

16CT 19856

ARREST / NOTICE TO APPEAR				1. Arrest	3. Request for Warrant	1	Juvenile					
Juvenile Referral Report				2. N.T.A.	4. Request for Capias		N					
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)						
FLO-500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-16-142207								
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type		Multiple Clearance Indicator						
				2 1. Yes 2. No		01						
Location of Arrest (Including Name of Business) San Salvador Dr/Sonoma Ct, Boca Raton, FL 33433				Location of Offense (Business Name, Address) San Salvador Dr/Sonoma Ct, Boca Raton, FL 33433								
Date of Arrest 10/22/2016		Time of Arrest 03:19		Booking Date 10/22/2016	Booking Time	Jail Date	Jail Time	Location of Vehicle Boca Raton Towing, 1655B 1st Ct, Boca Raton, FL 33431, (561) 750-9522				
Name (Last, First, Middle) Verkerk, Jacob, Robert								Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 08/18/1992	Height 6'03	Weight 185	Eye Color brown	Hair Color black	Complexion light	Build small			
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) no tatoos, many scars						Marital Status Single	Religion		Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) 7460 San Sebastian Dr, Boca Raton, FL 33433						Phone (561) 715 8110	Residence Type: 1. City 2. County 3. Florida 4. Out of State		Y N Unk.			
Permanent Address (Street, Apt. Number) ,						Phone ()	Address Source DL					
Business Address (Name, Street)						Phone ()	Occupation retail supervisor					
D/L Number, State V626436922980, FL			INS Number			Place of Birth (City, State) Frankfurt, Germany		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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:								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 / DYS 3. Incarcerated				
Released To: (Name)								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				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property				
Drug Activity N/A B. Buy P. Possess		S. Sell T. Traffic	R. Smuggle E. Use	K. Dispense/ D. Deliver	M. Manufacture/ 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/ S. Synthetics	U. Unknown Z. Other	
Charge Description Driving Under the Influence						Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)			Violation of ORD #	
Drug Activity N		Drug Type N	Amount / Unit		Offense # 16-142207	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 #	
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			
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996								Date 10/22/2016				
Court Date and Time Month November Day 21 Year 2016 Time 08:30 AM X PM								Date Signed OCT 24 2016				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED. I PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THE JUDGE MAY BEHOLDEN TO CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED								10/22/2016				
Signature of Defendant (or Juvenile and Parent /Custodian)								Date Signed OCT 24 2016				
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Signature of Arresting Officer (Print) D/S POINTU P. I.D. # 16032				(PRINT) <i>Jacob Verkerk</i>				
Intake Deputy		I.D. #	Pouch #	Transporting Officer D/S POINTU P.		ID # 16032	Agency PBSO	PAGE				
								Witness here if subject signed with an -X"				
								1 OF				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF October 20 16, AT 02:57 AM PM
SUBJECT: Verkerk, Jacob, Robert CASE NUMBER: 16-142207
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Used a wrong way turning lane to illegally cross Palmetto Park Road, blew through a stop sign above 30 mph, drove at 47 mph in a 25mph residential zone. Was the driver and only occupant of the vehicle.

OBSERVATION OF DRIVER:

glassy eyes, short attention span, had to be repeated to remove his hands from his pockets multiple time as as soon as he complied, he put his hands in his pocket again after a few seconds.

DRIVER'S STATEMENTS:

Post Miranda, spontaneously said that he had 5 beers, knew that he was over the limit and asked to let him go to his home that was a few hundred feet away.

ODORS:

strong odor of an unknown alcohol beverage.

GENERAL OBSERVATIONS

SPEECH: slurred,

ATTITUDE: cooperative and argumentative

CLOTHING: gray t-shirt, blue jeans, orange/blue shoes

MEDICAL/OTHER: none

SCANNED

OCT 24 2016

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22

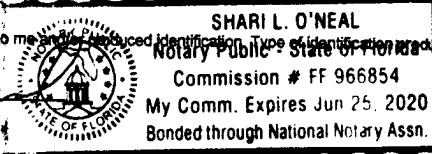
day of November

20 16

by D/S POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and whose true identity is known

Shari O'Neal (#6212)



SUBJECT: Verkerk, Jacob, Robert

CASE NUMBER 16-142207

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:

swayed during the task

WALK & TURN:

Could not maintain the instruction stance, then refused to continue the task. Said that he was not refusing, but did not move nor follow instructions

ONE LEG STAND:

refused to follow instructions multiple times saying that he was not refusing

FINGER TO NOSE:

ROMBERG ALPHABET:

SCANNED

OCT 24 2016

BREATH TEST RESULTS: refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

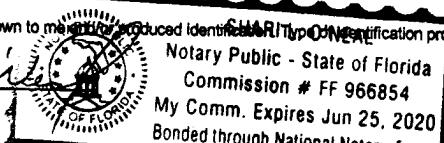
D/S POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of November 2016 by D/S POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me or whose identity is otherwise established, and whose identification produced is known

Shari O'Neal (#6212)



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

WITNESS LIST

CASE NUMBER: 16-142207

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: see report

NAME: ,

ADDRESS: ,

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

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OCT 24 2016

TESTING FACILITY TASK REPORT

AGENCY: PSCO DIS Points #16032

SUBJECT: Verlin, Jason R. CASE NUMBER: 16-142207

DATE: 10-22-16 VIDEO TAPE NUMBER: 61548

BEGINNING TIME: 04:55:11 ENDING TIME: 04:57:15

BREATH TESTS RESULTS: **REFUSED** 1) TIME 04:44 A.M./P.M. 2) TIME _____ A.M./P.M.

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

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: LLC J. Murchison #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Calm, Cooperative, Indiscreet, Substantive, Obnoxious

CLOTHING: Shirt - Gray pants - Black Blue jeans

MEDICAL CONDITIONS: None, D stated LCD on camera.

MEDICATIONS: None

OTHER: Eyes: Red. Gaze: —

COMMENTS: 20 min. observation done by ALD Points

ALD requested the breath test.

Implied consent read on camera.

D was going back and forth about the breath test.

D wanted his attorney before he took the test.

ALD took it as a refusal.

CIV was on scene.

Wife commented.

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OCT 24 2016

SUBJECT: Verkerk, Jacob, Robert

CASE NUMBER: 16-142207

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 D/S POINTU P.

of the Palm Beach County Sheriff's Office

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: Read on camera

Verkerk, Jacob, Robert

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

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OCT 24 2016

SUSPECT'S SIGNATURE: Read on scene

Verkerk, Jacob, Robert

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? None

DIRECTION OF TRAVEL? None WHERE DID YOU START? None

WHAT TIME DID YOU START? 12:00 WHAT TIME IS IT NOW? 12:00

WHAT IS TODAY'S DATE? 10/10/16 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? None

WHEN DID YOU LAST EAT? 12:00 WHAT DID YOU EAT? None

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? None

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 5 WHERE? None WITH WHOM? None

WHEN DID YOU HAVE YOUR FIRST DRINK? 12:00 AND YOUR LAST DRINK? 12:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? None

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? None WHAT? None

ARE YOU SICK OR INJURED? None WHAT'S WRONG? None

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? None WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? None WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? None WHAT? None WHEN? None

DO YOU HAVE:

- EPILEPSY? None
- GLASS EYE? None
- FALSE TEETH? None
- EAR INFECTION? None
- INNER EAR TROUBLE? None
- DIABETES? None

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? None

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? 12:00

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? None WHERE? None

INTERVIEWER: Debra C. Jones 2

SCANNED

OCT 24 2016

NOT A CERTIFIED

SCANNED
OCT 24 2016