

2017 CT 15243

ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile																		
ADMINISTRATIVE	Agency ORI Number <b>FLO 500000</b>				Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-114493</b>																					
	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						Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator <b>03</b>																			
	Location of Arrest (Including Name of Business) <b>4200 S CONGRESS AVE LAKE WORTH, FL 33461</b>				Location of Offense (Business Name, Address) <b>4200 S CONGRESS AVE LAKE WORTH, FL 33461</b>																							
	Date of Arrest <b>08/14/2017</b>		Time of Arrest <b>0227</b>		Booking Date		Booking Time		Jail Date		Jail Time																	
	Location of Vehicle <b>CAMEL TOWING</b>																											
	Name (Last, First, Middle) <b>POBLANO JANET A</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)																							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>06/16/1979</b>		Height <b>5-00</b>		Weight <b>120</b>		Eye Color <b>BRN</b>		Hair Color <b>BRN</b>		Complexion <b>FAIR</b>		Build <b>SMALL</b>											
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TT - SEVERAL PLACES</b>								Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of: Y N Unk. Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>															
	DEFENDANT	Local Address (Street, Apt. Number) <b>5981 VIA VERMILYA APT 10</b>				(City) <b>LAKE WORTH</b>		(State) <b>FL 33462</b>		(Zip) <b>(561)</b>		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>														
		Permanent Address (Street, Apt. Number) ,				(City)		(State)		(Zip) ( )		Phone		Address Source <b>UNK</b>														
Business Address (Name, Street)				(City)		(State)		(Zip) ( )		Phone		Occupation <b>UNK</b>																
D/L Number, State <b>FL/P145-421-79-716-0</b>		Soc. Sec. Number [REDACTED]		INS Number				Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>				Citizenship <b>USA</b>																
CO-DEF	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																	
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																
CHARGE	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 355-2528) 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														
CODE	Drug Activity S. Sell N. N/A B. Buy P. Possess R. Smuggle D. Deliver T. Traffic 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 <b>DUI (2nd Offense)</b>				Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number <b>316.193(1)</b>				Violation of ORD #											
CHARGE	Drug Activity N N		Drug Type		Amount / Unit		Offense # <b>17-114493</b>						Warrant / Capias Number				Bond											
	Charge Description <b>REFUSAL TO SUBMIT TO BREATH TEST</b>				Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number <b>316.1939(1)</b>				Violation of ORD #											
CHARGE	Drug Activity N N		Drug Type		Amount / Unit		Offense # <b>17-114493</b>						Warrant / Capias Number				Bond											
	Charge Description <b>REFUSAL TO SIGN SUMMONS</b>				Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number <b>318.14(3)</b>				Violation of ORD #											
CHARGE	Drug Activity N N		Drug Type		Amount / Unit		Offense # <b>17-114493</b>						Warrant / Capias Number				Bond											
	Charge Description <b>REFUSAL TO SIGN SUMMONS</b>				Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number <b>318.14(3)</b>				Violation of ORD #											
CHARGE	Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number <b>318.14(3)</b>				Violation of ORD #															
	Drug Activity		Drug Type		Amount / Unit		Offense # <b>17-114493</b>						Warrant / Capias Number				Bond											
NOTICE TO APPEAR	Location (Court Room Number Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406</b>												PH: (561) 355-2996															
	Court Date and Time Month <b>08</b> Day <b>14</b> Year <b>2017</b>				Time <b>8:30</b>				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 IF I 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												<b>08/14/2017</b>																
Signature of Defendant (or Juvenile and Parent /Custodian) <i>Rejected</i>												Date Signed <i>CO</i>																
ADMIN	HOLD for other Agency				Signature of Arresting Officer <i>Thomas Walton</i>				Name Verification (Printed by Arrestee) <b>SCANNED</b>																			
	Name: <b>X</b>				Name of Arresting Officer (Print) <b>Cpl. Thomas Walton</b>				I.D. # <b>6942</b>				(PRINT)															
	Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest <input type="checkbox"/> Other:				Transporting Officer ID # <b>Cpl. Thomas Walton 6942 PBSO</b>				Agency <b>PBSO</b>															
	Intake Deputy <b>I.D. #</b>				Pouch #												Witness here if subject signed with an -X"											

**AUG 17 2017**  
2017  
1 OF 1

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT						
	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-</b>	17-114493					
DEF	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:					
CHARGES	Name (Last, First, Middle) <b>Poblano, Janet Ann</b>			Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>6-16-79</b>	
	Charge Description <b>DUI</b>			Charge Description					
	Charge Description			Charge Description					
VICTIM	Victim's Name (Last, First, Middle) <b>State of Fl</b>				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			
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____  <input type="checkbox"/> confessed to _____ 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.</p> <p>On the <b>14TH</b> day of <b>August</b> 20 <b>17</b> at <b>2:06</b>      <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<b>Supplemental Probable Cause</b>									
PROBABLE CAUSE STATEMENT	<p>I was in uniform in a marked PBSO vehicle on patrol when I responded to the area of 6th Ave South &amp; Congress Ave. unincorporated Lake Worth, regarding a hit &amp; 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. &amp; 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 &amp; initiated a traffic stop on the Toyota. The Toyota, a red 2002 Carmry 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 &amp; made contact with the driver who verbally identified herself as the registered owner, Janet Ann Poblano. When I made contact with Poblano &amp; 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 &amp; when told the reason for the stop. Based on my physical observations, I suspected Poblano might be DUI. I requested a DUI investigator respond &amp; 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 than conducted a DUI investigation. I issued Poblano a FUTC for the expired tag # A80WSGE. <span style="float: right;">SCANNED</span></p> <p style="text-align: right;">AUG 17 2017</p>								
		<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><b>Sgt. Mendelsberg</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>14TH      <b>August</b> 20 <b>17</b> by <b>Sgt. Mendelsberg 9157</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____</p> <p>(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced</p> <p><b>D/S Mirenda 19477</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							

WITNESS  VICTIM  OTHER

CASE #:	17-114493	ZONE:	1-32	SUSPECT:	Poplano, Janet	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	8/14/17
EVENT TYPE:	PCU	DEPUTY:	T. WALTON		ID#:	6942	

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: MULLANE		FIRST NAME: MATT HEW		MIDDLE INITIAL: B	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YY) 08/21/1985		YOUR HEIGHT: 6'5"	YOUR WEIGHT: 250	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue	
YOUR HOME ADDRESS: 7101 Goff Colony Ct Unit 103			□ CHECK IF HOMELESS		STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS: Ryan Inc Southern 1700 S. Paseo Rd			□ CHECK IF UNEMPLOYED OR RETIRED		STATE: FL	ZIP: 33442
WORK PHONE: <input type="checkbox"/> CHECK IF NONE 19541354-8545		CELL PHONE: <input type="checkbox"/> CHECK IF NONE 19541703-0555		HOME PHONE: <input type="checkbox"/> CHECK IF NONE 15611251-6810		EMAIL: m.mullane@aol.com <input type="checkbox"/> CHECK IF NONE

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

YOUR NAME:	MATTHEW MULLANE	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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White female appeared to be driving drunk on melaka 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 Y17 GTW

SCANNED BY

AUG 4 7 2017

PAGE        OF

**READ AND SIGN**

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

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
DATE: 8/14/17 TIME: 0230  
SIGNATURE:  ID: 18472

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

WHITE-RECORDS CO. - CANNON - 2011  
1 REV. 12/11