

0496363

2093

ARREST / NOTICE TO APPEAR

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



OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-003380	
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	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 7700 CONGRESS AVE, BOCA RATON			Location of Offense (Business Name, Address) 7700 CONGRESS AVE, BOCA RATON, FL 33487			
Date of Arrest 03/07/2018	Time of Arrest 21:53	Booking Date 03/07/2018	Booking Time 22:14	Jail Date 03/07/2018	Jail Time 22:53	Location of Vehicle WESTWAY TOWING

Name (Last, First, Middle) ADRIAN, MATTHEW JAMES		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 12/27/1979	Height 5'10	Weight 240	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 9860 PARKINSONIA TREE TRL B, BOYNTON BEACH, FL 33436		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 9860 PARKINSONIA TREE TRL B, BOYNTON BEACH, FL 33436		(City)	(State)	(Zip)	Phone		Address Source SUBJECT	
Business Address (Name, Street) ST ANDREWS COUNTY CLUB,		(City)	(State)	(Zip)	Phone		Occupation Golf Pro	
D/L Number, State A365550794670 /	Soc. Sec. Number	INS Number		Place of Birth (City, State) HACKETTSON, NJ,		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
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	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 Department and Released 2. TOT JAC 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. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended	Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DUI		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By BISSOON	Released By BISSOON	Released To COUNTY JAIL
Transported By		Date Transported	Time Transported	Other		

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 04/16/2018 08:30:00	
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 3/17/18

HOLD for Other Agency	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee) [Signature]
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) BISSOON, S. R.
LD # 790	Pouch #	LD # 790
Agency BRPD	Agency BRPD	Agency BRPD
Witness here if subject signed with an "X".		PAGE 1 OF 1

DE ARMAS #790

MAR 8 AM 2:21

MAR 8 AM 2:21

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-003380		
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		
		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		
Name (Last, First, Middle) ADRIAN, MATTHEW JAMES						Race W	Sex M	Date of Birth 12/27/1979
Charge Description 316.193(1) 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) 100 NW 2ND AVE, BOCA RATON, FL 33432				(City)	(State)	(Zip)	Phone (561) -	Address Source
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone (56) -	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 type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by OFC ALVINO who told OFC BISSOON that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 7 day of March, 2018 at 21:53 (Specifically include facts constituting cause for arrest.)</p>								
<p>Personal Contact</p> <p>Driving Pattern: Actual physical control (physical evidence or statements putting Def. Behind the wheel): Ofc Alvino stopped Matthew Adrian for driving with an obscured tag.</p> <p>Observation of driver: Adrian had blood shot glossy eyes</p> <p>Slurred speech</p> <p>Strong odor of an alcoholic beverage</p> <p>Driver's statement: He advised that he had several beers.</p> <p>Odors: Strong odor of an alcoholic beverage emanating from his person.</p> <p>Walk and Turn: Failed to maintain starting position</p> <p>Stepped off the line several times</p> <p>Improper turn</p> <p>Stumbled</p> <p>Held hands in the air like an airplane</p> <p>One Leg stand: Started task before told to begin</p> <p>Failed to maintain starting position</p> <p>Put foot down</p> <p>Swaying</p> <p>Stumbled forward when he put his down</p> <p>Hands out like an airplane</p> <p>Failed to keep foot six inches</p> <p>Finger to Nose: First left he started to raise right hand then raised left hand and touched left nostril</p> <p>First right he touched the right nostril</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GRAHAM, KEITH T #110 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p>03/07/2018 DATE</p> <p>SA 664 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)</p> <p>03/07/2018 DATE</p>								
								PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-003380	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) ADRIAN, MATTHEW JAMES		Race W	Sex M

Second left he touched his left nostril
 Second right he touched his right nostril
 Third right he raised his left hand then corrected and touched his left nostril
 Third left he touched his left nostril.

Rhomberg Alphabet: He didn't recite correctly.

Breath results: .187 and .186.

NOT A CERTIFIED COPY

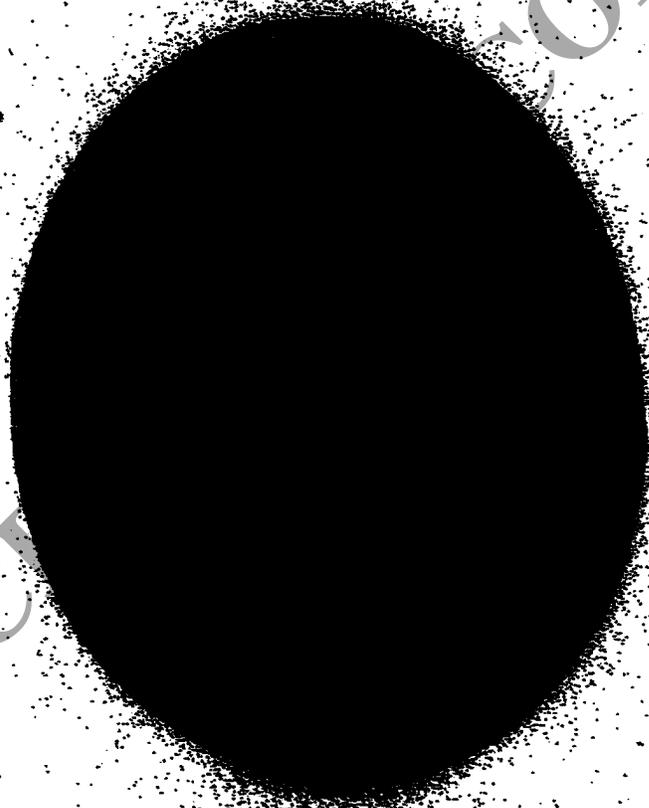
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)	
	03/07/2018 DATE		03/07/2018 DATE	
			PAGE 2 OF 2	

**D. U. I. INFLUENCE
REPORT**

14-3380

1015-2153

085: 1015



NOT A COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

ARRESTING OFFICER: Ofc. Bison

Name: Ofc. Alvino Phone # Home _____ Work _____

Address: 100 NW 2nd Ave

Can testify to: Back UP

Name: Ofc. Mcquiston Phone # Home _____ Work _____

Address: 100 NW 2nd Ave

Can testify to: Back UP

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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BOCA RATON POLICE DEPARTMENT

Agency Case# 18-3380

PART II D.U.I. REPORT
To be filled out at testing facility

E. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Wednesday March 7th 2018
(day) (month) (date) (year)

B. The time is now approximately 1039 AM/PM

C. The following is in reference to case number 18-3380

D. Present at this time is Bisson of the Boca Raton Police
Department. (Officer's Name)

E. Officer Bisson Have you arrested Matthew Adrian
(Defendant's name)
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Adrian I am required to
inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A.

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B.

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.

C.

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2.

I am Ofe Bissom of the Boca Raton PD

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 signature: _____

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. Ad has refused to submit to a breath test.

The date is _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

Rights of suspects prior to custodial questioning.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means. (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means. (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means. (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Revised 8/2006

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Matthew Adrian

CASE #: 18-3380 DATE: 3/7/18

BREATH TESTS RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Reissi

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm

CLOTHING: Purple polo shirt, Black pants, Blk shoes

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No
Glass Eye? Yes No Ear Infection? Yes No
False Teeth? Yes No Diabetes? Yes No

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 1050 AM/PM

The date is: March (month) 7 (day) 2018 (year).

Agency Case # _____

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) On Video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? Refused

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now _____

What is today's date? _____ What day of the week is it? _____

CERTIFIED COPY

