

6485293

370

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

Juvenile

OBTS Number		ARREST / NOTICE TO APPEAR					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile									
Agency ORI Number		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE					Agency Report Number (N.T.A.'s only) 06-17-039042														
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) 16187 STATE ROAD 80 UNINCORPORATED PALM BEACH COUNTY						Location of Offense (Business Name, Address) SR 80 (2 MI) W OF LION COUNTRY ROAD UNINCORPORATED PALM BEACH COUNTY															
Date of Arrest RO02/13/17		Time of Arrest 0304		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) HERSKOVITS MATTHEW DAVID												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 05/18/1987		Height 509		Weight 210		Eye Color BLU		Hair Color BRO		Complexion MED		Build MED					
Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) NONE												Marital Status UNK		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 9131 SANDERSON CT						(City) BOYNTON BEACH		(State) FL 33473		(Zip)		Phone (954) 937 7329		Residence Type 1. City 2. County		3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source		FL DRIVER LICENSE					
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation							
D/L Number, State (FL)H-621-544-87-178-0				Soc. Sec. Number				INS Number				Place of Birth (City, State) NEW JERSEY MORRIS TOWNS				Citizenship US					
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	
Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:												(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 B. Buy P. Possess		S. Sell D. Deliver T. Traffic		R. Smuggle E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A C. Cocaine A. Amphetamine		B. Barbiturate C. Marijuana 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(1)		Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-039042				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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406																					
Court Date and Time Month MARCH Day 9 Year 2017 Time 0800 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 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							
														Name Verification (Printed by Arrestee)							
														(PRINTED)							
														SCANNED							
														FEB 11 2017							
														Witness has signed with an -X"							
														PAGE 1 OF 1							

~~Signature of Defendant (or Juvenile and Parent /Custodian)~~

Date Signed

HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) I.D. # Inv. E.K. White 7209 7209		(PRINTED) SCANNED FEB 11 2017		
Intake Deputy <i>John 8/01</i>	I.D. # <i>8/01</i>	Pouch #	Transporting Officer Inv. E.K. White	I.D. # 7209	Agency PBSO	PAGE 1 OF 1
Witness has subject signed with an -X"						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF FEBRUARY 20 17, AT 0242 AM PM
SUBJECT: HERSKOVITS MATTHEW DAVID CASE NUMBER: 17-039042
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209
PERSONAL CONTACT

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

On Monday, February 13, 2017 hours at approximately 0242 hours, while conducting speed enforcement on State Road (SR) 80, approximately 2 miles west of Lion Country Road, in the unincorporated area of Palm Beach County Florida, I stopped a black utility vehicle for traveling 90 miles per hour (mph) in a posted 55 mph zone. My patrol car was positioned inside a paved turnaround facing west. My Radar was set to "Front Opposite" on the forward antenna (detecting speed of vehicles traveling toward me). The rear antenna was set to "Same" which detected the speed of vehicles approaching me from the rear. On this incident I could hear a loud and steady high pitch sounding from my Radar's Audio Doppler showing a speed of 90 miles per hour inside the target window. I looked in my side mirror and saw a vehicle traveling west with no other traffic around it. Its speed coincided with the sounding of the Doppler as well as the speed indicated inside the target window. As the vehicle passed me the speed vanished from the window and the Doppler ceased in sounding. I traveled after the vehicle to conduct a traffic stop for speeding. While overtaking it I watched it drive toward the north shoulder of the roadway. It appeared unsteady as it weaved inside its lane. I activated my emergency lights in an effort to stop the vehicle. The vehicle continued west before pulling onto the grass shoulder. I approached the vehicle from the driver side and made contact with a white male driver. I explained to him that he was being stopped for traveling 90 mph in a posted 55 mph zone. I asked the driver where was he going and he told me he was going home. His driver license showed an address in Juno Beach Florida. I told him he was on his way to Belle Glade rather than his home in Jupiter.

