

|  |  |                                |   |                              |  |  |  |  |   |                                       |                        |   |  |  |                        |
|--|--|--------------------------------|---|------------------------------|--|--|--|--|---|---------------------------------------|------------------------|---|--|--|------------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | OBTS Number  |                                | ARREST / NOTICE TO APPEAR                               |                              |  |  | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias                                    |  | 1   | JUVENILE                              |                        |   |  |  |                        |
|  | Agency ORI Number<br><b>0500800</b>  |                                | Agency Name<br><b>West Palm Beach Police Department</b> |                              | Agency Report Number (N.T.A.'s only)<br><b>9 4 2017-0007934</b>  |  |  |  |   |                                       |                        |   |  |  |                        |
|  | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other    |                                | If Weapon Seized<br>Enter Type                          |                              | Multiple Clearance Indicator   |  |  |  |   |                                       |                        |   |  |  |                        |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Location of Arrest (Including Name of Business)<br><b>100-BLK S CONGRESS AVE WPB</b>   |                                |   |                              | Location of Offense (Business Name, Address)<br><b>100 S CONGRESS AVE BLK, WEST PALM BEACH, FL 33409</b>   |  |  |  |   |                                       |                        |   |  |  |                        |
|  | Date of Arrest<br><b>04/25/2017</b>  | Time of Arrest<br><b>08:52</b> | Booking Date<br><b>04/25/2017</b>                       | Booking Time<br><b>09:25</b> | Jail Date  | Jail Time  | Location of Vehicle<br><b>KAUFFS TRANSPORTATIO</b>   |  |   |                                       |                        |   |  |  |                        |
|  | Name (Last, First, Middle)<br><b>TANNER, MATTHEW ALAN</b>  |                                |   |                              | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  |   |                                       |                        |   |  |  |                        |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian<br><b>W M</b>  |                                |   |                              | Date of Birth<br><b>08/24/1976</b>   | Height<br><b>5'07</b>  | Weight<br><b>165</b>   | Eye Color<br><b>BLUE</b>   | Hair Color<br><b>BROWN</b>  | Complexion<br><b>MEDIUM</b>           | Build<br><b>Medium</b> |   |  |  |                        |
|  | Local Address (Street, Apt. Number)<br><b>29000 PORTOFINO CIR 111, PALM BEACH GARDENS, FL 33418</b>  |                                |   |                              | (City)<br><b>FL</b>  | (State)<br><b>FL</b>   | (Zip)<br><b>33418</b>  | Phone<br><b>(561) 337-4098</b>   | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>2</b>  |                                       |                        |   |  |  |                        |
|  | Permanent Address (Street, Apt. Number)<br><b>29000 PORTOFINO CIR 111, PALM BEACH GARDENS, FL 33418</b>  |                                |   |                              | (City)<br><b>FL</b>  | (State)<br><b>FL</b>   | (Zip)<br><b>33418</b>  | Phone<br><b>(561) 337-4098</b>   | Address Source<br><b>FL DL</b>  |                                       |                        |   |  |  |                        |
| C<br>O<br>D<br>E<br>F  | Business Address (Name, Street)<br><b>T560541763040 / FL</b>   |                                |   |                              | (City)<br><b>MOBILE, AL, United</b>  | (State)<br><b>US</b>   | (Zip)<br><b>36688</b>  | Phone<br><b>(256) 337-4098</b>   | Occupation<br><b>Banker</b>   |                                       |                        |   |  |  |                        |
|  | D/L Number, State<br><b>T560541763040 / FL</b>   |                                |   |                              | Soc. Sec. Number<br><b>[REDACTED]</b>  | INS Number<br><b>[REDACTED]</b>                                  | Place of Birth (City, State)<br><b>MOBILE, AL, United</b>  | Citizenship<br><b>US</b>   | Indication of:<br>Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                       |                        |   |  |  |                        |
|  | 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<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |   |                                       |                        |   |  |  |                        |
| C<br>H<br>A<br>R<br>G<br>E   | 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<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |   |                                       |                        |   |  |  |                        |
|  | Name (Last, First, Middle)   |                                |   |                              | Residence Phone  |  |  |  |   |                                       |                        |   |  |  |                        |
|  | Address (Street, Apt. Number)<br>(City) (State) (Zip)  |                                |   |                              | Business Phone   |  |  |  |   |                                       |                        |   |  |  |                        |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Notified by: (Name)  |                                |   |                              | Date   | Time   | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: <input type="checkbox"/> No: |                                |   |                              | School Attended  |  |  |  | Grade   |                                       |                        |   |  |  |                        |
