

0466964

19CT15480AMB

676

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19106789	
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 2 1. Yes N/A 2. No	
Location of Arrest (Including Name of Business) 7600 YAMATO RD BOCA RATON FL 33434		Location of Offense (Business Name, Address) 7600 YAMATO RD BOCA RATON FL 33434					
Date of Arrest 08/22/2019	Time of Arrest 0025	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle EMERALD TOWING	
Name (Last, First, Middle) MATTHEW SCHNAPPE, MATTHEW ROBERT R SCHNAPPE		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White	Sex M	Date of Birth 07/21/1990	Height 508	Weight 180	Eye Color BROWN	Hair Color BROWN	Complexion FAIR
Build MEDIUM		Marital Status Single		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 517 FANSHAW M		(City) (State) (Zip) BOCA RATON FL 33434		Phone (561) 2130077		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source FL DL	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation UNKNOWN	
DL Number, State SS10-556-90-261-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) BROADHEADSVILLE, PA	
Citizenship U.S.A.		Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Residence Phone () ()	
Address (Street, Apt. Number)		(City) (State) (Zip)		Business Phone () ()		Notified by: (Name) (Date) (Time) (Relationship)	
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		S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A B. Buy O. Deliver P. Possess T. Traffic E. Use Distribute Produce/ Cultivate	
Drug Type		A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other	
Charge Description D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1)	
Drug Activity Drug Type Amount / Unit		Offense # 19106789		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406							
Court Date and Time Month September Day 12 Year 2019 Time 8:30 AM Co. PM							
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 08/22/2019	
HOLD for other Agency Name		Signature of Arresting Officer D/S H. BUDISH		Name Verification (Printed) SCANNED		Date AUG 22 2019	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S H. BUDISH		I.D. # 34271		(PRINT)	
Intake Deputy D. Moore		ID # 34271		Agency PBSO		PAGE 1 OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22ND DAY OF AUGUST 20 19, AT 2355 AM PM
SUBJECT: MATTHEW ROBERT SCHNAPP CASE NUMBER: 19106789
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S H. BUDISH

PERSONAL CONTACT

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

The defendant was involved in an accident at the 7600 block of Yamato Rd. While operating a silver 2017 Honda Accord (FL Tag#: ILUP01) west on Yamato Rd, the defendant rear ended a silver Toyota Pick-Up truck. The defendants vehicle had disabling front end damage. The victim of the accident, Lousia Menezes, observed the defendant/driver occupant of the Honda Accord pull over and remain in his vehicle after the accident. Deputy J. Forges #7768 also observed the defendant in the vehicle.

OBSERVATION OF DRIVER:

The driver was sitting slumped over on the side walk upon my arrival. I asked the driver to stand up and approach the front of his vehicle with me to look at the damage. The driver almost fell down while standing up and stumbled/shuffle stepped over to the front of the vehicle. While the defendant was standing talking to me he was swaying from side to side and unsteady on his feet. I also observed that the defendants shirt was disheveled and half untucked.

DRIVER'S STATEMENTS:

I asked the defendant what happened and he stated that he was not sure. I asked the defendant numerous times where he was coming from and he stated that he came from a "cocktail competition" and a rock bar in Delray Beach. The defendant had a hard time answering simple questions. I asked the defendant how much he had to drink and he stated "zero". I told the defendant that I detected a strong odor of an alcoholic beverage from his mouth and he stated that he wanted to speak with his attorney.

ODORS:

Obvious and offensive odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm, disoriented

CLOTHING: wearing blue shirt and yellow pants

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

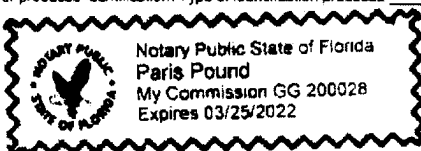
D/S H. BUDISH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of AUGUST 20 19 by D/S H. BUDISH

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

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



SCANNED
AUG 22 2019

SUBJECT MATTHEW

ROBERT

CASE NUMBER 19106789

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:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) REFUSED

2) REFUSED

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

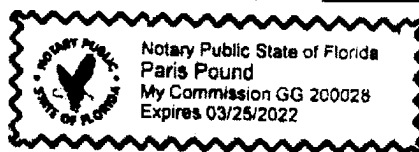
D/S H. BUDISH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of AUGUST 2019 by D/S H. BUDISH

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.00)



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AUG 22 2019

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STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, D/S H. BUDISH, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 22ND day of AUGUST, 20 19, at 0025 P.M. A.M.

DRIVER ROBERT SCHNAPP MATTHEW
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S510-556-90-261-0, state of FLORIDA, was placed under lawful arrest for

the offense of D.U.I. by D/S H. BUDISH and
(Name of Arresting Officer)

issued Citation # A2G4D1P

That on or about the 22ND day of AUGUST, 20 19, at 0131 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

The foregoing instrument was sworn and subscribed before

me this 22nd day of AUGUST, 20 19,

by D/S H. BUDISH,

who is personally known to me or who has produced

as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED
AUG 22 2019

SUBJECT: SCHMAPP MATTHEW R CASE NUMBER: 17-106789

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? NO 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: _____

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AUG 22 2019

SUBJECT: SCHWAPP, MATTHEW R CASE NUMBER: 19-106789

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.

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AUG 22 2019

SUSPECT'S SIGNATURE: (X) _____

READ ON CAMERA

TESTING FACILITY TASK REPORT

AGENCY: MP30

SUBJECT: SCHNAPP, MATTHEW R CASE NUMBER: 17-106 759

DATE: 8/22/19 VIDEO TAPE NUMBER: 1/1

BEGINNING TIME: 01:29 ENDING TIME: 01:33

BREATH TESTS RESULTS: 1) R TIME 01:31 A.M./P.M. 2) n/a TIME --- A.M./P.M.
3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: [Signature]

MAINTENANCE TECHNICIAN: [Signature]

TESTING OFFICER'S OBSERVATIONS

SPEECH: COHERENT

ATTITUDE: COOPERATIVE

CLOTHING: POLO SHIRT, JEANS, SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: NO OTHER OBSERVATIONS

COMMENTS: Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

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Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

Subject was cooperative and provided accurate information.

REFUSED

REFUSED

SCANNED

AUG 22 2019

WITNESS LIST

CASE NUMBER: 19106789

ARRESTING OFFICER: D/S H. BUDISH

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S J. FORGES 7768

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF ACCIDENT

NAME: LOUSIA MENEZES

ADDRESS 18940 RED CORAL WAY BOCA RATON FL 33498

PHONE NUMBERS (HOME) _____ (WORK) 5618090241

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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CAN TESTIFY TO: _____

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ADDRESS _____

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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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AUG 22 2019



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019027432	Date: 08/22/2019
	Specialist Name/ID: howardt/7185

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AUG 22 2019