

0457030

17mm7841

985

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		01		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17092628							
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 N/A		Multiple Clearance Indicator 02									
Location of Arrest (Including Name of Business) 9990 BELVEDERE RD : @WALMART - ROYAL PALM BEACH FL 33411						Location of Offense (Business Name, Address) 9990 BELVEDERE RD (WALMART) ROYAL PALM BEACH FL 33411							
Date of Arrest 06-20-17		Time of Arrest 1558		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) BERKAL, MATTHEW B.										Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 05-16-1982		Height 5-11		Weight 170		Eye Color BRO		Hair Color BRO	
Complexion MED		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT SHOULDER RT BACK - TATTOOS		Marital Status S		Religion NONE		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 1560 LAKE CRYSTAL DR. APT G WEST PALM BEACH FL 33411				(City) WEST PALM BEACH		(State) FL		(Zip) 33411		Phone (561) 329-9661		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) 1336 WATERWAY COVE DR WELLINGTON FL 33414				(City) WELLINGTON		(State) FL		(Zip) 33414		Phone (561) 329-9661		Address Source FL DL	
Business Address (Name, Street) 				(City) 		(State) 		(Zip) 		Phone ()		Occupation ELECTRICIAN	
D/L Number, State B624542821760				Soc. Sec. Number 		INS Number 		Place of Birth (City, State) UNK, SC		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: Name (Last) 				(First) 		(Middle) 		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				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(9)(1)(e)				Violation of ORD # 	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17092628		Warrant / Capias Number 				Bond OK	
Charge Description RESIST OFC W/O VIOLENCE				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.02				Violation of ORD # 	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17092628		Warrant / Capias Number 				Bond OK	
Charge Description 				Counts 		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 Criminal Justice Colmplex 3228 Gun Club Rd. West Palm Beach, FL 33406													
Court Date and Time Month JULY Day 20 Year 2017 Time 0830 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) 										Date Signed 			
HOLD for other Agency Name: 				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) 					
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S J. LEVEY				I.D. # 6656	
Intake Deputy D/S. C. GILYARD				ID # #7392				Transporting Officer D/S RAMIREZ #8489				ID # 	
Agency PBSO				Witness here if subject signed with an "X" 				PAGE 1 OF 1					

JUN 22 2017 1555

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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 06-17092628							
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:							
Defendant Name (Last, First, Middle) Berkal Matthew Blake				Alias		Race W		Sex M		Date of Birth 05/16/1982	
Charge Description DUI				Charge Description							
Charge Description				Charge Description							
Victim's Name (Last, First, Middle) State of Florida						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"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.											
On the 20 day of June 20 17 at 3:57 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)											

On Tuesday June 17, 2017 I was working at the Wal-Mart Super Center located at 9990 Belvedere Road in Incorporated Royal Palm Beach, Palm Beach County, Florida, 33411. I was dispatched to the west side parking lot in reference to an unconscious male sitting in a red Ford Explorer bearing Florida Tag (770RSW) with the vehicle running.

Upon arrival, I made contact with Palm Beach County Fire Rescue Personnel who were already on scene and stated that the white male, later identified as Matthew Blake Berkal by Florida Driver's License, is incoherent and appeared disoriented. I made contact with the male who still had the keys in the ignition and had approximately three open beers which were a Coors Light, a Bud Light, and a Miller Light all "tall boy cans". The male had red glassy eyes and a strong odor of an unknown alcoholic beverage emanating from his person. I also observed what appeared to be beer spilled all over the floor board of the driver side where he was sitting. After viewing all evidence I then began a DUI investigation. Based on the facts I gave the white male who was the sole occupant of the vehicle, seated in the driver seat, a lawful command to provide me a photo identification. The male responded with "I Am Fucking Leaving Fuck You".

Due to the statement of the white male and the possible danger he poses to himself and the public. I gave the white male another lawful command, "Get Out Of The Car". The male then responded "Fuck You". Due to his decisions and statements I was forced to remove the white male from the driver seat of his vehicle and place him in handcuffs. I secured the white male for my safety and the safety of Fire Rescue Personnel. Deputy J. Levey ID# 6656 arrived on scene and took over the investigation. Through the fellow officer rule I explained all facts to Deputy Levey.

