

ARREST / NOTICE TO APPEAR

 1. Arrest 3. Request for Warrant
 2. N.T.A. 4. Request for Capias

1

JUVENILE

| | | | | | | | | | | | | | | |
|---|----------------|---|--|-----------------------------|--|------------------------------|---|---|--|--|--|-------------------------------|--|-------------------|
| OBTS Number | | | ARREST / NOTICE TO APPEAR | | | | | | | | | | | |
| Agency ORI Number | | Agency Name | | | | | Agency Report Number (N.T.A.'s only) | | | | | | | |
| 0501700 | | Jupiter Police Department | | | | | 5 4 17-003097 | | | | | | | |
| Charge Type: Check as many as apply | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | | | | If Weapon Seized Enter Type NONE | | Multiple Clearance Indicator 1 | | | | | |
| Location of Arrest (Including Name of Business) | | | Location of Offense (Business Name, Address) | | | | | | | | | | | |
| W INDIANTOWN RD/MAPLEWOOD DR | | | 1749 W INDIANTOWN RD/MAPLEWOOD DR, JUPITER, FL | | | | | | | | | | | |
| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | | | | |
| 06/25/2017 | 21:09 | 06/25/2017 | 21:19 | | | | | | | | | | | |
| Name (Last, First, Middle) KOFFMAN, DAVID WHITMORE | | | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W M | Date of Birth 06/26/1964 | Height 5'08 | Weight 180 | Eye Color BLUE | Hair Color BROWN | Complexion LIGHT | Build Medium | | | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | Marital Status S | Religion PROTESTANT | | | |
| Local Address (Street, Apt. Number) (City) (State) (Zip) | | | | | | | | | | Phone (561) 262-6342 | Indication of: 1. City 3. Florida 2. County 4. Out of State 1 | | | |
| 321 EVERNIA ST, JUPITER, FL 33458 | | | | | | | | | | Phone (561) 262-6342 | Address Source SPOKEN | | | |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | | | | | | | | | | Phone | Occupation | | | |
| 321 EVERNIA ST, JUPITER, FL 33458 | | | | | | | | | | | | | | |
| Business Address (Name, Street) (City) (State) (Zip) | | | | | | | | | | Phone | | | | |
| SELF EMPLOYED, | | | | | | | | | | | | | | |
| DL Number, State K155179642260 / FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) | | Citizenship | | | | | | |
| CLEVELAND, OH | | | | | | | | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | | | | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | |
| Co-Defendant Name (Last, First, Middle) | | | | | | | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian | | | | | | | | | | 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 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 |
| C O D D E | | S. Sell B. Buy P. Possess | R. Smuggle D. Deliver T. Traffic | 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/Deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other | | | |
| Charge Description DUI - DRIVING WHILE UNDER INFLUENCE | | | | | | | | | | Statute Violation Number 316.193(1) | | Violation of ORD # | | |
| C H A R G E | | Drug Activity N | Drug Type / | Amount / Unit 17-003097 | Offense # | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | Bond | | | | | |
| Charge Description | | | | | | | | | | Statute Violation Number | | Violation of ORD # | | |
| C H A R G E | | 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 # | | |
| C H A R G E | | Drug Activity / | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Warrant / Capias Number | Bond | | | | | |
| Health / Apparent Physical Condition of Defendant | | | | | | | | | | Any knowledge of the following Explain: _____ | | | | |
| <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 | | |
| Transported By | | | | | | | | | | Date Transported | Time Transported | Other | | |
| <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) North County PALM BEACH GARD | | | | |
| | | | | | | | | | | Court Date and Time 07/26/2017 08:30:00 | | | | |
| 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | | | | | Date Signed 383/1185 | | | | |
| | | | | | | | | | | Name Verification (Printed by Arrestee) SCANNED | | | | |
| HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | | | | | | | | | Signature of Arresting Officer YOCHEM, CRAIG I.D. # 1185 (PRINT) | | | | |
| Intake Deputy OF.C. C. YOCHEM I.D. # 383 Pouch # JPD | | | | | | | | | | (PRINT) JUN 30 2017 PAGE 1 OF 1 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.

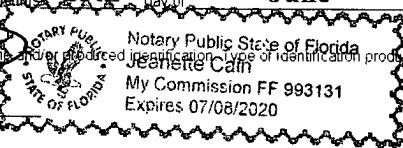
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature 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 and/or produced identification type of identification produced

Personally Known


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

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 January 2017 by Craig Yochum # 383

(Print name of Arresting/Investigative Officer) who is personally known to me and produced identification produced Jeanette Cain Notary Public State of Florida License # 993131 Expires 07/08/2020

Personally Known