

0233246

22072392 SR-104

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	CBTS Number		Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6.4   22-000609</b>		Multiple Clearance Indicator <b>2</b>							
	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 <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) <b>408 N DIXIE HWY LANTANA, 1114 S LAKE DR. LANTANA, FL</b>		Location of Offense (Business Name, Address) <b>1114 S LAKE DR. LANTANA, FL 33462</b>		If Weapon Seized		Enter Type							
	Date of Arrest <b>02/10/2022</b>		Time of Arrest <b>22:12</b>		Booking Date <b>02/10/2022</b>		Booking Time <b>22:22</b>		Jail Date <b>02/10/2022</b>							
	Jail Time <b>23:37</b>		Location of Vehicle		Alias (Name, DOB, Soc. Sec. #, Etc.)											
D E F E N D A N T	Name (Last, First, Middle) <b>HELPER POOL, AARON MATTHEW</b>				Alias:		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>			
	Race W - White A - Black O - Oriental/Asian S - Spanish		Sex <b>M</b>		Date of Birth <b>12/01/1979</b>		Height <b>5'11</b>		Weight <b>185</b>		Marital Status <b>D</b>		Religion <b>CHRISTIAN</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>1114 S LAKE DR. LANTANA, FL 33462</b>				City <b>LANTANA, FL</b>				State <b>FL</b>		Zip <b>33462</b>		Phone		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
	Permanent Address (Street, Apt. Number) <b>1114 S LAKE DR. LANTANA, FL 33462</b>				City <b>LANTANA, FL</b>				State <b>FL</b>		Zip <b>33462</b>		Phone		Address Source	
	Business Address (Name, Street) <b>1114 S LAKE DR. LANTANA, FL 33462</b>				City <b>LANTANA, FL</b>				State <b>FL</b>		Zip <b>33462</b>		Phone		Occupation	
DL Number, State <b>H416013794410 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>WEST PALM, FL</b>		Citizenship <b>US</b>								
C O D E F	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					
J U V E N I L E	Name (Last, First, Middle)				Residence Phone		Business Phone		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
	Address (Street, Apt. Number)				City		State		Zip		Grade					
	Notified by (Name)				Date		Time		School Attended							
	Released To (Name)				Relationship		Date		Time		Value of Property <b>\$2,000</b>					
C O D E	The above address was 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's Office (Phone 355-2526) informed of any change of address.				Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b>VEHICLE</b>		Value of Property <b>\$2,000</b>							
	Drug Activity N. N/A P. Passers		S. Sell B. Buy T. Traffic		R. Scuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Producer Cultivate		Z. Other		Drug Type N. N/A A. Amphetamines			
C H A R G E	Charge Description <b>REFUSAL TO SUBMIT TO BAL TEST</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		State Violation Number <b>316.1939(1)(2)</b>		Violation of ORD #			
	Charge Description <b>DUI-DRIVING UNDER THE INFLUENCE</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		State Violation Number <b>316.193(1)</b>		Violation of ORD #			
	Charge Description <b>CRASH-LEAVE SCENE W/OUT GIVING INFORMATION (NO IND) (SPECIFY)</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		State Violation Number <b>316.061(1)</b>		Violation of ORD #			
	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries		Explain:		Released By <b>STRONG</b>		Released To <b>PBCJ</b>					
I N T A K E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health				PROPERTY - Received By <b>STRONG</b>		Date Transported <b>02/10/2022</b>		Time Transported <b>22:50</b>		Other					
	Transported By <b>STRONG</b>				Location (Court, Room) <b>200 W Atlantic Ave. DELRAY BEACH</b>		Court Date and Time <b>03/08/2022 08:30:00</b>						No Photo Available			
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed											
	HOLD For Other Agency				Signature of Arresting Officer <b>STRONG</b>				Name Verification (Printed by Arrestee) <b>STRONG</b>							
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Societal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>STRONG, CHRISTINA A</b>		I.D.# <b>919</b>		Agency <b>LPD</b>		PAGE <b>1 of 1</b>					
	Inmate Deputy <b>Bonelle</b>		I.D.# <b>18542</b>		Pouch #		Transporting Officer <b>STRONG</b>		I.D.# <b>919</b>		Agency <b>LPD</b>					

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 10 DAY OF FEBRUARY 20 22 AT 2212 AM (PM)

SUBJECT: HELPERPOOL, AARON CASE NUMBER: 22-000609

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: STRONG

**PERSONAL CONTACT**

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

OFFICER OBSERVED VEHICLE CROSSING OVER LANES IN FRONT OF ONCOMING VEHICLES COMING FROM THE OTHER DIRECTION. OFFICER THEN SAW VEHICLE PULL INTO GAS STATION.

