

0312544

WCT 1540275B 238

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16115321
Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 1		
Location of Arrest (Including Name of Business) SR 441 (SR7)/HYPOLUXO RD				Location of Offense (Business Name, Address) US 441 (SR7)/HYPOLUXO RD		
Date of Arrest 08/16/16	Time of Arrest 2301	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle INTERSTATE TOWING 561-496-4650
Name (Last, First, Middle) OROARK, ELLIOTT ERNEST				Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 10/09/86	Height 511	Weight 180	Eye Color HAZ	Hair Color BRO
Complexion LGT		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence ☒ Drug Influence ☒		
Local Address (Street, Apt. Number) 10710 BARN RD LAKE WORTH FL 33449		(City) (State) (Zip)		Phone (561) 602 8463		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number) 10710 BARN RD LAKE WORTH FL 33449		(City) (State) (Zip)		Phone (561) 602 8463		Address Source FLDL
Business Address (Name, Street) ()		(City) (State) (Zip)		Phone ()		Occupation
D/L Number, State O662205863690		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) TOMS RIVER, NJ
Citizenship US		Co-Defendant Name (Last, First, Middle)				
Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
☐ Parent ☐ Legal Custodian ☐ Other:		Name (Last)		(First)		(Middle)
Address (Street, Apt. Number)		(City)		(State)		(Zip)
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)		Relationship		Date		Time
The above address provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)				School Attended		Grade
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics
U. Unknown Z. Other						
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)
Drug Activity NA		Drug Type NA		Amount / Unit		Offense # 16115321
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number
Drug Activity		Drug Type		Amount / Unit		Offense #
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number
Drug Activity		Drug Type		Amount / Unit		Offense #
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number
Drug Activity		Drug Type		Amount / Unit		Offense #
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number
Drug Activity		Drug Type		Amount / Unit		Offense #
Location (Court, Room Number, Address) SOUTH COUNTY COURTHOUSE, 200 W ATLANTIC AVE, COURTROOM #1, DELRAY BEACH FL 33444						
Court Date and Time Month SEPTEMBER Day 20 Year 2016 Time 0830 AM ☒ PM						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE SUBSCRIBED OR TO PAY THE FINE SUBSCRIBED. I AGREE 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.						
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed AUG 17 2016		
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) ELLIOTT		
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:		Name of Arresting Officer (Print) F DIGSBY		ID # 26683		
Intake Deputy VERA		ID # 13002		Agency PBSO		
Witness here if subject signed with an "X"				PAGE OF		

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-16-115321						
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:				
CHARGES	Name (Last, First, Middle) Oroark, Elliott Ernest		Alias		Race W		Sex M		Date of Birth 10/09/1986				
	Charge Description DUI		316.193 (1)		Charge Description								
DEF	Charge Description				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								
VICTIM	Business Address (Name, Street) (City) (State) (zip)		Phone ()		Occupation								
	Business Address (Name, Street) (City) (State) (zip)		Phone ()		Occupation								
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. The Person taken into custody ☒ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ ☒ was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts. On the 16 day of August 20 16 at 9:45 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)													
I was running stationary radar on US 441 (SR 7) north of Hypoluxo Road, suburban Lake Worth when I observed a vehicle traveling southbound at a high rate of speed. As the vehicle approached my location, I estimated the speed to be approximately 75 MPH in a 50 MPH zone. The readout on my Kustom Genesis II Select radar unit serial #G2S-29736 read 80 MPH in a 50 MPH zone. As the vehicle passed my location, I fell in behind it and activated my red/blue emergency lights affecting a traffic stop on it. The vehicle a 2014 silver Chev bearing Florida tag CJH-C12 then pulled into the parking lot of the National Cemetery Chapel where after exiting my marked patrol vehicle, I made contact with the lone occupant/driver, identified by his Florida driver's license as Elliott Ernest Oroark. While asking Oroark for his driver's license and vehicle registration, I smelt a strong odor of an unknown alcoholic beverage emanating from the vehicle. After obtaining his driver's license and vehicle registration, I asked Oroark how much he had to drink tonight and he replied 2 or 3. I then had Oroark step from the vehicle and administered a horizontal gaze nystagmus test on him and observed a slow jerking motion of both eyes as well as significant jerking at maximum deviation for both eyes. Oroark also had watery, glassy eyes and a moderate odor of an unknown alcoholic beverage on his breath. Deputies P. Lennertz #7166 and F. Digsby #26683 responded to the scene and assumed the investigation.													
STATE OF FLORIDA COUNTY OF PALM BEACH LT. [Signature] KACMUS #2092 (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 16 by LT. D. KACMUS 2092 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ 26683 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)													
PAGE 1 OF 1													

SUBJECT: OROARK, ELLIOTT ERNEST

CASE NUMBER 16115321

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:

WALK & TURN:

Could not stand with feet together and hands to his side.
Cannot keep balance while listening to instructions.
Stopped walking to steady himself.
Missed heel to toe on steps 3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18
Stepped off the line on steps 3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18
Used arms for balance (raised arms over six inches).
Improper turn (turned other than the way that was demonstrated).

