

17 CT 11997

## ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 17-003097</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE											
	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		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator <b>1</b>																					
DEFENDANT	Location of Arrest (Including Name of Business) <b>W INDIANTOWN RD/MAPLEWOOD DR</b>										Location of Offense (Business Name, Address) <b>1749 W INDIANTOWN RD/MAPLEWOOD DR, JUPITER, FL</b>															
	Date of Arrest <b>06/25/2017</b>		Time of Arrest <b>21:09</b>		Booking Date <b>06/25/2017</b>		Booking Time <b>21:19</b>		Jail Date		Jail Time		Location of Vehicle													
JUVENILE	Name (Last, First, Middle) <b>KOFFMAN, DAVID WHITMORE</b>										Alias (Name, DOB, Sec. Sec. #, Etc.)															
	Race W - White B - Black O - Oriental/Asian <b>W</b>										Sex <b>M</b>		Date of Birth <b>06/26/1964</b>		Height <b>5'08</b>		Weight <b>180</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion <b>PROTESTANT</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>									
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>321 EVERNIA ST, JUPITER, FL 33458</b>										Phone <b>(561) 262-6342</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>													
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>321 EVERNIA ST, JUPITER, FL 33458</b>										Phone <b>(561) 262-6342</b>		Address Source <b>SPOKEN</b>													
	Business Address (Name, Street) (City) (State) (Zip) <b>SELF EMPLOYED</b>										Phone		Occupation													
	D/L Number, State <b>K155179642260 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>CLEVELAND, OH</b>		Citizenship																	
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor		5. Juvenile					
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor		5. Juvenile					
	CHARGE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone														
<input type="checkbox"/> Legal Custodian																										
Address (Street, Apt. Number) (City) (State) (Zip)																										
Notified by (Name)										Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated												
Released To: (Name)										Relationship		Date		Time												
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				Grade												
<input type="checkbox"/> Yes, by <input type="checkbox"/> No										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property												
Drug Activity M. N/A P. Possess S. Sell B. Buy D. Deliver R. Smuggle T. Traffic E. Use K. Disperses/ 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/Opiv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other																
Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>										Statute Violation Number <b>316.193(1)</b>		Violation of ORD #														
Drug Activity <b>N</b>										Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>17-003097</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond				
CHARGE	Charge Description										Statute Violation Number		Violation of ORD #													
	Drug Activity										Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond			
	Charge Description										Statute Violation Number		Violation of ORD #													
CHARGE	Drug Activity										Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond			
	Charge Description										Statute Violation Number		Violation of ORD #													
	Drug Activity										Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond			
IN TAKE	Health / Apparent Physical Condition of Defendant										Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released To											
	Transported By										Date Transported		Time Transported		Other											
NOTICE TO APPEAR	<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) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>07/26/2017 08:30:00</b>													
	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													
	HOLD for Other Agency										Name Verification (Printed by Arrestee) <b>SCANNED</b>		Date <b>JUN 30 2017</b>		PAGE <b>1 OF 1</b>											
ADMINISTRATIVE	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) <b>YOCHUM, CRAIG</b>		I.D. # <b>1185</b>													
	Intake Deputy										I.D. #		Pouch #		Transporting Officer <b>OFC. C. YOCHUM</b>		I.D. # <b>383</b>		Agency <b>JPD</b>		Witness here if subject signed with an 'X'.					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF June 20 17, AT 9:09 AM ☒ PM

SUBJECT: David Koffman CASE NUMBER: 17-003097

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Craig Yochum # 383

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
See supplement from Sergeant Frank # 213.

### OBSERVATION OF DRIVER:

Koffman was the sole occupant inside the vehicle. Koffman had bloodshot eyes when I initially made contact with him. When asked for his license, registration, and proof of insurance, Koffman provided me with his Florida driver license and looked forward, not looking for the other documents. Koffman had to be reminded to provide me with his registration and insurance documents before he began looking for them. Koffman had trouble finding both documents and routinely sorted through the same paperwork he removed from his glove compartment, scanning over the documents at least two times before providing me with an outdated insurance card. Koffman later found and produced both documents. When Koffman exited his vehicle, he walked from left to right, tending to his left side, while walking to my patrol vehicle.

### DRIVER'S STATEMENTS:

Koffman advised he was traveling from a friend's residence to another friend's residence. Koffman would, at times, slur his words together while speaking with me. Koffman advised he had a "couple" beers before driving and further estimated that he drank three beers upon further questioning. Koffman further advised that he had a burger at some point along with the alcohol he consumed.

### ODORS:

General body odor inside vehicle. Upon exiting the vehicle, Koffman had the odor of alcohol on his person.

## GENERAL OBSERVATIONS

SPEECH: Normal, slurred at times

ATTITUDE: Calm, cooperative, polite. During roadsides, would raise eyebrows as if tasks were unimportant.

CLOTHING: Casual. White t-shirt, black board shorts, brown sandals.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 383/1185  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of June 20 17 by Craig Yochum # 383

(Print name of Arresting/Investigative Officer) who is personally known to me as Jeannette Cam  
Notary Public State of Florida  
My Commission FF 993131  
Expires 07/08/2020

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

Personally Known

SUBJECT: David Koffman

CASE NUMBER 17-003097

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Checked for equal pupil size and resting nystagmus - nothing observed. Also checked for equal tracking in both eyes. Koffman would not keep his eyes on the stimulus and had to be reminded to not move his head.

#### WALK & TURN

Koffman attempted to stand in the starting position and lost his balance, to the left. After advising Koffman to stay in the starting position, he began the task early walking while I was instructing. Koffman was swaying during the instructional phase, using his arms to balance himself. Koffman stepped off the line, to the left, on step # 2 and 3. He took a total of 9 steps and stopped the task, not turning around as instructed. Koffman was reminded to turn around and return 9 steps. On step 3, Koffman lost his balance, to the right. Additionally, Koffman missed heel to toe between steps 4 and 5, and 8 and 9. Koffman took a total of 9 steps in the opposite direction. Throughout the task, Koffman raised his hands more than 6 inches from his waist on multiple occasions.

#### ONE LEG STAND:

Koffman put his foot down on 1002, swayed from side to side, and raised his left arm for balance. Koffman put his foot down on 1005, again raising his left arm for balance. Koffman put his foot down on 1008, lifted his foot back off the ground and began losing his balance, to the left on 1009 and 1010, stumbling to his left and raising his right arm in the air. Koffman counted from 1010 to 1019, swaying from side to side and using his arms for balance. He

#### FINGER TO NOSE:

(OLS) put his foot back down on 1019 and lost his balance, to the left.

Finger to Nose: Koffman did not keep his eyes closed throughout the task, as instructed. After each direction, Koffman would open his eyes back up and close them when I called a different hand. Koffman did not return his

#### ROMBERG ALPHABET:

(FTN) hands immediately back down to his sides, as instructed, every time. Additionally, on the first time "right" was called, Koffman missed finger to nose, touching the tip of his finger to the bridge of his nose.

Alphabet: Koffman recited the alphabet to the letter P and then stated: JKLMNOPQRSTUVWXYZ

BREATH TEST RESULTS: Refused

Refused

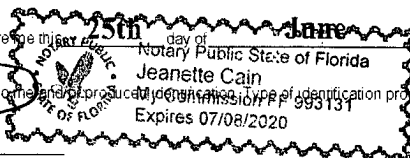
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of June, 2017

(Print name of Arresting/Investigative Officer) who is personally known to me and produced to me a valid type of identification produced

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



by Craig Yochum # 383

Personally Known