| I<br>N<br>T<br>A<br>K<br>E   | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                |   |                              | Description of Property  |  |  |  | Value of Property   |                                       |                        |   |  |  |                        |
|  | Drug Activity<br>N. N/A<br>P. Possess  |                                |   |                              | S. Sell<br>B. Buy<br>T. Traffic  | R. Smuggle<br>D. Deliver<br>E. Use                               | K. Disperse/<br>Distribute   | M. Manufacture/<br>Produce/<br>Cultivate   | Z. Other  | Drug Type<br>N. N/A<br>A. Amphetamine |                        | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |
|  | Charge Description<br><b>DRIVING WHILE UNDER INFLUENCE</b>   |                                |   |                              | Statute Violation Number<br><b>316.193(1)</b>  | Violation of ORD #   |  |  |   |                                       |                        |   |  |  |                        |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Drug Activity  | Drug Type                      | Amount / Unit   | Offense #                    | Counts   | Domestic Violence  | Warrant / Capias Number  | Bond   |   |                                       |                        |   |  |  |                        |
|  | <b>N</b>   | <b>N</b>                       | <b>/</b>  | <b>2017-0007934</b>          | <b>1</b>   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  |  |   |                                       |                        |   |  |  |                        |
|  | Charge Description   |                                |   |                              | Statute Violation Number   | Violation of ORD #   |  |  |   |                                       |                        |   |  |  |                        |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Drug Activity  | Drug Type                      | Amount / Unit   | Offense #                    | Counts   | Domestic Violence  | Warrant / Capias Number  | Bond   |   |                                       |                        |   |  |  |                        |
|  |  |                                | <b>/</b>  |                              |  | <input type="checkbox"/> Y <input type="checkbox"/> N            |  |  |   |                                       |                        |   |  |  |                        |
|  | Charge Description   |                                |   |                              | Statute Violation Number   | Violation of ORD #   |  |  |   |                                       |                        |   |  |  |                        |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Drug Activity  | Drug Type                      | Amount / Unit   | Offense #                    | Counts   | Domestic Violence  | Warrant / Capias Number  | Bond   |   |                                       |                        |   |  |  |                        |
|  |  |                                | <b>/</b>  |                              |  | <input type="checkbox"/> Y <input type="checkbox"/> N            |  |  |   |                                       |                        |   |  |  |                        |
|  | Charge Description   |                                |   |                              | Statute Violation Number   | Violation of ORD #   |  |  |   |                                       |                        |   |  |  |                        |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Health / Apparent Physical Condition of Defendant  |                                |   |                              | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Injuries |  |  |  |   |                                       |                        |   |  |  |                        |
|  | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail   |                                |   |                              | PROPERTY - Received By   |  |  |  | Released By   |                                       |                        |   |  |  |                        |
|  | Transported By   |                                |   |                              | Date Transported   | Time Transported   | Other  |  |   |                                       |                        |   |  |  |                        |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.   |                                |   |                              | Location (Court, Room)<br><b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b><br>Court Date and Time<br><b>05/25/2017 08:30:00</b>  |  |  |  | No Photo Available  |                                       |                        |   |  |  |                        |
|  | 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)<br><b>[Signature]</b>  |  |  |  | Date Signed<br><b>4/25/17</b>   |                                       |                        |   |  |  |                        |
|  | HOLD for Other Agency  |                                |   |                              | Signature of Arresting Officer<br><b>[Signature]</b>   |  |  |  | Name Verification (Printed by Arrestee)<br>(PRINT)  |                                       |                        |   |  |  |                        |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other  |                                |   |                              | Name of Arresting Officer (Print)<br><b>DILLARD, DANIEL</b>  |  |  |  | ID. #<br><b>01843</b>   |                                       |                        |   |  |  |                        |
|  | Intake Deputy<br><b>[Signature]</b>  |                                |   |                              | Transporting Officer<br><b>D. DILLARD</b>  |  |  |  | ID. #<br><b>1843</b>  |                                       |                        |   |  |  |                        |
|  | Pouch #  |                                |   |                              | Agency<br><b>WPBPD</b>   |  |  |  | Witness here if subject signed with an "X".   |                                       |                        |   |  |  |                        |

