

0519404

20 OCT 13 982 NB # 1114

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78- 20-004904					
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" 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		Weapon Seized / Type 2 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) 3999 RCA Blvd, Palm Beach Gardens, FL 33410			Location of Offense (Business Name, Address) 3999 RCA Blvd, Palm Beach Gardens, FL 33410						
	Date of Arrest 11/01/2020	Time of Arrest 17:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Eden, Matthew, R				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <input checked="" type="checkbox"/> W	Sex <input checked="" type="checkbox"/> M	Date of Birth 10/06/1988	Height 600	Weight 185	Eye Color BRO	Hair Color BRO	Complexion Light	Build Ang		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion None	Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk				
Local Address (Street, Apt. Number) 1825 Santa Rosa Blvd		(City) Delray Beach	(State) FL	(Zip) 33445	Phone (727) 569-6728	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/> 2				
Permanent Address (Street, Apt. Number) 1825 Santa Rosa Blvd		(City) Delray Beach	(State) FL	(Zip) 33445	Phone (727) 569-6728	Address Source Verbal				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Concrete				
DA Number, State E-350-556-88-366-0 <input checked="" type="checkbox"/> FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) New Port Richie, FL	Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Parent Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip) Business Phone						
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name)		Relationship		Date	Time					
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 366-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property					
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI - Driving Under the Influence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(a)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20-004904	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410										
Court Date and Time Month December Day 02 Year 2020 Time 10:00 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										
Signature of Defendant (or Juvenile and Parent / Custodian)				Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer A. Luciano #478		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) A. Luciano #478		I.D. # 478		(PRINT)				
Intake Deputy 015 Tommie 8039		I.D. #	Pouch #	Transporting Officer A. Luciano		I.D. # 478				
				Agency PBGPD		Witness here if subject signed with an "X"				
						PAGE 1 OF 1				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF November 20 20 AT 17:07 AM PM
SUBJECT: Eden, Matthew, R CASE NUMBER: 20-004904
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: A. Luciano #478

PERSONAL CONTACT

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

On 11/01/2020 an anonymous caller notified the police department of a vehicle being driven recklessly, and swerving significantly. The caller described the vehicle as a black Kia bearing Florida tag EBGD88, being driven by a white male wearing a baseball hat. The vehicle was last observed by the caller traveling Southbound on Alt A1A passing Florida Blvd. While I was enroute to check the area, I observed the vehicle in question traveling Westbound on RCA Blvd, from Alternate A1A. The vehicle was driving slowly, and failed to maintain a lane as it pulled into the parking lot of 3999 RCA Blvd, Palm Beach Gardens, FL 33410.

OBSERVATION OF DRIVER:

I made a consensual encounter with the driver of the vehicle to conduct a welfare check. The driver and sole occupant of the vehicle had his head slumped forward as I approached the vehicle. His eyes were glassy and bloodshot, and his speech was noticeably slurred. I also observed the odor of an unknown alcoholic beverage emanating from the driver. He also believed that he was in the Eastern area of Delray Beach, and he was almost home.

DRIVER'S STATEMENTS:

Eden said he was leaving a family gathering in Jupiter and he was driving back home to Delray Beach. He believed he was in Delray Beach near his residence.

ODORS:

Odor of an unknown alcoholic beverage emanating from Green.

GENERAL OBSERVATIONS

SPEECH: Slow, slurred.

ATTITUDE: compliant

CLOTHING: Black shirt, gray shorts, black shoes

MEDICAL/OTHER: None

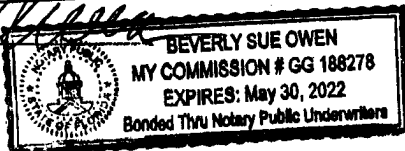
STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Luciano #478
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of November 20 20 by A. Luciano

(Print name of Arresting Investigative Officer, who is personally known to me, office, precinct and jurisdiction. Type of identification produced)

Beverly Sue Owen
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
NOV 02 2020

SUBJECT: Eden, Matthew, R

CASE NUMBER: 20-004904

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

WALK & TURN:

HGN: Eden displayed lack of smooth pursuit in both eyes. Eden displayed distinct and sustained nystagmus at maximum deviation in both eyes. Green displayed onset nystagmus prior to 45 degrees in both eyes. Eden moved his head several times and had to be told to follow the stimulus several times.

WAT: Demonstrated and explained; Eden was unable to maintain the instructional position. Eden began the exercise before instructed to do so. Eden took six (6) steps forward and five (5) steps as he returned down the line. Eden stepped off the line and missed heel to toe steps. Eden made an improper turn.

ONE LEG STAND:

OLS: Demonstrated and explained; Eden placed his foot down while balancing. He had to be told multiple times to continue the exercise. He swayed while balancing and repeated numbers as he was counting out loud several times.

FINGER TO NOSE:

FN: Subject was not asked to perform this task.

ROMBERG/ALPHABET:

RA: Subject was not asked to perform this task.

BREATH TEST RESULTS: Refusal

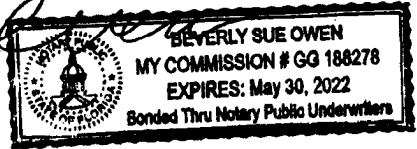
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] #478
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 15th day of November, 2020 at ofc luciano

who is personally known to me and/or produced identification. Type of identification produced _____

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



NOV 02 2020

TESTING FACILITY TASK REPORT

AGENCY: PALM BEACH GARDENS P.D.

SUBJECT: EDEN, MATTHEW ROBERT

CASE NUMBER: 20122592

DATE: 11/01/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1820

ENDING TIME: 1824

BREATH TESTS RESULTS: 1) Refused TIME 1822 A.M. P.M. 2) TIME A.M. P.M.

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

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: BLACK TENNIS SHOES, GREY SHORTS, BLACK/GRAY POLO SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED 1800 HOURS. A/O OBSERVED 20 MINUTES.

DEFENDANT WOULDN'T ANSWER ANY INTRO QUESTIONS.

A/O REQUESTED BREATH TEST, DEFENDANT REFUSED, A/O READ I/C, DEFENDANT UNDERSTOOD, STILL REFUSED. A/O READ C/W, DEFENDANT REFUSED Q & A.

SCANNED
NOV 02 2020

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

I, A. Luciano #478, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 1st day of November, 20 20, at 17:25 P.M. A.M.

DRIVER Matthew Robert Eden,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# E-350-556-88-366-0, state of Florida, was placed under lawful arrest for
the offense of DUI by A. Luciano #478 and
issued Citation # A56HE2E (Name of Arresting Officer)

That on or about the 1st day of November, 20 20, at 18:22 P.M. A.M.

in PALM BEACH COUNTY 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.

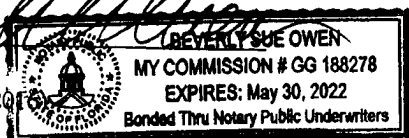
[Signature] #478
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 1st day of November, 2020,
by A. Luciano,
who is personally known to me or who has produced

Signature of Attesting Officer _____
Title _____
Date NOV 02 2020

Notary Public [Signature]
as identification

HSMV-BAR1001 (REV. 10/2016)

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.

SUBJECT: Eden, Matthew Robert CASE NUMBER: 20004904

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ 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? _____

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? _____

NOV 02 2000

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: Eden, Matthew Robert CASE NUMBER: 20004904

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 ofc Luciano of the PB Gardens A.D.

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 – 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: 2020025808	Date: 11/02/2020
	Specialist Name/ID: AM/31562