J-0512429 19 CT 020845 MB P-3934

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	
Agency ORI Number	FLO 500000
Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only)	06- 19-135549
ChargeType: Check as many as apply.	☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
Weapon Seized / Type (1. Yes 2. No)	2 NONE
Multiple Clearance Indicator	02
Location of Arrest (Including Name of Business)	OKEECHOBEE BLVD & CRESTWOOD BLVD RPB, FL 33411
Location of Offense (Business Name, Address)	OKEECHOBEE BLVD & CRESTWOOD BLVD RPB FL 33411
Date of Arrest	11/08/2019
Time of Arrest	20:15
Booking Date / Booking Time / Jail Date / Jail Time	
Location of Vehicle	ALL TIME TOWING

DEFENDANT

Name (Last, First, Middle)	MATEO, ANDRES, RAYMUNDO
Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race (W - White I - American Indian B - Black O - Oriental/Asian)	W
Sex	M
Date of Birth	06/07/1999
Height	4'9"
Weight	115
Eye Color	BRW
Hair Color	BLK
Complexion	MED
Build	SMALL
Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)	
Marital Status / Religion	
Indication of: Alcohol Influence	Y ☒
Drug Influence	Unk. ☒
Local Address (Street, Apt. Number) (City) (State) (Zip)	12561 DAHLIA DRIVE Royal Palm Beach, FL 33411
Phone	(561) 503-8761
Residence Type: 1. City 2. County 3. Florida 4. Out of State	2
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	,
Phone	( )
Address Source	VERBAL
Business Address (Name, Street) (City) (State) (Zip)	
Phone	( )
Occupation	LANDSCAPING
D/L Number, State	NONE
Soc. Sec. Number	NONE
INS Number	
Place of Birth (City, State)	GUATEMALA
Citizenship	NO

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Status	Type
				☐ 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: — 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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	19-135549		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
NO VALID DL (NEVER ISSUED)	1	☐Y ☒N	322.03(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	19-135549		OR

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, WPB, FL 33406

Court Date and Time: Month DECEMBER Day 5th Year 2019 Time 08:30 AM X PM

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

X [signature] — 11/08/2019

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

ADMIN

HOLD for other Agency Name:	
Signature of Arresting Officer	X INV. J. Schaefer #8777
Name Verification (Printed by Arrestee) (PRINT)	
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:	
Name of Arresting Officer (Print)	INV. J. SCHAEFER
I.D. #	8777
Intake Deputy	DS Collins
I.D. #	2622
Pouch #	
Transporting Officer	INV. J. SCHAEFER
ID #	8777
Agency	PBSO
Witness here if subject signed with an -X"	
PAGE	1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

V/S 01026 8052 1310

2019 NOV -9 AM 1:01

NOV 9 AM 1:01

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF NOVEMBER 20 19, AT 18:50 AM ✓ PM

SUBJECT: MATEO, ANDRES, RAYMUNDO CASE NUMBER: 19-135549

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 11/08/2019 at approximately 19:29hrs, I was dispatched to the scene of a motor vehicle crash without injuries near the intersection of Okeechobee Blvd and Crestwood Blvd, which is located in the village of Royal Palm Beach, Palm Beach County, Florida.

I arrived at the scene at approximately 19:38hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 18:50hrs, the defendant did indeed rear end V2 which was properly stopped for a red traffic signal. (See PBSO crash case #19-135535)

Witness Feliciano Mateo Nicolas, identified the defendant, to me, as the driver of the 2016 gray Jeep Compass bearing Florida tag 369-PRI at the time of the crash. Feliciano completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Karly Miller #16237 relayed to me that the defendant had articulable indicators of impairment, so she called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Guatemala Identification Card as "ANDRES RAYMUNDO MATEO", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emanating from his person and face area. This odor intensified as I spoke to Mateo. Mateo had glassy, glazed, and blood shot eyes. Mateo's speech was slurred, slow, thick, and at times difficult to understand in his broken English and Spanish. Mateo's movements were slow, deliberate, and lethargic with poor coordination. Mateo had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Mateo was wearing a dark gray shirt, blue jeans, and black sneakers. All the clothing appeared disheveled.

DRIVER'S STATEMENTS:

Pre-Miranda: Mateo stated he had 5 Coronas.

Mateo consented to breath and made post Miranda admissions on scene that he was driving after having 5 beers and was involved in an accident.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emanating from his person and face area which intensified as I spoke to Mateo.

