

Garfield County Sheriff's Office

OFFENSE

CASE REPORT NUMBER 04-0162

Officer Name Livingston, Donovan

Date of Report 1/28/2004

Location 0023 State Highway 325, Rifle, CO

Date and Time Offense Occurred
From Date From Time To Date To Time
1/28/2004 18:59

☐ Juvenile
☐ Sexual Assault
☐ Domestic Violence

CHARGES

<u>Statute</u>	<u>Description</u>	<u>Person Charged</u>	<u>Class</u>
18-7-302 3605 902	Indecent exposure.	Boebert, Jayson Steven	M3

Victim - Witness - Complainant

Person Victim Type Last Name, First Name Middle Name

Witness [REDACTED] Kathleen

Date of Birth Sex Race
Female White

Home Address City State Zip Code Phone

Employer Name Address Work City Work State
Garfield County Sheriffs Office 107 8th Street Glenwood Sprin CO

Work Zip Phone Hair Eyes Height Weight Drivers Lic No State
81601- (970) 945-0453

Person Victim Type Last Name, First Name Middle Name

Complainant [REDACTED] y Lee

Date of Birth Sex Race
09-11-1944 Male White

Home Address City State Zip Code Phone
0804 Mesa Drive Rifle CO 81650-

Employer Name Address Work City Work State
Owner- Fireside Lane 0023 Hwy 325 Rifle CO

Work Zip Phone Hair Eyes Height Weight Drivers Lic No State
81650- (970) 625-2231 Gray BLU 602 200

DA-001-30-04- [Signature]

Hensley
01-28-04

Person	Victim Type	Last Name, First Name Middle Name					
Victim	INDIVIDUAL	<div></div> Anne					
Date of Birth	Sex	Race					
10-11-1983	Female	White					
Home Address		City	State	Zip Code	Phone		
312 Hwy 325		Rifle	CO	81650-	(970) 625-0795		
Employer Name		Address			Work City	Work State	
Work Zip	Phone	Hair	Eyes	Height	Weight	Drivers Lic No State	

Person	Victim Type	Last Name, First Name Middle Name					
Victim	INDIVIDUAL	<div></div> Lynne					
Date of Birth	Sex	Race					
09-20-1987	Female	White					
Home Address		City	State	Zip Code	Phone		
0486 Mesa Dr		Rifle	CO	81650-	(970) 625-0470		
Employer Name		Address			Work City	Work State	
Work Zip	Phone	Hair	Eyes	Height	Weight	Drivers Lic No State	
		Blonde	HAZ	508	165		

Person	Victim Type	Last Name, First Name Middle Name					
Witness		Roberts, Lauren Opal					
Date of Birth	Sex	Race					
12-16-1986	Female	White					
Home Address		City	State	Zip Code	Phone		
354 Arnold Ave		Rifle	CO	81650-	(970) 625-0331		
Employer Name		Address			Work City	Work State	
none given							
Work Zip	Phone	Hair	Eyes	Height	Weight	Drivers Lic No State	
		Brown	BRO	500	105	02-029-0759 CO	

Person	Victim Type	Last Name, First Name Middle Name					
Witness		[REDACTED] Mark					
Date of Birth	Sex	Race					
06-15-1963	Male	White					
Home Address		City	State	Zip Code	Phone		
354 Arnold Ave		Rifle	CO	81650-	(970) 625-0331		
Employer Name		Address			Work City	Work State	
Gallegos					Aspen	CO	
Work Zip	Phone	Hair	Eyes	Height	Weight	Drivers Lic No	State
81611-	(970) 927-4200	Black	BRO	507	175		

Person	Victim Type	Last Name, First Name Middle Name					
Witness		[REDACTED] Colin					
Date of Birth	Sex	Race					
10-30-1983	Male	White					
Home Address		City	State	Zip Code	Phone		
534 Arnold Ave		Rifle	CO	81650-	(970) 625-0331		
Employer Name		Address			Work City	Work State	
		unemployed					
Work Zip	Phone	Hair	Eyes	Height	Weight	Drivers Lic No	State
		Brown	GRN	603	145	[REDACTED]	CO

ARRESTEES - SUSPECTS

Type Person	Name	Date of Birth	Sex	Race	Soc Sec #
Arrest	Boebert, Jayson Steven	12-06-1980	Male	White	[REDACTED]
Home Address	City	State	Zip Code	Home Phone	
	Las Vegas	Nevada		(970) 625-0331	
Employer	Work Address		Work City	State	
Nabors 903				Colorado	
Work Zip	Occupation	Work Phone			
	Roughneck				
Hair	Eyes	Height	Weight	Drivers Lic	State
Blonde	Hazel	601	170	19045	Nevada

Narrative

On 01/28/2004 at approximately 1859hrs I was advised by dispatch of a disturbance that was occurring at 0023 Highway 325 (Fireside Lanes), Rifle, CO.

