SE 5th Ave causing several vehicles to swerve to avoid a collision. Trollinger then made a U-turn on SE 5th Ave and struck a curb. Trollinger proceeded southbound on SE 5th Ave and pulled into the parking lot of Publix (1538 S. Federal Hwy) where he crashed into a parked vehicles. Officers then made contact.

OBSERVATION OF DRIVER:

Trollinger appeared disoriented and could not fully remember what happen. Trollinger was also swaying back and forth when standing up and talking to officers. His eyes appeared glossy and slightly bloodshot. Trollinger speech was slow and repetitive. Trollinger had a calm demeanor and was apologetic.

DRIVER'S STATEMENTS:

Trollinger stated he was coming from his home in Delray Beach and was on his way to Publix to buy ham to make a sandwich. When asked if he remembered striking any vehicles he advised no. Furthermore, Trollinger did not remember he was going the wrong way on SE 5th Ave. Sgt. Ferreri asked Trollinger if he had any mental issues which he advised no. When asked if he had anything to drink Trollinger stated he would not incriminate himself and stated he flew home earlier from his parents' home in Virginia.

ODORS:

Unknown alcoholic smell coming from Trollinger's person.

GENERAL OBSERVATIONS

SPEECH: Slow, slur, repetitive

ATTITUDE: Calm, upset, rambling

CLOTHING: Green stripped shirt, Khaki shorts, brown shoes.

MEDICAL/OTHER: Stroke, seizure

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Tabares
(Signature of Arresting/Investigating Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July, 2018 at Ofc. J. Tabares #1118

(Print name of Arresting/Investigating Officer) who is personally known to me and/or produced identification. Type of identification produced None

Notary Public, Court of Cases, Officer (F.S.S. 117.10)



SUBJECT: David Trollinger

CASE NUMBER 18010878

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Trollinger appeared disoriented and could not fully remember what happen. Trollinger was also swaying back and forth when standing up and talking to officers. His eyes appeared glossy and slightly bloodshot. Trollinger speech was slow and repetitive. Trollinger had a calm demeanor and was apologetic.

WALK & TURN:

Trollinger started before instructed to do so. Trollinger kept interrupting me while reading the instructions. Trollinger did not keep his arms by his side and fell off balance on the first and second step. Trollinger was swaying the whole time while standing up.

ONE LEG STAND:

Trollinger was swaying while standing. He started early and before instructed to do so. He fell off balance when standing on one leg.

FINGER TO NOSE:

Trollinger stated early and before instructed to do so. Trollinger kept both hands out in front of him while i was reading the instructed and not by his side. He failed to follow the directed pattern to which hand to use to touch his nose. Trollinger failed to touch his nose.

ROMBERG ALPHABET:

Trollinger stated before i finished reading the instructions to him. While saying the alphabet he do so in a rhythmic manner.

BREATH TEST RESULTS:

1) Refused	2) Refused	3) Refused	4) Refused
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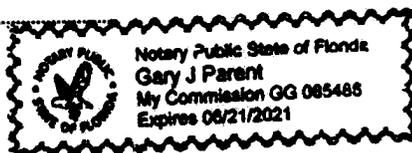
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July, 2018 at Ofc. J. Tabares #1118

(Print name of Arresting Investigative Officer), who is personally known to me and/or produces identification. Type of identification produced None

Notary Public, Clerk of Court, Officer (F.S. 117.10)



TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

REFUSED

COMMENTS: _____

REFUSED

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? _____
 - GLASS EYE? _____
 - FALSE TEETH? _____
 - EAR INFECTION? _____
 - INNER EAR TROUBLE? _____
 - DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____
 ----- WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ 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'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Sunshine State

FLORIDA DRIVER LICENSE CENTER

1-800-45-1736

NAME: MICHAEL
ADDRESS: [REDACTED]



Michael

ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	(xi) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018024266	Date: 21Jul18
	Specialist Name/ID: R Ehrenberg/6104