

0289604 2 of 2498

646

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile

|  |   |   |  |                                  |   |                              |   |  |
|--|---|---|--|----------------------------------|---|------------------------------|---|--|
| ADMINISTRATIVE   | OBTS Number   |   | Agency ORI Number<br><b>FLO 50000</b>  |                                  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>  |                              | Agency Report Number (N.T.A.'s only)<br><b>06-21-048013</b>   |  |
|  | Charge Type:<br>Check as many as apply<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                   |   | Weapon Seized / Type<br><input checked="" type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |                                  | Multiple Clearance Indicator<br><b>01</b>   |                              |   |  |
|  | Location of Arrest (Including Name of Business)<br><b>1617 NORTH FEDERAL HIGHWAY #, LAKE WORTH BEACH, FL</b>  |   |  |                                  | Location of Offense (Business Name, Address)<br><b>1617 NORTH FEDERAL HIGHWAY #, LAKE WORTH BEACH, FL</b>             |                              |   |  |
| DEFENDANT  | Date of Arrest<br><b>03/23/2021</b>   |   | Time of Arrest<br><b>2253</b>  |                                  | Booking Date  |                              | Booking Time  |  |
|  | Name (Last, First, Middle)<br><b>Robinson, Matthew, Foster</b>  |   | Alias (Name, DOB, Soc. Sec. #, Etc.)   |                                  |   |                              |   |  |
|  | Race<br><b>W - White - American Indian</b>  |   | Sex<br><b>M</b>  |                                  | Date of Birth<br><b>02/20/1980</b>  |                              | Height<br><b>6'04</b>   |  |
|  | Weight<br><b>200</b>  |   | Eye Color<br><b>GREEN</b>  |                                  | Hair Color<br><b>BROWN</b>  |                              | Complexion<br><b>LIGHT</b>  |  |
|  | Build<br><b>MED.</b>  |   | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                        |                                  | Marital Status<br><b>Single</b>   |                              | Religion<br><b>AGNOSTIC</b>   |  |
|  | Local Address (Street, Apt. Number)<br><b>6100 Nw 2nd Ave Apt 125, Boca Raton, FL 33487</b>   |   | (City)   |                                  | (State)   |                              | (Zip)   |  |
|  | Permanent Address (Street, Apt. Number)   |   | (City)   |                                  | (State)   |                              | (Zip)   |  |
|  | Business Address (Name, Street)   |   | (City)   |                                  | (State)   |                              | (Zip)   |  |
|  | D/L Number, State<br><b>R152546800600, FL</b>   |   | Soc. Sec. Number   |                                  | INS Number  |                              | Place of Birth (City, State)<br><b>BOCA RATON, FL</b>   |  |
|  | Citizenship<br><b>USA</b>   |   | Co-Defendant Name (Last, First, Middle)  |                                  | Race  |                              | Sex   |  |
| CO-DEF   | Date of Birth   |   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                         |                                  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                              | Indication of Alcohol Influence Drug Influence<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. |  |
|  | Co-Defendant Name (Last, First, Middle)   |   | Race   |                                  | Sex   |                              | Date of Birth   |  |
|  | <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other   |   | Address (Street, Apt. Number)  |                                  | (City)  |                              | (State)   |  |
|  | (Zip)   |   | Business Phone   |                                  | Residence Phone   |                              |   |  |
|  | Notified by: (Name)<br><b>How</b>   |   | 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  |  |
|  | If 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 355-2526) 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   | Charge Description<br><b>possession of crack cocaine</b>  |   | Counts<br><b>1</b>   |                                  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                 |                              | Statute Violation Number<br><b>893.13(6)(A)</b>   |  |
|  | Drug Activity<br><b>P</b>   |   | Drug Type<br><b>C</b>  |                                  | Amount / Unit<br><b>2G</b>  |                              | Offense #<br><b>21-048013</b>   |  |
|  | Warrant / Capias Number   |   | Bond   |                                  | Violation of ORD #  |                              |   |  |
|  | Charge Description  |   | Counts   |                                  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                 |                              | Statute Violation Number  |  |
| CHARGE   | Drug Activity   |   | Drug Type  |                                  | Amount / Unit   |                              | Offense #   |  |
|  | Warrant / Capias Number   |   | Bond   |                                  | Violation of ORD #  |                              |   |  |
|  | Charge Description  |   | Counts   |                                  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                 |                              | Statute Violation Number  |  |
|  | Drug Activity   |   | Drug Type  |                                  | Amount / Unit   |                              | Offense #   |  |
| CHARGE   | Warrant / Capias Number   |   | Bond   |                                  | Violation of ORD #  |                              |   |  |
|  | Charge Description  |   | Counts   |                                  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                 |                              | Statute Violation Number  |  |
|  | Drug Activity   |   | Drug Type  |                                  | Amount / Unit   |                              | Offense #   |  |
|  | Warrant / Capias Number   |   | Bond   |                                  | Violation of ORD #  |                              |   |  |
| NOTICE TO APPEAR   | Location (Court, Room Number, Address)<br><b>TO BE SET</b>  |   |  |                                  |   |                              |   |  |
|  | Court Date and Time<br>Month <b>03</b> Day <b>23</b> Year <b>2021</b> Time <b>AM</b> 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<br><b>03/23/2021</b> |   |                              |   |  |
| ADMIN  | HOLD for other Agency Name  |   | Signature of Arresting Officer<br><b>JACOBS</b>  |                                  | Name Verification (Printed by Arrestee)<br><b>MAR 24 2021</b>   |                              |   |  |
|  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |   | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                           |                                  | Name of Arresting Officer (Print)<br><b>JACOBS</b>  |                              | I.D. #<br><b>25508</b>  |  |
|  | Inmate Deputy<br><b>Wang</b>  |   | I.D. #   |                                  | Pouch #   |                              | Transferring Officer<br><b>JACOBS</b>   |  |
|  | I.D. #  |   | Pouch #  |                                  | ID #<br><b>25508</b>  |                              | Agency<br><b>PBSO</b>   |  |
| Witness here if subject signed with an "X"                 |   |   |  |                                  |   | PAGE<br><b>1</b> OF <b>1</b> |   |  |