At approximately 1908hrs I arrived at 0023 Highway 325, Rifle, CO. I contacted the Complaint, Larry Lee McCown DOB 09/11/1944, who advised me that was advised by two female parties, Trisha Wailes DOB 09/20/87 and Erica Anne Coombs DOB 10/11/1983, that Jayson Steven Boebert DOB 12/06/80 had exposed his genitals to them. Mr. McCown advised me that before my arrival he did ask Mr. Boebert several times to leave the bowling alley. Mr. McCown advised me that Mr. Boebert refused to leave and became belligerent.

At approximately 1913hrs Deputy Kathleen Barthel arrived on scene to assist me in the investigation of the incident.

Deputy K. Barthel contacted the parties, Steven M. Bentz, Lauren Opal Roberts, and Sean Colin Karbowski, that were with Mr. Boebert at the bowling alley. Parties advised that they did not observe the incident take place. Deputy K. Barthel was advised by dispatch that Mr. Karbowski did have a warrant (#WO36384) out of Aurora Police Department for failure to appear with the original charge of minor in possession and a bond of \$ 300.00. Deputy K. Barthel did arrest Mr. Karbowski on the outstanding warrant.(See Deputy K. Barthel's supplemental report for further details.)

I did contact the victims, Ms. Wailes and Mrs. Coombs, who advised me that they were standing at the snack bar talking about each others tattoos. Both parties advised me that Mr. Boebert was also standing at the snack bar several feet away from them. Both parties advised me that Mr. Boebert advised them that he had a tattoo on his genitals, at which time Mr. Boebert unzipped his pants, removed his genitals exposing the shaft, covering the head of the genitals with his hand. Mrs. Coombs advised that at this point she advised Mr. McCown of the incident. Ms. Wailes and Mrs. Coombs did complete statements reference this incident.

I did advise Mr. Boebert of my findings. Mr. Boebert advised me that he did not expose himself to either Ms. Wailes nor to Mrs. Coombs. Mr. Boebert advised me that he did unzip his pants and displayed his thumb pretending it was his genitals in a gesture of fun. I did observe that while in contact with Mr. Boebert that he did have an odor of an alcoholic beverage on his breath. Mr. Boebert advised me that he had had several drinks during the evening.

Mr. McCown requested that I advised Mr. Bentz, Ms. Roberts, and Karbowski that they were longer allowed entrance into the bowling alley. Deputy K. Barthel and I did advise these parties that they could longer enter the premises.

I did arrest Mr. Boebert and transported him to the Garfield County Jail where he was lodged.

Attachments:

- (1) Warrantless Arrest Affidavit
- (1) Summons (#20130)
- (2) Witness Statements
- (6) 10-27
- (1) Booking Sheet

Victim/Witness Statement
GARFIELD COUNTY SHERIFF'S DEPARTMENT
REPORT-CONTINUATION

04-0162

Case Number

Victim/Witness Statement

Name: Enca [REDACTED]

Date of Birth: 10-11-1983

Address: 312 Hwy 325 Rifle Colo

Telephone Number: 970 625 0795

Trish [REDACTED] and I were standing at the shack bar and she came up & looked at my tattoo on my back and she pulled down her sock and said "Look my is fading" Then Jayson said "I have a tattoo on my dick" Trish & I said "ya whatever" and turned away to ignore him. Then Jayson came up behind us and pulled his penis out of his pants. His thumb was covering the head and all I saw was the shaft. Trish and I turned away and went and told Larry. I was standing at the shack bar because Jayson was harassing Nora since we came in. They were being really strange all night.

THIS INFORMATION IS TRUE AND CORRECT

SIGNATURE OF AFFIANT

1-28-03

DATE

WITNESS SIGNATURE

SIGNATURE OF REPORTING OFFICER - ID NUMBER

Victim/Witness Statement
GARFIELD COUNTY SHERIFF'S DEPARTMENT
REPORT-CONTINUATION

04-0162

Case Number

Victim/Witness Statement

Name: Trisha [REDACTED]
Address: 0486 Mesa Drive

Date of Birth: 9-10-87
Telephone Number: 970-625-0470

Erica and I were standing at the Snack Counter. Jason was standing across from us. I was looking at Erica's tattoo on her back. Then I pulled down my sock and said "yeah mine on my ankle is fading." Jason walks over to us and said "well I have a tattoo with your name written on my dick." Erica and I both said no you dont. He said here I'll show you, he pulled down his zipper and pulled it out his hand was holding the head and all I saw was the shaft I know that wasn't a thumb because thumbs aren't inches long. I ~~turned~~ turned away and that's when Erica and I went and told Larry. He got pissed so I was going to leave but Larry called the cops and that's all I saw.

