

16CT 19856

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-16-142207							
Charge Type: Check as many as apply:		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>	
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, Tattoos, Unique Physical Features (Location, Type, Description) no tattoos, many scars		Marital Status Single		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 7460 San Sebastian Dr, Boca Raton, FL 33433		(City)		(State)		(Zip)		Phone (561) 715 8110		Residence Type: 1. City 3. Florida 2. County 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Address Source DL			
Business Address (Name, Street)		(City)		(State)		(Zip)		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"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Other:		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone ()			
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)		Relationship		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		Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
Drug Activity N. N/A S. Sell P. Possess B. Buy T. Traffic		S. Sell D. Deliver E. Use		K. Dispense/ 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. 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													
Court Date and Time Month November Day 21 Year 2016 Time 08:30 AM													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED AND 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 IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
Signature of Defendant (or Juvenile and Parent /Custodian) OCT 24 2016												Date Signed 10/22/2016	
HOLD for other Agency Name:		Signature of Arresting Officer X				Name Verification (Printed by Arrestee) Jacob Verkerk							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.				I.D. # 16032		(PRINT)		PAGE 1 OF			
Intake Deputy I.D. #		Pouch #		Transporting Officer D/S POINTU P.		ID # 16032		Agency PBSO		Witness here if subject signed with an "X"			

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF October, 2016, 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.

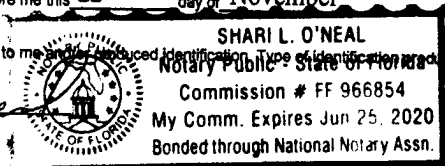
(Signature of Arresting/Investigative Officer)

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

(Print name of Arresting/Investigative Officer), who is personally known to me and has produced identification. Type of identification produced known

Shari O'Neal (#6212)

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



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:

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OCT 24 2016

BREATH TEST RESULTS: refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

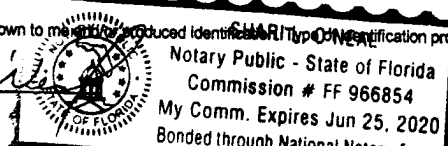
(Signature of Arresting/Investigative Officer)

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 and/or produced identification, 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) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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OCT 24 2016

TESTING FACILITY TASK REPORT

AGENCY: PCSO DIS Pointu #16032
SUBJECT: Verter, Jacob R. CASE NUMBER: 16-142207
DATE: 10-22-16 VIDEO TAPE NUMBER: 61548
BEGINNING TIME: 0435 ENDING TIME: 0457
BREATH TESTS RESULTS: **REFUSED** 1) 0444 (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: D/S J. Murlocke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Calm, Cooperative, Indisive, Sarcastic, Obnoxious

CLOTHING: Shirt - Gray Pants - Dark Blue Jeans

MEDICAL CONDITIONS: None, I stated LCD on camera.

MEDICATIONS: None

OTHER: Eyes: Red, Glassy

COMMENTS: 20 min observation done by ALO Pointu
ALO 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.
ALO took it as a refusal.
CIV was conducted.
QTA conducted.

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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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SUSPECT'S SIGNATURE: Read on scene Verkerk, Jacob, Robert

SUBJECT: Verdick, Jacob R. CASE NUMBER: 16-192207

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? probably

WHERE WERE YOU GOING? to the store

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 1

DIRECTION OF TRAVEL? North WHERE DID YOU START? at home

WHAT TIME DID YOU START? 10:00 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 10/24/16 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? burger

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? 5 WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 AND YOUR LAST DRINK? 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? by drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? none

WHAT? none WHERE? at home WHEN? at home

WHAT LINE OF WORK ARE YOU IN? unemployed WHEN DID YOU LAST WORK? 10/20/16

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? none

ARE YOU SICK OR INJURED? no WHAT'S WRONG? nothing

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? at home

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? none WHY? none

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? none WHEN? at home

DO YOU HAVE:

