

0487304

1631

OBJS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N										
ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17067974															
	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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1																	
	Location of Arrest (Including Name of Business) 19699 BOCA GREENS DR, Boca Raton, FL 33498				Location of Offense (Business Name, Address) 19699 BOCA GREENS DR, Boca Raton, FL 33498																	
	Date of Arrest 04/22/2017	Time of Arrest 2030	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 19699 BOCA GREENS DR, Boca Raton, FL 33498															
DEFENDANT	Name (Last, First, Middle) Adamski, Warren, Charles												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White I - American Indian B - Black O - Oriental/Asian W														Sex M	Date of Birth 03/03/1944	Height 5'10	Weight 180	Eye Color brown	Hair Color Brown	Complexion light	Build thin
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Scar front torso														Marital Status Divorced	Religion LUTHERAN	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
	Local Address (Street, Apt. Number) 19699 Boca Greens Dr, Boca Raton, FL 33498				(City)	(State)	(Zip)	Phone (561) 716-1114		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2												
	Permanent Address (Street, Apt. Number) 19699 Boca Greens Dr, Boca Raton, FL 33498				(City)	(State)	(Zip)	Phone ()		Address Source Driver's License/verbal												
	Business Address (Name, Street) 				(City)	(State)	(Zip)	Phone ()		Occupation Retired												
	D/L Number, State A352883440830, FL				Soc. Sec. Number 		INS Number 		Place of Birth (City, State) Chicago, IL		Citizenship USA											
	Co-Defendant Name (Last, First, Middle) 				Race	Sex	Date of Birth 		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
	Co-Defendant Name (Last, First, Middle) 				Race	Sex	Date of Birth 		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
	CO-DEF	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone () Business Phone ()																				
Notified by: (Name) Date Time 																						
Released To: (Name) Relationship Date Time 																						
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)																						
School Attended Grade 																						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property Value of Property 																						
Drug Activity S. Sell N. N/A P. Possess B. Buy D. Deliver T. Traffic R. Smuggle 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 (DUI)																						
Counts 1 Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number 316.193(1) Violation of ORD # 																						
CHARGE	Drug Activity N		Drug Type n		Amount / Unit 		Offense # 17067974		Warrant / Capias Number Bond 													
	Charge Description 		Counts 		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number Violation of ORD # 															
	Drug Activity 		Drug Type 		Amount / Unit 		Offense # 		Warrant / Capias Number Bond 													
	Charge Description 		Counts 		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number Violation of ORD # 															
CHARGE	Drug Activity 		Drug Type 		Amount / Unit 		Offense # 		Warrant / Capias Number Bond 													
	Charge Description 		Counts 		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number Violation of ORD # 															
	Drug Activity 		Drug Type 		Amount / Unit 		Offense # 		Warrant / Capias Number Bond 													
	Charge Description 		Counts 		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number Violation of ORD # 															
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
	Court Date and Time Month May Day 15 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM <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.																						
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed 04/22/2017																						
ADMIN	HOLD for other Agency Name: 				Signature of Arresting Officer 				Name Verification (Printed by Arresting Officer) 													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: 				Name of Arresting Officer (Print) D/S Jacob Frey I.D. # 9658				(PRINT) 													
	Intake Deputy SPANW I.D. # 9616 Pouch # 				Transporting Officer D/S Jacob Frey I.D. # 9658 Agency PBSO				With <input type="checkbox"/> subject signed with an -X- 													
	PAGE OF 																					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF Apr 20 17, AT 19:33 AM ☒ PM
SUBJECT: Adamski, Warren, Charles CASE NUMBER: 17067974

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

PERSONAL CONTACT

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

On 22Apr17 at approximately 1933hrs I was assisting in investigating a domestic dispute (17067965) at 19699 BOCA GREENS DR, Boca Raton, in unincorporated Palm Beach County. During the investigation I observed a blue Chevy Cruz (FL CRUY93) pull into the driveway. I approached the driver's side of the vehicle and observed an older white male in the driver's seat, he was later identified as Warren Adamski.

OBSERVATION OF DRIVER:

As he opened the door I could smell the odor of an unknown alcoholic beverage coming from inside the vehicle. Warren had watery eyes and it appeared he had difficulty focusing. His speech was very slurred. I asked for his license. He had a difficult time removing his wallet from his back right pocket. He slowly opened his wallet and had difficulty removing his driver's license. He then turned his body and placed his legs outside the vehicle. He had a difficult time sitting upright. During this time he made several spontaneous utterances: "I had a couple drinks" and "I had a few cocktails". I asked him to exit the vehicle. As he exited the vehicle he used the driver's door for support. He immediately leaned against the rear door on the driver's side and could not stand without the support of his vehicle. I asked him to walk to the rear of his vehicle. He used the driver's side of the vehicle as he walked to the back of his vehicle. He staggered as he walked. At the rear of the vehicle I could smell the odor of an unknown alcoholic beverage coming from his breath.

DRIVER'S STATEMENTS:

He made numerous statements during the entire time I was with him. He stated "I had 2 or 3 drinks", "I had a couple of cocktails", "I drank vodka", "I drink my drinks straight up", "I am drunk", "I will be sober by the time we get there", and several other statement. He repeated several of the statements numerous times. His speech was slurred and mumbled. He continued to repeat himself.

ODORS:

The odor of an unknown alcoholic beverage coming from his breath

GENERAL OBSERVATIONS

SPEECH: His speech was slurred and mumbled.

