0539150 2023CT-5388AMB 2999

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b) ☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-049365 ( )

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

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
S Military Trl and Pipers Glenn Blvd, Boynton Beach, FL	S Military Trl and Pipers Glenn Blvd, Boynton Beach, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/23/2023	0302					Palm Beach Auto Disposal Lot

DEFENDANT

Name (Last, First, Middle): Matos, Nuyen, — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/23/1973	5'02	147	Bro	Blk	Med	MEd

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: Married | Religion: CHRISTIAN | Indication of: Alcohol Influence Y ☒ N ☐ Unk ☐; Drug Influence Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 12420 Boneventure Dr, Boynton Beach, FL | Mobile Phone: (561) 601-2756 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: Real estate agent

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M320632739230, FL	[redacted]		New York City, NY	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone ( )

Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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 (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason) | 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. Dispense/ 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	01	☐ Y ☒ N	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-049365		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month April Day 20 Year 2023 Time 0830 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: 03/23/2023

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy: Bonille I.D. #: 18342 Pouch #:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. C. Ward 16305 I.D. #: 16305

Transporting Officer: Inv. C. Ward I.D. #: 16305 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an X

PAGE 1 OF 1

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SCANNED MAR 23 2023

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06-

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

CHARGES

VICTIM

Victim's Name (Last, First, Middle) | 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

PROBABLE CAUSE STATEMENT

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 _____ who told _____ that he/she saw the arrested person commit the below acts.
- ☐ was found to have commited the below acts, resulting from my (described) investigation.

On the 23RD day of MARCH 2023 at 0255 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

☐ **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

While on routine patrol in the area of Boynton Beach Blvd and Military Trail, I observe a white sedan vehicle traveling southbound on Military Trail in the middle lane, the vehicle could not maintain a single lane. The white sedan bearing a Florida tag (LFRK34) almost went off the roadway onto the sidewalk 4 different times. I completed a traffic stop on the white vehicle there I met with a white female driver who provided me with her Fl drivers license her Nuyen Lee Matos who had slurred speech, glossy eyes. I asked PBSO for a DUI unit for further investigation and Dui Ward id #10305 and completed his investigation.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
F. GERMAIN (ID #) 31848
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 223 day of MARCH 20 23 by F. GERMAIN 31848
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PRODUCED FL ID :

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

PBSO #0094 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

SCANNED
MAR 23 2023

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23-049365

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
Matos, Nuven,		W	F	11/23/1973

CHARGES

Charge Description	Charge Description
Driving Under the Influence 316.193(1A)	
Charge Description	Charge Description

VICTIM

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

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 I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ 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 23 day of March 20 23 at 0233 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

☐ **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of my PBSO patrol vehicle using the in car video system with the following results. The area appeared flat and even, and freshly paved to the naked eye. I twas dark and lit by the lights on my patrol vehicle and clear of any large debris. It was warm and not windy. The area was dry.

Horizontal Gaze Nystagmus (HGN)

The defendant was placed with their feet together and hands down by their side. The defendant was instructed to await the completion of the instructions prior to beginning the task. The defendant acknowledged that they clearly understood my instructions. I then instructed the defendant on the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which he said "yes." I asked the defendant what color the stimulus was to which they answered. "red.". Upon commencing the task the defendant moved their head side to side instead of following with their eyes only, and did not follow the stimulus as instructed. I had to reinstruct the defendant during the task to follow the stimulus with their eyes only. During the task, I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally. I observed a lack of smooth pursuit in both of the defendant's left and right eyes. I observed a distinct and sustained nystagmus, a quivering/jerking from side to side, while the stimulus was held at maximum deviation in both of the defendant's left and right eyes. I observed the onset of nystagmus with the stimulus held prior to 45 degrees in both of the defendant's left and right eyes.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of March 20 23 by Inv. C. Ward

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Known LEO

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S. 91, 117, 10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PBSO #0004 REV. 12/22 DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

SCANNED
MAR 23 2023

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23-049365

Charge Type (Check as many as apply): [ ] 1 Felony [ ] 2 Traffic Felony [ ] 3 Misdemeanor [X] 4 Traffic Misdemeanor [ ] 5 Ordinance [ ] 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Matos, Nuven,		W	F	11/23/1973

CHARGES

Charge Description	Charge Description
Driving Under the Influence 316.193(1A)	
Charge Description	Charge Description

VICTIM

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

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 I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

- [ ] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 23 day of March 20 23 at 0233 [X] A.M [ ] P.M (Specifically include facts constituting cause for arrest.)

