

0457030

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

17MM7841

985

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

01

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.s only) 06-		17092628	
Administrative		Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type 2 1. Yes N/A 2. No		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 1 - American Indian B - Black 0- Oriental/Asian		Sex W	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: 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"/>				
Local Address (Street, Apt. Number) 1560 LAKE CRYSTAL DR. APT G WEST PALM BEACH FL 33411		(City) (State) (Zip)		Phone (561) 329-9661		Residence Type: 1. City 3. Florida 2. County 4. Out of State					
Permanent Address (Street, Apt. Number) 1336 WATERWAY COVE DR WELLINGTON FL 33414		(City) (State) (Zip)		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 [REDACTED]		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 OR			
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 OR			
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 OR			
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 OR			
Location (Court, Room Number, Address) Palm Beach County Criminal Justice Complex 3228 Gun Club Rd. West Palm Beach, Fl 33406											
Court Date and Time Month JULY Day 20 Year 2017 Time 0830		AM ✓ 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 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 type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S J. LEVEY				I.D. # 6656 (PRINT)					
Intake Deputy ID # <b>D.S. C. GILYARD #7392</b>		Transporting Officer ID # <b>D/S RAMIREZ #8489</b>		Agency PBSO		PAGE 1 OF 1					
Witness here if subject signed with an "X" 1 OF 1											

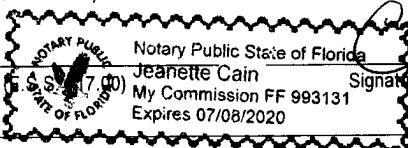
OBTS Number	PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-17092628</b>						
Charge Type: Check as many as apply. 1. Felony 2. 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) <b>Berkal</b>	<b>Matthew</b>	<b>Blake</b>	Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/16/1982</b>	
Charge Description <b>DUI</b>	Charge Description							
Charge Description	Charge Description							
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			
<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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>								
On the <b>20</b> day of <b>June</b> <b>2017</b> at <b>3:57</b>	<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 posses 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** **2017**, by:

<b>JEANETTE Cain</b>	<b>D/S C. Rosqueta</b>	<b>28982</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <b>Jeanette Cain</b>	Name of Arresting/Investigating Officer <b>D/S C. Rosqueta</b>	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <b>Jeanette Cain</b>	Notary Public State of Florida Jeanette Cain My Commission FF 993131 Expires 07/08/2020	Signature of Arresting/Investigating Officer <b>D/S C. Rosqueta</b>
		PAGE <b>1</b> OF <b>1</b>

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 Berkel	05/16/1982	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 06/20/17 1558
EVENT TYPE: Drunk Driver		DEPUTY: Rawirez		ID #: 8489

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Morgan	FIRST NAME: Charlotte	MIDDLE INITIAL: E	RACE: W	SEX: F
DATE OF BIRTH: 12/11/1992 (MM/DD/YYYY)	YOUR HEIGHT: 5'3	YOUR WEIGHT: 160	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 1336 Waterway Cane DR	<input type="checkbox"/> CHECK IF HOMELESS		CITY: Wellington	STATE: FL ZIP: 33414
YOUR WORK NAME & ADDRESS: Goodlife Treatment Center	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: West Palm	STATE: FL ZIP: 33401
WORK PHONE: ( )	CELL PHONE: (561)779-4729	HOME PHONE: ( )	EMAIL: ( )	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: Charlotte Morgan	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>ON JUNE 19<sup>TH</sup>, Matthew Berkel 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 20<sup>TH</sup> he texted me around 2:00 a.m., <del>that</del> "Just know I love you 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:

YOUR SIGNATURE: X CMt M

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
DATE: 06/20/2017 TIME: 1558  
SIGNATURE: CMt M 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 FURTHER RELEASE THE SHERIFF'S OFFICE FROM ANY LIABILITY FOR 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       )

JUN 25 2017

(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 #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
17092 628	9-31	Matthew Blake Berkal	05/16/1982 06/20/2017 1558
EVENT TYPE:		DEPUTY:	ID#:
Drunk Driver		Ramirez	8487

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Pitts	Kelly	L	W	F
DATE OF BIRTH: 05/14/1990 (MM/DD/YYYY)	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: ( ) (561) 444-1400	CELL PHONE: ( )	HOME PHONE: ( )	EMAIL:	<input type="checkbox"/> CHECK IF NONE

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...
I Kelly Pitts	

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.

Today, June 20th at approx. 4pm I drove into Walmart to look for his car since it was his last known location @ I am 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.

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: Kelly Pitts

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 15/06/17 TIME: 1558  
SIGNATURE: [Signature] ID: 8487

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 OF 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)

JUN 25 2017

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 #:	17092628	ZONE:	SUSPECT:	05/16/1982 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:	Ham	FIRST NAME:	Rafael	MIDDLE INITIAL:	I	RACE:	W	SEX:	M	
DATE OF BIRTH:	(MM/DD/YYYY) 07/27/1988	YOUR HEIGHT:	508	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...
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Rescue 29 Arrived On Scene To Find Pt Slumped Over ~~Steering Wheel~~ Center Console With Vehicle Still Running. Upon Opening Vehicle, Open Beer Cans Fell Out. Pt Awoke And Stated He Was Alright And Refused Any Medical Attention. PBSO Arrived On Scene. Pt Removed Key Out of Ignition.

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 06/20/2017 TIME: 1558

SIGNATURE: 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 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

SCANNED  
JUN 23 2017

# 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

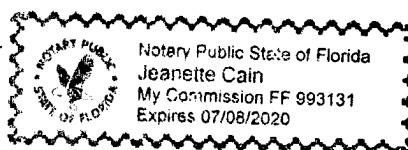
D/S J. LEVEY

(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

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 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)

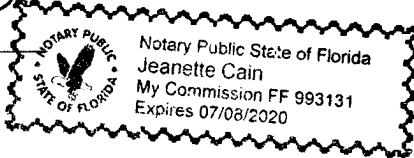
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**STATE OF FLORIDA**  
**COUNTY OF PALM BEACH****D/S J. LEVEY**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of June 2017 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)

**SCANNER**  
**JUN 25 2017**

# WITNESS LIST

17092628

CASE NUMBER:

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: PBSOSUBJECT: MERKAL, MATTHEW BLAKECASE NUMBER: 17-092628DATE: JUNE 20th, 2017VIDEO TAPE NUMBER: 62825BEGINNING TIME: 17:33 hrs.ENDING TIME: 17:36 hrs.

BREATH TESTS RESULTS:

**REFUSED**1) 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: slurredATTITUDE: agitated, fidgety, sarcastic, cockyCLOTHING: blue shorts, grey t-shirt, no shoesMEDICAL CONDITIONS: I'm not going to answer anything

MEDICATIONS:

OTHER: brown/brown 35 YOAEyes red + glassy

COMMENTS:

**20 MIN. OBSERV DONE BY ARRESTING DS**Said no to b/t.DS read the implied Consent, to A.Player came about not understanding because he did not agree w/ charges. DS accepted refusal.DS read rights. A stated he wasn't answering anything.**SCANNED****JUN 25 2017**

## 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**

**REFUSED**

## 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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

**READ** **ON** **CAMERA**

**SCANNED**  
**JUN 25 2017**

## 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? \_\_\_\_\_

SCANNED

JUN 25 2017

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

Florida

The Sunshine State

**DRIVER LICENSE CLASS E**

**MATTHEW BLAKE**

**VERBAL**

**101 LAKESIDE DR APT G**

**MIAMI, FL 33161**

**SEX: M**

**BIRTH: 1985**

**3**



**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