GENERAL OBSERVATIONS

SPEECH: **Mateo's speech was slurred, slow, and thick, and at times difficult to understand.**

ATTITUDE: **sleepy, cooperative**

CLOTHING: **dark gray shirt, blue jeans, and black sneakers**

MEDICAL/OTHER: **none**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. J. Schaefer #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of NOVEMBER 2019 by INV. J. SCHAEFER

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

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT: MATEO, ANDRES, CASE NUMBER 19-135549

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:

Mateo would sway roughly in a side to side front to back pattern throughout the task. Mateo did not touch the tip of the pen as directed to positively identify the point to be tracked. Mateo was reminded numerous times to track the pen with his eyes only. Mateo failed to keep Mateo head still while tracking the stimulus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Mateo through Spanish interpretor D/S Jean Landa #20328 Mateo who stated the he understood. During the task, I observed Mateo to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mateo could not maintain his balance while listening to instructions. Mateo stepped out of the instructional stance during the demonstration to catch his balance. Mateo would stop walking to steady himself with pauses to regain balance. Mateo missed heel-to-toe steps and stepped off the line. Mateo used his arms for balance by raising them more than six inches. Mateo could not perform the task.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Mateo through Spanish interpretor D/S Jean Landa. Mateo who stated the he understood. During the task, I observed Mateo to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mateo continued to sway while balancing on one leg. Mateo used his arms to balance raising them more than 6 inches from his/her sides. Mateo started hopping in an attempt to maintain balance. Mateo failed to count out loud or properly by thousands as instructed. Mateo put his foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Mateo through Spanish interpretor D/S Jean Landa. Mateo who stated the he understood. During the task, I observed Mateo to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mateo failed to return his arms down to his sides as instructed after touching his nose. Mateo's index finger did not touch the tip of the nose on 5 of 6 attempts. The sequence used for this task was L, R, L, R, R, and L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Mateo through Spanish interpretor D/S Jean Landa. Mateo who stated the he understood. During the task, I observed Mateo to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mateo incorrectly recited the alphabet.

BREATH TEST RESULTS: 1) .187 | 2) .186 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. J. Schaefer #877
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of NOVEMBER 2019 by INV. J. SCHAEFER

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

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

[illegible]G FACILITY TASK R[illegible]

AGENCY: ______

SUBJECT: [illegible], Andres R. CASE NUMBER: [illegible]

DATE: [illegible] /18 VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 2213 ENDING TIME: [illegible]

BREATH TESTS RESULTS: 1) .187 TIME 2130 A.M./(P.M.) 2) .186 TIME [illegible] A.M./(P.M.)

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. [illegible] #7909

MAINTENANCE TECHNICIAN: Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish speaking, broken English

ATTITUDE: Calm, quiet

CLOTHING: Blue jeans, L/S black T-shirt, black [illegible]

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes glassy and bloodshot, odor of an unknown alcoholic beverage on breath, [illegible]

COMMENTS: [illegible] at mobile BAT A/O [illegible] minute observation period at 20[illegible] hrs.

A read camera format off of Spanish card and agreed to take test

A/O stated rights were read at scene

A/O did not attempt Q+A due to language barrier

Tech read breath test results & acknowledged he understood results

[illegible] YELLOW - DHSMV PINK - CENTRAL [illegible]

SUBJECT: Macau, Andres R. CASE NUMBER: [illegible]

IMPLIED CONSENT FOR DUI IN A [illegible]

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE [illegible]

I am now requesting that you submit to a lawful test of your BREATH for the [illegible] content.

OR

I am now [illegible] a lawful test of your URINE for the purpose [illegible] presence of chemical [illegible].

OR

I am now requesting that you submit to a lawful test of your BLOOD for the [illegible] alcohol content and the presence of chemical or controlled substances.

[illegible] IF THE SUBJECT DOES NOT COMPLY [illegible]

[illegible]: ____________________ of the ____________________

If you fail to submit to the test I have requested of you, your privilege to operate [illegible] for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege [illegible] of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, [illegible] requested of you and if your driving privilege has been previously suspended [illegible] of your breath, urine or blood you will be committing a misdemeanor. Refusal to [illegible] is admissible into evidence in any criminal proceeding.

SUBJECT SIGNATURE: (X) ____________________

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS [illegible]

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 [illegible] questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court-[illegible] during any questioning.
5. If at any time during the interview you do not wish to answer any questions, [illegible]
6. I can make no threats or promises to induce you to make a statement. [illegible]
7. Any statement you make will be used against you in a court of law.