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS FBI CRIME ANALYSIS LABORATORY

SCANNED  
MAY 02 2017

# DUI PROBABLE CAUSE AFFIDAVIT

On the 25th Day of April, 2017 at 0833 HRS A.M. P.M.  
Subject: Tanner, Matthew Case Number: 2017-0007934  
Agency: West Palm Beach Police Department Arresting Officer: Inv. D. Dillard #1843

## Personal Contact

### Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

I responded to the 100 Blk. of S. Congress Ave. in reference to a traffic stop involving a possible impaired driver. Upon arrival I made contact with Det. Anthony Mozealous with the Florida Department of Financial Services. Det. Mozealous stated he was traveling North on S. Congress Ave. when he observed the drivers vehicle traveling West on Chillingworth Dr. and turn North onto S. Congress Avenue. The vehicle made a wide turn and drove North in the inside Southbound lane. Det. Mozealous pulled over and activated his blue lights. Det. Mozealous stepped out of his vehicle and waved the driver over to stop in the median. Det. Mozealous stated the driver had slurred speech and a strong odor of alcohol. The driver told Det. Mozealous that he was drunk. The driver who was the sole occupant of the vehicle was identified as Matthew Tanner by FL DL.

### Observation of Driver

Upon making contact with the driver he was still sitting in the driver seat. I immediately smelled the strong and distinct odor of an unknown alcoholic beverage emitting from his person. The odor became stronger off of his breath as he spoke to me. The drivers eyes were bloodshot and glassy. The drivers speech was slurred. While observing the driver walk to the front of my vehicle I observed him to be unsteady on his feet and have difficulty maintaining balance.

### Drivers Statements:

The driver stated he was going home and coming from the Kennel Club. He stated he was there all night. When asked how much he had to drink the driver stated too much to drive. I asked him to estimate how many drinks and he stated 10. The driver stated he was drinking liquor and his last drink was 3 hours ago. The driver consented to roadside tasks.

### Odors:

Strong and distinct odor of an unknown alcoholic beverage.

## General Observations

**Speech:** slurred speech

**Attitude:** calm and passive

**Clothing:** White Shirt/Navy Blue Slacks/Black Shoes

**Medical Problems/Medications:** None

**Other:** The driver stated he did not have any physical defects or injuries. The driver stated he did not take any drugs. The driver stated he was not diabetic or epileptic.

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Page 1 of 2

MAY 02 2017

# DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Tanner, Matthew

Case Number: 2017-0007934

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

While performing this exercise I observed equal pupil size and equal tracking. Lack of smooth pursuit was present. Sustained and distinct Nystagmus at maximum deviation was present. Angle of onset was present and immediate. Vertical Nystagmus was present. While standing I observed the driver lose balance and step backward. The driver was observed swaying from front to back.

### Walk and Turn Task

I instructed the driver to stand with his right foot in front of his left on a solid yellow line with his hands down by his side. The driver was instructed not to move or begin until told to do so. The driver stepped out of this position multiple times. I explained and demonstrated the exercise and the driver stated he understood the instructions. The driver took 9 steps missing heel to toe on steps 3, 6, and 8. The driver completed the turn and lost balance taking steps backward after completing the turn. The driver took 9 steps back missing heel to toe on all steps. The driver stepped off of the line on steps 2, 3, 4, 5, 7, and 9. The driver did not count out loud as instructed.

### One Leg Stand

I had the driver stand with his feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated he understood the instructions. When told to begin the driver lifted his left foot off of the ground. The driver set his foot down five times during the timed 30 seconds. The driver was observed losing balance twice to the point I had to put my hand up to catch him.

### Finger To Nose

I had the driver stand with his feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated he understood. I instructed the driver to tilt his head back and close his eyes. On the first left the driver brought his left finger to his right nostril then to the tip of his nose. I had to remind the driver to bring his arm back down. On the first right the driver brought the tip of his right finger to the left side of his nose then to the tip of his nose. On the second right the driver brought the tip of his right finger to the left side of his nose then to the tip of his nose. On the third right the driver brought his left finger almost to his nose then switched to his right. I observed the driver swaying from front to back.

### Romberg Alphabet

The driver stated his highest level of education was a bachelors of science. He stated he did know the English alphabet and could recite it from A to Z in completion. I had the driver stand with his eyes closed and head tilted back. When told to begin the driver recited the alphabet correctly from A to U, then recited S, then recited V to Z. The driver was observed swaying from front to back.

## Breath Results from Instrument

1st Result

0.219

2nd Result

0.222

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following instrument was notarized or sworn before me this

4/25/17

(DATE)



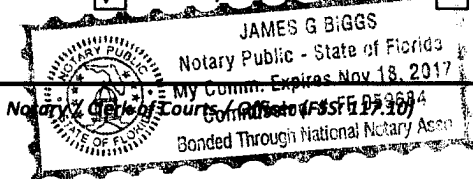
Personally Known



Produced Identification



Notary Public



Signature of Arresting Officer

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