

OS38502 50.2023-CT-003655 ANB

3783

ARREST / NOTICE TO APPEAR

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

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number <b>0502300</b>		Agency Name <b>North Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7 0 23-000162</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies <b>1</b>		JUVENILE										
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input 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 Enter Type <b>UNARMED</b>		Multiple Clearance Indicator		Location of Arrest (Including Name of Business) <b>400-BLK US HWY 1 NPB FL 33408, 400 BLK US HWY 1, NORTH</b>		Location of Offense (Business Name, Address) <b>400 BLK US HWY 1, NORTH PALM BEACH, FL 33408</b>												
	Date of Arrest <b>02/25/2023</b>	Time of Arrest <b>21:19</b>	Booking Date <b>02/25/2023</b>	Booking Time <b>21:29</b>	Jail Date	Jail Time	Location of Vehicle														
D E F E N D A N T	Name (Last, First, Middle) <b>MATATALL, CHRISTOPHER ALLEN</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>		Race W - White I - American Indian B - Black O - Oriental/Asian <b>W M</b>		Sex <b>M</b>	Date of Birth <b>12/17/1966</b>	Height <b>5'10</b>	Weight <b>230</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build <b>Medium</b>							
	Local Address (Street, Apt. Number) <b>1551 N FLAGLER DR 1205, WEST PALM BEACH, FL 33401</b>		City <b>WEST PALM BEACH, FL</b>		State <b>FL</b>		Zip <b>33401</b>		Phone <b>(817) 822-3487</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>										
	Permanent Address (Street, Apt. Number) <b>1551 N FLAGLER DR 1205, WEST PALM BEACH, FL 33401</b>		City <b>WEST PALM BEACH, FL</b>		State <b>FL</b>		Zip <b>33401</b>		Phone <b>(817) 822-3487</b>		Address Source <b>FL/DL</b>										
	Business Address (Name, Street)		City		State		Zip		Phone		Occupation <b>Self Employed</b>										
	DL Number, State <b>M334101664570 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>DETROIT, MI, United</b>		Citizenship <b>US</b>												
	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										
	<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															
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	
Charge Description <b>DUI - DAMAGE TO PERSON/PROPERTY</b>		Statute Violation Number <b>316.193(3)(C)(I)</b>		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Copies 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 / Copies 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 / Copies Number		Bond							
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		Released By		Released To											
Transported By		Date Transported		Time Transported		Other															
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) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>03/22/2023 08:30:00</b>										No Photo Available							
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 Attorney/Parent/Custodian)		Date Signed																	
HOLD for Other Agency		Signature of Arresting Officer <b>Prudhomme D.</b>		Name Verification (Printed by Arrestee) <b>PRUDHOMME D.</b>		ID.# <b>9889</b>															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (PRINT) <b>PRUDHOMME D.</b>		ID.# <b>9889</b>		Transporting Officer <b>PRUDHOMME</b>		ID.# <b>9889</b>		Agency <b>NPBPD</b>		Witness here if subject signed with an "X"							
Intake Deputy <b>D. J. ...</b>		ID.#		Pouch #										PAGE 1 OF 1							

FEB 26 PM 1:10

SUBJECT: Matatall, Christopher, A

CASE NUMBER 23-000162

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Condition of Eyes: droopy lids, watery eyes, glassy

Observations: vertical gaze nystagmus present, swayed left to right, swayed left to right

**WALK & TURN:**

- \*Lost Balance
  - \*Started Before Instructed- yes
  - \*Missed Heel to Toe - on every step up the line and every step back down
  - \*Stepped Off Line- did not step off line
  - \*Used Arms for Balance- arms out like airplane
  - \*Wrong Number of Steps 12 steps up and 13 steps back
  - \*Stopped While Performing Task - no
  - \*Improper Turn - forward pivot
- Other Observations: broke from correct starting position 3x, Swayed left to right

**ONE LEG STAND:**

- \*Put Foot Down- 3 times before started counting
  - \*Used Arms for Balance- Arms out like airplane
  - \*Swayed- Left to right throughout the task
  - \*Hopped - while counting 7, 8, 9, 10
- Other Observations: Swayed during exercise, Did not look at raised foot

**ROMBERG ALPHABET:**

A B C D E F G H I J K L M N O P Q R T U V W X Y Z

**FINGER TO NOSE:**

- R1- finger to eye
- L1- finger to eye
- R2- finger to eye
- L2- finger to eye
- R3- finger to bridge of nose
- R3- finger to bridge of nose