EPILEPSY?	<u>no</u>
GLASS EYE?	<u>no</u>
FALSE TEETH?	<u>no</u>
EAR INFECTION?	<u>no</u>
INNER EAR TROUBLE?	<u>no</u>
DIABETES?	<u>no</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? none

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? none

INTERVIEWER: [Signature]

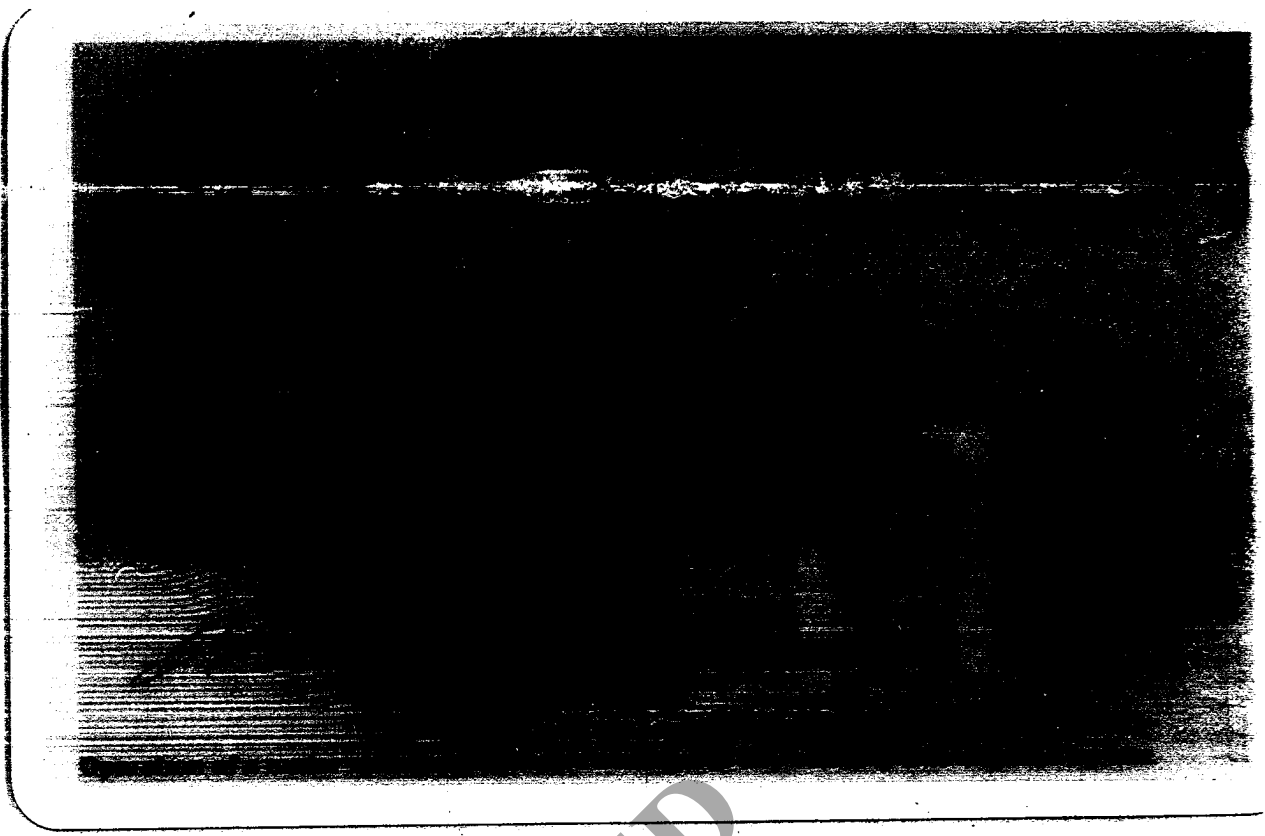
WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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OCT 24 2016



NOT A CERTIFIED

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