

0493629

NH

1148

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

OBTS Number	Agency ORI Number FLO 5, 0, 2, 7, 0, 0		Agency Name PALM SPRINGS PUBLIC SAFETY		Agency Report Number (N.T.A.'s only) 8 12 11 17 12 6 2 5 0 1 1 1 1	
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	If Weapon Seized Enter Type		Multiple Clearance Indicator
Location of Arrest (including Name of Business) 1500 Blk S. Congress Ave Palm Springs FL			Location of Offense (Business Name, Address) 3300 Blk S. Congress Ave Palm Springs FL			Date of Arrest 11 25 17
Time of Arrest 19 44		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Joy Towing

Name (Last, First, Middle) PACK, MATTHEW AARON			Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	Sex M	Date of Birth 07 18 87	Height 5'10"	Weight 200 lbs	Eye Color BLU	Hair Color BRN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS: ARMS + BACK			Marital Status SIN	Religion NONE	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 9900 Daisy Ave. Palm Beach Gardens FL 33410			Phone 561 252 0131	Residence Type: 1. City 2. County 3. Florida 4. Out of State		2		
Permanent Address (Street, Apt. Number) SAME			Phone ()	Address Source Defendant		Occupation Home Sales		
Business Address (Name, Street) Granite Telecommunications WFB FL			Phone ()	Occupation Home Sales				
D/L Number, State P200541872580 FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) Stuart FL		Citizenship US		

Co-Defendant (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 (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:	Name (Last) (First) (Middle)	Residence Phone ()
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone ()
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated
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 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 R. 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 Description DWI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 3161193		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit .204 + .207	Offense # 17-26250	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				
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				
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) Criminal Justice Complex 3228 Gun Club Rd. W. Palm Beach FL	
Court Date and Time Month Dec Day 21 Year 2017 Time 8:30 A.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 FULLY 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 11/25/17 5:31 PM

HOLD for other agency	Signature of Arresting Officer R McCluskey	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) SCANNED
Take Deputy CPL. D. HAWKINS #8138	Name of Arresting Officer (Print) R McCluskey I.D. # 160	Agency PSPD
I.D. # Pouch #	Transporting Officer R McCluskey I.D. #	Witness Signature (Sign with an "X")
Page		1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF NOV. 20 17 AT 7:23 AM PM
SUBJECT: PACK, MATTHEW AARON CASE NUMBER: 17-26250
AGENCY: PALM SPRINGS PD ARRESTING OFFICER: Ryan McCluskey 160

PERSONAL CONTACT

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

I was stationary at 3300 Forest Hill Blvd. in my marked police SUV (PS#194) when I saw the driver traveling east bound on Forest Hill Blvd. at a high rate of speed. I used my calibrated laser (SER# T5005387) to confirm the driver's speed as 68 mph in the posted 45 mph zone. I pulled behind the driver with my flashing blue lights and siren. The driver was slow to stop. I saw the driver reach up inside his vehicle. The driver lowered driver's window and rear window, which I have learned is done to air out vehicle. Ofc. Ferrer had the vehicle towed and he found a drinking container with OBSERVATION OF DRIVER: ice and suspected whiskey in the rear seat.

Bloodshot + glassy eyes.
Dropped card holder on lap
unsteady on his feet.

DRIVER'S STATEMENTS:

Driver said he was watch football game and drank 2-3 beers

ODORS: Very strong odor of an alcoholic beverage on driver's breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Apologetic

CLOTHING: Blue gator T-shirt, gray shorts, gray sneakers

MEDICAL/OTHER: NONE

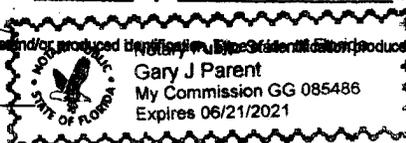
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of NOV. 20 17 by Ofc. Ryan McCluskey 160

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced the original Florida State Identification produced

POLICE ID



SCANNED

NOV 26 2017

WITNESS LIST

CASE NUMBER: 17-26250

ARRESTING OFFICER Ofc. Ryan McCluskey 160

ADDRESS PSPD 230 Cypress Ln. Palm Springs FL 33461

PHONE NUMBERS (HOME) _____ (WORK) (561) 968-8243

CAN TESTIFY TO: Stop + DUI Investigation

NAME: Ofc. Claudio Ferrer 159

ADDRESS SAME

PHONE NUMBERS (HOME) _____ (WORK) SAME

CAN TESTIFY TO: Back-up Officer, Towed vehicle, found open container

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NOV 26 2017

NOT A CERTIFIED COPY

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Driver kept moving his head and did not always keep his eye on stimulus (finger tip)

WALK & TURN:

- ① The driver moved from starting position.
- ② The driver paused multiple times while walking to regain balance
- ③ The driver moved hand/arms out for balance while walking.
- ④ The driver made an improper turn by stepping back and repositioning.
- ⑤ The driver's feet came apart

ONE LEG STAND:

- ① The driver dropped his foot and used vehicle for balance
- ② The driver swayed
- ③ The driver moved arms/hand out for balance.
- ④ The driver raised foot about 2-3" instead of 6"

FINGER TO NOSE:

- ① The driver opened his eyes
- ② The driver swayed
- ③ The driver touched below nose on one attempt.
- ④ The driver started to move wrong arm on 3rd attempt.

ROMBERG/ALPHABET:

- ① The driver paused.
- ② The driver said the alphabet wrong and out of order.
- ③ The driver swayed.

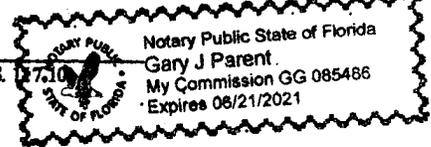
BREATH TEST RESULTS:

.204 & .207

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 160
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 25 day of NOV 2017 by Off. R. McCluskey 160 who is personally known to me and/or produced identification. Type of identification produced POLICE ID



SCANNED
NOV 26 2017

TESTING FACILITY TASK REPORT

AGENCY: PSPD
SUBJECT: Pack, Matthew A
DATE: 11-25-17
CASE NUMBER: 17-156026
VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 20:25
ENDING TIME: 20:36

BREATH TESTS RESULTS: 1) .204 TIME 20:29 A.M./P.M. 2) .207 TIME 20:32 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, Friendly, Calm, Cooperative

CLOTHING: Grey Shorts, Blue Florida Gators Print T-Shirt, Grey + White sneakers.

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: Eyes glassy, Odor of unknown alcoholic beverage on breath.

COMMENTS: Arrived at center, ALO began 20 minute observation period at 20:01 hrs

Δ agreed to take test.

ALO Read Rights

Δ Stated he understood Rights

Tech read Breath Test Results, Δ stated he understood Results

ALO conducted Q+A

Δ stated he rather not answer questions

SCANNED
NOV 26 2017

SUBJECT: Pack, Matthew A CASE NUMBER: 17-26250

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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.

SCANNED
NOV 26 2017

SUSPECT'S SIGNATURE: (X) Read on Camera