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OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
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Agency ORI Number <b>FLO500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>09-27340</b>
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Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other	Special Notes:
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Name (Last, First, Middle) <b>Cohen, Yedidya, Sarshanom</b>	Alias <b>N/A</b>	Race <b>O</b>	Sex <b>M</b>	Date of Birth <b>05/17/1975</b>
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Charge Description <b>Driver License - No DL</b>	Charge Description
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Charge Description	Charge Description
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Victim's Name (Last, First, Middle) <b>City of Delray Beach / State of Florida</b>	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
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Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
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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.  
 The Person taken into custody

committed the below acts in my presence.       was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.       was found to have committed the below acts, resulting from my (described) investigation.

On the **29th** day of **October** 20 **09** at **0755**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

In reference to the above case; after completing a traffic stop on 'SR 9' I-95 Northbound at 'SR 806' W. Atlantic Av, I saw a Beige - Toyota -FL Tag 695 XSB traveling at an estimated speed of 85 mph. Utilizing my laser (UX009007), I confirmed that the vehicle was traveling 84 mph in the high occupancy lane. The speed limit in that area is 65 mph and posted. On my marked police motorcycle, I conducted a traffic stop on the car while observing that the driver, later identified as Yedidya Cohen (Defendant), seat belt wasn't fastened and visible. Upon my approach, I noticed that Cohen was the sole occupant of the car. After identifying myself and informing Cohen of the reason for the stop, I asked for his driver's license, registration, and insurance card. He immediately said, "I'm from Israel. I don't have an American driver's license".

A teletype check of Cohen's information from his Israel driver's license revealed that his New York State issued driver's license (207 088 535) was suspended. Cohen was placed in handcuffs, double-locked, and checked for tightness. Ofc Kearney arrived and transported him to the Delray Beach Police Department for fingerprinting and photographs.

Due to the above stated facts, I believe probable cause exists to charge the Defendant, Yedidya Cohen with Driver License - No DL in accordance with FSS 322.03(1).

Additionally, Beck's Towing responded and towed the vehicle from the scene. Cohen was also issued several citations. He was later turned over to the Palm Beach County Jail. Note: Cohen's New York driver licenses were located and seized.

SWORN AND SUBSCRIBED BEFORE ME

*St R Saunders 657*

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**10-29-09**  
DATE

*[Signature]*

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**Bowers**  
NAME OF OFFICER (PLEASE PRINT)

**10-29-09**  
DATE

PAGE  
**1** OF **1**

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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE

DEFENDANT

CO-DEF

JUVENILE

CHARGE

CHARGE

CHARGE

CHARGE

NOTICE TO APPEAR

ADMIN

OBTS Number		Agency ORI Number <b>FLO - 500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only)	
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 <b>2</b> 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>'SR 9' I-95 NB (HOV Ln) at 'SR 806' W Atlantic Av</b>		Location of Offense (Business Name, Address) <b>'SR 9' I-95 NB (HOV Ln) 1/2 mile N of 'SR 806' W Atlantic Av</b>					
Date of Arrest <b>10/29/09</b>	Time of Arrest <b>0755</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Beck's Towing and Recovery</b>	
Name (Last, First, Middle) <b>Cohen, Yedidya, Sarshanom</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>N/A</b>			
Race W - White I - American Indian B - Black O - Oriental/Asian <b>O</b>	Sex <b>M</b>	Date of Birth <b>05/17/1975</b>	Height <b>508</b>	Weight <b>150</b>	Eye Color <b>Black</b>	Hair Color <b>Black</b>	Complexion <b>Fair</b>
Build <b>Thin</b>				Marital Status <b>Married</b>		Religion <b>Jewish</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Unk. <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1615 47th St</b>		(City) <b>Brooklyn</b>	(State) <b>NY</b>	(Zip) <b>11204</b>	Phone <b>(347) 898-5072</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>4</b>
Permanent Address (Street, Apt. Number) <b>1615 47th St</b>		(City) <b>Brooklyn</b>	(State) <b>NY</b>	(Zip) <b>11204</b>	Phone <b>(347) 898-5072</b>		Address Source <b>New York DL</b>
Business Address (Name, Street) <b>Chabad Synagogue</b>		(City) <b>Boynton Beach</b>	(State) <b>FL</b>	(Zip)	Phone <b>( )</b>		Occupation <b>Singer</b>
D/L Number, State <b>NY / 207 08 8535</b>	Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>Jerusalem, Israel</b>		Citizenship <b>Israel</b>	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Name (Last) (First) (Middle)		Residence Phone		Name (Last) (First) (Middle)		Residence Phone	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Name (Last) (First) (Middle)		Residence Phone	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Name (Last) (First) (Middle)		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 S Sell N N/A P Possess 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		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>Florida State Statute 322.03(1)</b>	
Charge Description <b>Driver License - No DL</b>		Offense # <b>09-27340</b>		Warrant / Capias Number		Bond	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>09-27340</b>	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse 200 West Atlantic Ave. Delray Beach, FL 33444</b>					
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month <b>11</b> Day <b>26</b> Year <b>09</b> Time <b>10:00</b> A.M. <input checked="" type="checkbox"/> P.M. <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/Guardian) <b>Cohen, Yedidya, Sarshanom</b>			
Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee) <b>(PRINT)</b>			
Name of Arresting Officer (Print) <b>Bowers</b>		I.D. # <b>924</b>		Name of Arresting Officer (Print) <b>Bowers</b>		I.D. # <b>924</b>	
Intake Deputy		I.D. #		Pouch #		Transporting Officer	
I.D. #		Pouch #		Transporting Officer		I.D. #	
Agency		Agency		Agency		Agency	
Witness here if subject signed with an -X-						PAGE <b>1</b> OF <b>1</b>	