

0494644

3026 2224

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-022462	
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
Location of Arrest (Including Name of Business) 22480 Swordfish Dr, Boca Raton, FL 33428		Location of Offense (Business Name, Address) 22480 Swordfish Dr, Boca Raton, FL 33428		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01
Date of Arrest 01/04/2018	Time of Arrest 18:18	Booking Date 01/04/2018	Booking Time	Jail Date	Jail Time	Location of Vehicle 22480 Swordfish Dr, Boca Raton, FL 33428

Name (Last, First, Middle) Coffman II, William, Brent		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 04/17/1971	Height 6'00	Weight 175	Eye Color brown	Hair Color brown	Complexion light	Build medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none			Marital Status Divorced	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence			Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 22480 Swordfish Dr, Boca Raton, FL 33428		(City)	(State)	(Zip)	Phone (909) 856 2019	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source Verbal		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation nurse		
D/L Number, State C155922711370, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) St. Joseph, Mich	Citizenship				

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
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		

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 Driving Under the Influence with property damage	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)1	Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-022462	Warrant / Capias Number			Bond OR			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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 January Day 29 Year 2018 Time 08:30 AM <input checked="" type="checkbox"/> 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 IF 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 MAY BE ISSUED.	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed 01/04/2018
SCANNED JAN 08 2018	

HOLD for other Agency Name:	Signature of Arresting Officer x	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) D/S POINTU P.	I.D. # 16032
Intake Deputy	Transporting Officer D/S POINTU P.	Agency PBSO
Witness here if subject signed with an "X"		PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF January 20 18, AT 17:35 AM PM

SUBJECT: Coffman II, William, Brent CASE NUMBER: 18-022462

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)

Was seen by witness driving a black Lexus running over four mailboxes on Swordfish Dr, in unincorporated Boca Raton, Palm Beach County. Witness stayed with driver until our arrival.

OBSERVATION OF DRIVER:

Unsteady gait, glassy and bloodshot eyes. Drowsy, wanted to lay down to sleep. After arrest, was unable to close his pants after attempting to pee. Was fumbling with his zipper. Eventually left it open. Lack of fine motor skills.

DRIVER'S STATEMENTS:

"I wasn't driving. I was going home from work".

ODORS:

Very strong odor of unknown alcohol coming from his breath

GENERAL OBSERVATIONS

SPEECH: **extremely slurred**

ATTITUDE: **cooperative, repetitive, unable to focus on one task.**

CLOTHING: **red t shirt, white shorts, flip flops**

MEDICAL/OTHER: **Asthma - Prescribed Prilosec, Prozac, Neurontin, Trazedone, Q-Var. No medications taken today**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

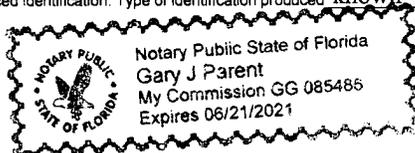
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of January 20 18 by D/S POINTU P.

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

Gary Parent (#7909)

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



SCANNED
JAN 08 2018

SUBJECT: Coffman II, William, Brent

CASE NUMBER 18-022462

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:

glassy and blood shoot eyes, no resting nystagmus. Refused to perform any task. Confirmed refusal after acknowledging Taylor warning.

WALK & TURN:

Refused to perform any task. Confirmed refusal after acknowledging Taylor warning.

ONE LEG STAND:

Refused to perform any task. Confirmed refusal after acknowledging Taylor warning.

FINGER TO NOSE:

Refused to perform any task. Confirmed refusal after acknowledging Taylor warning.

ROMBERG ALPHABET:

Refused to perform any task. Confirmed refusal after acknowledging Taylor warning.

BREATH TEST RESULTS: refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

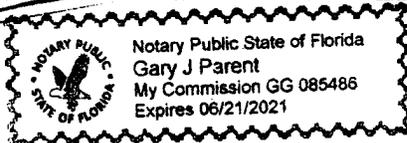
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of January 2018 by D/S POINTU P.

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

Gary Parent (#7909)

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



SCANNED
JAN 08 2018

WITNESS LIST

CASE NUMBER: 18-022462

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: Deitz, Samuel, Joseph

ADDRESS: 22436 Swordfish Dr, Boca Raton, FL 33428

PHONE NUMBERS (HOME) (561) 542 8598 (WORK) 0

CAN TESTIFY TO: Wheel witness - Crash witness

NAME: D/S Justin Shuman (#8845)

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: First deputy on scene. Stayed with defendant until my arrival.