[ ] **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

At this time I found probable cause to believe that the defendant was impaired for the purposes of operating a motor vehicle pursuant to Florida State Statute 316.193(1a). I handcuffed the defendant to the rear. I checked the handcuffs for proper fit and double locked them. I then placed the defendant in the rear of my PBSO patrol vehicle.

An inventory search of the vehicle was conducted prior to tow per PBSO policy. I located the noting to mention inside the vehicle. The vehicle was towed by rotation by Palm Beach Auto Disposal to their impound lot.

I transported the Defendant to the Palm Beach County Jail Breath Alcohol Testing (B.A.T.) center.

Once at the Breath Alcohol Testing Center I placed the defendant in a centrally located position where they could be easily monitored. I observed the defendant for 20 uninterrupted minutes during which time they did not ingest anything and/or regurgitate. After the 20 minute observation period the defendant was escorted into and isolated testing room which was video recorded. Once inside the room I requested a lawful sample of the defendant's breath for the purposes of determining its blood alcohol content. The defendant Consented. The defendant gave two lawful samples of her breath resulting in a BAC of .123 and .120.

I read the defendant her Miranda rights form a pre printed card. She stated that she understood and continued to speak with me. She stated that she had been coming from the Lake Worth Area. She stated that she was driving the motor vehicle. She stated that she had drank 2 beers and one old fashion. She confirmed that she had no medical issues. She stated that she has SI joint pain. She confirmed that she dose not take prescription medications.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of March 20 23 by Inv. C. Ward

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Known LEO

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S. 92), 117, 10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PAGE 2 OF 2

PBSO 00004 REV. 12/22

DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

SCANNED
MAR 23 2023



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

PBSO CASE # **23-049365** PBSO ZONE **6-51**

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH **0233** DATE **03/23/2023** DAY **Thursday**

SUBJECT'S NAME **Matos, Nuyen,** RACE **W** SEX **F**

HGT **5'02** WGT **147** DOB **11/23/1973**

LOCATION **S Miltary Trl and Pipers Glenn Blvd, Boynton Beach, FL**

ARRESTING OFFICER'S NAME & ID **Inv. C. Ward 16305 (16305)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **DUI-CID**

NOTIFIED BY COMMO **Yes**

ARRIVAL AT FACILITY **0336**

ARREST TIME **0302**

BREATH RESULTS:

.123

.120

TESTING OFFICER'S ID **8656** PBSO VIDEOTAPE # **N/A**

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SCANNED
MAR 23

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF MArch 20 23, AT 0233 ✓AM PM

SUBJECT: Matos, Nuyen, CASE NUMBER: 23-049365

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. C. Ward 16305

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I was called to the scene of a traffic stop near the intersection of S Miltiary Trl and Pipers Glenn Blvd in unincorporated Boynton Beach ,Palm Beach County, Florida. I arrived at the scene at approximately 0244 hrs.

D/S F. Germain # 31848 told me, in a signed sworn PC Supplement, the following:

"While on routine patrol in the area of Boynton Beach Blvd and Military Trail, I observe a white sedan vehicle traveling southbound on Military Trail in the middle lane, the vehicle could not maintain a single lane. The white sedan bearing a Florida tag (LFRK34) almost went off the roadway onto the sidewalk 4 different times. I completed a traffic stop on the white vehicle there I met with a white female driver who provided me with her Fl drivers license her Nuyen Lee Matos who had slurred speech, glossy eyes. I asked PBSO for a DUI unit for further investigation and Dui Ward id #10305 and completed his investigation."

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their Florida Driver's License as, Nuyen Matos. I observed that the defendant had red, watery, bloodshot eyes. The defendant had the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said that she had two beer.

I asked the defendant to exit the vehicle. The defendant swayed while standing and while walking

I asked the defendant to perform voluntary field sobriety tasks. The defendant consented.

DRIVER'S STATEMENTS:

I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said that she had two beer. The defendant stated that she was coming from a friends house and that she was almost home.

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experinces, which came from the defendant's breath and intensified as they spoke to me.

