

D#0380607

ARREST / NOTICE TO APPEAR

PCH# 3149

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

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5, 4 17-005891	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		If Weapon Seized Enter Type NONE	Multiple Clearance Indicator		
D E F E N D A N T	Location of Arrest (Including Name of Business) PRADO WAY/BRISA WAY		Location of Offense (Business Name, Address) 100 PRADO WAY/BRISA WAY, JUPITER, FL 33458							
	Date of Arrest 12/10/2017	Time of Arrest 00:29	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) CHOY, MATTHEW KENTON Alias:									
J U V E N I L E	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 08/16/1985	Height 5'09	Weight 175	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build Small
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion OTHER	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"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 107 WATERBRIDGE LN, JUPITER, FL 33458			Phone		Address Source FL DL		Occupation		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 107 WATERBRIDGE LN, JUPITER, FL 33458			Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone		
	D/L Number, State C000551852960 /		Soc. Sec. Number	INS Number	Place of Birth (City, State) BOSTON, MA		Citizenship			
C O D E F	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			
J U V E N I L E	Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>			Name (Last, First, Middle)		Residence Phone				
	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone		Notified by: (Name) Date Time				
	Address (Street, Apt. Number) (City) (State) (Zip)			Relationship		Date Time				
C H A R G E	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	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property				Value of Property			
	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	
	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
C H A R G E	Charge Description DUI-ACCOMPANIED BY PERSON UNDER 18 YOA						Statute Violation Number 316.193(4)	Violation of ORD #		
	Drug Activity	Drug Type N	Amount / Unit	Offense # 17-005891	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 #		
C H A R G E	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 DEC 10 AM 5:16		
	Charge Description						Statute Violation Number	Violation of ORD #		
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By		Released To		
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported		Time Transported		Other		
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) North County PALM BEACH GARD		No Photo Available			
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time 01/10/2018 08:30:00					
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed 12/11/17					
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)		PAGE 1 OF 1			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) ROCHA, LUIS		(PRINT) 1177					
	Intake Deputy Spann	I.D. # 8101	Pouch #	Transporting Officer L. Rocha	I.D. # 327	Agency JPD				

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF December 20 17, AT 2354 hrs AM PM
SUBJECT: Matthew K Choy CASE NUMBER: 17-005891
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc Luis Rocha ID327
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
I observed the vehicle going eastbound from Indian Creek Pkwy to northbound Military Trail. The vehicle appeared to be going at a high rate of speed. I observed the vehicle make a left hand turn onto Sierra Dr, into the Barcelona Apartment complex. I observed the vehicle approach the stop sign at Reina Way, it appeared that the vehicle did not stop for that stop sign, and then continue northbound on Reina Way and then left onto westbound Brisa Way. I watched the vehicle go westbound on Brisa Way and then past the stop sign at Prado Way without coming to a complete stop. I then initiated a traffic stop and made contact with the driver, Matthew K Choy (W/M 08/16/1985).

OBSERVATION OF DRIVER:
Glassy eyes, fumbling with the requested documents, repeated and made no sense when answering questions.

DRIVER'S STATEMENTS:
He stated that he was coming from a friend's home that lived across the street. He could not explain where his friend lives. He told me that he came from the complete opposite direction I watched his vehicle come from.

ODORS:
A strong odor of an unknown alcoholic substance could be smelled coming from his person and mouth as he spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred, incomprehensible at times, repeated himself many times

ATTITUDE: Apologetic at first and later was joking and making light of the situation.

CLOTHING: Red/white shirt, blue jeans, red sneakers

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of December 20 17 by Ofc Luis Rocha ID327

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
DEC 11 2017

SUBJECT: Matthew K Choy

CASE NUMBER 17-005891

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:

WALK & TURN

Subject refused to begin the task after repeatedly saying he would do them. Subject kept requesting extra demonstrations as if to put off from doing the task. Subject began the task and could not stay on the blue solid line even after being told to start over on top of the line. Steps 1-9 where all off the blue line. Step 3, 4, and 5 loses balance and takes extra step before placing foot on line. On the turn to come back the subject fell off the line. All 9 steps on the way back were on the edge of the line.

