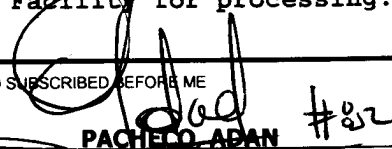


## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
D E F E N D A N T	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>				Agency Report Number (N.T.A.'s only) <b>4 0 17-010217</b>		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>	
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input 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											
C O D E F	Location of Arrest (Including Name of Business) <b>945 W. ATLANTIC AVE</b>				Location of Offense (Business Name, Address) <b>945 W ATLANTIC AVE, DELRAY BEACH, FL 33444</b>							
	Date of Arrest <b>06/28/2017</b>	Time of Arrest <b>03:01</b>	Booking Date <b>06/28/2017</b>	Booking Time <b>03:11</b>	Jail Date <b>// : :</b>	Jail Time	Location of Vehicle					
J U V E N I L E	Name (Last, First, Middle) <b>LEARY, MATTHEW WARREN</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/30/1984</b>	Height <b>6'02</b>	Weight <b>180</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>MEDIUM</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
C H A R G E	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1565 AUGUSTA CIR 102, DELRAY BEACH, FL 33445</b>				Phone <b>(561) 899-5316</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		Address Source <b>VERBAL</b>			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1565 AUGUSTA CIR 102, DELRAY BEACH, FL 33445</b>				Phone <b>(561) 899-5316</b>		Occupation <b>Waiter</b>					
C O D E F	Business Address (Name, Street) (City) (State) (Zip) <b>BRU'S ROOM,</b>				Phone		Citizenship <b>US</b>					
	D/L Number, State <b>L600559841100 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>MELBOURNE, FL,</b>					
C O D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone							
	<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone							
C H A R G E	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						
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			
	<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			
C O D E F	Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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 <b>POSSESSION OF HEROIN</b>				Statute Violation Number <b>895.13(1A)(b)</b>				Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bail				
	<b>N</b>	<b>N</b>	<b>/</b>	<b>17-010217</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>895.13(1A)(b)</b>	<b>895.13(6A)</b>				
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bail				
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bail				
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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By				Released By		Released To	
N O T I C E T O A P P E A R	Transported By				Date Transported <b>// : :</b>	Time Transported	Other					
	<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				Court Date and Time			
A D M I N	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.				2017 JUN 28 AM 8:41 SCANNED JUN 28 2017				No Photo Available			
	Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed							
A D M I N	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>STEED, DAVID</b>				I.D. # <b>0944</b>		(PRINT)	
A D M I N	Inmate Deputy		I.D. #	Pouch #	Transporting Officer <b>STEED, DAVID</b>		I.D. # <b>944</b>	Agency <b>DBPD</b>	Witness here if subject signed with an "X"		PAGE <b>1 OF 1</b>	

JUN 28 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number						
<b>FL 0500400</b>	<b>DELRAY BEACH POLICE DEPARTMENT</b>		<b>4 0 17-010217</b>						
Charge Type: <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)			Alias		Race	Sex	Date of Birth		
<b>LEARY, MATTHEW WARREN</b>					<b>W</b>	<b>M</b>	<b>03/30/1984</b>		
Charge Description			Charge Description						
<b>893.13(1A)(1) POSSESSION OF HEROIN</b>									
Charge Description			Charge Description						
Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth		
<b>State Of Florida</b>									
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 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <b>28</b> day of <b>June</b>, <b>2017</b> at <b>02:37</b> (Specifically include facts constituting cause for arrest.)</p>									
<p>The following incident occurred in the city of Delray Beach Palm Beach County Florida.</p> <p>While on routine patrol at 945 W. Atlantic Ave. I was flagged down by a white male, later identified as, Matthew Leary. Leary stated that a black male, later identified as Frederick Griffin was following him and was asking him for money.</p> <p>For his protection, I called Leary over to where I was standing in front of the store (Community Market) located at the aforementioned address. As Leary walked over and stood next to me. Griffin was repeatedly yelling at the top of his lungs from across the street, "That white boy just brought some drugs. I saw him buy it on 9th."</p> <p>Griffin walked over to where we were standing and again repeated his claim. I asked for Leary's information and he provided me with his Florida DL #L0055984110 and told me that he works at the Bru's Room located at 35 NE 2nd Ave.</p> <p>I then asked Leary if I could search his bag. Leary consented to his bag being searched. He then stated that if he has anything it might be a little weed.</p> <p>My search of the bag resulted in negative results. Officers Kopplin and Woods responded to the scene as back up officers. Officer Kopplin asked for consent to search Leary's person and then asked him, "Where is the Heroin." Leary then stated that it was in his small right front pants pocket.</p> <p>Officer Kopplin then retrieved 4 plastic capsule that contained a brown substance. Based on my knowledge, training and experience. I know this to be Heroin. I advised Leary that he was under arrest and he was handcuffed and transported to the Delray Beach Holding Facility for processing.</p>									
SWORN AND SUBSCRIBED BEFORE ME  <b>PACHECO ADAN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>06/28/2017</b> DATE					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER _____ <b>STEED, DAVID (0944)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/28/2017</b> DATE				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME LAB 8/8/2017

P.I.O.

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A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT • SUPPLEMENT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		<b>1</b>	JUVENILE
	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>			Agency Report Number <b>4 0 17-010217</b>				
	Charge Type Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input 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		Special Notes	
	Name (Last, First, Middle) <b>LEARY, MATTHEW WARREN</b>			Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/30/1984</b>	

Once at the Delray Beach Holding Facility, I field tested the suspected Heroin. The test yielded a positive result for the presence of Heroin.

The Heroin was then placed into evidence.

Based on the above facts, I find probable cause exists to charge, Matthew W. Leary with FSS. 893.13 (6A1), Possession of Heroin.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;">   <b>PACHECO, ADAN</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>  <b>06/28/2017</b>  <small>DATE</small> </div>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <div style="text-align: center;"> <b>STEED, DAVID (0944)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small>  <b>06/28/2017</b>  <small>DATE</small> </div>
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