We were standing there because he was harassing her so that's why we stayed there.

THIS INFORMATION IS TRUE AND CORRECT

SIGNATURE OF AFFIANT

DATE

WITNESS SIGNATURE

SIGNATURE OF REPORTING OFFICER - ID NUMBER

Warrantless Arrest Affidavit

04-0162

Name: Boebert, Jayson Steven DOB: Dec 6 1980

Agency: Garfield County Sheriff's Office

Case Number: 04-0162

Charges

Statute	Title:	Felony/Misd
18-7-302	Indecent exposure.	M3

Officer 300 Livingston, Donivan

being duly sworn upon oath says that there is probable cause for the warrantless arrest of the above named defendant for the charge(s) stated above, and that the following facts are true and correct to the best of his/her knowledge, information, and belief and support the arrest of the defendant:

1. The crime(s) alleged occurred on or about 1/28/2004 at 0023 State Highway 325, Rifle, CO County of Garfield, State of Colorado.

2. The suspect was arrested at 7:38 PM on: Wednesday, January 28, 2004

2. The suspect was arrested at 7:38 PM on: Wednesday, January 28, 2004

Narrative

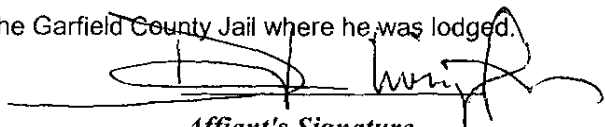
On 01/28/2004 at approximately 1859hrs I was advised by dispatch of a disturbance that was occurring at 0023 Highway 325 (Fireside Lanes), Rifle, CO.

At approximately 1908hrs I arrived at 0023 Highway 325, Rifle, CO. I contacted the Complaint, Larry Lee McCown DOB 09/11/1944, who advised me that he was advised by two female parties, Trisha Wailes DOB 09/20/87 and Erica Anne Coombs DOB 10/11/1983, that Jayson Steven Boebert DOB 12/06/80 had exposed his genitals to them. Mr. McCown advised me that before my arrival he did ask Mr. Boebert several times to leave the bowling alley. Mr. McCown advised me that Mr. Boebert refused to leave and became belligerent.

I did contact the victims, Ms. Wailes and Mrs. Coombs, who advised me that they were standing at the snack bar talking about each others tattoos. Both parties advised me that Mr. Boebert was also standing at the snack bar several feet away from them. Both parties advised me that Mr. Boebert advised them that he had a tattoo on his genitals, at which time Mr. Boebert unzipped his pants, removed his genitals exposing the shaft, covering the head of the genitals with his hand. Mrs. Coombs advised that at this point she advised Mr. McCown of the incident.

I did advise Mr. Boebert of my findings. Mr. Boebert advised me that he did not expose himself to either Ms. Wailes nor to Mrs. Coombs. Mr. Boebert advised me that he did unzip his pants and displayed his thumb pretending it was his genitals in a gesture of fun. I did observe that while in contact with Mr. Boebert that he did have an odor of an alcoholic beverage on his breath. Mr. Boebert advised me that he had had several drinks during the evening.

I did arrest Mr. Boebert and transported him to the Garfield County Jail where he was lodged.


Affiant's Signature

Subscribed and sworn to before me this 28 day of Jan, 2004

Expiration date: 01/26/04

Warrantless Arrest Affidavit*Notary Public**Address:* _____*After reviewing the above Affidavit in support of Warrantless Arrest, I find:*_____ *There is probable cause for the arrest.*_____ *There is not probable cause for the arrest and the Defendant is released from custody.**Date:* __________
Judge

