

21 Ct 4302

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<br><b>FLO 500000</b>   |                      | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                              |                              | Agency Report Number (N.T.A.'s only)<br><b>06-21-045999</b>  |                          |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony  |                               | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor        |                      | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other            |                              | Weapon Seized / Type<br>2 1. Yes<br>2. No  |                          |
| Location of Arrest (Including Name of Business)<br><b>JOG RD (S) OF 10TH AVE N GREEN ACRES FL</b>  |                               | Location of Offense (Business Name, Address)<br><b>JOG ROAD (S) OF 10TH AVE N #N/A, GREEN ACRES FL 33463</b> |                      |   |                              |  |                          |
| Date of Arrest<br><b>03/17/2021</b>  | Time of Arrest<br><b>2327</b> | Booking Date   | Booking Time         | Jail Date   | Jail Time                    | Location of Vehicle<br><b>"TOT" KRISTEN HACKL</b>  |                          |
| Name (Last, First, Middle)<br><b>FEDERER, MATHEW, RAYMOND</b>  |                               |  |                      | Alias (Name, DOB, Soc. Sec. #, Etc.)  |                              |  |                          |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian  | Sex<br><b>M</b>               | Date of Birth<br><b>2/17/1998</b>  | Height<br><b>600</b> | Weight<br><b>163</b>  | Eye Color<br><b>BRO</b>      | Hair Color<br><b>BLK</b>   | Complexion<br><b>MED</b> |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>NONE</b>   |                               |  |                      | Marital Status<br><b>Single</b>   | Religion<br><b>CHRISTIAN</b> | Indication of Alcohol Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/>                       |                          |
| Local Address (Street, Apt. Number)<br><b>6824 S 19TH AVE, LANTANA FL 33462</b>  |                               | City<br><b>LANTANA FL</b>  |                      | State<br><b>FL</b>  |                              | Phone<br><b>(561) 704 1042</b>   |                          |
| Permanent Address (Street, Apt. Number)  |                               | City   |                      | State   |                              | Phone  |                          |
| Business Address (Name, Street)  |                               | City   |                      | State   |                              | Phone  |                          |
| D/L Number, State<br><b>F366556980570,</b>   |                               | Soc. Sec. Number   |                      | INS Number  |                              | Place of Birth (City, State)<br><b>LANTANA FL</b>  |                          |
| Co-Defendant Name (Last, First, Middle)  |                               | Race   |                      | Sex   |                              | Date of Birth  |                          |
| Co-Defendant Name (Last, First, Middle)  |                               | Race   |                      | Sex   |                              | Date of Birth  |                          |
| Parent Legal Custodian Other:<br>Name (Last) (First) (Middle)  |                               | Address (Street, Apt. Number)  |                      | City  |                              | State  |                          |
| Notified by: (Name)  |                               | Date   |                      | Time  |                              | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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 355-2528) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)   |                               |  |                      | School Attended   |                              | Grade  |                          |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                               | Description of Property  |                      | Value of Property   |                              |  |                          |