ATTITUDE: cooperative, profanity, agitated, confused

CLOTHING: white t-shirt (stained), gray shorts (stained and bleached), black sandals

MEDICAL/OTHER: Numerous medical problems - Nerve damage feet, both knee replacement, back and neck pain, bypass surgery, ruptured eardrums

STATE OF FLORIDA
COUNTY OF PALM BEACH

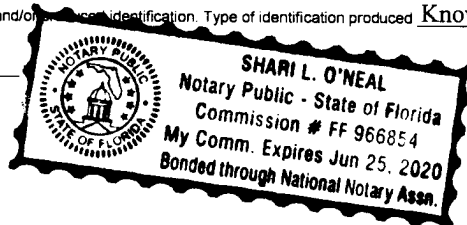
D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of Apr 20 17 by D/S Jacob Frey

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

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



SCANNED
APR 27 2017

SUBJECT: Adamski, Warren, Charles

CASE NUMBER 17067974

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:

His body swayed during the task and he could not stand with his feet together. He could not follow the my stylus with his eye and had to move his head. I was unable to get a complete reading on the HGN. He had Vertical Gaze Nystagmus (VGN) in both eyes. His eyes were watery.

WALK & TURN:

I attempt to instruct the Walk and Turn. He was unable to stand and almost fell over several times. D/S Digsby and I had to catch him several times. He had to use a mailbox for support several time. Based on his inability to stand without falling I did not have him complete this task.

ONE LEG STAND:

Based on his inability to stand without falling I did not have him complete this task.

FINGER TO NOSE:

Since Warren was having a difficult time standing unassisted I had him lean his back against the mailbox to complete this task. I instructed and demonstrated the finger to nose. He acknowledged he understood. He could not keep his head leaned back as instructed and had his eyes open during the entire task. On every command he touched across the bridge of his nose or the side of his nose. The task was completed on a dry and level surface while using the mailbox for support.

ROMBERG ALPHABET:

He told me his highest level of education was 2 years at Rights College in Chicago and several years in military schools. He stated English is his primary language. I instructed and demonstrated the Rhomberg Alphabet. He acknowledged he understood. He completed the task with the assistance of the mailbox. He mumbled the alphabet. He repeated and skipped several letters. He ended the alphabet with several numbers. He had a difficult time keeping his head leaned back. The tasks was completed on a dry and level surface.

BREATH TEST RESULTS:

1) .163

2) .171

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

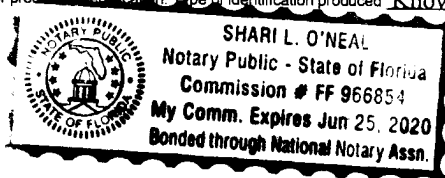
D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of Apr, 2017 by D/S Jacob Frey

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

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



SCANNED
APR 27 2017

WITNESS LIST

CASE NUMBER: 17067974

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: Physical control, personal contact, SFST

NAME: D/S Digsby

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: Physical control, personal contact

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0 _____

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: _____

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: _____

SCANNED
APR 27 2017

TESTING FACILITY TASK REPORT

AGENCY: U.S. DEPARTMENT OF JUSTICE

SUBJECT: ALVIN KARPIS CASE NUMBER: 17-0-7974

DATE: 07-08-87 VIDEO TAPE NUMBER: 1204

BEGINNING TIME: 12:00 ENDING TIME: 12:15

BREATH TESTS RESULTS: 1) 10 TIME 11:00 A.M./P.M. 2) 0.171 TIME 11:00 A.M./P.M.

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

BREATH OPERATOR: JOHN H. GALT 1

MAINTENANCE TECHNICIAN: 1. J. P. McLaughlin

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Very good

CLOTHING: Blue jeans, white t-shirt, grey sweatshirt, black jacket

MEDICAL CONDITIONS: _____

MEDICATIONS: 12/1/2011

OTHER: Egypt, V. A. T. G.

COMMENTS: 20

ALL RIGHTS RESERVED

10. Estimated to be 100% complete by 12/31/2017.

D C A T H E S I

Year	Actual (%)	Projected (%)
1950	7	-
1960	12	12
1970	15	-
1980	16	16
1990	17	17
2000	17	18
2010	18	19
2020	18	19
2030	18	20
2040	18	20
2050	18	20

SCANNED

APP 27 2017

SCANNED
APR 27 2017

SUBJECT: Adrian, Dorian C. CASE NUMBER: 17-007974

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) _____

SCANNED

SUBJECT: Adrian Williams CASE NUMBER: 17-007974

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? No

WHERE WERE YOU GOING? My home

WHAT STREET OR HIGHWAY WERE YOU ON? 19th St

DIRECTION OF TRAVEL? W WHERE DID YOU START? Subway

WHAT TIME DID YOU START? 7:30 am WHAT TIME IS IT NOW? 10:30 am

WHAT IS TODAY'S DATE? 3 Apr WHAT DAY OF THE WEEK IS IT? Sat

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? 3 days ago WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? With D/S

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? No WHAT? Low

HOW MUCH? 3 drinks WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 5 pm AND YOUR LAST DRINK? 1 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? No

WHAT? No WHERE? No WHEN? No

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? No

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? No

ARE YOU SICK OR INJURED? No WHAT'S WRONG? No

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes - 2 weeks ago

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? No

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? No WHY? No

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? No WHEN? No

DO YOU HAVE: EPILEPSY? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? No

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

INTERVIEWER: D/S T. Frey 9658

SCANNED

APR 27 2017

Florida

The Sunshine State

DRIVER LICENSE CLASS E

WARREN CHARLES

ADAMS

1900 DOCK GREENS DR

MIAMI BEACH, FL 33136-4736

DOB: 03-03-1944 SEX: M

HEIGHT: 5'10" WEIGHT: 175

HAIR: BRN EYES: BRN

SAFE DRIVER

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

NOT A CERTIFIED COPY

SCANNED

APR 27 2017