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		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N		
ADMINISTRATION	OBTS Number					Agency ORI Number <b>FL 050300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-18-037383</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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) <b>300 NW 2nd St Boynton Beach</b>						Location of Offense (Business Name, Address) <b>600 NW 2nd St Boynton Beach</b>					
DEFENDANT	Date of Arrest	<b>7 / 19 / 2018</b>		Time of Arrest	<b>2057</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
	Name (Last, First, Middle) <b>Friedman, Matthew, Aaron</b>											
	Alias (Name, DOB, Soc. Sec. #, Etc)											
	W - White	I - American Indian	Race	<b>W</b>	Sex	<b>M</b>	Date of Birth	<b>7/20/91</b>	Height	<b>5'8</b>	Weight	<b>160</b>
	B - Black	O - Oriental / Asian							Eye Color	<b>Blue</b>	Hair Color	<b>Brown</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	<b>Single</b>		Religion	<b>N/A</b>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>500 N. Congress Ave Apt C109 Delray Beach FL, 33444</b>						Phone			Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>500 N. Congress Ave Apt C109 Delray Beach FL, 33444</b>						Phone			Residence Type 1. City 3. Florida 2. County 4. Out of State		
	Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone			Address Source <b>Verbal</b>		
	Occupation										2	
CO-DEF	DL Number, State		<b>F635-541-91-260-0</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Long Island NY</b>		Citizenship <b>U.S.</b>	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
JUVENILE	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian							
	<input type="checkbox"/> Other		Business Phone		Address (Street, Apt. Number) (City) (State) (Zip)							
	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 <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's Office (Phone 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
	Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property					
	Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
	N. N/A		B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
	P. Possess		T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
	<b>Possession of heroin</b>		<b>1</b>				<b>893.13.6A</b>					
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
	<b>P</b>	<b>O</b>	<b>0.7 grams</b>	<b>18-037383</b>								
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
	<b>Possession crack cocaine</b>		<b>1</b>				<b>893.13.6A</b>					
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
	<b>P</b>	<b>C</b>	<b>0.5 grams</b>	<b>18-037383</b>								
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month _____ Day _____ Year _____ Time _____ <input type="checkbox"/> A.M. <input type="checkbox"/> 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 WILL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
ADVN.	HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arresting Officer) (PRINT)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>M. Autiello</b>		I.D.# <b>955</b>		BU#111587			
	Pouch #		Transporting Officer <i>[Signature]</i>		I.D.# <b>939</b>		Agency <b>BBP</b>		Witness here is subject Signed with an "X".			

MARIJUANA

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OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
2 NTA				4 Request for Capias				
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-18-037383</b>				
Charge Type Check all that Apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 8 Other		Special Notes		
Name (Last, First, Middle) <b>Friedman, Matthew, Aaron</b>				Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>7/20/91</b>	
Charge Description <b>Possession of heroin</b>				Charge Description <b>Possession crack cocaine</b>				
Victim's Name (Last, First, Middle) <b>State of Florida</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				
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 type="checkbox"/> Committed the below acts in my presence.		<input type="checkbox"/> Was observed by		Who told		That he/she saw the arrested person commit the below acts.		
<input type="checkbox"/> Confessed to		Admitting the below facts		<input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.				
On The <b>19th</b> Day Of <b>July</b>		20 <b>18</b>		At <b>2057</b>		<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		

On the above date and time, I was conducting patrol in the area of 700 NW 2nd St. This location is in the City of Boynton Beach, Palm Beach County. While on patrol, I observed a silver 2011 Hyundai Sonata bearing FL tag# EHYH38 traveling south bound on NW 2nd St with an inoperable tag light. At this time, I effected a traffic stop in the 300 block of NW 2nd St. While behind the vehicle waiting for it to come to a stop, I could observe the driver W/M Matthew Friedman (DOB 7/20/91), making furtive movements and reaching towards the driver side sun visor area as if he was attempting to conceal something.

Upon making contact with Friedman, in plain view, I could observe several 1x1 plastic baggies with an unknown brown powder residue inside, through my training and experience, appeared to be left over suspect heroin, on the driver side floor bored. Also in plain view, I could observe numerous empty pill capsules, also with suspect heroin residue on the inside, on the driver side floor bored. Through my training and experience, both the 1x1 baggies and pill capsules are commonly used to package heroin for sale and use. At this time, I asked Friedman and the front seat passenger, W/M Jonathan Robinson (DOB 1/27/87), to step out of the vehicle and they were detained pending further investigation. Ofc. Castro and I conducted a search of the vehicle, at which time Officers located 7 baggies containing an unknown brown powder substance, through my training and experience, appeared to be suspect heroin (0.7grams) and 3 off white wafer like pieces, through my training and experience appeared to be suspect crack cocaine (0.5 grams), stuffed in the head liner above the driver side sun visor of the vehicle, directly where I observed Friedmans movements. The suspect crack cocaine was tested utilizing a NIK cocaine swipec which tested positive for crack cocaine. At this time, I advised Friedman he was under arrest, placed him in handcuffs, checked for tightness, and double locked them.

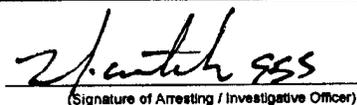
Based on the totality of the above listed circumstances, I find probable cause to charge defendant Matthew Friedman with possession of heroin pursuant to FSS 893.13.6A, and possession of crack cocaine, pursuant to FSS 893.13.6A. Due to the fact that Matthew Friedman vehicle was used as an instrumentality in the above felonious crimes, the vehicle is subject to forfeiture according to FSS 932.701.2

I conducted an N/CIC check of both subjects yielding negative results for any wants or warrants. Robinson was released on scene with out incident. Due to recently department policy changes and officer safety issues the suspect heroin was not field tested and submitted to BBPD evidence to be tested at th PBSO lab. Friedman was transported to BBPD for processing and later TOT PBCJ. This incident was captured on my BWC. Nothing further.

The foregoing instrument was sworn to or affirmed and subscribed before me

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

7/19/2018  
Date

  
(Signature of Arresting / Investigative Officer)

**M. Autiello**  
(Print name of Arresting/Investigative Officer)

7/19/2018  
Date

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**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018024117	Date: 20Jul18
	Specialist Name/ID: R Ehrenberg/6104