| Drug Activity<br>N. N/A<br>P. Possess  |                               | S. Sell<br>B. Buy<br>T. Traffic  |                      | R. Smuggle<br>D. Deliver<br>E. Use  |                              | K. Dispense/<br>Distribute   |                          |
| M. Manufacture/<br>Produce/<br>Cultivate   |                               | Z. Other   |                      | Drug Type<br>N. N/A<br>A. Amphetamine   |                              | B. Barbiturate<br>C. Cocaine<br>E. Heroin  |                          |
| H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |                               | P. Paraphernalia/<br>Equipment<br>S. Synthetics  |                      | U. Unknown<br>Z. Other  |                              |  |                          |
| Charge Description<br><b>DUI</b>   |                               | Counts<br><b>1</b>   |                      | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                              | Statute Violation Number<br><b>316.193(1)A</b>   |                          |
| Drug Activity<br><b>N</b>  |                               | Drug Type<br><b>N</b>  |                      | Amount / Unit<br><b>N/A</b>   |                              | Offense #<br><b>21-045999</b>  |                          |
| Charge Description   |                               | Counts   |                      | Domestic Violence   |                              | Statute Violation Number   |                          |
| Drug Activity  |                               | Drug Type  |                      | Amount / Unit   |                              | Offense #  |                          |
| Charge Description   |                               | Counts   |                      | Domestic Violence   |                              | Statute Violation Number   |                          |
| Drug Activity  |                               | Drug Type  |                      | Amount / Unit   |                              | Offense #  |                          |
| Charge Description   |                               | Counts   |                      | Domestic Violence   |                              | Statute Violation Number   |                          |
| Drug Activity  |                               | Drug Type  |                      | Amount / Unit   |                              | Offense #  |                          |
| Location (Court, Room Number, Address)<br><b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>   |                               |  |                      |   |                              |  |                          |
| Court Date and Time<br>Month <b>APRIL</b> Day <b>8</b> Year <b>2021</b> Time <b>0830</b> 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 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.<br><i>[Signature]</i> <b>03/17/2021</b><br>Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed |                               |  |                      |   |                              |  |                          |
| HOLD for other Agency Name:  |                               | Signature of Arresting Officer<br><i>[Signature]</i>   |                      | Name Verification (Printed by Arrestee)<br><b>INV E. K. WHITE</b>                     |                              |  |                          |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suscible  |                               | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                   |                      | Name of Arresting Officer (Print)<br><b>INV E. K. WHITE</b>                           |                              | I.D. #<br><b>7209</b>  |                          |
| Pouch #  |                               | Transporting Officer<br><b>INV E. K. WHITE</b>   |                      | ID #<br><b>7209</b>   |                              | Agency<br><b>PBSO</b>  |                          |
| Witness here if subject signed with an "X"   |                               |  |                      |   |                              | PAGE<br><b>1</b> of <b>1</b>   |                          |

