

0458005

200F-8110 PCH-79/

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency Name PALM BEACH GARDENS POLICE DEPT.	Agency Report Number (N.T.A.'s only) 7 8 12 0 10 0 44 2 8 11 11
Agency ORI Number FLO 5 0 2 6 0 0	Charge Type: 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	If Weapon Seized Enter Type <u>Hand Gun</u> Multiple Clearance Indicator

Location of Arrest (Including Name of Business) <u>3176 Northlake Blvd PD6-FL Jimmy Johns</u>	Location of Offense (Business Name, Address) <u>Jimmy Johns 3176 Northlake Blvd PB6-1Z</u>
Date of Arrest <u>1.0.0.5.20.3.8</u>	Time of Arrest <u>20.3.8</u>
Booking Date	Booking Time
Jail Date	Jail Time
Location of Vehicle	

Name (Last, First, Middle) <u>Steph Steinmetz, Matthew T</u>	Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White B - Black	Sex <u>M</u>
Date of Birth <u>2.2.0.4.6.8</u>	Height <u>5'10"</u>
Weight <u>180</u>	Eye Color <u>Brown</u>
Hair Color <u>Brown</u>	Complexion <u>Fair</u>
Build <u>Sl.m</u>	Build <u>Sl.m</u>

Local Address (Street, Apt. Number) <u>16545 112th Trl N Jupiter FL 33478</u>	City <u>Jupiter</u>	State <u>FL</u>	Zip <u>33478</u>	Phone <u>(561) 768-3330</u>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <u>12</u>
Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
Business Address (Name, Street)	City	State	Zip	Phone	Occupation <u>Cover A/C</u>
Business Address (Name, Street)	City	State	Zip	Phone	Occupation
DIL Number/State <u>5353558684440</u>	INS Number	Place of Birth (City, State) <u>Bridge Crest Ca</u>	Citizenship <u>Y</u>		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <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"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

Parent Legal Custodian Name (Last, First, Middle)	Address (Street, Apt. Number)	City	State	Zip	Residence Phone	Business Phone
Other:						

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated
Released To: (Name)	Relationship	Date	Time

The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) 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 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. Amphetamine	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description <u>Carry concealed Firearm</u>	Counts <u>1</u>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <u>79.010.1</u>	Violation of ORD # <u>112</u>
Drug Activity <u>N</u>	Drug Type <u>N</u>	Amount / Unit	Offense # <u>20-00442R</u>	Warrant / Capias Number

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

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

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

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month _____ Day _____ Year _____ Time _____ A.M. P.M.

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
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HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Signature of Arresting Officer <u>A. Wood</u>	Name of Arresting Officer (Print) <u>A. Wood</u>	I.D. # <u>525</u>	Name Verification (Printed by Arrestee) <u>SCANNED</u>
Intake Deputy <u>Sprawl Biol</u>	I.D. # <u>525</u>	Pouch #	Transporting Officer <u>A. Wood</u>	I.D. # <u>525</u>
Witness here if subject signed with an "X"			PAGE _____ OF _____	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEPENDENT

WOOD

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   20-004428</b>	
	Special Notes:					

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

Name (Last, First, Middle) <b>STEINMETZ, MATTHEW T</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/04/1968</b>
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Charge Description <b>790.01(2) WEAPON - CARRY CONCEALED FIREARM</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>				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 5 day of October, 2020 at 22:47 (Specifically include facts constituting cause for arrest.)

On 10/05/2020 at approximately 1948hrs I, Cfc. Wood #525 responded to a Jimmy Johns located at 3976 Northlake Blvd. in reference to a suspicious person.

Upon my arrival I activated my Department Issued Body Worn Camera and made contact with Kenneth Brown, an employee. I swore in Brown on body worn camera. The following is a summary of his statement: Brown stated that he saw Matthew Steinmetz enter the building. Steinmetz went to the bathroom where he began to groom himself. It was close to closing time when it was brought to Brown's attention that Steinmetz was still in the bathroom. Brown then went over to the bathroom door and told Steinmetz that it was closing time and he needed to leave. Steinmetz refused to exit the bathroom. When Steinmetz finally exited the bathroom, he made several trips from his car back into the restaurant. On Steinmetz last time entering the building he lifted his shirt, and a gun was seen in his waist band by Brown. Palm Beach Gardens Police Department was then called out to trespass Steinmetz.

Ofc. Faris #476 stated upon his arrival he made contact with Steinmetz inside the store. Ofc. Faris conducted a consensual search of Steinmetz which revealed a Smith and Wesson Shield 9mm (Serial # JBZ8618). Ofc. Faris queried Steinmetz's information to verify the status of is CCW (License # W1363212) which came back expired as of 03/23/2020.

I then made contact Steinmetz and advised him of his Miranda rights on body worn camera. Steinmetz stated he understood his rights and chose to answer my questions. The following is a summary of his statement: Steinmetz stated that he entered the building and went to the bathroom to freshen up for a date. While he was in the bathroom an employee banged on the door telling him he needed to exit the bathroom and shortly after, Police arrived. I asked Steinmetz about him concealing a firearm, in which he stated he had his firearm in his waist and believed his Concealed Carry Weapons Permit was still active.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<u>10/05/2020</u>		<b>WOOD, AMANDA (525)</b>
	DATE		NAME OF OFFICER (PLEASE PRINT)
		<u>10/05/2020</u>	DATE
			PAGE 1 OF 2

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED  
OCT 06 2020

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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 V E	OBTS Number	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7 8 20-004428</b>
	Charge Type: Check as many as apply.	Special Notes:			


<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	Name (Last, First, Middle) <b>STEINMETZ, MATTHEW T</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/04/1968</b>
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Due to my investigation Steinmetz was placed under arrest for violation of F.S.S 790.01(2) - Unlicensed Carrying of a Firearm. He was subsequently transported to the Palm Beach Gardens Police Department for administrative paperwork. He was then transported to the Palm Beach County Jail for booking and processing.

No further action taken by this officer.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <u>320</u>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<u>10/05/2020</u>	<b>WOOD, AMANDA (525)</b>
	DATE	NAME OF OFFICER (PLEASE PRINT)
	<u>10/05/2020</u>	<u>10/05/2020</u>
	DATE	DATE



**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: 2020023539

Date: 10/06/2020

Specialist Name/ID: AM/31562

**SCANNED  
OCT 06 2020**