The foregoing instrument was sworn to or affirmed and subscribed before me this **20** day of **June** 20 **17**, by:

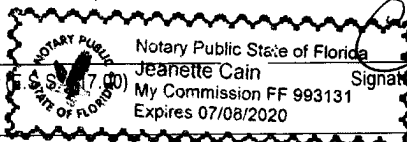
JEANETTE CAIN

D/S C. Rosquete 28982

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer



Signature of Arresting/Investigating Officer

PAGE

OF 1

SCANNED

JUN 25 2017

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 #:	17092628	ZONE:	9-31	SUSPECT:	05/16/1982 Matthew Blake Berkal	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	06/20/17 1558	
EVENT TYPE:	DrunK Driver			DEPUTY:	Rauirez		ID#:	8489

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:	
Morgan		Charlotte		E	W	F	
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:		
12/11/1992		5'3"	160	Brown	Brown		
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:	
1336 Waterway Cove Dr				Wellington	FL	33414	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:	
Goodlife Treatment Center				West Palm	FL	33407	
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
()		(561) 779-4729	()	()			

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

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Charlotte Morgan	
<p>On June 19th, Matthew Berkal stated to me that he "would rather die than go to treatment". He admitted to relapsing on drugs and alcohol, he is a heroin addict. Today, June 20th he texted me around 2:00 a.m. "Just know I love yw guys no matter what if I don't make it through the night". He has had drug overdoses and suicidal statements in the past. He is suicidal and I am sure he will try and harm himself if he is not under psychiatric care.</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 06/20/2017 TIME: 1958
	SIGNATURE: <i>[Signature]</i> ID: 8489

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 GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING 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

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 #:	17092 628	ZONE:	09-31	SUSPECT:	05/14/1982 Matthew Blake Berkal	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	06/20/2017 1558
EVENT TYPE:	Drunk Driver	DEPUTY:	Ramirez	ID#:	8489		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Pitts	FIRST NAME:	Kelly	MIDDLE INITIAL:	L	RACE:	W	SEX:	F
DATE OF BIRTH (MM/DD/YYYY)	05/14/1990	YOUR HEIGHT:	55	YOUR WEIGHT:	140	YOUR HAIR COLOR:	BROWN	YOUR EYE COLOR:	BROWN
YOUR HOME ADDRESS:	101 Rainforest Ct.		<input type="checkbox"/> CHECK IF HOMELESS	CITY:	RPB	STATE:	FL	ZIP:	33411
YOUR WORK NAME & ADDRESS:	The Good Life, 400 Executive Cnt. DR.		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	WPB	STATE:	FL	ZIP:	33401
WORK PHONE: <input checked="" 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					
()	(561) 444 6140	()							

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

YOUR NAME:	Kelly Pitts	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>On June 19th at approx. 2pm Charlotte Morgan called me to bring my breathalyzer to CVS on PGA & Military because she found Matt B. drunk. He admitted to relapsing and stated that he would rather die then get help or go to treatment.</p> <p>Today, June 20th at approx. 4pm I drove into Walmart to look for his car since it was his last known location @ 1am this morning. I found him in his car & banged on the window with no response. I called 911. I called it in as an overdose due to his drug of choice being heroin & him being found overdosed 5 months ago.</p>		
		PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: x Kelly Pitts

☒ DEPUTY SHERIFF

☐ NOTARY PUBLIC

FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 06/20/17 TIME: 1558

SIGNATURE: [Signature] ID: 8489

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 WAIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING 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

SCANNED
JUN 25 2017

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 #:	17092628	ZONE:	9/31	SUSPECT:	Matthew Blake Bernal	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	05/16/1992 06/20/2017 1558
EVENT TYPE:	Drunk Driver	DEPUTY:	Ramirez	ID#:	8489		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Ham	FIRST NAME:	Rafael	MIDDLE INITIAL:		RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 07/27/1988	YOUR HEIGHT:	5'08	YOUR WEIGHT:	170	YOUR HAIR COLOR:	Black	YOUR EYE COLOR:	Brown
YOUR HOME ADDRESS:	405 Pike Road	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	West Palm Beach	STATE:	FL	ZIP:	33411
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE (561) 616-7000	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE ()	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE ()	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

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

YOUR NAME:	Rafael Ham	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Rescue 29 Arrival On scene To Find Pt slumped over steering wheel ^{center console} with Vehicle still running. Upon opening Vehicle, Open Beer Cans Fell out. Pt Awakened And stated He Was Alright And Refused Any Medical Attention. PBSO Arrived On Scene. Pt Removed Key out of Ignition.</p>		
<p>PAGE 1 OF 1</p>		

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 06/20/2017 TIME: 1558
	SIGNATURE: P/S Ramirez ID: 8489

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 INITIALING 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)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF June 20 17, AT 1558 AM ☒ PM

SUBJECT: BERKAL, MATTHEW B. CASE NUMBER: 17092628

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S J. LEVEY

PERSONAL CONTACT

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

none noted - vehicle properly parked

OBSERVATION OF DRIVER:

Driver resisted efforts of D/S Rosquete #28982 to control him by requesting he remain outside the vehicle. Driver had to be restrained and offered resistance to D/S Rosquete #28982 due to the fact that he was attempting to leave in his vehicle. Driver was verbally abusive towards L/E and PBCFR. Driver appeared dirty and disheveled. He was not wearing any shoes. Driver had bloodshot eyes and kept stating that he was "leaving, fuck you, you cant detain me."