THIS IS A LEGAL DOCUMENT READ BOTH SIDES

SSN: 530-06-0482 ROAD CODE

**MILE
POST**

ACF

CR 04-0162 NO

NC

20130

COURT

GARFIELD COUNTY SHERIFF

ORILCO

Defendant (Last Name) BOEBERT		(First) JAYSON (Middle) STEVEN		Date of Birth 12-06-80	Day Yr. 24	Age 	() Traffic () Penal	Violation Mo. Day Yr. 01-28-04		
Defendant's Address 		City 		State 		Zip Code 		Direction of Travel N S E W		
Driver's License Number and Type NONE				Sex M	Height 6'01"	Weight 170	Hair BLND	Eyes HZL		
Employer Name NABORS DRIVING				Employer Address 		Occupation ROUCHNECK		Home Telephone 		
Vehicle License Number and Type 				State 	Vehicle Year 	Make 	Type or Body Style 	Business Telephone 		
Vehicle Color (Top/Bottom) 				VIN 	Approximate Location of Violation, State of Colorado X On 0023 Hwy 325, Rifle, CO MILES FROM () At Intersection With: 					
YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED BELOW IN:				Registered Owner (Name and Address) () Same as above; or GARFIELD						
COUNTY COURT At: <input type="checkbox"/> 109 8th St., Glenwood Springs, Colo. <input checked="" type="checkbox"/> 110 E. 18th St., Rifle, Colo. APRIL 9TH 2004 AT 0830 AM										
<input type="checkbox"/> CRS 42-4-237 (2) Code _____ Drove vehicle when safety belt not in use. <input type="checkbox"/> Driver <input type="checkbox"/> Front Seat Passenger \$15 Fine \$2 Surcharge 0 Points										
<input type="checkbox"/> CRS 42-4-1101 () () Code _____ Speeding _____ MPH in _____ zone. \$ _____ Fine \$ _____ Surcharge _____ Points										
<input type="checkbox"/> CRS 42-4-1409 (1) Code 954 Owner Operated Uninsured Motor Vehicle <input type="checkbox"/> CRS 42-4-1409 (2) Code 956 Person Operated Uninsured Motor Vehicle <input type="checkbox"/> CRS 42-4-1409 (3) Code 957 Failed to Present Evidence of Insurance Check only one box - all are SUMMONS and 4 POINTS										
CHARGES(S)	SECTION CRS 18-7-302 INDECENT EXPOSURE TO A PERSON OVER IS						CODE SUMMONS	FINE S	SURCHARGE S	POINTS 4
	SECTION CRS						CODE S	FINE S	SURCHARGE S	POINTS 4
							CODE	FINE	SURCHARGE	POINTS
NRVC ()	CUSTODIAL ARREST <input checked="" type="checkbox"/>	FINGER PRINTED <input checked="" type="checkbox"/>	CDL ()	CMCL VEH REQ CDL INVOLVED ()	CMV USDOT #	PLACARDED HAZ MAT ()	SURCHG TOTAL \$	TOTAL TO BE PAID BY MAIL \$ (FINE AND SURCHARGE)		
SUMMONS		TRAFFIC INFRACTION ()		OFFENSE ()		PENALTY ASSESSMENT		TRAFFIC INFRACTION () OFFENSE () MAILED ()		
Without admitting guilt, I promise to appear at the time and place indicated above.						My signature is a promise to pay this penalty assessment within 20 days. With payment, I acknowledge guilt of all charges listed above and understand that the points indicated will be assessed against my driver's license. If I do not pay, my signature is a promise to appear in court.				
DEFENDANT IN custody NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE						DEFENDANT NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE				
THE UNDERSIGNED HAS PROBABLE CAUSE TO BELIEVE THAT THE DEFENDANT COMMITTED THE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND AFFIRMS THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS SERVED UPON THE DEFENDANT.										
DISTRICT	TROOP	PATROL	DATE ISSUED	MO. DAY YR.	OFFICER-PRINT LAST NAME		NO.			
				01-28-04	LIVING-STON		6-14			

CSP 4 (REV 5-00)