OBSERVATION OF DRIVER:

During this interview I could smell a strong odor of an unknown alcoholic beverage coming from the inside of the vehicle. The driver, who was later identified as Matthew David Herskovits by his Florida driver license, appeared to have been drinking an unspecified amount of alcoholic beverages. His eyes were clear and glossy, his speech was slow and slurred. His cheeks were flushed and his mouth was dry. I could smell a strong odor of an unknown alcoholic beverage coming from his breath after he exited his vehicle. I told him I had a suspicion he had been drinking alcoholic beverages. He admitted to drinking one beer. I asked him to perform Standardized Field Sobriety Evaluations so I could determine if he was impaired while operating his vehicle. He began disputing the reason for him being stopped. I advised him of the Taylor Warnings that entailed his cooperation was voluntary and he did not have to perform the SFSTs. However, I also advised him if he did not perform the SFSTs, he would be forcing me to base my decision on the previously mentioned indicators of impairment that he exhibited. I also told him his failure to cooperate would be used against him in court. I gave the driver many opportunities to reconsider performing the SFSTs. Deputy Christopher Unger who had arrived on scene as a back up officer also tried to explain to the driver the procedure of performing the SFSTs. He continued arguing about the reason of him being pulled over. After ample opportunities to perform the SFSTs, it became increasingly apparent that the driver was not going to perform the SFSTs. From the previously mentioned indicators of impairment exhibited by him, coupled with the infraction of speeding and the driver being confused of his directions to his home, probable cause was established for DUI. I told him he was being placed under lawful for arrest for DUI.

DRIVER'S STATEMENTS:

I drank one beer. I am going home.

ODORS:

Strong odor of an unknown alcoholic beverage coming from subject's breath.

GENERAL OBSERVATIONS

SPEECH: **slow and slurred**

ATTITUDE: **disbelief**

CLOTHING: **damp swimming trunks white shirt and sandals**

MEDICAL/OTHER: **none**

STATE OF FLORIDA
COUNTY OF PALM BEACH

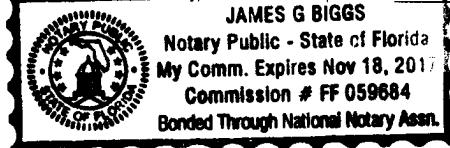
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of February 20 17 by D/S WHITE

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification and/or photo identification produced **KNOWN**

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



SCANNED
FEB 11 2017

SUBJECT: HERSKOVITS MATTHEW DAVID

CASE NUMBER 17-039042

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Refused All SFSTS Taylor Warnings advised

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: 1) 2) 3) 4)

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

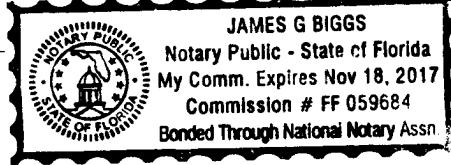
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of February 2017 by D/S WHITE

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

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



SCANNED
FEB 11 2017

WITNESS LIST

17-039042

CASE NUMBER: _____

Inv. E.K. White 7209

ARRESTING OFFICER: _____

ADDRESS: DUI/Traffic

PHONE NUMBERS (HOME): _____ (WORK) 561 681 4500

CAN TESTIFY TO: DUI Investigation

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: _____

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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
FEB 11 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO-WHITE

SUBJECT: HERSKOWITS, MATTHEW D

CASE NUMBER: 17-039042

DATE: Feb 13, 2017

VIDEO DVD NUMBER: 62130

BEGINNING TIME: 0452

ENDING TIME: 0506

BREATH TESTS RESULTS: 1) .116 TIME 0457 A.M. P.M. 2) .123 TIME 0500 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE, CONFUSED

CLOTHING: WHITE SHIRT, HAWAIIAN TYPE SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED

FACE FLUSHED RED

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0410

SUBJECT ASKED IF HE HAD A CHOICE, IMPLIED CONSENT WAS READ

SUBJECT ADVISED HE WOULD SUBMIT TO THE TEST

SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST

SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY

SUBJECT WAS GIVEN THE RESULTS

MIRANDA WAS SHOWN TO SUBJECT, AND READ, SUBJECT BECAME CONFUSED AND DIFFICULTY
QUESTIONS WERE REFUSED

SCANNED
FEB 11 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

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
FEB 11 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? _____

INTERVIEWER: Inv. E. K. WHITE

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FEB 11 2017



NOT A CERTIFIED

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FEB 11 2017