NAME: D/S Harding, James (#28989)

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

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: Crash investigation

NAME: _____

ADDRESS _____

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: _____

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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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JAN 08 2018

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #: 18-022462	ZONE: 7-63	SUSPECT: WILLIAM COFFMAN	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 7/4/18 17:35
EVENT TYPE: DUI Crash		DEPUTY: DJ POINTU	ID#: 16032

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: DEITZ	FIRST NAME: SAMUEL	MIDDLE INITIAL: J	RACE: CAU	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) SEPT 27, 1949	YOUR HEIGHT: 6 FT	YOUR WEIGHT: 294	YOUR HAIR COLOR: GRAY	YOUR EYE COLOR: BLUE GREEN
YOUR HOME ADDRESS: 22436 SWORDFISH DR	<input type="checkbox"/> CHECK IF HOMELESS	CITY: BOCA RATON	STATE: FL	ZIP: 33428
YOUR WORK NAME & ADDRESS: RETIRED	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE () N/A	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 542-8598	HOME PHONE: <input type="checkbox"/> CHECK IF NONE () N/A	EMAIL: samueldeitze@boca-raton.net	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: I SAMUEL J. DEITZ	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------------------------	--

I HAD BACKED INTO MY DRIVEWAY AT 22436 SWORDFISH DR & OPENED MY CAR DOOR TO EXIT MY VEHICLE WHEN I HEARD AN NOISE OF IMPACT. I LOOKED DOWN THE STREET TO SEE A VEHICLE RUN OVER ONE MAIL BOX & THEN A SECOND & THEN A THIRD. I STARTED MY VEHICLE & FOLLOWED THE VEHICLE TO 22480 SWORDFISH DRIVE WHERE IT PULLED INTO A GARAGE AT THAT ADDRESS. I CALLED 911 AT 5:30 PM AND ADVISED THEM OF THE INCIDENT. THE DRIVER OF THE VEHICLE OPEN HIS CAR DOOR AND WAS GETTING OUT OF THE VEHICLE WHEN I ASKED HIM IF HE WAS GOING TO A PROLOGUE TO HIS NEIGHBORS WHOSE MAILBOXES HE RAN OVER. HE LOWERED THE GARAGE DOOR BUT PUT IT UP IMMEDIATELY AND SAID HE WAS JOKING AS HE STAGGERED TOWARD ME. HE SMELLED OF ALCOHOL AND WAS HAVING TROUBLE WITH HIS BALANCE. HE FOLLOWED ME TO SOME OF THE HOUSES IN AN ATTEMPT TO MAKE CONTACT WITH THE OWNERS

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 1/4/17 TIME: 12:40 SIGNATURE: <i>[Signature]</i> ID: 16032

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY WAIVE THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

D320790493470

SCANNED
JAN 08 2018

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Influenced Witness B

CASE NUMBER: 18-022462

DATE: 01/04/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 20:07

ENDING TIME: 20:17

BREATH TESTS RESULTS: 1) B TIME 20:07 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. Percotti # 7909

MAINTENANCE TECHNICIAN: J. Kortecke # 10467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Thick, Slurring

ATTITUDE: Talkative, Repetitive, Resisting, Confused, Cooperative

CLOTHING: Plaid shorts, Red T shirt, Blue Flip Flops

MEDICAL CONDITIONS: Asthma Guard

MEDICATIONS: Tiazodone, Nifedipine, Oxy, Percocet

OTHER: Eyes grossly red. Unsteady gait, moving about in "X", kept leaning against wall.

REFUSED

COMMENTS: Arrived at center. AIO began 30 minute observation period at 19:31. AIO noted, wearing Tazodone, Nifedipine, Oxy, Percocet. Observation started at 19:31:15.

Δ refused to take test.

AIO read TIC

Δ stated he understood TIC and agreed to take test

AIO read Rights Δ stated he understood Rights

AIO administered OAT

REFUSED

Δ answered questions

**SCANNED
JAN 08 2018**

SUBJECT: _____ CASE NUMBER: _____

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? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED
JAN 08 2018

Sunshine State
DRIVER LICENSE CLASS E
C155-922-71-137-0
ILLUMINANT
VISIBLE



B. C.
ORGAN DONOR
SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED
JAN 08 2018