|  |   |   |   |  |                                       |                       |                |  |
|--|---|---|---|--|---------------------------------------|-----------------------|----------------|--|
|  |   | <b>PROBABLE CAUSE AFFIDAVIT</b>           |   | 1. Arrest  | 3. Request for Warrant                | 1                     | Juvenile       |  |
|  |   |   |   | 2 N.T.A.   | 4 Request for Capias                  |                       |                |  |
| ADMIN  | Agency ORI Number   | Agency Name                               | Agency Report Number                                    |  |                                       |                       |                |  |
|  | <b>FLO 500000</b>   | <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> | <b>06- 21045999</b>                                     |  |                                       |                       |                |  |
| CHARGES  | Charge Type: Check as many as apply   |   | 1. Felony <input type="checkbox"/>                      | 3. Misdemeanor <input type="checkbox"/>                    | 5. Ordinance <input type="checkbox"/> | Special Notes:        |                |  |
|  |   |   | 2. Traffic Felony <input type="checkbox"/>              | 4. Traffic Misdemeanor <input checked="" type="checkbox"/> | 6. Other <input type="checkbox"/>     |                       |                |  |
| DEE  | Name (Last, First, Middle)  |   | Alias   | Race   | Sex                                   | Date of Birth         |                |  |
|  | <b>Federer, Matthew, Raymond</b>  |   |   | <b>W</b>   | <b>M</b>                              | <b>02/17/1998</b>     |                |  |
| CHARGES  | Charge Description  |   | 316.193(1)(A)(1)  | Charge Description   |                                       |                       |                |  |
|  | Charge Description  |   |   | Charge Description   |                                       |                       |                |  |
| VICTIM   | Victim's Name (Last, First, Middle)   |   | Race  | Sex  | Date of Birth                         |                       |                |  |
|  | <b>State Of Florida</b>   |   | ~   | ~  | ~                                     |                       |                |  |
|  | Local Address (Street, Apt. Number)   |   | (City)  | (State)  | (zip)                                 | Phone                 | Address Source |  |
|  | <b>3228 Gun Club Rd, West Palm Beach, FL</b>  |   |   |  |                                       | <b>(561) 688-3000</b> | ---            |  |
| <p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17th</u> day of <u>March</u> 20<u>21</u> at <u>23:27</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 03/17/2021, at approximately 22:44 hours, I was conducting speed enforcement in the area of S Jog Rd and Cresthaven Blvd, when I visually observed a red Mercury Mariner bearing Florida tag number of Y32AJW traveling an excess of 65mph on S Jog Rd, which is a 45mph zone. Upon activating my department issued laser Stalker Lidar XLR Serial# LF006450, I received a reading of 67mph. Deputy Cardec ID# 24979 was ahead of me and he was advised to stop the vehicle and he was provided the speed. Prior to the traffic stop I observed as the red Mercury was unable to stay in its proper lane and in the intersection of S Jog Rd and Constitution Way, the Mercury almost struck a vehicle attempting to make a left turn in the left turn lane.</p> <p>Upon stopping the vehicle, I made contact with W/M Matthew Federer 02/17/1998, who had a slurred speech and I could smell the odor of an alcoholic beverage emitting from his breath which got stronger as he spoke. Federer was asked if he had anything to drink and he stated 2 to 3 beers. Federer was asked for his license, registration and proof of insurance and he provided me with his concealed weapons license and an NCCCO Certified Operator ID and stated that it was his license. While Deputy Cardec was speaking with Federer he made a spontaneous utterance as he stated "I know I am drunk and going to jail." Investigator White ID# 7209 was contacted and he was advised of all of the above. Investigator White took over the investigation.</p> <p>This report is for supplemental purposes and this concludes my involvement in this investigation.</p> |   |   |   |  |                                       |                       |                |  |
| ADMINISTRATIVE   | STATE OF FLORIDA<br>COUNTY OF PALM BEACH  |   |   |  |                                       |                       |                |  |
|  | <u>Deputy Gomez</u>   |   | Signature of Arresting/Investigative Officer            |  |                                       |                       |                |  |
|  | The foregoing instrument was sworn to, affirmed and subscribed before me this <u>17th</u> day of <u>March</u> 20 <u>21</u> by <u>Deputy Gomez 24984</u> |   | Type of identification produced <u>Personally Known</u> |  |                                       |                       |                |  |
| (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification  |   | Type of identification produced           |   |  |                                       |                       |                |  |
| <u>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</u>  |   |   |   |  |                                       |                       |                |  |
| PAGE <u>1</u> OF <u>1</u>  |   |   |   |  |                                       |                       |                |  |