Cleared Exceptionally										Type of Weapon/Force Used									
<input type="checkbox"/> Unintended <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared Exceptionally <input type="checkbox"/> Not Applicable										GEO: <input type="checkbox"/> A - Admitted <input type="checkbox"/> B - Completed <input type="checkbox"/> C - Location or offense code									
OFFENDER(S) USED: (Check as Many as Apply) <input type="checkbox"/> A Alcohol <input type="checkbox"/> B Computer Equipment <input type="checkbox"/> C Drugs <input type="checkbox"/> D Not Applicable										TYPE OF CRIMINAL ACTIVITY: (Check up to Three) <input type="checkbox"/> 1 Buying/Receiving <input type="checkbox"/> 2 Distributing/Merchandise/Publishing <input type="checkbox"/> 3 Transporting/Transporting <input type="checkbox"/> 4 Possessing/Concealing <input type="checkbox"/> 5 Using/Consuming <input type="checkbox"/> 6 Expanding Children <input type="checkbox"/> 7 Operating/Providing/Assisting									
VICTIM #1 (Last, First, Middle)										DOB:									
TYPE OF VICTIM: (Check Only One) <input type="checkbox"/> 1 Individual <input type="checkbox"/> 2 Business <input type="checkbox"/> 3 Financial <input type="checkbox"/> 4 Government <input type="checkbox"/> 5 Religious <input type="checkbox"/> 6 Specialty/Publisher <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 Unknown										RACE: <input type="checkbox"/> A White <input type="checkbox"/> B Black <input type="checkbox"/> C Asian <input type="checkbox"/> D Other									
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown										STATUS: <input type="checkbox"/> R Resident <input type="checkbox"/> N Non-Resident <input type="checkbox"/> U Unknown									
ETHNICITY: <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Non-Hispanic <input type="checkbox"/> U Unknown										DATE RECEIVED:									
CODE										QUANTITY									
PROPERTY DESCRIPTION										VALUE									
DATE RECEIVED										DATE RECEIVED									
TYPE OF LOSS (Check up to Five) <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Apparent Broken Bones <input type="checkbox"/> 3 Possible Internal Injury <input type="checkbox"/> 4 Severe Laceration <input type="checkbox"/> 5 Apparent Major Injury <input type="checkbox"/> 6 Other Major Injury <input type="checkbox"/> 7 Loss of Teeth <input type="checkbox"/> 8 Unknown										INJURY TYPE (Check up to Five) <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Apparent Broken Bones <input type="checkbox"/> 3 Possible Internal Injury <input type="checkbox"/> 4 Severe Laceration <input type="checkbox"/> 5 Apparent Major Injury <input type="checkbox"/> 6 Other Major Injury <input type="checkbox"/> 7 Loss of Teeth <input type="checkbox"/> 8 Unknown									
JUVENILE DISPOSITION: <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> P										SUSPECTED DRUG CODES: (Use up to three)									
ARRESTEE ETHNICITY: <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Non-Hispanic <input type="checkbox"/> U Unknown										DOB:									
ARREST DISPOSITION: <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> P										ARREST DATE:									
COUNTY RESIDENCY: <input type="checkbox"/> R <input type="checkbox"/> Resident <input type="checkbox"/> N <input type="checkbox"/> Non-Resident <input type="checkbox"/> U <input type="checkbox"/> Unknown										TIME:									
ARREST/FINGER PRINT NUMBER:										TO:									
ARRESTEE ARMED WITH: (Check up to 2) <input type="checkbox"/> 01 Unarmed <input type="checkbox"/> 12 Firearm <input type="checkbox"/> 13 Handgun										<input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 (e.g. Switchblade Knife, etc.) <input type="checkbox"/> 18 Club/Blade/Brass Knuckles									
A.K.A.'S:										SOCIAL SECURITY NUMBER:									
TYPE OF ACTIVITY:										WEAPON USED:									
INJURY:										ASSIGNMENT:									

AGENCY RECORDS/NIBRS - 5

Supplemental Report

Garfield County Sheriff's Office

Report Number	Officer	Date	Time	Location
04-0162	Barthel, Kathleen	1/28/2004	21:00	0023 Hwy 325 Rifle, CO. 81650

CHARGES

<u>Statute</u>	<u>Description</u>	<u>Person Charged</u>	<u>Class</u>
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Warrant Arrest

Karbowski, Sean Colin

4402

18-13-122

Illegal possession or
consumption of ethyl alcohol by
an underage person.

Karbowski, Sean Colin

P2

4199 906

ARRESTEES - SUSPECTS

Type Person	Name	Age at Arrest	Sex	Race	Soc Sec #
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Type Person	Name	Age at Arrest	Sex	Race	Soc Sec #
Arrest	Karbowski, Sean Colin	20	Male	White	521-71-5028

Hair	Eyes	Height	Weight	Drivers Lic	State		
Brown	GRY	603	145	99-195-0131	Colorado		
Home Address		City	State	Zip Code	Home Phone		
534 Arnold Ave.		Rifle	Colorado	81650-	(970) 625-0331		
Employer		Occupation					
unemployed							
Work Address		Work City	State	Work Zip	Work Phone		

Narrative

On 01-28-04 at approximately 1859 hours Deputy Livingston was dispatched to a disturbance at the Fireside Lanes in Rifle, CO.

At approximately 1913 hours I responded to the above location to assist. Livingston obtained Identification from all parties involved and I ran them through NCIC/CCIC for wants and warrants. Mr. Karbowski stated that he has a

DA-01-30-04 cm

warrant for FTA out of the Denver area. He stated that he would cooperate with Law Enforcement if we needed to arrest him on the warrant. Dispatch then advised that Sean Karbowski had (2) two warrants for FTA , (1) one out of Arapahoe, CO. with a \$500.00 bond and (1) one out of Aurora, CO with a \$300.00 bond. Dispatch advised that Aurora would extradite, but Arapahoe would not.

