

ARREST / NOTICE TO APPEAR

Juvenile Reformation Court

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

1

Juvenile

OBTS Number

ARREST / NOTICE TO APPEAR

Juvenile Reformation Court

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

1

Juvenile

Agency ORI Number

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only)

06-

17031060

ADMINISTRATIVE	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) Southern Blvd at Jog Rd West Palm Beach FL 33415			Location of Offense (Business Name, Address) Southern Blvd at Jog Rd West Palm Beach FL 33415					
Date of Arrest 1/25/17	Time of Arrest 00:26	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Released to Jadin Grubb per 2nd R/O			
Name (Last, First, Middle) Hohman, John A.									
Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 08/05/1962	Height 5'6	Weight 220	Eye Color Bro	Hair Color Bla	Complexion Med		
Build Med									
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion NONE	Indication of: Alcohol Influence Drug Influence			
Y N Unk.									
Local Address (Street, Apt. Number) 1400 Glen Rd West Palm Beach FL 33406				(City)	(State)	(Zip)	Phone ()		
Residence Type: 1. City 2. County 3. Florida 4. Out of State									
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone ()		
Address Source FL DL									
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone ()		
Occupation Surveyor									
D/L Number, State H550461622850		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) St Petersburg FL	Citizenship US		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	Indication of: 1. Arrested 2. At Large		
							3. Felony 4. Misdemeanor 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	Indication of: 1. Arrested 2. At Large		
							3. Felony 4. Misdemeanor 5. Juvenile		
Parent Name (Last) Legal Custodian Other:				(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 / 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			
CHARGE CODE	S. Sell N. N/A B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	K. Dispense/ Distribute E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	B. Barbiturate N. N/A A. Amphetamine	H. Hallucinogen C. Cocaine E. Heroin	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
CHARGE	Charge Description DUI			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #	
CHARGE	Drug Activity N	Drug Type N	Amount / Unit 17031060	Offense #	Warrant / Capias Number		Bond		
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406								
Court Date and Time Month Feb Day 16 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>									
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 SCANNED					
ADMIN	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) JAN 26 2017				
					(PRINT)				
					PAGE				
					1 OF 1				
DISTRIBUTION: WHITE - COURT COPY				GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	GOLD - DEFENDANT (N.T.A.'s ONLY)
PBSO #148 REV. 8/97									

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN N	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06-17031060				
	ChargeType: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:						
DEF	Name (Last, First, Middle) Hohman, John A.			Alias		Race W	Sex M	Date of Birth 08/05/1962		
CHARGES	Charge Description DUI		316.193(1)		Charge Description					
	Charge Description				Charge Description					
VICTIM	Victim's Name (Last, First, Middle) SOF					Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone ()	Address Source			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
<p>On the 25 day of January 20 17 at 00:04 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>Romberg Time: Hohman displayed a front to back sway while in the instructional position. Beginning the task Hohman estimated thirty seconds in his head in approximately two and a half seconds. Asking if he had estimated thirty seconds he stated it was about but he could be a little off.</p>										
<p>NOT A CERTIFIED COPY</p>										
<p>SCANNED JAN 26 2017</p>										
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Inv. J. Schneider (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of January 20 17 by Inv. J. Schneider</p> <p>(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type or print name if produced)</p> <p>B. SIEGWOLD State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018</p>										
<p>Notary Public, Clerk or Court, Officer (F.S.S. 117.10)</p>										
<p>PAGE 1 OF 1</p>										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF January 20 17, AT 00:04 AM PM
SUBJECT: Hohman, John A. CASE NUMBER: 17031060
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider #8501

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

**Was observed driving 68 miles per hour in a posted 50 mile per hour zone eastbound on Southern Blvd.
Approaching the vehicle I observed the driver to be a white male later identified as John Hohman.**

OBSERVATION OF DRIVER:

Hohman had difficulty in focusing on simple tasks. When asked to see the insurance information sheet driver continued to hand it to the passenger. Even the passenger looked confused as the driver handed her the documents. Driver had very red, bloodshot, and glossy eyes.

DRIVER'S STATEMENTS:

I was at the Fair and then went to Double D's to have nachos. You arrested me because you saw I had a prior DUI. You know and I know I'm....you know.