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number Agency ORI Number Agency Name Agency Report Number Charge Type

Name (Last, First, Middle) Alias Race Sex Date of Birth

Charge Description Charge Description

Victim's Name (Last, First, Middle) Local Address (Street, Apt. Number) Business Address (Name, Street)

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.


On Wednesday, March 17, 2021 at approximately 2253 hours, I responded to Jog Road, south of 10th Avenue North, in the City of Green Acres (Palm Beach County) Florida to assist Deputy Noe Gomez with a traffic stop that involved a possible drunk driver.

STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of MARCH 20 21 by INV E. K. WHITE

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced) JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023

SCANNED MAR 18 2021

|   |   |  |  |  |   |          |                            |                |  |
|---|---|--|--|--|---|----------|----------------------------|----------------|--|
| OBTS Number   |   | <b>PROBABLE CAUSE AFFIDAVIT</b>  |  | 1. Arrest<br>2. N.T.A.   | 3. Request for Warrant<br>4. Request for Capias | 1        | Juvenile                   | N              |  |
| ADMIN   | Agency ORI Number<br><b>FLO 500000</b>                        | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>   | Agency Report Number<br><b>06- 21-045999</b> |  |   |          |                            |                |  |
|   | Charge Type:<br>Check as many as apply.                       |  | Special Notes:                               |  |   |          |                            |                |  |
| CHARGES   | Name (Last, First, Middle)<br><b>FEDERER, MATHEW, RAYMOND</b> |  | Alias  |  | Race<br>W                                       | Sex<br>M | Date of Birth<br>2/17/1998 |                |  |
|   | Charge Description<br><b>DUI</b>                              | 316.193(1)A  | Charge Description                           |  |   |          |                            |                |  |
| VICTIM  | Victim's Name (Last, First, Middle)                           |  | Race   |  | Sex   |          | Date of Birth              |                |  |
|   | Local Address (Street, Apt. Number)                           |  | (City)                                       | (State)  | (zip)   | Phone    |                            | Address Source |  |
|   | Business Address (Name, Street)                               |  | (City)                                       | (State)  | (zip)   | Phone    |                            | Occupation     |  |
| <p>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.<br/>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>MARCH</u> 20<u>21</u> at <u>2244</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>   |   |  |  |  |   |          |                            |                |  |
| <p><b>The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the Deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. The vehicle was turned over to the passenger who is the registered owner. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He consented. The defendant gave two breath samples that rendered results of results that were not withing the .020 tolerance. At 0141 hours, the defendant completed the breath samples that rendered results of .221 and .219. I advised him of his Constitutional Rights that he acknowledged. I asked if he would consent to an interview and he obliged. During the interview he invoked his "rights". The defendant was later booked into the main jail for DUI.</b></p>  |   |  |  |  |   |          |                            |                |  |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 100px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 150px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 200px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 250px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 300px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 350px; left: 50px;">NOTARIAL PUBLIC</p> <p style="font-size: 2em; 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| ADMINISTRATIVE  | STATE OF FLORIDA<br>COUNTY OF PALM BEACH                      |  | INV E. K. WHITE                              |  |   |          |                            |                |  |
|   | (Signature of Arresting/Investigative Officer)                |  |  |  |   |          |                            |                |  |
| The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>MARCH</u> 20 <u>21</u> by <u>INV E. K. WHITE</u>  |   |  |  |  |   |          |                            |                |  |
| (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> )  |   |  |  |  |   |          |                            |                |  |
| Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  |   |  <p>JOSHUA BELL<br/>MY COMMISSION #GG346008<br/>EXPIRES: JUN 18, 2023</p> |  | Bonded through 1st State Insurance<br>YELLOW - AGENCY      PINK - AGENCY |   | PAGE 2   |                            |                |  |

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

ON THE 17 DAY OF MARCH 20 21, AT 2244 AM  PM

SUBJECT: FEDERER, MATHEW, RAYMOND CASE NUMBER: 21-045999

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

**PERSONAL CONTACT**

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

**SEE PC AFFIDAVIT**

OBSERVATION OF DRIVER:

**SEE PC AFFIDAVIT**

DRIVER'S STATEMENTS:

**ADMITTED TO DRINKING...UTTERED TO TAKE HIM TO JAIL**

ODORS:

**STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH**

**GENERAL OBSERVATIONS**

SPEECH: **SLURRED, INAUDIBLE, TALKATIVE AND RAMBLING**

ATTITUDE: **LETHARGIC, INATTENTIVE, AND COOPERATIVE**

CLOTHING: **LOOSE, UNTIDY AND DISHEVELED- FLY PARTIALLY OPEN**

MEDICAL/OTHER: **NONE**

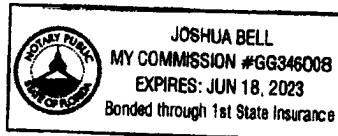
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of MARCH 2021 by INV E. K. WHITE

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

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



SCANNED  
MAR 18 2021

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

**WALK & TURN:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while placed in the instructional position. He lost his balance and abandoned the position. During the task subject stepped off the line, lost his balance while walking, did not touch heel to toe, took an incorrect number of steps and did not complete this task as instructed.