I then placed Mr. Karbowski under arrest for the warrant. I handcuffed him after insuring a proper fit and double locked the cuffs. Mr. Karbowski complained that the cuffs were too tight and that he could not move. I removed him from the back of my patrol car and I double checked the cuffs. They were found to be fitting properly. I then placed Mr. Karbowski back in my patrol car and transported him to the Garfield County Jail. He complained about the cuffs the entire time while enroute to the jail, but stated on numerous occasions that he was cooperating fully and wanted that noted in the report.

While enroute to the Jail I smelled the odor of an alcoholic beverage coming from Mr. Karbowski. Once at the jail Mr. Karbowski stated that he had drank more than a six pack of beer. Detention deputies stated that he had a BAC of .189. Mr. Karbowski was issued a summons for consumption of alcohol by a minor.

I then released Mr. Karbowski to Detention Deputies without incident.

Attachments

NCIC/CCIC printouts (2)

Custody Sheet

Copy of Summons #20383

UNIFORM SUMMONS & COMPLAINT OR PENALTY ASSESSMENT

THE PEOPLE OF THE STATE OF COLORADO VS:		SSN:	ROAD CODE	MILE POST	ACF	NO. 20383		
Defendant (Last Name)		(First)	(Middle)	Date of Birth Mo. Day Yr.	Age	() Traffic (X) Penal		
Karbowski		Sean	Colin	10-30-83	19	01-28-04		
Defendant's Address		City	State	Zip Code	Direction of Travel	Approx. Time of Violation		
534 Arnold AVE		Rifle	CO	81450	N S E W	1930 hrs.		
Driver's License Number and Type		State	Race	Sex	Height	Weight		
99-995-0131		CO	W	M	6-3	145		
Employer Name		Employer Address		Occupation	Home Telephone	County		
unemployed					625-033	Garfield		
Vehicle License Number and Type		State	Vehicle Year	Make	Type or Body Style	Approximate Location of Violation, State of Colorado		
						on 0023 Hwy 325 Rifle, Co. 81650		
Vehicle Color (Top/Bottom)		VIN	() At Intersection With:					
YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED BELOW IN:								
GARFIELD								
COUNTY COURT AT: 109 8th St., Glenwood Springs, Colo. 110 E. 18th St., Rifle, Colo. 04-09-04 20.04 AT 0830 M								
<input type="checkbox"/> CRS 42-4-237 (2) Code <input type="checkbox"/> CRS 42-4-1101 () Code <input type="checkbox"/> CRS 42-4-1409 (1) Code 954 Owner Operated Uninsured Motor Vehicle Drove vehicle when safety belt not in use. <input type="checkbox"/> CRS 42-4-1409 (2) Code 956 Person Operated Uninsured Motor Vehicle () Driver () Front Seat Passenger <input type="checkbox"/> CRS 42-4-1409 (3) Code 957 Failed to Present Evidence of Insurance \$15 Fine \$2 Surcharge 0 Points \$ Fine \$ Surcharge Points Check only one box - all are SUMMONS and 4 POINTS								
CHARGE(S)	SECTION	CODE				FINE	SURCHARGE	POINTS
	CRS 18-13-122	Consumption of Ethyl Alcohol				\$	\$	
	by an Underage Person							
	SECTION	CODE				FINE	SURCHARGE	POINTS
	CRS					\$	\$	
NRVC () CUSTODIAL () FINGER PRINTED () CDL () CMCL VEH REQ CDL INVOLVED () CMV USDOT # PLACARDED HAZ MAT () SURCHG TOTAL \$ TOTAL TO BE PAID BY MAIL \$ (FINE AND SURCHARGE)								
SUMMONS TRAFFIC INFRACTION () OFFENSE (X)			PENALTY ASSESSMENT TRAFFIC INFRACTION () OFFENSE ()			MAILED ()		
Without admitting guilt, I promise to appear at the time and place indicated above.			My signature is a promise to pay this penalty assessment within 20 days. With payment, I acknowledge guilt of all charges listed above and understand that the points indicated will be assessed against my driver's license. If I do not pay, my signature is a promise to appear in court.					
DEFENDANT In Custody			DEFENDANT					
NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE			NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE					
THE UNDERSIGNED HAS PROBABLE CAUSE TO BELIEVE THAT THE DEFENDANT COMMITTED THE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND AFFIRMS THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS SERVED UPON THE DEFENDANT.								
DISTRICT	TROOP	PATROL	DATE	MO.	DAY	YR.	OFFICER-PRINT LAST NAME	No.
			ISSUED	01	28	04	Barthel	0-9

CSP 4 (REV 5-00)

COURT

GARFIELD COUNTY SHERIFF

ORICO

UNIFORM SUMMONS & COMPLAINT OR PENALTY ASSESSMENT

THE PEOPLE OF THE STATE OF COLORADO VS:

SSN:

ROAD
CODEMILE
POST

ACF

CR

04-0162

NO.