**OBSERVATION OF DRIVER:**

DRIVER APPEARED UNSTABLE AS HE WAS STANDING. THE DRIVER HAD GLASSY EYES + THE ODOR OF WHAT APPEARED TO BE AN ALCOHOLIC DRINK WAS COMING FROM HIS BREATH.

**DRIVER'S STATEMENTS:**

DRIVER STATED HE WAS DRIVING. DRIVER STATED HE DID NOT REALIZE HE WAS INVOLVED IN AN ACCIDENT.

**ODORS:**

ALCOHOLIC BEVERAGES.

**GENERAL OBSERVATIONS**

SPEECH: SOMEWHAT SLURRED

ATTITUDE: UPSET THEN ACCEPTED HIS ACTIONS

CLOTHING: WHITE SHIRT, JEANS, SLATE BOOTS

**MEDICAL/OTHER:**

N/A

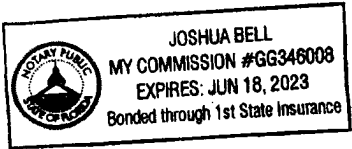
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) \_\_\_\_\_  
The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of Feb 20 22 by off. Strong

(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)

*Joshua Bell*



SUBJECT: HELPERPOOL, ARDEN CASE NUMBER: 22-000609

**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:**

REFUSED.

**WALK & TURN:**

REFUSED.

**ONE LEG STAND:**

REFUSED.

**FINGER TO NOSE:**

REFUSED.

**ROMBERG/ALPHABET:**

REFUSED.

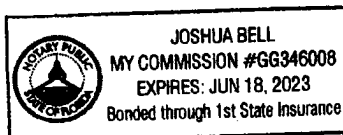
**BREATH TEST RESULTS:**

REFUSED

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)  
The foregoing instrument was notarized or sworn before me this 11 day of Feb 2022 by Off. Strong  
who is personally known to me and/or produced identification. Type of identification produced known

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



**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, Officer Strong, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of LANSTANA POLICE DEPT., and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 10 day of FEBRUARY, 20 22, at 2212  P.M.  A.M.

DRIVER AARON MATTHEW HELPERPOOL,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

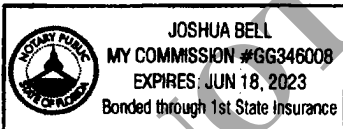
DL# H416013794410, state of FL, was placed under lawful arrest for  
the offense of DUI by STRONG and  
issued Citation # AE3X0E.  
(Name of Arresting Officer)

That on or about the 10 day of FEBRUARY, 20 22, at 2318  P.M.  A.M.  
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature] 9/19  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 11 day of February, 20 22.  
by OFC. Strong,  
who is personally known to me or who has produced

known as identification  
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 22-034865 PBSO ZONE 1-32

AGENCY CASE # 22-000609 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2150 DATE 02/10/22 DAY THURSDAY