**ONE LEG STAND:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while his leg/foot was elevated, he dropped his foot on the roadway three times, began hopping. I ceased in continuing this task for safety concerns.

**FINGER TO NOSE:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. He flinched the wrong hand on the first request. He failed to touch the tip of his finger to the tip of his nose on all attempts. Rather he touched the sides of his nostrils and bridge of his nose. He used the wrong hand during this task and he failed to return his arms to his side after touching his facial area.

**ROMBERG ALPHABET:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. He did not recite the alphabet as instructed, but completed the alphabet.

BREATH TEST RESULTS: 1) .221 2) .219 3)      4)     

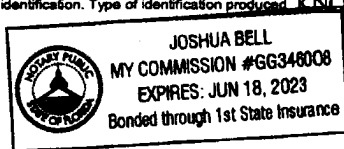
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of MARCH 2021 by INV E. K. WHITE

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

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



SCANNED  
MAR 18 2021

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006029 Software: 8100.27  
Date of Test: 03/18/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 00:01  
Subject's Name: MATHEW R FEDERER

DOB: 02/17/1998 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test              | g/210L | Time  |
|----------|-------------------|--------|-------|
|          | Diagnostics Check | OK     | 00:27 |
|          | Air Blank         | 0.000  | 00:28 |
|          | Control Test      | 0.078  | 00:28 |
|          | Air Blank         | 0.000  | 00:29 |
|          | Subject Sample #1 | 0.241* | 00:29 |
|          | Air Blank         | 0.000  | 00:30 |
|          | Air Blank         | 0.000  | 00:32 |
|          | Subject Sample #2 | 0.220* | 00:32 |
|          | Air Blank         | 0.000  | 00:33 |
|          | Air Blank         | 0.000  | 00:35 |
|          | Subject Sample #3 | VNM**  | 00:38 |
|          | Air Blank         | 0.000  | 00:39 |
|          | Control Test      | 0.076  | 00:39 |
|          | Air Blank         | 0.000  | 00:40 |
|          | Diagnostics Check | OK     | 00:40 |

\*No .020 agreement  
\*\*Volume Not Met (0.234 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 3/18/21  
Signature

Sworn to (or affirmed) before me this 18 day of March, 2021  
[Signature] INV. E. K. White #7209  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

# WITNESS LIST

CASE NUMBER: 21-045999

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: D/S NOE GOMEZ

ADDRESS: DIST 16

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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: \_\_\_\_\_

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

MAR 18 2021

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:  CASE NUMBER:

DATE:  VIDEO DVD NUMBER:

BEGINNING TIME:  ENDING TIME:

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

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

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: BLOODSHOT, WATERY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0001 HOURS  
VIDEO #1

SUBJECT STATED HE WOULD TAKE BREATH TEST  
ON 3RD BREATH SAMPLE SUBJECT BECAME UNCOOPERATIVE AND ARGUMENTATIVE  
A/O READ I.C WITH CDL I.C  
SUBJECT STATED HE UNDERSTOOD I.C AND AGREED TO CONTINUE BREATH TEST

BREATH TEST COMPLETED, INSTRUMENT READ CONTROL OUTSIDE TOLERANCE DUE TO STONG ODOR OF  
ALCOHOL CONTMINATING THE TESTING ROOM

SUBJECT REMOVED FROM TESTING ROOM TO ALLOW ROOM TO AIR OUT / VIDEO #1 ENDED

## VIDEO #2

BREATH TEST COMPLETED / TECH READ BREATH TEST RESULTS AND EXPLAINED / SUBJECT ACKNOWLEDGED  
HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
A/O CONDUCTED Q AND A  
SUBJECT ANSWERED A FEW QUESTIONS FROM Q AND A

