

JHOS/522 / 50-2021-CF-006775-AMB

JH 3146

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1. JUVENILE	
	0501700		Jupiter Police Department		514		21-002814					
	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business)		100 TONEY PENNA DR		Location of Offense (Business Name, Address)		99 TONEY PENNA DR/5 OLD DIXIE HWY, JUPITER, FL 33458		Enter Type		UNARMED	
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
	08/14/2021		00:02									
	Name (Last, First, Middle)		STEPHENS, MATTHEW GLEN		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race		W - White B - Black O - Oriental/Asian		Sex		M		Date of Birth		10/14/1994	
JUVENILE	Height		5'09		Weight		180		Eye Color		BLUE	
	Hair Color		BROWN		Complexion		LIGHT		Build		Med	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		S		Religion			
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone			
COPIES	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone			
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone			
	D/L Number, State		S315547943740 / FL		Soc. Sec. Number				Place of Birth (City, State)		Miami, FL	
	Citizenship		USA									
COPIES	Co-Defendant Name (Last, First, Middle)				Race				Sex			
	Co-Defendant Name (Last, First, Middle)				Race				Sex			
	Parent		Other		Name (Last, First, Middle)				Residence Phone			
	Legal Custodian				Address (Street, Apt. Number)		(City)		(State)		(Zip)	
COPIES	Notified by (Name)				Date				Time			
	Released To (Name)				Relationship				Date			
	The above address was provided by		defendant and/or		defendant's parents.				School Attended		Grade	
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.								Property Crime?		Description of Property	
COPIES	Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		K. Dispersed/ Distribute		M. Manufacture/ Production of 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	
	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	
	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	
CHARGE	Charge Description		BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.		Statute Violation Number		784.07(2)(B)		Violation of ORD #			
	Drug Activity		N		Amount / Unit				Offense #			
	Counts		4		Domestic Violence		Y N		Warrant / Capias Number			
	Charge Description		DUI - DAMAGE TO PERSON/PROPERTY		Statute Violation Number		316.193(3)(C)(1)		Violation of ORD #			
CHARGE	Drug Activity		N		Amount / Unit				Offense #			
	Counts		1		Domestic Violence		Y N		Warrant / Capias Number			
	Charge Description				Statute Violation Number				Violation of ORD #			
	Drug Activity				Amount / Unit				Offense #			
INTAKE	Health / Apparent Physical Condition of Defendant				Any knowledge of the following:		Mental		Escape Risk		Medication	
	Check which applies:		Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By Released By Released To									
	Transported By				Date Transported		Time Transported		Other			
	INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)							
NOTICE TO APPEAR	INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time							
	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				Signature of Arresting Officer				Name Verification (Printed by Arresting Officer)			
ADMIN	Dangerous		Resisted Arrest		Name of Arresting Officer (Print)		TURNER, JEFFREY		I.D. #		1098	
	Suicidal		Other		Transporting Officer		ofc Fries		I.D. #		324	
	Intake Date		ID #		Pouch #							
	JH Hanks 6760											
PAGE 1 OF 1												

AUG 14 AM 9:19

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

FL 0501700

Agency Name

JUPITER POLICE DEPARTMENT

Agency Report Number

5 4 21-002814

Charge Type.
Check as many
as apply.

☒ 1. Felony

☐ 2. Traffic Felony

☒ 3. Misdemeanor

☐ 4. Traffic Misdemeanor

☐ 5. Ordinance

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

STEPHENS, MATTHEW GLEN

Alias

Race

W

Sex

M

Date of Birth

10/14/1994

Charge Description

316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY

Charge Description

784.07(2)(B) BATTERY - ON OFFICER, FIREFIGHTER, EM

Charge Description

Victim's Name (Last, First, Middle)

STATE OF FLORIDA,

Local Address (Street, Apt. Number)

196 MILITARY TRL, JUPITER, FL 33458

(City)

(State)

(Zip)

Race

Sex

Date of Birth

Phone

(561) 746-6201

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

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.

☒ committed the below acts in my presence.

☐ confessed to admitting to the below facts.

☐ was observed by

that he/she saw the arrested person commit the below acts.

☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 14 day of August, 2021 at 00:02 (Specifically include facts constituting cause for arrest.)

On Friday, August 13th 2021 at about 11:30pm, I was dispatched to the intersection of S. Old Dixie Highway and Toney Penna Dr. in reference to a vehicle crash with possible injuries which just occurred. Upon arrival, I noticed two disabled vehicles in the southbound lanes of S. Old Dixie Highway, just south of Toney Penna. There was a Green Toyota SUV (FL TAG: 277AWK) facing north, with damage to its left rear quarter panel. The other vehicle, a black Honda Civic (FL TAG: 330QKH) was immediately south of the Toyota facing southbound. The Toyota was occupied by B/F Denise Turenne (04-07-53) in the driver seat. No one else was in the vehicle. Palm Beach County Fire Rescue had arrived on scene just after I did, (Run#:21- 90805). Turenne was removed from her vehicle, then transported to the Jupiter Emergency Room. It was later determined Turenne's injuries were non life threatening.

