

0480598

1945

Rough
Arrest
Only

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile N	
OBTS Number		Agency ORI Number FL0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT		Agency Report Number 84- 16-07107	
Charge Type: Check as many as apply.		<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. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type 1. Yes 2. No <input checked="" type="checkbox"/> 2		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 5080 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404				Location of Offense (Business Name, Address) 5080 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404			
Date of Arrest 08/28/2016		Time of Arrest 2:30 AM		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) KOEFLER, CORNELIUS J		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex M		Date of Birth 12/18/1963		Height 6'0	
Weight 215		Eye Color BLUE		Hair Color GRAY		Complexion LIGHT	
Build MED		Marital Status MARRIED		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Residence Type 1. City 3. Florida 2. County 4. Out of State 2		Address Source DEFENDANT		Occupation SALES	
Local Address (Street, Apt. Number) 2 GRAND BAY CIRCLE JUNO BEACH, FL 33408		(City) JUNO BEACH, FL 33408		(State) (Zip)		Phone (561) 762-1319	
Permanent Address (Street, Apt. Number) SAME		(City)		(State) (Zip)		Phone	
Business Address (Street, Apt. Number)		(City)		(State) (Zip)		Phone	
D/L Number, State K146-110-63-458-0		Soc. Sec. Number		INS Number N/A		Place of Birth YOUNKERS, NEW YORK	
Citizenship US		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			
Parent Legal Custodian Other		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		City (State) (Zip)		Notified by: (Name)		Date Time	
Released To: (Name)		Relationship		FCIC/NCIC		Date Time	
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other		Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate P. Possess T. Traffic E. Use		Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic			
Charge Description LEAVING THE SCENE OF A CRASH		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.061 (1)	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 16-07107	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) NORTH COUNTY COURT HOUSE (3188 PGA BLVD PALM BEACH GARDENS, FL 33410					
Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month SEPTEMBER Day 28 Year 2016 Time 08:30 AM P.M.					
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)		Signature of Arresting Officer X #6317		Name Verification (Printed by Arrestee) (PRINT) C.J.		PAGE 1 OF 1	
Name #6317		Name of Arresting Officer (Print) OFC S.KING		I.D. # #6317		Agency R.B.P.D.	
Transporting Officer OFC S.KING		I.D. # #6317		Agency R.B.P.D.		Witness here is subject signed "X"	

DISTRIBUTION: 1st WHITE - COURT 2nd WHITE - RECORDS GREEN - STATE ATTY. YELLOW - CID PINK - JAIL (Rough Arrest) GOLD - DEFENDANT (Misd.) or DEFENDER (Felony)

AUG 30 4:45