SCANNED  
MAR 18 2021

SUBJECT: Federer, Matthew

CASE NUMBER: 21-045999

## 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 \_\_\_\_\_ of the \_\_\_\_\_

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) \_\_\_\_\_

Read on camera

## 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.

SCANNED

MAR 18 2021

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

Read on camera

SUBJECT: Federer, Mathew CASE NUMBER: 21-045999

### 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? Congress

DIRECTION OF TRAVEL? E WHERE DID YOU START? Don't remember Sir

WHAT TIME DID YOU START? 7:00 pm 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? Wet

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Wet 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? \_\_\_\_\_

SCANNED  
MAR 18 2021

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: INV. E. K. White # 7209



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF FLORIDA HIGHWAY PATROL



**LASER SPEED MEASURING DEVICE CERTIFICATION**

Palm Beach County Sheriff's Office

THIS IS TO CERTIFY THAT THE UNIT USED TO MEASURE MOTOR VEHICLE SPEEDS, DESCRIBED AS:

MANUFACTURER: APPLIED CONCEPTS, INC SERIAL NUMBER: LF006450

MODEL NUMBER: STALKER LIDAR XLR

HAS THIS DATE 10/13/2020 BEEN TESTED AS DESCRIBED IN THE FLORIDA ADMINISTRATIVE CODE, CHAPTER 15B-2, SPEED MEASURING DEVICES, RULE 15B-2.016 AND IS FOUND TO BE WORKING PROPERLY.

**ACTUAL DISTANCE MEASUREMENT TEST**

| DISTANCE      | READS     |
|---------------|-----------|
| 100.0 / 410.0 | 100 / 410 |

AVERAGE SPEED CALCULATOR INSTALLED?  Y or N

TIME BASE WAS: CHECKED /  NOT CHECKED (circle one)  
± N/A MINUTES N/A SECONDS

**WAVELENGTH SPECIFICATION TEST**

| SPECIFIED WAVELENGTH | ACTUAL WAVELENGTH |
|----------------------|-------------------|
| 904 ± 10nm           | 905               |

POWER OUTPUT TEST (TRANS) 42 MICROWATTS

PULSE WIDTH 16.2 Ns SPECIFIED <sup>7</sup> 100 Ns

PULSE REPETITION RATE 130.0000 Hz

MANUFACTURERS SPECIFICATIONS RANGE 129.00 TO 131.00 Hz

DOUBLE PULSE TEST PASS  FAIL

INTERMITTENT LASER PULSE TEST PASS  FAIL

RADAR / LIDAR VERIFICATION TEST (± 1 MPH) PASS  FAIL

LOW VOLTAGE SUPPLY ALERT PASS  FAIL

RADIO FREQUENCY INTERFERENCE PASS  FAIL

SIGHT ALIGNMENT TEST PASS  FAIL

BEAM WIDTH TEST PASS  FAIL

**PROFESSIONAL ENGINEER, P.E. / ELECTRONIC TECHNICIAN**

NAME: STEVE H. DaPONTE

SIGNATURE: *Steve H. DaPonte*

CERTIFICATION ISSUED BY:  
FEDERAL COMMUNICATIONS COMMISSION

LICENSE #: PG-GB-053749

ADDRESS: RADIOTRONICS, INC.

1315 SW COMMERCE WAY

STUART, FL 34997

HSMV 61071 (Rev. 05/12) Rule 15B-2.016, FAC

WITNESS SIGNATURE: *Sheryl M. Buller*

WITNESS'S NAME: Sheryl M. Buller

WITNESS'S TITLE OR RANK: Bookkeeper

This form was printed & signed on

**SCANNED**  
OCTOBER 15, 2020  
**MAR 18 2021**



# PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

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

|   | X                                   | Florida State Statute                | Description  | Page Number(s) |
|---|-------------------------------------|--------------------------------------|--|----------------|
| L/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: 2021006585 | Date: 3/18/21                       |
|                            | Specialist Name/ID: A. Pinkney/7796 |

SCANNED  
MAR 18 2021