

0480598

1945

Rough
Arrest
Only

ADMINISTRATION	OBTS 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			
	Agency ORI Number FL0500700			Agency Name RIVIERA BEACH POLICE DEPARTMENT										Agency Report Number 84- 16-07107		
DEFENDANT	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 <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>			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) KOEPFLER, CORNELIUS J												Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black	Race I - American Indian O - Oriental/Asian	Sex W M	Date of Birth 12/18/1963	Height 6'0	Weight 215	Eye Color BLUE	Hair Color GRAY	Complexion LIGHT	Build MED						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE												Marital Status MARRIED	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.
	Local Address (Street, Apt. Number) 2 GRAND BAY CIRCLE JUNO BEACH, FL 33408						(City) (State) (Zip)			Phone (561) 762 - 1319			Residence Type 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) SAME						(City) (State) (Zip)			Phone () -			Address Source DEFENDANT			
	Business Address (Street, Apt. Number)						(City) (State) (Zip)			Phone () -			Occupation SALES			
	D/L Number, State K146-110-63-458-0			Soc. Sec. Number [REDACTED]			INS Number N/A			Place of Birth YOUNKERS, NEW YORK			Citizenship US			
CO-DEF	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			
	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			
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input checked="" type="checkbox"/> Other	Name (Last) (First) (Middle)						Residence Phone								
	Address (Street, Apt. Number)						(City) (State) (Zip)						Business Phone			
	Notified by: (Name)						Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released			2. TOT HRS/CYF 3. Incarcerated				
	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	
CODE	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 N. N/A P. Possess			R. Smuggle B. Buy T. Traffic			K. Dispense/ D. Deliver E. Use			M. Manufacture Distribute Produce/ Cultivate			Z. Other	Drug Type B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment O. Opium/Deriv.
CHARGE	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)			Violation of ORD #		
	Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 16-07107						Warrant/Capias Number			Bond			
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No			Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount/Unit	Offense #						Warrant/Capias Number			Bond			
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No			Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount/Unit	Offense #						Warrant/Capias Number			Bond			
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No			Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount/Unit	Offense #						Warrant/Capias Number			Bond			
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address) NORTH COUNTY COURT HOUSE (3188 PGA BLVD PALM BEACH GARDENS, FL 33410												
	<input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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) <i>[Signature]</i> Date Signed <i>[Signature]</i>																
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X <i>[Signature]</i> #6317					Name Verification (Printed by Arrestee) (PRINT) <i>[Signature]</i>						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) OFC S.KING					I.D. # <i>[Signature]</i> #6317						
	D. # <i>[Signature]</i>				Pouch #	Transporting Officer OFC S.KING					I.D. # <i>[Signature]</i> #6317	Agency R.B.P.D	SCANNED			
Witness here is subject sign here <i>[Signature]</i> <i>[Signature]</i>																