

21CT10058AMC

0523992

1720

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 / 1 / 2021-0008973		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		If Weapon Seized Enter Type: NOT APPLICABLE		Multiple Clearance Indicator						
D E F E N D A N T	Location of Arrest (Including Name of Business) S DINIE HWY/ OKEECHOBEE BLVD						Location of Offense (Business Name, Address) 899 S DINIE HWY/OKEECHOBEE BLVD, WEST PALM BEACH,											
	Date of Arrest 06/17/2021		Time of Arrest 03:16		Booking Date 06/17/2021		Booking Time 03:26		Jail Date //		Jail Time		Location of Vehicle					
	Name (Last, First, Middle) ALLEN, MATTHEW						Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black I - American Indian O - Asian W		Sex M		Date of Birth 10/01/1974		Height 6'01		Weight 170		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM			
J U V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status S		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Build Med					
	Local Address (Street, Apt. Number) 606 FERN ST, WEST PALM BEACH, FL 33401						(City)		(State)		(Zip)		Home Phone (206) 658-3186		Residence Type: 1. City 2. County 3. Out of State 4. Out of State 1			
	Permanent Address (Street, Apt. Number) 606 FERN ST, WEST PALM BEACH, FL 33401						(City)		(State)		(Zip)		Mobile Phone		Address Source VERBAL			
	Business Address (Name, Street) 606 FERN ST, WEST PALM BEACH, FL 33401						(City)		(State)		(Zip)		Work Phone		Occupation			
C O D E D	D/L Number, State WDL32PZ5553B / WA		Soc. Sec. Number		INS Number		Place of Birth (City, State) KOREA		Citizenship US		1. Arrested 2. At Large		3. Felony 4. Misdemeanor		5. Juvenile			
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor			
	Name (Last, First, Middle)						Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor			
N O T I C E T O A P P E A R	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>						Name (Last, First, Middle)						Residence Phone		Business Phone			
	Address (Street, Apt. Number)						(City)		(State)		(Zip)		Notified by (Name)		Date		Time	
	Released To (Name)						Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
	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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: <input type="checkbox"/> No						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		School Attended		Grade			
C H A R G E	Drug Activity N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disposes Distribute		M. Manufacture Produce/ Cultivate		Z. Other			
	Drug Type N. N/A A. Amphetamine						B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia Equipment S. Synthetic		U. Unknown Z. Other					
	Charge Description DUI PROPERTY DAMAGE						Statute Violation Number 316.193 (3c)		Violation of ORD # 316.193 (3c)		Bond							
	Drug Activity						Drug Type N		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
I N T A K E	Charge Description						Statute Violation Number		Violation of ORD #		Bond							
	Drug Activity						Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description						Statute Violation Number		Violation of ORD #		Bond							
	Drug Activity						Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
N O T I C E T O A P P E A R	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"/> Deformities <input type="checkbox"/> Injuries						Explain					
	Check which applies: <input type="checkbox"/> Released (JAC) <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To							
	Transported By						Date Transported		Time Transported		Other							
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) Criminal Justice		Court Date and Time 07/22/2021 08:30:00		3228 FUN CLUB ROAD FILED		JUN 17 2021		No Photo Available			
A D M I N I S T R A T I O N	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 COURT FOR MY ARREST SHALL BE ISSUED.						Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)		INITIAL					
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE(S) I CHOOSE.						(206) 658-3186											
	HOLD for Other Agency						Signature of Arresting Officer MARTINEZ, JACOB ANTONIO		ID # 02104		Name Verification (Printed by Arrestee)		(PRINT)					
	Intake Deputy Diana J. G. S.						ID #		Pouch #		Transporting Officer MARTINEZ		ID # 2014		Agency WPB		Witness SCANNED	

JUN 17 2021

PAGE 1 OF 1

DUI PROBABLE CAUSE AFFIDAVIT

On the 17 Day of June 2021 at 0300 A.M. P.M.
Subject: Allen, Matthew Case Number: 20210008973
Agency: West Palm Beach Police Department Arresting Officer: Martinez #2104

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

I responded to S Dixie Highway/ Okeechobee Blvd in reference to a traffic accident. I was advised that D1 rear-ended V2 which caused the airbags in V1 to go off. D1 stated that he did not see D2, though D2 stated he was at a stand still due to a red light. Ofc. McCarthy advised me that D1 may be under the influence of an unknown alcoholic substance due to the smell of alcohol on his breath. D1 was identified by his Washington State drivers license as Matthew Allen (W/M 10/1/1974). Driver admitted to Ofc. McCarthy that he was going home from the bar and also admitted to having a drink.

Observation of Driver

Upon my arrival, I noticed driver to have slow, slurred speech. I could smell an unknown alcoholic substance on driver's breath and it grew stronger as he spoke. Driver had glassy, red eyes.

