

JK# 0469118 18CF 7127

2441

ARREST/NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile  N

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 5 0 0 6 0 0		Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number (N.T.A.'s Only) 7 1 6 1 1 8 0 0 9 8 3	
	Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type	Multiple Clearance Indicator U.S.
	Location of Arrest (including Name of Business) 200 BLK S. County RD			Location of Offense (Business Name, Address) 200 BLK S. County RD		
	Date of Arrest 0 7 2 0 1 8	Time of Arrest 0 9 5 3	Booking Date	Booking Time	Jail Date	Jail Time

DEFENDANT	Name (Last, First, Middle) Lo Giudice, Matthew Paul		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W-White I-American Indian B-Black O-Oriental/Asian	Sex M	Date of Birth 0 9 1 0 8 3	Height 5'11"	Weight	Eye Color Bro	Hair Color BLK	Complexion B-own	Build Thin
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SKULL ON RIGHT ARM						Martial Status Single	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y N
	Local Address (Street, Apt. Number) 418 49th St		(City) West Palm Beach	(State) FL	(Zip) 33407	Phone ( )	Residence Type 1 City 2 County 3 Florida 4 Out of State	3	
	Permanent Address (Street, Apt. Number) 1300 NE 23rd Ave Unit B Pompano Beach		(City) Pompano Beach	(State) FL	(Zip) 33062	Phone 561 310 5441	Address Source		

CO-DEF	D/L Number, State L 232-555-83-330-0	INS Number	Place of Birth (City, State) Queens, NY	Citizenship U.S.
	Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth

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)	3,000	Business Phone ( )
	Notified By (Name)	Date	Time
	Released To (Name)	Relationship	Date

CHARGE	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/Derv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
	Charge Description Poss of Marijuana over 20gms		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 8 9 3 1 3	Violation of ORD # 6 A					
	Drug Activity P	Drug Type M	Amount/Unit	Offense # 18-000983	Warrant/Capas 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/Capas Number	Bond					

NOTICE TO APPEAR	Location (Court, Room Number, Address)	
	Court Date and Time Month Day Year Time A.M. P.M.	
	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.	

ADMIN	HOLD for other agency	Signature of Arresting Officer x [Signature]	Name Verification (Printed by Arrestee) (PRINT) JUL 20 AM 11:48
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Sudoicial	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	PAGE
	Intake Deputy ID #	Pouch #	Transferring Officer ID # RFriedman 0043 PBPD

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant  
2 NTA 4 Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500600</b>		Agency Name <b>PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>7   6   18-000983</b>
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other				Special Notes

Name (Last, First, Middle) <b>LO GIUDICE, MATTHEW PAUL</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/10/1983</b>
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Charge Description <b>893.13(6A) POSSESSION OF MARIJUANA OVER 20 GRAMS</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	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  
 committed the below acts in my presence     was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts  
 confessed to \_\_\_\_\_ admitting to the below facts     was found to have committed the below acts, resulting from my (described) investigation

On the 20 day of July, 2018 at 09:53 (Specifically include facts constituting cause for arrest)

On Friday, July 20, 2018, at 0953 hours, I arrested and charged Matthew P. Lo Giudice, (W/M DOB 9/10/83) with Possession of Marijuana Over Twenty Grams pursuant to F.S.S. 893.13(6) (A). The details are as follows:

While on patrol, I observed a white Nissan pickup traveling eastbound on Royal Palm Way. The driver was not wearing a seatbelt. I initiated a traffic stop on the vehicle in the 200 Block of South County Rd. As I approached the passenger side window, I could smell a strong odor of marijuana emanating from inside the vehicle. I made contact with the driver who positively identified himself via FL Driver's License as Matthew P. Lo Giudice, (W/M DOB 9/10/83). I advised Lo Giudice that I could smell a strong odor of marijuana inside the vehicle and then ordered him to exit the vehicle. I conducted a search of the vehicle and inside the center console, I located a clear ziplock bag which contained marijuana.

I advised Lo Giudice of his Miranda Rights using a Preprinted Miranda Card. Post Miranda, Lo Giudice admitted ownership of the marijuana.

Lo Giudice was placed into handcuffs which were checked for tightness and double locked. Lo Giudice was transported to the Palm Beach County Jail without further incident.

The marijuana was later tested using the Duquenois Reagent test kit #8 and it revealed a positive reaction for THC. The marijuana weighed 20.2 Grams. The marijuana was turned over to the CSEU as evidence.

SWORN AND SUBSCRIBED BEFORE ME		
<b>DUQUETTE, SCOTT C</b>	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>07/20/18</u>	DATE	<b>WARD, ERICK O (0290960)</b>
		NAME OF OFFICER (PLEASE PRINT)
		<u>07/20/2018</u>
		DATE



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018024192	Date: 07/21/2018
	Specialist Name/ID: howardt/7185