20383

Defendant (Last Name) KarbowsKI	(First) Secin	(Middle) Colin	Date of Birth Mo. Day Yr. 10-30-83	Age 19	() Traffic (X) Penal	Violation Mo. Day Yr. 01-28-04	
Defendant's Address 534 Arnold AVE			City Rifle	State CO	Zip Code 81450	Approx. Time of Violation 1930 hrs.	
Driver's License Number and Type 919-195-0131	State CO	Race W	Sex M	Height 6'3"	Weight 145	Hair Brn	
Employer Name unemployed	Employer Address	Occupation	Home Telephone 625-038	County Garfield	No. 24	Traffic Accident () Yes () No Injuries Involved () Yes () No	
Vehicle License Number and Type	State	Vehicle Year	Make	Type or Body Style	Approximate Location of Violation, State of Colorado on 0023 Hwy 325 Rifle, Co. 81450		
Vehicle Color (Top/Bottom)	VIN	() At Intersection With:					

YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED BELOW IN:

Registered Owner
(Name and Address)
() Same as above; orCOUNTY COURT At: ☐ 109 8th St., Glenwood Springs, Colo. ☒ 110 E. 18th St., Rifle, Colo. **04-09-04** 20 **04** AT **0830** AM

<input type="checkbox"/> CRS 42-4-237 (2) Code Drove vehicle when safety belt not in use. () Driver () Front Seat Passenger \$15 Fine \$2 Surcharge 0 Points	<input type="checkbox"/> CRS 42-4-1101 () Code Speeding _____ MPH in _____ zone. \$ _____ Fine \$ _____ Surcharge _____ Points	<input type="checkbox"/> CRS 42-4-1409 (1) Code 954 Owner Operated Uninsured Motor Vehicle <input type="checkbox"/> CRS 42-4-1409 (2) Code 956 Person Operated Uninsured Motor Vehicle <input type="checkbox"/> CRS 42-4-1409 (3) Code 957 Failed to Present Evidence of Insurance Check only one box - all are SUMMONS and 4 POINTS
SECTION CRS 18-13-122	CODE FINE	SURCHARGE SUMMONS
Consumption of Ethyl Alcohol		
by an underage Person		
SECTION CRS	CODE	FINE SURCHARGE POINTS

NRVC ()	CUSTODIAL ARREST ()	FINGER PRINTED ()	CDL ()	CMCL VEH REQ CDL INVOLVED ()	CMV USDOT #	PLACARDED HAZ MAT ()	SURCHG TOTAL \$	TOTAL TO BE PAID BY MAIL \$ (FINE AND SURCHARGE)
SUMMONS			TRAFFIC INFRACTION ()			OFFENSE (X)		
Without admitting guilt, I promise to appear at the time and place indicated above.			My signature is a promise to pay this penalty assessment within 20 days. With payment, I acknowledge guilt of all charges listed above and understand that the points indicated will be assessed against my driver's license. If I do not pay, my signature is a promise to appear in court.					
DEFENDANT: In Custody			DEFENDANT: Barthel					
NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE			NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE					
THE UNDERSIGNED HAS PROBABLE CAUSE TO BELIEVE THAT THE DEFENDANT COMMITTED THE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND AFFIRMS THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS SERVED UPON THE DEFENDANT.								
DISTRICT	TROOP	PATROL	DATE ISSUED	MO.	DAY	YR.	OFFICER-PRINT LAST NAME	NO.
			01-28-04				Barthel	0-9

CSP 4 (REV 5-00)