ONE LEG STAND:

Subject stalled for a few minutes before starting the task. Subject could not keep his arms to his side and kept them raised up and out for the entire task. Subject fails to count in the manner instructed. Subject puts foot down when he counts to 13 and then resumes. When asked to stop the subject continued counting with his one leg lifted off the ground. The subject was told 4 times that he could stop with the task.

FINGER TO NOSE:

Subject did not tilt his head back. Subject correctly used the hand that he was instructed to use. Subject did not touch the tip of his finger with the tip of his nose for any hand.

ROMBERG ALPHABET:

Subject claimed not to know the alphabet nor numbers.

BREATH TEST RESULTS: .199 .197

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 307/1177
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of December 2017 by Ofc Luis Rocha ID327

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

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

 Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
DEC 11 2017

WITNESS LIST

CASE NUMBER: 17-005891

ARRESTING OFFICER: Ofc Luis Rocha ID327

ADDRESS: 210 Military Trl

PHONE NUMBERS (HOME): _____ (WORK) 561.746.6201

CAN TESTIFY TO: 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: _____

NAME: _____

ADDRESS _____

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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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TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

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SUBJECT: _____ CASE NUMBER: _____

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) _____

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.

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DEC 11 2017

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: _____

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 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? _____

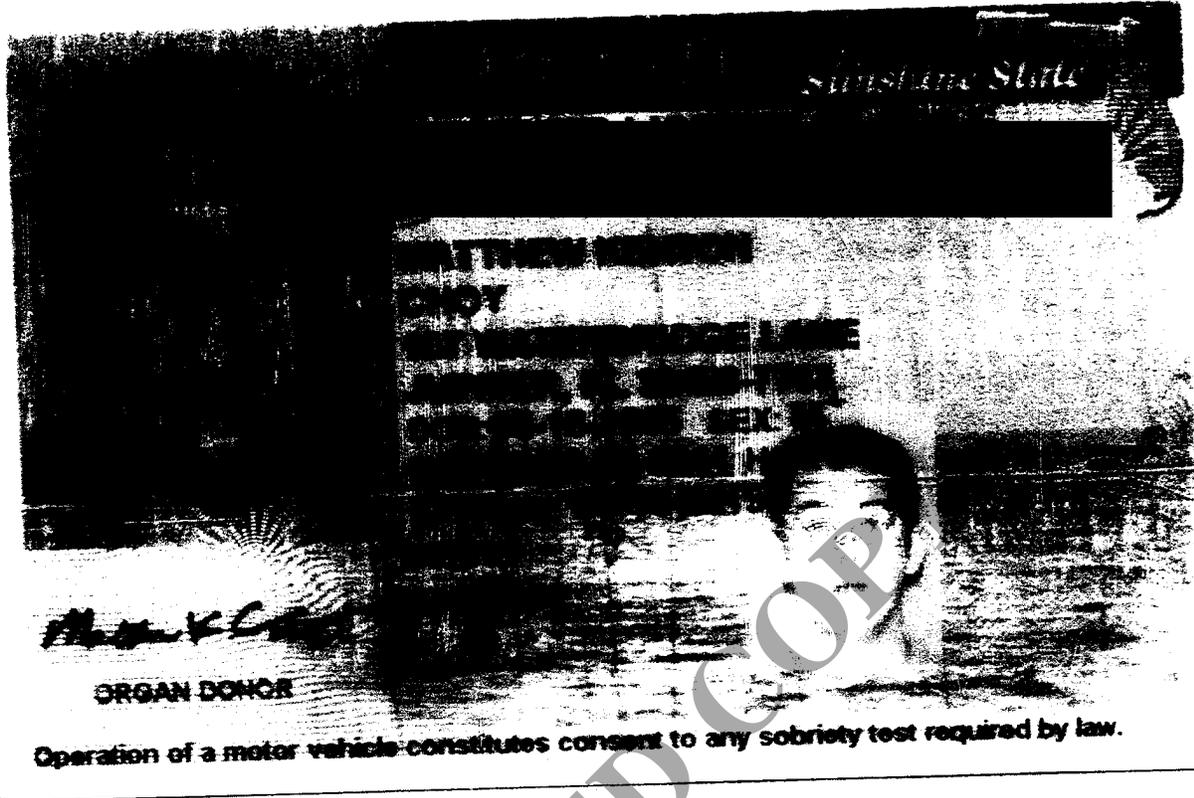
DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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