

AGENCY INFORMATION		ARREST / NOTICE TO APPEAR		JUVENILE REFERRAL REPORT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17-114493															
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 03																	
Location of Arrest (Including Name of Business) 4200 S CONGRESS AVE LAKE WORTH, FL 33461				Location of Offense (Business Name, Address) 4200 S CONGRESS AVE LAKE WORTH, FL 33461																	
Date of Arrest 08/14/2017		Time of Arrest 0227		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle CAMEL TOWING									
Name (Last, First, Middle) POBLANO JANET A				Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W		Sex F		Date of Birth 06/16/1979		Height 5-00		Weight 120		Eye Color BRN		Hair Color BRN		Complexion FAIR		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TT- SEVERAL PLACES				Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.													
Local Address (Street, Apt. Number) 5981 VIA VERMILYA APT 10 LAKE WORTH, FL 33462				(City)		(State)		(Zip)		Phone (561)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone ()		Address Source UNK									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation UNK									
D/L Number, State FL/P145-421-79-716-0				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) WEST PALM BEACH, FL				Citizenship USA					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended				Grade													
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property													
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI (2nd Offense)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-114493		Warrant / Capias Number				Bond									
Charge Description REFUSAL TO SUBMIT TO BREATH TEST				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.1939(1D)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-114493		Warrant / Capias Number				Bond									
Charge Description REFUSAL TO SIGN SUMMONS				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 318.14(3)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-114493		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406- PH: (561) 355-2996																					
Court Date and Time Month 08 Day 14 Year 2017 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
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) Refused																					
Date Signed 08/14/2017																					
HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) SCANNED													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Cpl. Thomas Walton				I.D. # 6942									
Intake Deputy [Signature]				I.D. #				Pouch #				Transporting Officer Cpl. Thomas Walton				ID # 6942					
												Agency PBSO				Witness here if subject signed with an -X" 1 OF 1					

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	OBTS Number			Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-17-114493					
	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		Special Notes:					
DEF	Name (Last, First, Middle) Poblano, Janet Ann		Alias		Race W		Sex F		Date of Birth 6-16-79				
CHARGES	Charge Description DUI		Charge Description										
	Charge Description		Charge Description										
VICTIM	Victim's Name (Last, First, Middle) State of FL		Race		Sex		Date of Birth						
	Local Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone		Address Source		
	Business Address (Name, Street)		(City)		(State)		(zip)		Phone		Occupation		
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 14TH day of August 20 17 at 2:06 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)													
Supplemental Probable Cause I was in uniform in a marked PBSO vehicle on patrol when I responded to the area of 6th Ave South & Congress Ave. unincorporated Lake Worth, regarding a hit & run crash. Dispatch advised that the victim had stopped at the Marathon Gas Station on the SW corner of the aforementioned intersection. The victim said the suspect vehicle, a red Toyota, had also pulled into the same gas station. The victim then advised, via dispatch, that the suspect vehicle again left traveling W/B on Melaleuca Ln. The victim followed the suspect vehicle giving location updates via cellphone which was relayed to me by dispatch. I located the suspect vehicle at the red light at the intersection of Melaleuca Ln. & Military Trail. The victim was in a silver Nissan behind the suspect vehicle. As I waited behind the Toyota, which was bearing FL tag Y17GTW, it slowly moved forward over the stop bar entering the intersection while the light was still red. Once the light turned green, I activated my overhead blue lights & initiated a traffic stop on the Toyota. The Toyota, a red 2002 Camry 4dr, whose tag had expired on 6/16/17, stopped in the parking lot of a gas station on the NW corner of the intersection. I exited my car & made contact with the driver who verbally identified herself as the registered owner, Janet Ann Poblano. When I made contact with Poblano & asked her for her DL I observed that her speech was slurred. Poblano said she did not have her DL in her possession. Poblano also became very agitated when asked basic questions about her name & when told the reason for the stop. Based on my physical observations, I suspected Poblano might be DUI. I requested a DUI investigator respond & DUI investigator DS Walton ID 6942 arrived on scene. I advised DS Walton that Poblano was possibly impaired based on my physical observations. DS Walton then conducted a DUI investigation. I issued Poblano a FUTC for the expired tag # A80WSGE.													
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Sgt. Mendelsberg (Signature of Arresting/Investigative Officer)												
	The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of August 20 17 by Sgt. Mendelsberg 9157												
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced DS Miranda 19477												
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)													

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 #:	17-114493	ZONE:	1-32	SUSPECT:	Robbano, TANET	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	8/14/17
EVENT TYPE:	DUI	DEPUTY:	T. WALTON			ID#:	6942

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	MULLANE	FIRST NAME:	MATTHEW	MIDDLE INITIAL:	B	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 08/21/1985	YOUR HEIGHT:	6'5"	YOUR WEIGHT:	250	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Blue
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS			CITY:	Lake Worth	STATE:	FL	ZIP:	33467
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED			CITY:	Deerfield Beach	STATE:	FL	ZIP:	33442
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE		
1954) 354-8545		1954) 703-0555		1961) 251-6810		m.mullane@aol.com			

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

YOUR NAME:	1 MATTHEW MULLANE	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>White female appeared to be driving drunk on melaluca heading west. She almost drove off the road and nearly hit several other cars. She also ran several red lights. The vehicle was a red toyota camry. Tag number was Y17GTW</p>		
<p>SCANNED AUG 17 2017 PAGE ____ OF ____</p>		

READ AND SIGN

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

YOUR SIGNATURE: *Matthew Mullane*

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8/14/17

TIME: 0230

SIGNATURE: *[Signature]*

ID: 19472

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