ONE LEG STAND:

Sways while balancing
Used arms to balance (raised arms over six inches)
Put foot down before 30 seconds

FINGER TO NOSE:

Did not keep eyes closed
Failed to return his arms to the side (kept arm raised to his face until he was told to put his arm down).
Finger did not touch the tip of his nose.

ROMBERG ALPHABET:

completed the alphabet.

BREATH TEST RESULTS:

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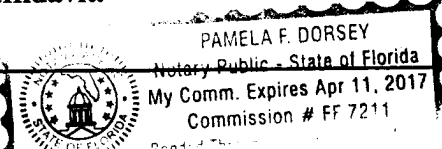
STATE OF FLORIDA
COUNTY OF PALM BEACH

DIGSBY #26683

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17TH day of AUGUST, 2016 by F. DIGSBY #26683

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBTS Number					
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 16115321		
	Charge Type: Check as many as apply: ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:		
DE	Name (Last, First, Middle) OROARK, ELLIOTT ERNEST		Alias	Race W	Sex M
				Date of Birth 10/09/86	
CHARGES	Charge Description DRIVING UNDER THE INFLUENCE 316.193(1)		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
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. The Person taken into custody ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 16TH day of AUGUST 20 16 at 2145 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)					
The following occurred in the County of Palm Beach, Florida. On 8/16/16 at approximately 2145 hours I responded to the intersection of US441 (SR7)/Hypoluxo Rd in reference to a traffic stop. On arrival I made contact with Lt. Kalmus who conducted a traffic stop on a 2014 silver Chevrolet bearing Florida tag CJHC12 for speeding 75mph in a 50 mph zone. Lt. Kalmus made contact with the driver Elliott Ernest Oroark and identified him via his Florida driver license. Lt. Kalmus observed the odor of an unknown alcoholic beverage. Lt. Kalmus observed the slow jerking motion of both eyes, watery, glassy eyes on Oroark. Lt. Kalmus then handed over the investigation to me. I then conducted a DUI investigation with Oroark. Oroark was seated in the driver seat of his vehicle when I arrived. I asked Oroark to exit the vehicle which he did. Oroark stumbled as he exited the driver side door of the vehicle. I informed Oroark that I was conducting a DUI investigation and asked him to complete the set of standardized field sobriety testing tasks and he agreed. After Oroark completed the tasks I determined that he did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Florida Statute 893 or any combination thereof, and was affected to the extent that his normal faculties were impaired; or while having a blood or breath alcohol level of .08 or higher, contrary to Florida Statute 316.193(1). Based on the above facts probable cause exists to place Elliot Ernest Oroark with one count of driving under the influence in violation of FSS. 316.193(1). Lt. Kalmus completed a supplemental probable cause affidavit.					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH DIGSBY #26683 (Signature of Arresting/Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this 17TH day of AUGUST 20 16 by DIGSBY #26683		Known		
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF AUGUST 20 16, AT 2145 PM ✓

SUBJECT: OROARK, ELLIOTT ERNEST CASE NUMBER: 16115321

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: DIGSBY #26683

PERSONAL CONTACT

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

Observed by Lt. Kalmus. Included in supplemental PC.

OBSERVATION OF DRIVER:

When I approached the vehicle Oroark was seated in the driver seat. I asked Oroark to exit the vehicle and I observed that he had glossy eyes, slurred speech, and slow dexterity.

I observed one empty bottle of Heineken (1PT.6 FL OZ) on the driver seat. I observed a second empty bottle of Heineken (1PT.6 FL OZ) on the passenger seat. I also observed 3 Heineken bottle caps in the cup holder in the center console.

DRIVER'S STATEMENTS:

Oroark stated that he stopped at the service station and bought several bottles of Heineken. Oroark stated that he drank 3 or 4 bottles of Heineken in the vehicle while on his way home.

ODORS:

When Oroark spoke I observed the odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred, slow.

