

17CT2642

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		n	
Agency ORI Number <b>FL0502400</b>		Agency Name <b>OCEAN RIDGE POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>72-</b>		<b>2017-0038</b>							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) <b>6161 N. Ocean Blvd., Ocean Ridge, FL</b>		Location of Offense (Business Name, Address) <b>6161 N. Ocean Blvd., Ocean Ridge, FL</b>											
Date of Arrest <b>02/09/17</b>		Time of Arrest <b>20:38</b>		Booking Date <b>02/09/17</b>		Booking Time		Jail Date <b>02/09/17</b>		Jail Time		Location of Vehicle <b>Released to family member</b>	
Name (Last, First, Middle) <b>Kip William Kootz</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race <b>W - White 1 - American Indian</b>		Sex <b>M</b>		Date of Birth <b>08/29/53</b>		Height <b>601</b>		Weight <b>170</b>		Eye Color <b>Grn</b>		Hair Color <b>Brn</b>	
Complexion <b>Med</b>		Build <b>Thin</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None located</b>		Marital Status <b>DIVORCED</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>6161 N. Ocean Blvd. #4</b>		(City) <b>Ocean Ridge, FL</b>		(State) <b>FL</b>		(Zip) <b>33435</b>		Phone <b>(651) 298-9644</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
Permanent Address (Street, Apt. Number) <b>420 Summit Ave.</b>		(City) <b>St. Paul, MN</b>		(State) <b>MN</b>		(Zip) <b>55102</b>		Phone <b>( )</b>		Address Source <b>Defendant</b>			
Business Address (Name, Street) <b>Kootz &amp; Associates</b>		(City) <b>420 Summit Ave.</b>		(State) <b>St. Paul, MN</b>		(Zip) <b>55102</b>		Phone <b>(651) 298-9644</b>		Occupation <b>Lawyer</b>			
D/L Number, State <b>G197025729317</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>Milwaukee, WI</b>		Citizenship <b>US</b>					
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:		Name (Last)		(First)		(Middle)		Residence Phone ( )		Business Phone ( )			
Address (Street, Apt. Number)		(City)		(State)		(Zip)							
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.		School Attended		Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle 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 <b>DUI (over 0.15)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(4)</b>		Violation of ORD #					
Drug Activity <b>N</b>		Drug Type		Amount / Unit		Offense # <b>2017-0038</b>		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 # <b>2017-0038</b>		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 # <b>2017-0038</b>		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 # <b>2017-0038</b>		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) <b>200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL 33444</b>		Court Date and Time Month <b>February</b> Day <b>27</b> Year <b>2017</b> Time <b>08:30</b> PM											
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) <b>[Signature]</b>		Date Signed <b>FEB 10 2017</b>									
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>FEB 10 AM 12:38</b>									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Sgt. Frederick Stang #534</b>		I.D. #		(PRINT)		PAGE <b>1 OF 1</b>			
Transporting Officer <b>Sgt. F. Stang #534</b>		ID #		Agency <b>ORPD</b>		Witness here if subject signed with an -X"							

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 09 DAY OF February 20 17, AT 20:22 PM ☒ AM

SUBJECT: Kip William Kootz CASE NUMBER: 2017-0038

AGENCY: OCEAN RIDGE POLICE DEPARTMENT ARRESTING OFFICER: Sgt. Frederick Stang #534  
**PERSONAL CONTACT**

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

The white Mercedes 4 door vehicle (FL/263NKR) was eastbound on Ocean Ave. and locked in using radar at 44 MPH in a 30 MPH speed zone. As the vehicle turned south (right) onto N. Ocean Blvd., it crossed the double yellow line completely into the northbound, left only turn lane. The vehicle almost struck a stopped vehicle in the northbound lane of N. Ocean Blvd while making that turn. It continued south, crossing the white, fog line twice before making an abrupt right turn into the driveway of 6161 N. Ocean Blvd. The vehicle almost missed the driveway, and could not get turned to enter on the proper side of the gatehouse. After my overhead emergency lights were activated, the vehicle continued to maneuver in an attempt to gain entry to the gated community. My air horn and siren had to be utilized before the vehicle was stopped.

## OBSERVATION OF DRIVER:

On contact with the driver, later identified as Kootz by his MN DL, there was a strong odor of intoxicating beverages exiting the vehicle. Kootz had glassy eyes and slurred speech. He had trouble finding his drivers license, insurance, and vehicle registration without being reminded. When he exited the vehicle, he was very unsteady on his feet, using his vehicle for balance. He was unable to follow directions without being told repeatedly.