The driver of the black Honda civic, W/M Matthew G. Stephens (10-14-94) was standing on the south west corner of the intersection. Stephens was attended to by Fire Rescue, who determined he did not need to be transported. During the course of my investigation of the crash, I spoke to W/F Leslie S. Jones (10-06-83) along with W/F Brooke M. Kimbley (05-10-82). Both subjects provided a sworn statement recorded with my body worn camera that they saw Stephens inside of the black Honda as the sole occupant, and that he had stumbled out of the vehicle just after the crash. Kimbley said she saw the crash occur. Kimbley said the she was in the northbound lanes of S. Old Dixie Highway waiting to turn right (eastbound) onto Toney Penna Drive. Kimbley said the train gates had just lifted, and her signal turned green, when the black civic drove into the intersection of Toney Penna Dr and S. Old Dixie from the north side southbound lanes. Kimbley said the Civic struck the median in the middle of the intersection, destroying a traffic sign. Kimbley said the Civic struck the Green Toyota, which was in the second right turn lane, to the left of Kimbley. Kimbley saw the Toyota spin around from being struck. A small amount of debris from the impact had struck Kimbley's White

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08-14-21
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TURNER, JEFFREY (1098)

NAME OF OFFICER (PLEASE PRINT)

08/14/2021

DATE

PAGE

1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

OBTS Number

Agency ORI Number

FL 0501700

Agency Name

JUPITER POLICE DEPARTMENT

Agency Report Number

5 4 21-002814

Charge Type:
Check as many
as apply.

☒ 1. Felony

☐ 2. Traffic Felony

☒ 3. Misdemeanor

☐ 4. Traffic Misdemeanor

☐ 5. Ordinance

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

STEPHENS, MATTHEW GLEN

Alias

Race

W

Sex

M

Date of Birth

10/14/1994

Lincoln Sedan (FL TAG: IMMF82), causing minor damage to the left side of the car.

Having completed my crash investigation, I had noticed Stephens had been swaying on his feet, along with having glassy eyes and slow slurred speech. Based upon my observations of Stephens, I decided to initiate a DUI investigation. I advised Stephens of his Miranda Rights and he said he understood them. I attempted to first have Stephens perform the Horizontal Gaze Nystagmus task. Stephens was swaying on his feet while attempting to stay motionless as I explained the task. I was able to make two passes in front of Stephens's eyes, after having to remind him to not move his head. I noticed distinct sustained nystagmus at maximum deviation as well as lack of smooth pursuit. Stephens continually tried to take a step towards me during his efforts at this task.

I then explained to Stephens the Walk and Turn. During my explanation, Stephens said he would not perform this task. I advised Stephens of his Taylor warnings and asked him if he would continue to attempt to perform the tasks I ask of him. Stephens again refused.

Stephens was placed under arrest for DUI traffic crash involving injury FS 316.193(3)(c)1, then handcuffed and searched him per department policy. As Stephens had been involved in a crash, I brought him to the Jupiter ER for medical clearance. It became apparent Stephens length of stay at the hospital would make obtaining a breath sample impossible and impractical. I requested Stephens provide a blood alcohol sample, to which he refused, then refused again after I read him Implied Consent. Stephens's refusal was recorded with my body worn camera.

Hospital Staff determined Stephens would need tests to approve of medical clearance. During this examination, Stephens struck Ofc. I. Stan (ID#309), medical staff member W/M Joseph Robertson (10-02-83) and myself by kicking us. Stephens was restrained and the tests were cancelled for the time being. Stephens was brought back to ER Room# 21. Shortly after being brought back, Stephens again kicked Ofc. Stan, striking her in the face.

Based upon these actions, Stephens was also charged with Battery on an LEO, EMT (FS 784.07(2)(B) 4 times. One for myself, one for Robertson, and twice for Ofc. Stan.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08-14-21
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TURNER, JEFFREY (1098)
NAME OF OFFICER (PLEASE PRINT)

08/14/2021

DATE

PAGE

2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, Officer Jeffrey Turner, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 14th day of August, 20 21, at 12:05 ☐ P.M. ☒ A.M.

DRIVER Matthew Glen Stephens,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S 315547943740, state of Florida, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 14th day of August, 20 21, at 1:40 ☐ P.M. ☒ A.M.
in Palm Beach County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20 _____,
by Officer Jeffrey Turner,
who is personally known to me or who has produced
Personally Known as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

The foregoing instrument was sworn and subscribed before me:

[Signature]
Signature of Attesting Officer

Title Police Officer

Date 8/14/21

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.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, Officer Jeffrey Turner, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 14th day of August, 20 21, at 12:05 ☐ P.M. ☒ A.M.

DRIVER Matthew Glen Stephens,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S 315547943740, state of Florida, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 14th day of August, 20 21, at 1:40 ☐ P.M. ☒ A.M.
in Palm Beach County,

I requested that the driver submit to a blood test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]
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 _____ day of _____, 20 _____,
by Officer Jeffrey Turner,
who is personally known to me or who has produced
Personally Known as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

#374
Signature of Attesting Officer

Title Police Officer

Date 8/14/21

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



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021020182

Date: 8/15/2021

Specialist Name/ID: A. Pinkney/7796