**BREATH TEST RESULTS:**

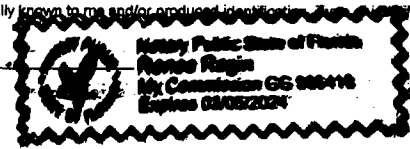
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
Signature of Arresting/Investigative Officer)

he foregoing instrument was given to or affirmed and subscribed before me this 25 day of Feb 2023 by Prud'Homme

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF Feb 20 23, AT 2120 AM PM ✓  
SUBJECT: Matatall, Christopher, A CASE NUMBER: 23-000162



AGENCY: NORTH PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: Prud'Homme 9889  
**PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

+PC for Stop: **Traffic Crash**  
+Manner of Stop:  
+APC:  
+Witness Statements:  
+Wheel Witness:

OBSERVATION OF DRIVER:

+Appearance of Vehicle: **front end damage due to traffic crash**  
+Appearance of Driver: **slurred/slow speech, delayed reaction**  
+Face/Eyes: **droopy lids, watery eyes, glassy**  
+Clothing Condition:  
+Exit Sequence:

DRIVER'S STATEMENTS:

+In Car:  
+Roadsides:  
+BAT:  
+Taylor Warnings Read: **yes**  
+Implied Consent Read: **yes**

ODORS:

**Odor of an unknown alcoholic beverage.**

## GENERAL OBSERVATIONS

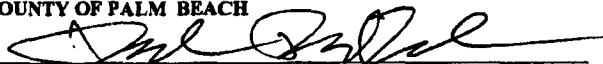
SPEECH: **slow/slurred**

ATTITUDE: **argumentative, slow/delayed reactions**

CLOTHING:

MEDICAL/OTHER:

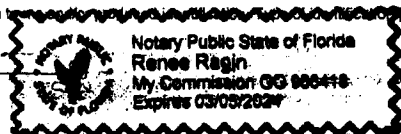
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
Signature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of Feb 20 23 by Prud'Homme

Print name of Arresting/Investigative Officer, who is personally known to me and produced: Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



23-000162

DUI WITNESS LIST



Arresting Officer: Prud'Homme 9889 Email: dprudhomme@village-npb.org

Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-283-5756

Can Testify To: Events of the case

Backup Officer(s): K Wilkinson

Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: Crash Investigation

Breathalyzer Technician: Bell ID# 8656 Agency: PBSO

DRE: \_\_\_\_\_ Agency Case #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: Thomasina Miller Involvement: Other party involved in traffic crash

Address: 3228 Gun Club Rd Phone: 561 895 1513

Can Testify To: Traffic crash  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

NOT A CERTIFIED COPY

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? \_\_\_\_\_
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

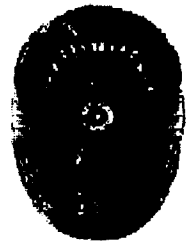
**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**



PBSO CASE # 23-040536 PBSO ZONE 3-13

AGENCY CASE # 23-000162 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2041 DATE 02/25/2023 DAY Saturday

SUBJECT'S NAME Matatall Christopher A RACE W SEX M  
LAST FIRST MID

HGT 5'9 WGT 230 DOB 12/17/66

LOCATION 400-blk US HWY 1

ARRESTING OFFICER'S NAME & ID Prud'Homme 9889 AGENCY NPBPD

DIVISION: Patrol

NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 2209

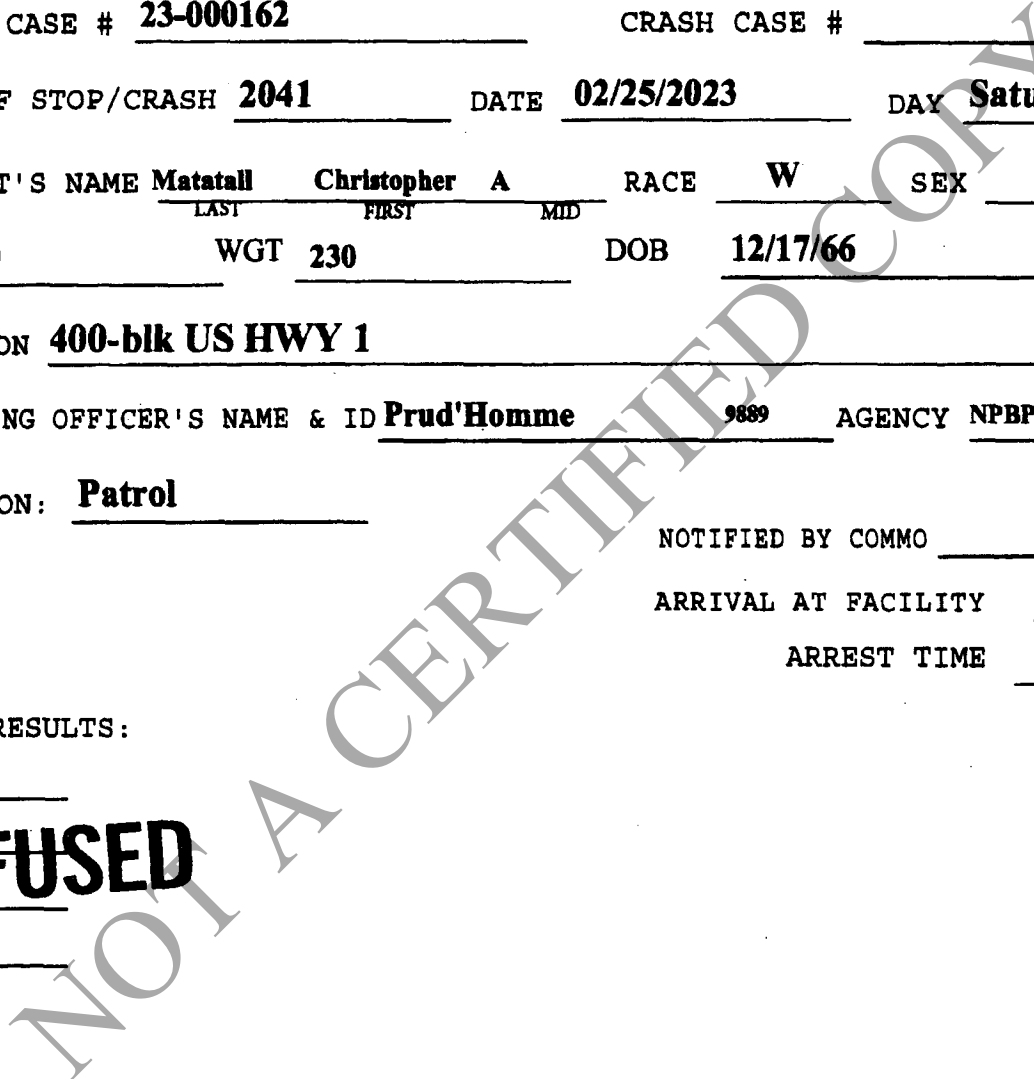
ARREST TIME 21:19

**BREATH RESULTS:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**REFUSED**

BREATH TEST OPERATOR: 8656



# TESTING FACILITY TASK REPORT

AGENCY: NPB

SUBJECT: MATATALL, CHRISTOPHER ALLEN

CASE NUMBER: 23-040536

DATE: Feb 25, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2231

ENDING TIME: 2235

BREATH TESTS RESULTS: 1) R TIME 2234 A.M.  P.M.  2) XX TIME XX A.M.  P.M.

**REFUSED**

3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE POLO SHIRT, GREY SHORTS, FLIP FLOPS

MEDICAL CONDITIONS: UNKNOWN

MEDICATIONS: UNKNOWN

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2209 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 2234 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

**REFUSED**

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Prud'Homme, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of North Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 25 day of Feb, 20 23, at 21:20 P.M. A.M.

DRIVER Christopher A Matatall
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M334101664570, state of FL, was placed under lawful arrest for

the offense of DUI- DAMAGE PERSON/PROPERTY by Prud'Homme and
(Name of Arresting Officer)

issued Citation # AG3WQTE

That on or about the 25 day of Feb, 20 25, at 21:20 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a Xbreath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

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:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before me this 25 day of Feb, 20 23, by Prud'Homme,

Title Date

who is personally known to me or who has produced Personally Known as identification

Notary Public

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
BREATH AND/OR URINE TEST

I, Prud'Homme, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of North Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 25 day of Feb, 20 23, at 21:20 P.M. A.M.

DRIVER Christopher A Matatall
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M334101664570, state of FL, was placed under lawful arrest for

the offense of DUI- DAMAGE PERSON/PROPERTY by Prud'Homme and
(Name of Arresting Officer)

issued Citation # AG3WQTE

That on or about the 25 day of Feb, 20 25, at 21:20 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

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 25 day of Feb, 20 23, by Prud'Homme,

who is personally known to me or who has produced Personally Known as identification

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

<b>Booking Number:</b> 2023005317	<b>Date:</b> 2/26/2023
	<b>Specialist Name/ID:</b> M. Tooks #8557