## DRIVER'S STATEMENTS:

Kootz advised that he drank 2 glasses of wine with dinner.

## ODORS:

Strong odor of intoxicating beverages.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Shorts and button up shirt

MEDICAL/OTHER: N/A

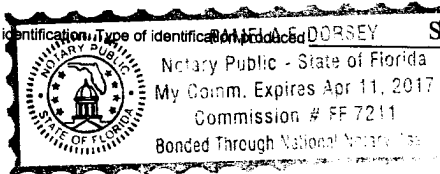
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of February 20 17 by Sgt. Frederick Stang #534

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of Identification Produced DORSEY Sgt. Frederick Stang #534

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



**SUBJECT:** Kip William Kootz

**CASE NUMBER:** 2017-0038

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

Kootz could not or would not follow the stimuli with only his eyes. He either moved his entire head, or nothing.

**WALK & TURN:**

Started too soon. Stepped off line. Missed heel to toe. Used arms for balance. Took too many steps on the first set of 9 steps. Subject stopped taking the test after attempting to turn, stating that he could not finish.

**ONE LEG STAND:**

Started too soon. Used arms for balance. Placed foot down at 1, 2, 3, 4, 5. The test was stopped after he stumbled backward, tripped and fell into the hedges.

**FINGER TO NOSE:**

N/A

**ROMBERG ALPHABET:**

N/A

**BREATH TEST RESULTS:** 1) 0.261 2) 0.253 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

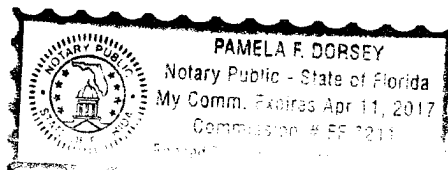
The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of February 20 17 by Sgt. Frederick Stang #534

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Sgt. Frederick Stang #534

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

REV. 11/18/15

Page 7 of 14



ORPD PACKET 3

SUBJECT: Kentz, K.P. CASE NUMBER: 2017-0034

## 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? 12000 Blvd

DIRECTION OF TRAVEL? S WHERE DID YOU START? From home on Forest Hwy

WHAT TIME DID YOU START? 3:00 PM WHAT TIME IS IT NOW? 2:45

WHAT IS TODAY'S DATE? Feb 1, 2017 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Platte County, MO - Lees Summit

WHEN DID YOU LAST EAT? 2:00 WHAT DID YOU EAT? Pepperoni pizza

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Was working on a car

HOW MUCH DO YOU WEIGH? 115 HAVE YOU BEEN DRINKING? Yes WHAT? Red wine

HOW MUCH? unbek WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:00 PM AND YOUR LAST DRINK? Just before leaving

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

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? 1/2

WHAT? 1/2 WHERE? Home WHEN? 1/2

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? Not working

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

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

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? None

WERE YOU IN AN ACCIDENT TODAY? None

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

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? Yes WHERE? Missouri - 44 years

INTERVIEWER: Sgt. E. Smith #5311 ORPD

SUBJECT: KOOTZ k up CASE NUMBER: 2017-0037

## 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 SGT. SONG of the CONN. STATE PD

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) [Signature]

## 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.

SUSPECT'S SIGNATURE: (X) [Signature]

# TESTING FACILITY TASK REPORT

SUBJECT: Kurtz, L. W. AGENCY: OKC  
DATE: 2/1/17 CASE NUMBER: 17-037-008  
BEGINNING TIME: 2138 VIDEO TAPE NUMBER: 62107  
ENDING TIME: 2200  
BREATH TESTS RESULTS: 1) 0.261 TIME 2148 A.M./P.M. 2) 0.253 TIME 2152 A.M./P.M.  
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.  
BREATH OPERATOR: P. Doney, Jr.  
MAINTENANCE TECHNICIAN: J. Keith, Jr. 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred  
ATTITUDE: Calm  
CLOTHING: tan shirt, yellow shorts  
MEDICAL CONDITIONS: None  
MEDICATIONS: None  
OTHER: Δ eye-blinded Δ eye glass Δ  
has an unknown drug on his Rev.

COMMENTS: No and Δ arrived at observed Δ  
No request for breath found Δ stated  
I chose not to Δ. Road implied  
consent to Δ. Δ agreed to provide  
sample Δ given instr Δ provided  
samples Δ given result Δ  
Δ signed at place and left