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413

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

| | | | | | | | | | | | |
|---|--|--------------------------------|--|---|--|--|--|--------------------------------------|--|--------------------|--|
| A D M I N I S T R A T I O N | OBTS Number | | Agency ORI Number 0501600 | | Agency Name Juno Beach Police Dept | | Agency Report Number (N.T.A.'s only) 20-000209 | | Multiple Clearance Indicator | | |
| | 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 NONE | | | | | | | | |
| D E F E N D A N T | Location of Arrest (Including Name of Business) 13981 US HWY 1 | | | | Location of Offense (Business Name, Address) 13981 US HIGHWAY 1, JUNO BEACH, FL 33408 | | | | | | |
| | Date of Arrest 06/19/2020 | Time of Arrest 18:22 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | |
| J U V E N I L E | Name (Last, First, Middle) LOUZON, MATTHEW ROBERT | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: | | | | | | |
| | Race W - White I - American Indian B - Black O - Other | Sex M | Date of Birth 01/04/1982 | Height 6'00 | Weight 220 | Eye Color BRO | Hair Color BRO | Complexion NAB | Build Large | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Both Arms | | | | Marital Status S | Religion Catholic | Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | |
| | Local Address (Street, Apt. Number) 1712 17TH CT, PALM BEACH GARDENS, FL 33418- | | | | (City) | (State) | (Zip) | Phone (561) 656-2616 | Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 2 | | |
| | Permanent Address (Street, Apt. Number) 1712 17TH CT, PALM BEACH GARDENS, FL 33418- | | | | (City) | (State) | (Zip) | Phone (561) 656-2616 | Address Source | | |
| | Business Address (Name, Street) 1712 17TH CT, PALM BEACH GARDENS, FL 33418- | | | | (City) | (State) | (Zip) | Phone (561) 656-2616 | Occupation | | |
| C O D E F | DL Number, State L250556820040 / | | Sec. Sec. Number [REDACTED] | | INS Number | | Place of Birth (City, State) WFB | | 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"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | |
| J U V E N I L E | 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 | | |
| | Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/> | | | | Address (Street, Apt. Number) (City) (State) (Zip) | | | | Residence Phone Business Phone | | |
| Notified by: (Name) | | | | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated | | | | | |
| Released To: (Name) | | | | Date | Time | | | | | | |
| 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 | | | | | |
| C O D E | Drug Activity S. Sell N. N/A P. Possess | | S. Sell B. Buy D. Deliver E. Use | | K. Disperses/ 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/Diriv. | | P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | | |
| C H A R G E | Charge Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION | | | | Statute Violation Number 856.011 | | Violation of ORD # | | | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond | | | |
| C H A R G E | Charge Description | | | | Statute Violation Number | | Violation of ORD # | | | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond | | | |
| C H A R G E | Charge Description | | | | Statute Violation Number | | Violation of ORD # | | | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond | | | |
| I N T A K E | Health / Apparent Physical Condition of Defendant | | | | Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries | | | | | | |
| | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | | | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | | <input type="checkbox"/> T.O.T. County Jail | | PROPERTY - Received By | | |
| N O T I C E T O A P P E A R | Transported By | | | | Date Transported | Time Transported | Other | | | | |
| | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | Location (Court, Room) North County PALM BEACH GARD | | | | Court Date and Time 07/22/2020 08:30:00 | | |
| 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 JUN 19 PM 7:27 | | No Photo Available | |
| A D M I N | HOLD for Other Agency | | Signature of Arresting Officer Chavez 101 | | Name Verification (Printed by Arresting Officer) CHAVEZ, A. | | ID.# 101 | | Agency Juno Beach | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Transporter ID.# Chavez 101 | | Agency Juno Beach | | Witness here if subject signed with an "X" | | |

SCANNED JUN 20 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

| | | | | |
|--|--|--|--|--|
| OBTS Number | Agency ORI Number FL 0501600 | | Agency Name JUNO BEACH POLICE DEPT | Agency Report Number 20-000209 |
| 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 | | | | Special Notes: |

| | | | |
|---|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle) LOUZON, MATTHEW ROBERT | Race W | Sex M | Date of Birth 01/04/1982 |
|---|------------------|-----------------|------------------------------------|

| | |
|---|--------------------|
| Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION | Charge Description |
| Charge Description | Charge Description |

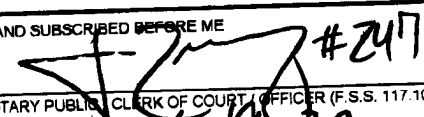
| | | | |
|--|--------------------------------|----------------|---------------|
| Victim's Name (Last, First, Middle) THIRSTY TURTLE, | Race | Sex | Date of Birth |
| Local Address (Street, Apt. Number) 13981 US HIGHWAY 1, JUNO BEACH, FL 33408 | Phone (561) 627-8991 | Address Source | |
| Business Address (Name, Street) 13981 US HIGHWAY 1, JUNO BEACH, FL 33408 | Phone | Occupation | |

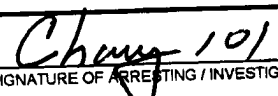
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody...
 committed the below acts in my presence.
 confessed to _____ admitting to the below facts.
 was observed by **LAUGHEAD, CHARLES** who told **ME** 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 **19** day of **June**, **2020** at **17:26** (Specifically include facts constituting cause for arrest.)

On Friday June 19th, 2020 at approximately 1659 hrs, Detective Nunez and I, responded to 13981 US HWY 1 (Thirsty Turtle) reference an intoxicated customer that had just urinated in the middle of the dinning room.
 Upon our arrival I met with manager Laughead, Charles who stated the following. Laughead stated that a white male sitting just east of the business front door wearing a light blue long sleeve shirt and blue swim shorts, had just been escorted out of the business for urinating in the middle of the dinning area, with several customers being exposed to the incident.
 The urinating in the dinning area was captured by the surveillance cameras. I then made contact with the same person Laughead had just escorted out, who identified himself as Matthew R Louzon 1/4/1982 and was informed the management did not want him to ever return and would be trespassed.
 At that point Laughead just wanted Louzon trespassed for life, when Louzon became argumentative and combative stating that no one could keep him from returning.
 Louzon who had a strong odor of an alcoholic beverage and appeared extremely intoxicated, started a scene outside the Thirsty Turtle, with the waiting customers having to leave the area due to his language and actions. At that time I informed Louzon he was under arrest and he refused to cooperate. Louzon was taken to the ground in order to complete the lawful arrest.
 Officers used two handcuffs due to Louzon size. During the arrest no one was injured and Louzon was taken to the Juno Beach Police Department and later transported County jail.

SCANNED
JUN 20 2020

SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC, CLERK OF COURT / OFFICER (F.S.S. 117.10)
 6-19-20
 DATE


 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
CHAVEZ, AUGUSTO (101)
 NAME OF OFFICER (PLEASE PRINT)
06/19/2020
 DATE

PAGE
1 OF 1



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)(f) | 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: 2020015146 | Date: 06/20/2020 |
| | Specialist Name/ID: AM/31562 |

SCANNED
 JUN 20 2020