COURT

GARFIELD COUNTY SHERIFF

ORICO

THIS IS A LEGAL DOCUMENT READ BOTH SIDES

Cleared Exceptionally		Type of Weapon/Force (Use up to three codes if needed)	
<input type="checkbox"/> Unintentional	<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> A - Attempted	<input type="checkbox"/> C - Completed
<input type="checkbox"/> Cleared Exceptionally	<input type="checkbox"/> Not Applicable	Location of offense Code	
OFFENDERS USED (Check as Many as Apply)		TYPE OF CRIMINAL ACTIVITY (Check up to three)	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Burning/Receiving	<input type="checkbox"/> Possessing/Concealing	<input type="checkbox"/> Transporting/Assembling
<input type="checkbox"/> Computer Equipment	<input type="checkbox"/> Cultivating/Producing/Processing	<input type="checkbox"/> Using/Consuming	
<input type="checkbox"/> Drugs	<input type="checkbox"/> Distributing/Selling		
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Exploiting Children		
	<input type="checkbox"/> Operating/promoting/Assessing		
VICTIM #1 (Last, First, Middle)		DOB:	
TYPE OF VICTIM (Check Only One)	RACE	SEX	STATUS
<input type="checkbox"/> Individual	<input type="checkbox"/> White	<input type="checkbox"/> Male	<input type="checkbox"/> Resident
<input type="checkbox"/> Business	<input type="checkbox"/> Black	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Resident
<input type="checkbox"/> Fraternal	<input type="checkbox"/> Indian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<input type="checkbox"/> Government	<input type="checkbox"/> Asian	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
CODE	QUANTITY	PROPERTY DESCRIPTION	VALUE
TYPE OF LOSS	INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, ETC.	INJURY TYPE	SUSPECTED DRUG CODES (Use up to three)
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Burned	<input type="checkbox"/> Apparent Broken Bones	<input type="checkbox"/> Possible Internal Injury	<input type="checkbox"/> Measurement
<input type="checkbox"/> Damaged/Destroyed	<input type="checkbox"/> Severe Laceration	<input type="checkbox"/> Apparent Minor Injury	<input type="checkbox"/> Other Major Injury
<input type="checkbox"/> Recovered	<input type="checkbox"/> Loss of Teeth	<input type="checkbox"/> Unconsciousness	
<input type="checkbox"/> Unknown			
JUVENILE DISPOSITION: <input type="checkbox"/> HANDLED <input type="checkbox"/> REFERRED			
ARRESTEE ETHNICITY:	POB:	SOCIAL SECURITY NUMBER:	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown	
ARREST DISPOSITION:	HLD	ROB	POB
COUNTY RESIDENCY:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Unknown
ARREST/FINGER PRINT NUMBER:			
ARRESTEE ARMED WITH: (Check up to 2)			
<input type="checkbox"/> Unarmed	<input type="checkbox"/> Rifle	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Knife
<input type="checkbox"/> Firearm	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Knife	<input type="checkbox"/> Knife
<input type="checkbox"/> Handgun	<input type="checkbox"/> Other Firearm	<input type="checkbox"/> Automatic	<input type="checkbox"/> Club/blackjacks/knuckles
AKA's	NAME	DOB	SOCIAL SECURITY NUMBER
TYPE OF ACTIVITY:	WEAPON USED:	INJURY:	ASSIGNMENT:

AGENCY RECORDS/MBRS - 5

[PTS #][]
CASE NO: [09204M 00060] NAME: [BOEBERT, JAYSON STEVEN] DEFN: [001]
DIVISION: [II] DISPO-DATE [11/03/04] OTHER CASE: [] # CASES [3]
PROSECUTOR:[BEESONM] JUDGE:[CARTERS] SENTENCE DATE:[11/03/04] NOTES? [Y]
AGENCY: [GARFIELD CO SHERIFFS] AGENCY CASE NO: [04-0162] TEAM:[SA]
OFFICER: [LIVINGST] OFFENSE DATE: [01/28/04] BLOOD ALCOHOL LEVEL [000]

CNT	CHARGE	REVO?[]	CLASS	DISPO	LENGTH	UNITS	SENT	MOD
[001]	[Indecent Exposure		][M1]	[DM]	[]	[]	[]	[]
[002]	[Public Indecency		][PO1]	[GP]	[0002]	[Y]	[PUN]	[]
[ ]	[ ]		][ ]	[ ]	[0004]	[D]	[CJA]	[]
[ ]	[ ]		][ ]	[ ]	[0048]	[H]	[UPS]	[]
[ ]	[ ]		][ ]	[ ]	[0100]	[\$]	[MSF]	[]
[ ]	[ ]		][ ]	[ ]	[0021]	[\$]	[CRC]	[]
[]	[]][]	[]	[]	[]	[]	[]
[]	[]][]	[]	[]	[]	[]	[]
[]	[]][]	[]	[]	[]	[]	[]
[]	[]][]	[]	[]	[]	[]	[]

CC1[USEFL PUBLIC SV] CC2[] CC3[]
CC4[] CC5[]
RESTITUTION: [0.00] FINE: [0.00] COSTS: [0.00]
CASE/DAID [] NEXT TRAN [QPBSE] SEND []

On 11/23/04, I, [Signature], as the Custodian
of the above items, please consider
this as my authority to release/destroy the evidence
in the [] of the rightful owner(s).

Signature: [Signature] Date: [11/23/04]

[Signature]
Deputy District Attorney Date