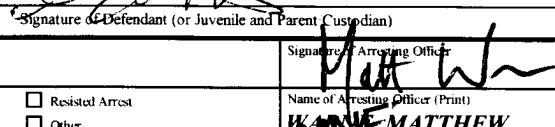


JB 0485132

PCH 1869

ARREST / NOTICE TO APPEAR

A	OBTS Number						1. Arrest	3. Request for Warrant	1	JUVENILE	
D							2. N.T.A.	4. Request for Capias			
M	Agency ORI Number		Agency Name			Agency Report Number (N.T.A.'s only)		MM/521			
N	0500400		Delray Beach Police Department			4 0 17-002119					
S	Charge Type:		<input type="checkbox"/> 1. Felony <input checked="" 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			If Weapon Seized		Multiple Clearance Indicator			
T	Check as many as apply					Enter Type		None/not Applicable			
R	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)				
A	1200 W LINTON BLVD, DELRAY BEACH						1200 W LINTON BLVD, DELRAY BEACH, FL 33444				
T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
I	02/07/2017	11:16	02/07/2017	11:34							
O	Name (Last, First, Middle)						Alias (Name, DOB, Soc. Sec. #, Etc.)				
N	D'AURIA, MATTHEW QUENTIN						Alias:				
D	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
E	W - White B - Black	I - American Indian O - Oriental/Asian	W M	11/23/1983	5'08	200	BROWN	BROWN	LIGHT	LARGE	
F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion			
N	S 3100 NE 48TH ST 311, FORT LAUDERDALE, FL 33308						NOT INDICA	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
D	Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State		
A	Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source		
N	3100 NE 48TH ST 311, FORT LAUDERDALE, FL 33308						Phone		VERBAL		
T	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation		
Business Address (Name, Street) UNEMPLOYED,											
D	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	Citizenship			
L	D600555834230 / FL						MIAMI, FL, United	US			
C	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		
O											
D	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		
E											
F											
J	Name (Last, First, Middle)						Residence Phone				
U											
V	Name (Last, First, Middle)						Business Phone				
E											
N	Notified by: (Name)						Date	Time	JUVENILE DISPOSITION		
I							1. Handled/Processed within Department and Released	2. TOT JAC			
L							3. Incarcerated				
E	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		
						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property		
									Value of Property		
C	Drug Activity	S. Sell	R. Smuggle	K. Disperses/	M. Manufacture/	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	
O	N. N/A	B. Buy	D. Deliver	Distribute	Product/	Cultivate	N. N/A	C. Cocaine	M. Marijuana	Equipment	
D	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.	U. Unknown	
E							S. Synthetic	Z. Other			
CHARGE	Charge Description INHALE/INGEST HARMFUL CHEMICALS						Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	I	Counts	Domestic Violence	Warrant / Capias Number	877.111(1)	Bond	
CHARGE	N	/		17-002119	I	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
CHARGE	Charge Description						Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	I	Counts	Domestic Violence	Warrant / Capias Number		Bond	
CHARGE		/			I		<input type="checkbox"/> Y <input type="checkbox"/> N				
CHARGE	Charge Description						Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	I	Counts	Domestic Violence	Warrant / Capias Number		Bond	
CHARGE		/			I		<input type="checkbox"/> Y <input type="checkbox"/> N				
INTAKE	Health / Apparent Physical Condition of Defendant						Any knowledge of the following:				No
INTAKE							<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
INTAKE							Explain:				
INTAKE	Check which applies:						PROPERTY - Received By				Released By
INTAKE	<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.F. County Jail										
INTAKE	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										
TRANSPORTED	Transported By						Date Transported	Time Transported	Other		
TRANSPORTED							/ /	:			
NOTICE	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444				No Photo Available
NOTICE							Court Date and Time 03/09/2017 08:30:00				
TO APPPEAR	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										
TO APPPEAR	 Signature of Defendant (or Juvenile and Parent Custodian)										
TO APPPEAR	Date Signed										
ADM	HOLD for Other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
ADM							(PRINT)				
ADM	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print)			I.D. #				
ADM				WARNE, MATTHEW			0958				
INAKE	Inake Deputy	I.D. #	Pouch #	Arresting Officer	I.D. #	Agency					
INAKE	Bennyb728			WARNE	958	DELRA					
INAKE	Witness here if subject signed with an "X".										
PAGE	1 OF 1										

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	PROBABLE CAUSE AFFIDAVIT		
A D M I N	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-002119
D E F	Charge Type Check as many as apply 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other	Special Notes
C H A R G E S	Name (Last, First, Middle) D'AURIA, MATTHEW QUENTIN		Alias
V I C T I M	Race W	Sex M	Date of Birth 11/23/1983
Charge Description 877.111(1) INHALE/INGEST HARMFUL CHEMICALS		Charge Description	
Charge Description		Charge Description	
Victim's Name (Last, First, Middle) State Of Florida		Race	Sex
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 resonable 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"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>February</u>, <u>2017</u> at <u>11:16</u> (Specifically include facts constituting cause for arrest.)</p>			
<p>This incident occurred within the City of Delray Beach, Palm Beach County FL;</p> <p>On 02/07/2017 at 1100 hours, A witness by the name of Anthony Gangale called 911 and said a former client of his identified as Matthew D'Auria was actively huffing on an aerosol can on the East side of Target (1200 W. Linton Blvd). Gangale said D'Auria was wearing a bright orange #23 jersey and was holding an aerosol can.</p> <p>Upon my arrival, I observed a W/M wearing a bright orange #23 jersey actively huffing. I ran up and grabbed the aerosol can from the subject, who was later identified as Matthew D'Auria. When I grabbed the can, he passed out and remained unconscious for about a minute. He then regained consciousness and appeared to be fine. Ofc Siegel arrived as my back-up officer at this time. As DBFD was checking on D'Auria, he lunged for the Endust aerosol can and began huffing in front of officers and members of DBFD. Ofc Siegel and I wrestled the can away from D'Auria and placed him in handcuffs. Once DBFD cleared D'Auria, he was arrested for inhaling/ingesting a harmful chemical.</p> <p>Based on the above stated facts, Matthew D'Auria did unlawfully inhale, ingest or possess with intent to breathe, inhale or drink any compound, liquid or chemical containing toluol, hexane, trichloroethylene, acetone, toluene, ethyl acetate, methyl ethyl ketone, trichloroethane, isopropanol, methyl isobutyl ketone, ethylene glycol monomethyl ether acetate, cyclohexanone, nitrous oxide, diethyl ether, alkyl nitrites (butyl nitrite) or any similar substance for the purpose of inducing a condition of intoxication or which distorts or disturbs the auditory, visual or mental processes, contrary to Florida Statute 877.111(1).</p>			

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>B. A. J. 2</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Matt W</i>
	02/07/2017 DATE	NAME OF OFFICER (PLEASE PRINT) WARNE, MATTHEW (0958)
	SCAI FEB 11 2017	02/07/2017 DATE
PAGE	1 OF 1	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.