ODORS:

Distinct and overpowering odor of alcoholic beverages while in close proximity to the driver. This odor intensified as he spoke.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Cooperative**

CLOTHING: **Black Shirt, Blue Jeans, Black boots**

MEDICAL/OTHER:

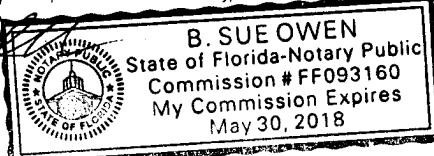
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider #8501

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of January 20 17 by J. SCHNEIDER

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



SCANNED
JAN 26 2017

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:**

Hohman's eyes were bloodshot and glossy. He also moved his head multiple times contrary to instruction. Vertical nystagmas was not observed.

WALK & TURN:

Hohman was unable to maintain the instructional position and had to reposition himself. Upon doing so he did not resume the instructed position of right foot in front of his left touching heel to toe, rather he reversed it placing his left foot in front of his right. Beginning the task Hohman took two steps forward and stumbled. He went back to start again despite my instructions to not stop once the task started. Beginning the second time he walked nine heel to toe steps, made a improper turn spinning rather than keeping his front foot on the line and using his back foot to turn as instructed and then walked back nine steps not touching heel to toe.

ONE LEG STAND:

Hohman swayed front to back while in the instructional position. While performing the task Hohman kept his foot raised for only a count of two before lowering it to maintain his balance. I instructed him to continue as he did not do so as previously instructed. Raising his foot once again he had to be reminded to look at his foot while counting. Beginning to count again he lowered his foot and again did not continue without prompting. Starting a third time he raised his foot however was once again unable to keep it elevated and counted 1007 and 1010. He skipped 1008 and 1009.. Hohman stopped this task and as a result it was discontinued.

FINGER TO NOSE:

Hohman swayed front to back while in the instructional position. The first left command Hohman held his finger to his nose contrary to instruction. The first right he once again held his finger to his nose. The second left he held his finger to his nose. The second right he held his finger to his nose. The third right he held his finger to his nose. The third left he held his finger to his nose. After each command Hohman was reminded to not hold his finger to his nose. Also he had to be reminded to keep his eyes closed during the task and his head drifted forward not remaining tilted back.

ROMBERG ALPHABET:

Hohman swayed front to back while in the instructional position. Beginning the task Hohman was instructed to count from 41 to 71. During the count he began at 42 and continued until 65. At 65 he then stated 65, 67, 65, 66, 67. While coming into very close proximity during this task to capture the verbal count the profound of a unknown alcholic beverage was coming from Hohman's person.

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

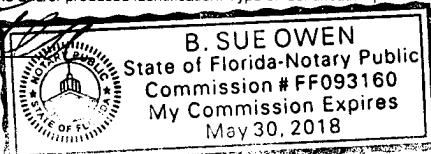
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider #8501
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of January 2017 by J. SCHNEIDER

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

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



SCANNED

JAN 26 2017

WITNESS LIST

17031060

CASE NUMBER:

Inv. J. Schneider #8501

ARRESTING OFFICER:

ADDRESS: 2300 N Jog Rd West Palm Beach FL 33411

PHONE NUMBERS (HOME): _____ (WORK) 561 681 4500

CAN TESTIFY TO: STOP AND INVESTIGATION

NAME: Cpl. P. Franks #14268

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3600 x9

CAN TESTIFY TO: Scene backup, general observations, vehicle release

NAME: Anne Hohman

ADDRESS 1400 Glen Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JAN 26 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Hottman Jr., John Anthony CASE NUMBER: 17-031060

DATE: 01/25/17 VIDEO TAPE NUMBER: DVD# 62029

BEGINNING TIME: 0101 ENDING TIME: 0104

BREATH TESTS RESULTS: **REFUSED** TIME 0103 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. Owen # 3184

MAINTENANCE TECHNICIAN: J. Karlecke # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: quiet, co-operative

CLOTHING: black boots, jeans, black shirt

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

COMMENTS: A/I & I arrived at 0041 hrs

A/I observed 20 minutes

A/I requested breath test, I refused

A/I read ITC, I understood, still refused

A/I need c/w, I understood rights.

Refused A/I & I ask for attorney

SCANNED

JAN 26 2017

SUBJECT: Hoffman Jr, John Anthony CASE NUMBER: 17-031060

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 Jnv. Schneider of the PBSO.

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: (X) _____

Read on Camera

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. 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.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SCANNED

JAN 26 2017

SUSPECT'S SIGNATURE: (X) _____

Read on Camera

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: _____ EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

SCANNED

JAN 26 2017

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL