24CT7335NB

ARREST / NOTICE TO APPEAR

NIH

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 | 4 | 24-001632

Charge Type: Check as many as apply — ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 9250 W INDIANTOWN RD JUPITER FL 33478

Location of Offense (Business Name, Address): 7699 W INDIANTOWN RD/FLORIDAS TPKE, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/22/2024	23:02	04/22/2024	23:12	/ / : :		

DEFENDANT

Name (Last, First, Middle): MAGEEAN, MATTHEW JAMES

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	09/04/1972	5'07	170	BROWN	GRAY	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: M — Religion: UNKNOWN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 30 CHESTNUT TRL, TEQUESTA, FL 33469 — Phone:

Residence Type: 1. City 3. Florida 2. County 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 30 CHESTNUT TRL, TEQUESTA, FL 33469 — Phone:

Address Source:

Business Address (Name, Street) (City) (State) (Zip): — Phone:

Occupation:

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M250550723240 / FL	[redacted]		SYRACUSE, NY, United	US

CO-DEF

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle): I. Lee — Residence Phone:

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 ☐ defendant and/or ☐ 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.

☐ Yes, by: ☐ No: — School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, 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/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE (1)

Charge Description: DUI - NORMAL FACULTIES IMPAIRED — Statute Violation Number: 316.193(1)(A) — Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	24-001632	1	☐ Y ☒ N		

CHARGE

Charge Description — Statute Violation Number — Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description — Statute Violation Number — Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health — PROPERTY - Received By — Released By — Released To

Transported By — Date Transported / / : : — Time Transported — Other

NOTICE TO APPEAR

☒ 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): North County PALM BEACH GARD

Court Date and Time: 05/29/2024 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.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee) (PRINT): APR 23 AM 2:41

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): PICARD, RONNIE — I.D. #: 1240

Intake Deputy: Bonilla — I.D. #: 1986 — Pouch #

Transporting Officer: PICARD — I.D. #: 1240 — Agency: JUPITE

Witness here if subject signed with an "X".

PAGE 1 OF 1

COURT ☒ STATE ATTORNEY ☒ AGENCY ☒ CENTRAL RECORDS ☐ HAZEL ☒ CRIME ANALYSIS ☒ P.I.O. ☒ DEFENDANT

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SCANNED APR 23 2024

JH# 05418759

PH 576

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number

Agency ORI Number: **FL 0501700**

Agency Name: **JUPITER POLICE DEPARTMENT**

Agency Report Number: **5 | 4 | 24-001632**

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MAGEEAN, MATTHEW JAMES		**W**	**M**	**09/04/1972**

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 **SGT COOK** who told **MYSELF** that he/she saw the arrested person committ the below acts.

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

On the **23** day of **April**, **2024** at **00:02** (Specifically include facts constituting cause for arrest.)

At approximately 22:41 hours on 04/22/2024, I responded to a traffic stop initiated by Sergeant Cook near W Indiantown Rd and Florida Turnpike. Upon arrival, Sergeant Cook advised he observed the white Ford bearing FL tag AV78XS fail to maintain its lane (affected other traffic), accelerate rapidly in an unusual manner from red lights, and slow down to approximately 20 miles per hour at a green light. Sergeant Cook also advised he smelled an odor of an unknown alcoholic beverage coming from inside the vehicle which intensified as the driver spoke. (See Sergeant Cook`s Supplement Report)

I approached the passenger side of the vehicle and came in contact with the driver who was later found to be the offender, Mathew James Mageean; W/M; 09/04/1972. Mageean was the sole occupant of the vehicle. I observed Mageean had glossy eyes and slurred speech with a slight stutter. I asked Mageean to step out of his vehicle and when he did he was unsteady on his feet. I asked Mageean a question and he turned, faced away from me, and looked back at me while answering. I told him he could face me and talk to me, while Mageean was talking to me I smelled an odor of an unknown alcoholic beverage coming directly from his breath. I asked him if he was drinking tonight, he said no. I asked him if he did any drugs, he said no.

Based on my observations I asked Mageean if he would perform Standardized Field Sobriety Tasks so I know he would be safe to drive home. Mageean said no. I read Mageean Taylor Warnings and he then consented to perform the tasks.

Due to safety concerns, I advised Mageean I could move him to a safer place to perform the tasks. I then placed Mageean in the back right seat of my patrol vehicle, unhand cuffed, and I transported him to 9250 W Indiantown Rd (Sierra Square Plaza). Upon arrival, I began to read Miranda Warnings to Mageean. He advised me he was done and suggested we take him back to his car. I finished reading Miranda Warning and Mageean advised he understood, he is done, and does not want to perform the tasks. I advised

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

COOK, CAMERON CDC
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/23/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

04/23/2024
DATE

SCANNED
APR 23 2024

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number: FL 0501700

Agency Name: JUPITER POLICE DEPARTMENT

Agency Report Number: 5 | 4 | 24-001632

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MAGEEAN, MATTHEW JAMES		W	M	09/04/1972

PROBABLE CAUSE STATEMENT

Mageean about the tasks I would be asking him to perform while he kept interrupting me. I reread Mageean Taylor Warnings, I asked if he understood and he said sure. I asked Mageean if he was willing to complete the tasks and he said no.

I placed Mageean under arrest, placed handcuffs on him, checked for proper spacing, and double-locked them. I then placed Mageean in the back right seat of my patrol vehicle.

After placing Mageean under arrest, I requested at roadside that he provide a lawful sample of his breath for the purpose of determining the alcohol content. Mageean refused to provide a sample of his breath. I advised Mageean of Implied Consent and he refused to provide a sample of his breath a second time at 23:07 hours.

As a result of the above investigation, Mageean was charged with driving under the influence, normal faculties impaired pursuant to Florida State Statute 316.193(1)(A).

Mageean was transported to The Jupiter Police Department for booking and processing. He was then transported to Palm Beach County Jail without incident.

My department-issued Axon BWC was activated during the above investigation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

COOK, CAMERON CPC
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/23/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

04/23/2024
DATE

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

SCANNED
APR 23 2024

24-001632

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, **Officer Picard**, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of **Jupiter Police Department**, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the **22nd** day of **April**, 20 **24**, at **23:02** ☑P.M. ☐A.M.

DRIVER **Matthew** (FIRST NAME) **J** (MIDDLE OR MAIDEN NAME) **Mageean** (LAST NAME),

DL # **M-250-550-72-324-0**, state of **Florida**, was placed under lawful arrest for

the offense of **DUI** by **Officer Picard** (Name of Arresting Officer) and

issued citation # **AHDGSGE**.

That on or about the **22nd** day of **April**, 20 **24**, at **23:07** ☑P.M. ☐A.M.

in **Palm Beach** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

1240
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

1149
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this ____ day of ____, 20 ____, by **Officer R. Picard 1240**, who is personally known to me or who has produced **Personally Known** as identification.

Notary Public _____

Title SERGEANT

Date 4/22/2024 2307

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.

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SCANNED
APR 23 2024

EFFECTIVE OCTOBER 1, 2021

SUBJECT: **Mageean, Matthew J** CASE NUMBER: **24-001632**

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence o chemical or controlled substances.

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

I am **Officer Picard** of the **Jupiter Police Department**

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.

SUBJECT'S SIGNATURE: **Read on Camea** **Mageean, Matthew J**

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **Read on Camera** **Mageean, Matthew J**

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SCANNED
APR 23 2024

WITNESS LIST

CASE NUMBER: 24-001632

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: C. Cook

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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APR 23 2024

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024010923	**Date:** 4/23/2024
	Specialist Name/ID#: MTooks #8557

SCANNED
APR 23 2024