

2020CF7775
JUVENILE

ARREST / NOTICE TO APPEAR

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

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JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 20-009930		Enter Type None/not Applicable		Multiple Clearance Indicator 2			
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Location of Arrest (Including Name of Business) WARRANT REQUEST		Location of Offense (Business Name, Address) 1001 S FEDERAL HWY, DELRAY BEACH, FL 33483		Date of Arrest		Time of Arrest 14:17			
	Name (Last, First, Middle) FARRELL, MATTHEW JOSEPH		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian B - Black O - Oriental/Asian W M		Sex M		Date of Birth 05/27/1976		Height 6'02	
D E F E N D A N T	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		Local Address (Street, Apt. Number) (City) (State) (Zip) 33 SE 8TH ST 118, BOCA RATON, FL 33432		Phone (607) 898-3054		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 33 SE 8TH ST 118, BOCA RATON, FL 33432		Phone (607) 898-3054		Address Source		Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation			
	D/L Number, State F640550761870 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship					
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone					
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
	Released To: (Name)		Relationship		Date		Time							
C H A R G E	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.		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. Disperse/ 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					
C H A R G E	Charge Description DUI ALCOHOL OR DRUGS 3RD OFFENSE		Statute Violation Number 316.193(2)(B)(1)		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit			
	Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
	Charge Description DRIVING WHILE DL SUSPENDED, REVOKED, CANCELLED W/ KNOWLEDGE		Statute Violation Number 322.34(2)		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit			
C H A R G E	Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit			
	Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time							
N O T I C E T O A P P E A R	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available							
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		I.D. #			
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) CASTRO, GEORGE		I.D. # 1147		Intake Deputy		I.D. #		Pouch #			
A D M I N	Transporting Officer		I.D. #		Agency		Witness here if subject signed with an "X".		PAGE		1 OF 1			
	WARRANT REQUEST		1147		DBPD									

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

OBTS Number	Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 20-009930
Agency ORI Number FL 0500400			
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) FARRELL, MATTHEW JOSEPH	Alias	Race W	Sex M	Date of Birth 05/27/1976
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Charge Description 322.34(2) DRIVING WHILE DL SUSPENDED,REVOKED,	Charge Description 316.193(2)(B)(1) DUI ALCOHOL OR DRUGS 3RD OFFENSE
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Victim's Name (Last, First, Middle) State of Florida	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	

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 ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 22 day of July, 2020 at 12:15 (Specifically include facts constituting cause for arrest.)

The following incident occurred in Palm Beach County, in the City of Delray Beach, FL:
 The defendant Matthew Joseph Farrell was found passed out while he was seated in the driver seat of a two door black Toyota Scion, bearing FL tag (IM19SY.) DBFR (run no. 20-008783) responded to 1001 S. Federal Hwy (Knowles Park) after the reporting party, who is identified as Richard R. Demers found the defendant passed out inside the vehicle. The vehicle was in the middle of the parking lot and not in a designated parking spot. DBFR Firefighter Ryan Spinelli (ID no. 370) entered the vehicle from the passenger side, removed the keys from the ignition, and rendered aid. I observed the defendant slowly waking up and stepping out of the driver seat of the vehicle.
 The defendant appeared disoriented and lost his balance walking to the DBFR rescue truck. DBFR Firefighter Kevin McKessy (ID no. 264) indicated that the defendant stated that he was drunk while they were inside the rescue truck. Ofc. Spooner assisted with impounding the vehicle after the defendant was transported to Delray Medical Center via DBFR. At the hospital, I read the defendant his Miranda Warnings. His eyes were red, and his speech was slurred. Dr. Danielle Klein and ER staff attempted to conduct a medical assessment on the defendant and he refused. He indicated multiple times that he was going to leave the hospital.
 Dr. Klein indicated that he will be held for 4-5 hours before he is released. Due to the time restraint, it was impractical to obtain a breath test therefore a blood draw was requested to determine the defendant's B.A.C. At approximately 1215 hours, the defendant was read implied consent for a blood draw. He began to repeat "lawyer, lawyer." I asked him if he drank alcohol and he repeated "lawyer, lawyer." Based on his actions, he refused to consent to a blood draw.
 Moments later, the defendant requested to use the restroom, and I escorted him. During

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BAER, TROY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	CASTRO, GEORGE (1147) NAME OF OFFICER (PLEASE PRINT)
08/16/2020 DATE	08/16/2020 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

3 JUVENILE

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Agency ORI Number FL 0500400	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		

Name (Last, First, Middle) FARRELL, MATTHEW JOSEPH	Alias	Race W	Sex M	Date of Birth 05/27/1976
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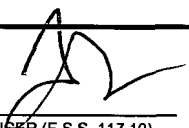

this time, he lost his balance walking and was swaying as he walked to the restroom and back to the stretcher. The defendant later became emotional and began to cry and indicated to me that he was "opening up" to me. Ofc. Green was present during this time.

The registered owner of the vehicle, who is identified as Sally Farrell later arrived at the hospital. She is the defendant's mother and she claimed that the defendant has a pending court case for a previous DUI and that the defendant has full knowledge that his driver's license is currently revoked. A DAVID query indicated that the defendants driver's license is revoked as of 10/10/2013 and that he has two previous DUI convictions.

Based on the aforementioned investigation, probable cause exists to charge the defendant with the following; driving under the influence (DUI-3rd offense), pursuant to FSS (316.193(2)(B)(1), and driving with a suspended/revoked license with knowledge, pursuant to FSS 322.34(2.)

BWC was activated during the investigation.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  BAER, TROY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/16/2020 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASTRO, GEORGE (1147) NAME OF OFFICER (PLEASE PRINT) 08/16/2020 DATE	PAGE 2 OF 2
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