PBSO 0148 REV. 0/97

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED  
MAR 24 2021

|  |  |  |   |                        |   |                             |          |
|--|--|--|---|------------------------|---|-----------------------------|----------|
| OBTIS Number   |  | <b>PROBABLE CAUSE AFFIDAVIT</b>                          |   | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Capias | 1                           | Juvenile |
| ADMIN  | Agency ORI Number<br><b>FLO 50000</b>  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> | Agency Report Number<br><b>06-21-048013</b> |                        |   |                             |          |
|  | Charge Type:<br>Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other |  | Special Notes:                              |                        |   |                             |          |
| CHARGES  | Name (Last, First, Middle)<br><b>Robinson, Matthew, Foster</b>   |  | Alias                                       | Race<br>W              | Sex<br>M  | Date of Birth<br>02/20/1980 |          |
|  | Charge Description<br><b>possession of crack cocaine</b>   |  | Charge Description<br><b>893.13(6)(A)</b>   |                        |   |                             |          |
| VICTIM   | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA , ,</b>   |  | Race  | Sex                    | Date of Birth                                   |                             |          |
|  | Local Address (Street, Apt. Number)  |  | (City)                                      | (State)                | (zip)   | Phone                       |          |
|  | Business Address (Name, Street)  |  | (City)                                      | (State)                | (zip)   | Phone                       |          |
|  |  |  |   |                        |   | Address Source              |          |
| <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 checked="" 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.<br/><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>23</u> day of <u>MARCH</u> 20<u>21</u> at <u>2245</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On March 23, 2021 at 2230 hours Palm Beach County Sheriff's Office dispatched received a bolo via the West Palm Beach Police Department that a vehicle was driving reckless through there city. The Bolo information was a newer model white Dodge Challenger bearing a Florida tag number of QCH06. The bolo stated the vehicle was traveling South bound on South Federal Highway, exiting the City of West Palm Beach and entering the City of Lake Worth Beach. The bolo then advised the vehicle was seen driving on two flat tires a sparks were coming from the exposed wheels.</b></p> <p><b>After receiving this information, I began to bolo the area for the white Challenger, during this time I located it at 1617 North Federal Highway. Once located, I observed the vehicle, still actively trying to drive it also appeared as if upon my sight the driver, W/M Matthew Robinson, was attempting to flee from the scene. Due to being inoperable, the vehicles driver was unable to continue driving. As I approached, I noticed Robinson making overtly obvious furtive movements to his left. These movements based on my experience are either a person reaching for a weapon or attempting to conceal contraband from my view. Based on these movements, Robinson was immediately extracted from the vehicle where he was ultimately detained.</b></p> <p><b>During the extraction, I noticed a clear plastic bag containing a white rock like substance, on the driver's side floor immediately next to Robinson's seat. Based on my training and experience through numerous drug arrests, I know this substance to be crack cocaine. The suspected rock substance was tested with a PBSO issued Marquis Reagent test kit, which showed a positive reaction. The suspected rock substance was also tested using a PBSO issued Colbalt-Thiocyante Reagent, this also had a positive reaction.</b></p> <p><b>Base on the aforementioned investigation I find probable cause to charge Matthew Robinson 02/20/1980 with</b></p> <p><b>1x count of possession of crack cocaine which is contrary to F.S.S 893.13(6)(A)</b></p> |  |  |   |                        |   |                             |          |
| ADMINISTRATIVE   | STATE OF FLORIDA<br>COUNTY OF PALM BEACH   |  | <b>JACOBS</b>                               |                        |   |                             |          |
|  | (Signature of Arresting/Investigative Officer)   |  |   |                        |   |                             |          |
|  | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day of <u>MARCH</u> 20 <u>21</u> by <u>JACOBS 25508</u>  |  |   |                        |   |                             |          |
|  | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced   |  | <u>PERSONALLY KNOWN</u>                     |                        |   |                             |          |
| D/S ROTHMAN 32491  |  |  |   |                        |   |                             |          |
| Notary Public, Clerk of Court, Officer (F.S.S. 147-10)   |  |  |   |                        |   |                             |          |
|  |  |  |   |                        |   | PAGE<br>1 OF 1              |          |

SCANNED  
MAR 24 2021



**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),<br>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),<br>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),<br>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"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

REVIEW COMPLETED BY

|                            |                                   |
|----------------------------|-----------------------------------|
| Booking Number: 2021007093 | Date: 03/24/2021                  |
|                            | Specialist Name/ID: T Howard/7185 |

**SCANNED**  
**MAR 24 2021**