SUBJECT'S SIGNATURE: (X) Rico o.v C[illegible]

[illegible] YELLOW - DHSMV PINK - CENTRAL [illegible]

SUBJECT: *Marza, Andres R* CASE NUMBER [illegible] *649*

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND [illegible] 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 [illegible]? ______ WHAT TIME IS IT NOW? ______

WHAT IS [illegible] DATE? ______ WHAT DAY OF THE WEEK IS IT? ______

[illegible] COUNTY [illegible] CITY ARE YOU IN NOW? ______

[illegible] ______ WHAT DID YOU EAT? ______

[illegible] THREE HOURS? ______

HOW MUCH DO YOU WEIGH? ______ HAVE YOU BEEN DRINKING? ______ [illegible]

[illegible] MUCH? ______ WHERE? ______ WITH WHOM? ______

WHEN DID YOU HAVE YOUR FIRST DRINK? ______ AND YOUR LAST [illegible]

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? ______

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ______ ARE YOU UNDER [illegible]

[illegible] ALCOHOL SINCE THE ACCIDENT? ______ HOW [illegible]

[illegible]? ______ WHERE? ______ [illegible]

WHAT LINE OF WORK ARE YOU IN? ______

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? ______

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? ______ WHO? ______

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? ______ WHAT? ______

DO YOU HAVE: EPILEPSY? ______
GLASS EYE? ______
FALSE TEETH? ______
[illegible] INJECTION? ______
[illegible] TROUBLE? ______
[illegible] ______

[illegible] YOUR EYES THAT ARE NOT CORRECTED [illegible]

[illegible] IF SO, WHEN WAS YOUR LAST INJECTION? ______

HAVE YOU EVER [illegible] LICENSE IN ANY OTHER STATE? ______

[illegible]

[illegible] YELLOW - DHSMV PINK - CENTRAL [illegible]

Refused [illegible] Counsel [illegible]

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: 80-006027 Software: 8100.27
Date of Test: 11/08/2019

Date of Last Agency Inspection: 10/18/2019
Observation Period Began: 20:30
Subject's Name: ANDRES R MATEO DOB: 06/07/1999 Sex: M

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	21:17
Air Blank	0.000	21:18
Control Test	0.079	21:18
Air Blank	0.000	21:19
Subject Sample #1	0.187	21:20
Air Blank	0.000	21:20
Air Blank	0.000	21:22
Subject Sample #2	0.186	21:23
Air Blank	0.000	21:23
Control Test	0.079	21:24
Air Blank	0.000	21:24
Diagnostics Check	OK	21:24

Operator Lot: 2281/480A5
Exp: 10/05/2019

State of Florida, County of Palm Beach.

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

I, _____, 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: 11/08/19
Signature

Sworn (or affirmed) before me this 08 day of November, 2019

INV. Schaefer #8777
Signature of Notary Public-State of Florida

INV. J. SCHAEFER
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

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19135535 ~~19-135549~~	9-11	Mateo Ramon	11/08/19 18:52
EVENT TYPE: DUI 19-135549	DEPUTY: D/S W. Cannon		ID#: 31298

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Mateo Nicolas	Feliciun		W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
February 20, 1971	5'08	205	black	black

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
~~February 20, 1971~~ 13365 22ND RD N	Loxahatchee	FL	33470
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561)929 8582	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Yo Feliciano bi Mateo Andres como Conduct
del carro Cuenos choco

Yo Jennifer Mateo Escribo Por mi Padre Feliciano y
aseguro haber visto Mateo Andres Como el conductor del carro,
el tenía Puesto. gorra negra, Playera negra Pantalones
azul; Tamaño ~~Pequeño~~ mediano con Pelo negro, color de
piel hispano moreno. El carro es gris de marca Jeep
llantas negras usadas que nos golpeo (choco) de Parte trasera
de "nuestro" carro. Yo vi Exactamente, claramente a Mateo
Andres en el nacimiento del conductor, él era el conductor del carr

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Feliciano

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY: 20:00

DATE: 11/08/19 TIME:

SIGNATURE: D/S [signature] ID: 31298

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY ***CANARY*** - STATE ATTORNEY COPY ***PINK*** - OFFICER'S COPY ***GOLD*** - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

WITNESS LIST

CASE NUMBER: **19-135549**

ARRESTING OFFICER: **INV. J. SCHAEFER**
ADDRESS: **3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406**
PHONE NUMBERS (HOME): ____ (WORK) **(561) 688-4001**
CAN TESTIFY TO: **SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO**

NAME: **D/S JEAN LANDA #20328 (DISTRICT 9)**
ADDRESS: **3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406**
PHONE NUMBERS (HOME) ____ (WORK) **(561) 688-3000**
CAN TESTIFY TO: **SPANISH INTERPRETOR FOR SFST's**

NAME: **FELICIANO MATEO NICOLAS**
ADDRESS **13365 22nd RD NORTH LOXAHATCHEE, FL 33470**
PHONE NUMBERS (HOME) ____ (WORK) **(561) 929-8582**
CAN TESTIFY TO: **SEE WRITTEN SWORN STATEMENT**

NAME:
ADDRESS
PHONE NUMBERS (HOME) () (WORK) ()
CAN TESTIFY TO:

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