SUBJECT'S NAME HELPER POOL, AARON MATTHEW RACE W SEX M

HGT 5'11 WGT 185 DOB 12/01/1979

LOCATION 800-BLK N DIXIE HWY LANTANA FLORIDA 33462

ARRESTING OFFICER'S NAME & ID STRONG #919 AGENCY LPD

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO YES

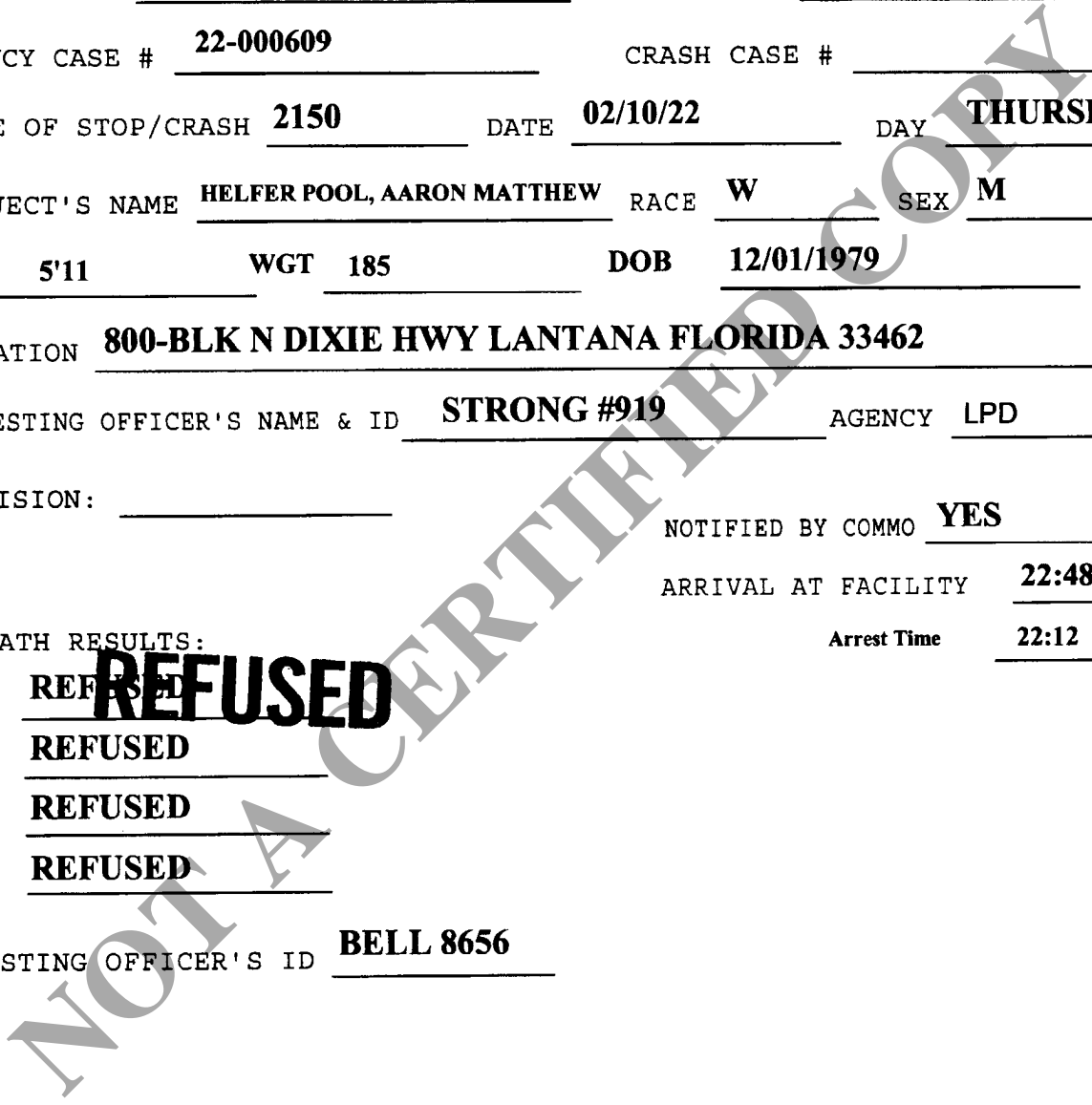
ARRIVAL AT FACILITY 22:48

BREATH RESULTS:

Arrest Time 22:12

1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED

TESTING OFFICER'S ID BELL 8656



# TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: HELFER POOL, AARON MATTHEW

CASE NUMBER: 22-034865

DATE: Feb 10, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2317

ENDING TIME: 2319

BREATH TESTS RESULTS: 1) R TIME 2318 A.M.  P.M.  2) XX TIME XX A.M.  P.M.

**REFUSED**

3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: WHITE LONG SLEEVE SHIRT, BLUE JEANS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2248 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 2318 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

**REFUSED**



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2022003924	Date: 2/11/2022
	Specialist Name/ID: S.Evans/23872