DRIVER'S STATEMENTS:

leaving, fuck you, you cant detain me.
You have no right to stop me.
I can't be arrested for DUI I was in a parking lot.

ODORS:

unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, repetitive

ATTITUDE: angry and resistive

CLOTHING: t-shirt, shorts

MEDICAL/OTHER: refused to provide

STATE OF FLORIDA
COUNTY OF PALM BEACH

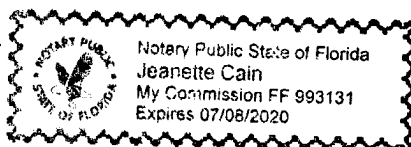
D/S J. LEVEY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of June 20 17 by D/S J. Levey #6656

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Uniform ID

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



SCANNED
JUN 25 2017

SUBJECT: BERKAL, MATTHEW B.

CASE NUMBER 17092628

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 resisted

WALK & TURN:

Not able to perform - in custody

ONE LEG STAND:

Not able to perform - in custody

FINGER TO NOSE:

Not able to perform - in custody

ROMBERG ALPHABET:

Not able to perform - in custody

BREATH TEST RESULTS:

1)

2)

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

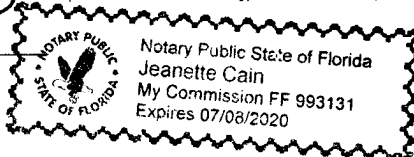
D/S J. LEVEY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of June, 20 17 by D/S J. Levey #6656

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Uniform ID)

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



SCANNED
JUN 25 2017

WITNESS LIST

CASE NUMBER: 17092628

ARRESTING OFFICER: D/S J. LEVEY

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH FL 33470

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: SEE REPORT

NAME: D/S Rosquete #28982

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH FL 33470

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PC

NAME: RAFAEL HAM

ADDRESS 405 PIKE RD. WEST PALM BEACH FL 33411

PHONE NUMBERS (HOME) _____ (WORK) 561-616-7000

CAN TESTIFY TO: SEE STATEMENT

NAME: KELLY L. PITTS

ADDRESS 101 RAINFOREST CT. ROYAL PALM BEACH FL 33401

PHONE NUMBERS (HOME) _____ (WORK) 561-444-6140

CAN TESTIFY TO: SEE STATEMENT

NAME: CHARLOTTE E. MORGAN

ADDRESS 1336 WATERWAY COVE DR WELLINGTON FL 33414

PHONE NUMBERS (HOME) _____ (WORK) 561-779-4729

CAN TESTIFY TO: SEE STATEMENT

NAME: D/S rAMIREZ #8489

ADDRESS 3228 GUN CLUB RD. WEST PALM BEACH FL 33470

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: SEE REPORT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JUN 25 2017

TESTING FACILITY TASK REPORT

4

AGENCY: **PRSO**

SUBJECT: **NEKAL, MATTHEW BLAKE**

CASE NUMBER: **17-092628**

DATE: **JUNE 20th, 2017**

VIDEO TAPE NUMBER: **62825**

BEGINNING TIME: **17:33 hrs.**

ENDING TIME: **17:36 hrs.**

BREATH TESTS RESULTS: 1) **REFUSED** TIME **17:35** A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: **J. CAIN #2109**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **profane & times, slurred**

ATTITUDE: **argumentative, belligerent, sarcastic, cocky**

CLOTHING: **blue short-sleeved shirt, no shoes**

MEDICAL CONDITIONS: **"I'm not going to answer anything"**

MEDICATIONS: _____

OTHER: **bm/bm 35 YOA**

COMMENTS: **Eyes red + glassy**

20 MIN. OBSERV DONE BY ARRESTING DS

Said no to b/t.

DS read the Implied Consent to Δ.

Player games about not understanding because he did not agree w/ changes. DS accepted refusal.

DS read rights. Δ stated he wasn't answering anything.

SCANNED

JUN 25 2017

SUBJECT: **BERKAL, MATTHEW BLAKE**

CASE NUMBER: **17-092628**

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) _____ **READ ON CAMERA**

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

JUN 25 2017

SUSPECT'S SIGNATURE: (X) _____ **READ ON CAMERA**

SUBJECT: BERKAL, MATTHEW BLAKE CASE NUMBER: 17-092628

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

JUN 25 2017

Florida The Sunshine State

DRIVER LICENSE CLASS E

MATTHEW BLAKE

BERKAL

1900 LAKE CRYSTAL DR APT C

WEST PALM BEACH, FL 33411-0000

DOB: 05-15-1982 SEX: M

EXP: 05-15-2013

000000000000000000000000



[Signature]

ORGAN DONOR

SAFE DRIVER

MOTORCYCLE ALSO

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED

JUN 25 2017