GENERAL OBSERVATIONS

SPEECH: **Normal**

ATTITUDE: **Inattentive, Jovial, argumentative**

CLOTHING: **Burgandy Shirt, Blue Jeans, Slides**

MEDICAL/OTHER: **I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said that she had two beer.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of March 2023 by Inv. C. Ward 16305

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

NOT A CERTIFIED COPY

SCANNED
MAR 23 2023

SUBJECT: Matos, Nuyen, CASE NUMBER 23-049365

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
See P.C.

WALK & TURN:

Prior to starting the task the defendant was given the option to take off her shoes which she did. I placed, with the assistance of another deputy, an approximately 2" wide piece of yellow on the ground. I asked the defendant if they knew their left from their right which they did. I asked the defendant if they could see the line and they stated that they did. I asked the defendant what color the line was and they stated yellow. I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I instructed the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. The defendant was then instructed on the task which I also demonstrated. The defendant swayed during my instructions. The defendant came out of the stance prior to me telling them to begin. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, used their arms for balance, and made an improper turn. The defendant asked for additional instructions, and swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant stated during the instructions to this task that she has sciatica pain. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. The defendant came out of the instructional position prior to being told to begin. After being told to begin the defendant put their foot down prior to being told to stop, used their arms for balance, and swayed. The defendant miscounted during the task. The defendant did not look at their toe as instructed and had to be instructed to do so.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant mimicked me by tilting their head back and raising their arms prior to being told to start. I instructed the defendant on the task and demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant proceeded to miss/search for the tip of their nose with the tip of their finger, and did not bring their hand immediately bring back as instructed after numerous reminders to do so. The defendant did not keep their head tilted back during the task. The defendant swayed throughout the task.

ROMBERG ALPHABET:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant stated that they knew their English alphabet from A to Z. I instructed them on the task and then demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant then proceeded to state their alphabet without issue.

BREATH TEST RESULTS: .123 .120

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of March 2023 by Inv. C. Ward 16305

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SCANNED
MAR 23

WITNESS LIST

CASE NUMBER: 23-049365

ARRESTING OFFICER: Inv. C. Ward 16305

ADDRESS: 3228 Gun Cub Rd, West PAlm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-851-1130

CAN TESTIFY TO: DUI Investigation

NAME: D/S F. Germain

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Stopping Deputy

NAME: D/S R. Gonzalez # 31774

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Back Up Officer (Stewart)

NAME: D/S A. Stewart # 41480

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Back Up Officer

NAME: D/S J. Maldanado # 37549

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Female Pat Down

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 23

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MATOS, NUYEN LEE

CASE NUMBER: 23-049365

DATE: Mar 23, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0401

ENDING TIME: 0416

BREATH TESTS RESULTS: 1) .123 TIME 0405 A.M. ☒ P.M. ☐ 2) .120 TIME 0408 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: COOPERATIVE

CLOTHING: PURPLE SHIRT, BLUE JEANS, SANDALS

MEDICAL CONDITIONS: JOINT ISSUE IN BACK

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0336 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

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MAR 23 2023

SUBJECT: Mata, A[illegible] L[illegible] CASE NUMBER: 23-[illegible]

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) Read on Camera

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WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

PBSO #0129BU REV 04/22

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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? _____

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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: _____

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 03/23/2023

Date of Last Agency Inspection: 03/10/2023
Observation Period Began: 03:36
Subject's Name: NUYEN LEE MATOS DOB: 11/23/1973 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	04:03
Air Blank	0.000	04:04
Control Test	0.081	04:04
Air Blank	0.000	04:04
Subject Sample #1	0.123	04:05
Air Blank	0.000	04:06
Air Blank	0.000	04:07
Subject Sample #2	0.120	04:08
Air Blank	0.000	04:09
Control Test	0.080	04:09
Air Blank	0.000	04:10
Diagnostics Check	OK	04:10

Cylinder Lot: 08622080A1
Exp: 06/05/2024

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 03/23/23
Signature

Sworn to (or affirmed) before me this 23 day of March, 2023

_____ INV. C. Ward #16305
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

SCANNED
MAR 23 2023

Booking Number: 2023007680	**Date:** 3/23/2023
	Specialist Name/ID: Pinkneya/7796