Drivers Statements:

Driver admitted to having a drink at a local bar

Odors:

Unknown alcoholic beverage

General Observations

Speech: Slow, slurred

Attitude:

Clothing: White shirt, blue pants, black shoes

Medical Problems/Medications: None

Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Allen, Matthew Case Number: 20210008973

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver had equal pupil size and equal tracking. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The onset of nystagmus was approximately 40 degrees. The driver had to be reminded several times not to move his head and to keep his eyes on the stimulus.

Walk and Turn Task

I instructed the driver to stand with his right foot in front of his left foot on a solid yellow line and to remain in this position until told to begin. Driver stepped off the line several times and attempted to begin task before instructions were explained. I explained and demonstrated the exercise and the driver stated he understood the instructions. While demonstrating the exercise I observed the driver lose balance and step out of the instructional position. During the first 9 heel to toe steps, driver used his arms for balance, had an improper turn, and did not count out loud as was instructed. During the second 9 heel to toe steps, driver used his arms for balance and did not count out loud like he was instructed.

One Leg Stand

I had the driver stand with his feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated he understood the instructions. As I was giving the directions, driver attempted to begin task. The driver was observed swaying from side to side. The driver looked straight ahead instead of looking down at foot he had raised. The driver raised his foot and counted to 1007. Driver then put his foot down and began to count from 1001. I ended the exercise when my stop watch reached 30 seconds.

Finger To Nose

I had the driver stand with his feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated he understood. Driver looked forward at me and when I instruct the driver to raise his right finger, driver began to raise his left.

Romberg Balance

Driver stated his highest level of education was a bachelors degree from college. I asked driver if he knew his English alphabet, which driver stated he did know. I asked driver to recite the English alphabet from "A" to "Z" in a non-rhythmic manor. Driver stated he understood the directions as described. Driver began to recite the alphabet, recited it to "g" then stopped. I then re-explained the directions to the driver which he stated a second time he understood. Driver recited the alphabet correctly to "L" which he repeated the letter "L" twice then the letter "M" and then stopped. Driver then stated "QRST" then stopped and stated "I lost it."

Breath Results from Instrument

1st Result

0.190

2nd Result

0.194

3rd Result

If Applicable

N/A

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

☒ Personally Known

☐ Produced Identification

☐ Notary Public

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/03/2024

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

TESTING FACILITY TASK REPORT

AGENCY: WPB

SUBJECT: Matthew, Allen E.

CASE NUMBER: 21-076800

DATE: Jun 17, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:53

ENDING TIME: 04:07

BREATH TESTS RESULTS: 1) .190 TIME 04:00 A.M. ☒ P.M. ☐ 2) .194 TIME 04:03 A.M. ☒ P.M. ☐
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Pronounced

ATTITUDE: Cooperative, talkative, repetitive

CLOTHING: Black pants, white LS shirt, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:29 hrs.

Subject agreed to take test if he could go to the restroom first.

A/O read I/C and subject stated he understood I/C.

Subject agreed to take test.

A/O read rights.

Subject stated he understood rights.

Tech read breath test results.

Subject stated he understood breath test results.

A/O attempted Q&A

Subject answered a few Q&A.

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: 80-006238 Software: 8100.27
Date of Test: 06/17/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 03:29

Subject's Name: ALLEN E MATTHEW

DOB: 10/01/1974 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	03:57
Air Blank	0.000	03:58
Control Test	0.080	03:58
Air Blank	0.000	03:59
Subject Sample #1	0.190	04:00
Air Blank	0.000	04:00
Air Blank	0.000	04:02
Subject Sample #2	0.194	04:03
Air Blank	0.000	04:03
Control Test	0.078	04:03
Air Blank	0.000	04:04
Diagnostics Check	OK	04:04

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 RENEE M RAGIN, 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: 06/17/21

Sworn to (or affirmed) before me this 17 day of June, 2021

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.

SUBJECT:

Matthew, Allen E.

CASE NUMBER:

20010008973

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? YesWHERE WERE YOU GOING? HomeWHAT STREET OR HIGHWAY WERE YOU ON? old DixieDIRECTION OF TRAVEL? N WHERE DID YOU START? SouthernWHAT TIME DID YOU START? 0600 1430 WHAT TIME IS IT NOW? 0400WHAT IS TODAY'S DATE? 11th WHAT DAY OF THE WEEK IS IT? ThursdaWHAT COUNTY AND CITY ARE YOU IN NOW? Pulaski Area, WYO

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: _____

EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT:

Matthew, Allen, E.

CASE NUMBER:

20C1008973

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.

SUSPECT'S SIGNATURE: (X) _____

Read on Camera



**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: 2021014744	Date: 6/17/21
	Specialist Name/ID: A. Pinkney/7796