ATTITUDE: Hesitant

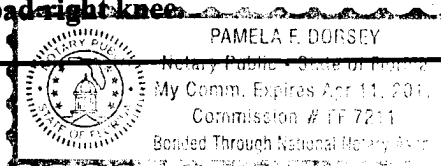
CLOTHING: Blue plaid shirt and blue short pants.

MEDICAL/OTHER: Oroark stated that he had a bad right knee.

STATE OF FLORIDA
COUNTY OF PALM BEACH

DIGSBY #26683

(Signature of Arresting/Investigative Officer)



The foregoing instrument was sworn to or affirmed and subscribed before me this 17TH day of AUGUST 20 16 by F. DIGSBY #26683

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

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

I, DIGSBY #26683, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the 16th day of AUGUST, 20 16, at 2301 ~~P.M.~~ A.M.
(Circle One)

NAME ELLIOTT ERNEST OROARK
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# O662205863690, state of Florida, was placed under lawful arrest for

the offense of DUI by DIGSBY #26683 and
(Name of Arresting Officer)

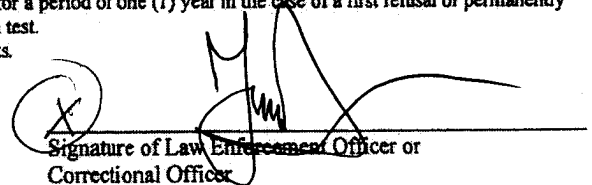
issued Citation # A0ZZQFP

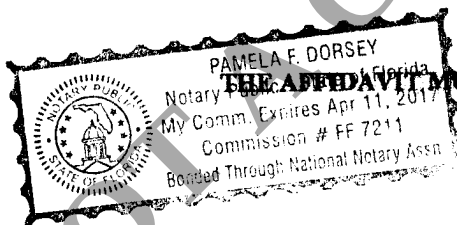
That on or about the 17TH day of AUGUST, 20 16, at 0005 ~~P.M.~~ A.M.
(Circle One)

in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a ☒ breath, ☐ urine, or ☐ blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.

Said person did at that time and place refuse to submit to such test or tests.


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:

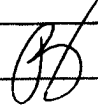
(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before

me this 17TH day of AUGUST, 20 16,

by DIGSBY #26683,

who is personally known to me or who has produced

KNOWN as identification

Notary Public 

Signature of Attesting Officer

Title

Date

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.

NOT A CERTIFICATE

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: 00-0838 CASE NUMBER: 76-11523

DATE: 8/17/86 VIDEO TAPE NUMBER: 6126

BEGINNING TIME: 0003 ENDING TIME: 0009

BREATH TESTS RESULTS: 1) 12 TIME 00 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: F. B. Jones

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: Shopper

ATTITUDE: Very good

CLOTHING: Blue shirt blue work shirt pants

MEDICAL CONDITIONS: Joint Pain, Low Back Pain, Osteoarthritis

MEDICATIONS: D.O.

OTHER: None shown

COMMENTS: ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

[illegible]

1. Protein is a macromolecule made up of amino acids.

Admission (See video: A State of Decay)

Algebra

Nil found in place 100-34 10 11

Refused ☒ All ☐ Some ☐ No rights to D.

Refined

10. *Journal of the American Medical Association*, 2000; 284: 1039-1044.

1000

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

SUBJECT: DR. [unclear] 811-70 CASE NUMBER: 10-115321

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 DIS DISLEY of the 7220

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) [Signature]

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) [Signature]

SUBJECT: 010118 E 11/20/76 CASE NUMBER: 115321

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



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 16115321 PBSO ZONE 6-61

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2145 DATE 08/16/16 DAY TUESDAY

SUBJECT'S NAME OROARK, ELLIOTT ERNEST RACE W SEX M

HGT 511 WGT 180 DOB 10/09/86

LOCATION US 441 (SR7)/HYPOLUXO RD

ARRESTING OFFICER'S NAME & ID DIGSBY #26683 AGENCY PBSO

DIVISION: _____

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 2330

ARREST TIME 2301

BREATH RESULTS:

1) REFUSAL
2)
3)
4)

TESTING OFFICER'S ID 7064 PBSO VIDEOTAPE # 61260

WITNESS LIST

CASE NUMBER: 16115321

ARRESTING OFFICER: DIGSBY #26683

ADDRESS: 3228 Gun Club Rd, West Palm Beach FL

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Roadside tasks

NAME: LT. David Kalmus #2092

ADDRESS: 3228 Gun Club Rd, West Palm Beach FL

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Traffic Stop

NAME: Paul Lennertz #7166

ADDRESS: 3228 Gun Club Rd, West Palm Beach FL

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Back up

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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