

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR																									
Agency ORI Number			Agency Name				Agency Report Number (N.T.A.'s only)																					
0500400			Delray Beach Police Department				4 0 17-010217																					
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				If Weapon Seized Enter Type None/not Applicable																					
Location of Arrest (including Name of Business)			Location of Offense (Business Name, Address)																									
945 W. ATLANTIC AVE			945 W ATLANTIC AVE, DELRAY BEACH, FL 33444																									
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																
06/28/2017		03:01		06/28/2017		03:11		// :		:																		
Name (Last, First, Middle) LEARY, MATTHEW WARREN																												
Alias: LEARY, MATTHEW WARREN																												
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion														
W - White B - Black		I - American Indian O - Oriental/Asian		W M		03/30/1984		6'02		180		BROWN		BROWN		FAIR												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																												
Marital Status		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>																								
S																												
Local Address (Street, Apt. Number)			(City)			(State)			(Zip)			Phone (561) 899-5316			Residence Type: 1. City 3. Florida 2. County 4. Out of State													
1565 AUGUSTA CIR 102, DELRAY BEACH, FL 33445															I													
Permanent Address (Street, Apt. Number)			(City)			(State)			(Zip)			Phone (561) 899-5316			Address Source VERBAL													
1565 AUGUSTA CIR 102, DELRAY BEACH, FL 33445																												
Business Address (Name, Street)			(City)			(State)			(Zip)			Phone			Occupation Waiter													
BRU'S ROOM,																												
D/L Number, State			Soc. Sec. Number			INS Number			Place of Birth (City, State)			Citizenship																
L600559841100 / FL									MELBOURNE, FL,			US																
Co-Defendant Name (Last, First, Middle)							Race		Sex		Date of Birth																	
Co-Defendant Name (Last, First, Middle)							Race		Sex		Date of Birth																	
Name (Last, First, Middle) LEARY, MATTHEW WARREN																												
Residence Phone																												
J U V E N I L E D E F E N D A N T																												
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone																												
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																												
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. School Attended Grade																												
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.																												
Property Crime? Description of Property Value of Property																												
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No																												
C O D E							Drug Activity		S. Sell		R. Smuggle		K. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown	
							N. N/A		B. Buy		D. Deliver						N. N/A		C. Cocaine		M. Marijuana		O. Opium/Deriv.		S. Synthetic			
							P. Possess		T. Traffic		E. Use						A. Amphetamine		E. Heroin									
C H A R G E																												
Charge Description POSSESSION OF HEROIN Statute Violation Number 093.13(1A)(1) Violation of ORD #																												
C H A R G E							Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		893.13(6A)		Bond					
Charge Description																												
Statute Violation Number Violation of ORD #																												
C H A R G E							Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond							
Charge Description																												
Statute Violation Number Violation of ORD #																												
C H A R G E							Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond							
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 Explain:																												
I N S T A K E							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		PROPERTY - Received By		Released By		Released To									
							<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health																			
T O A P P E A R							Transported By						Date Transported		Time Transported		Other											
N O T I C E							<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)		South County 200 W Atlantic Ave Delray Beach, FL 33444															
							<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court				Court Date and Time																	
							but must comply with instructions on Page 2.																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD NOT 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																												
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		Name of Arresting Officer (Print)		I.D. #															
							<input type="checkbox"/> Suicidal		<input type="checkbox"/> Other		STEED, DAVID		0944															
							Intake Deputy		I.D. #		Transporting Officer		I.D. #		Agency													
											STEED, DAVID		944		DBPD													
Witness here by subject signed with an "X" LE																												

No Photo Available

2017 JUN 28

AM 8:00

E

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JUN 28 2017

SCANNED

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT						
D	Agency ORI Number	Agency Name	Agency Report Number						
M	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4	0	17-010217				
N	Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:				
D	Name (Last, First, Middle)				Alias		Race	Sex	Date of Birth
E	LEARY, MATTHEW WARREN						W	M	03/30/1984
C	Charge Description		Charge Description						
H	893.13(1A)(1) POSSESSION OF HEROIN								
A	Charge Description		Charge Description						
R	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth		
G	State Of Florida								
E	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source	
S	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 . . .									
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>28</u> day of <u>June</u> , <u>2017</u> at <u>02:37</u> (Specifically include facts constituting cause for arrest.)									
<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 capsules 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>									
A	SWORN AND SUBSCRIBED BEFORE ME PACHECO, ADAN #02 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 06/28/2017 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER STEED, DAVID (0944) NAME OF OFFICER (PLEASE PRINT) 06/28/2017 DATE SCANNED				
D	ADMINISTRATIVE		PAGE		1 OF 2				

COURT

STATE ATTORNEY

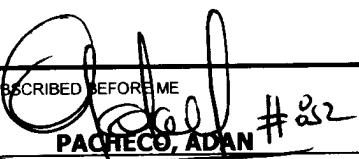
CENTRAL RECORDS

JAIL

CRIMINAL 11817

P.I.O.

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	JUVENILE
D	Agency CRI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT				Agency Report Number 4 0 17-010217			
M	Charge Type Check as many as apply			<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
I				<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			
N	Name (Last, First, Middle) LEARY, MATTHEW WARREN			Alias			Race W	Sex M	Date of Birth 03/30/1984
<p>Once at the Delray Beach Holding Facility, I field tested the suspected Heroin. The test yielded a positive result for the presence of Heroin.</p> <p>The Heroin was then placed into evidence.</p> <p>Based on the above facts, I find probable cause exists to charge, Matthew W. Leary with FSS. 893.13(1)(a), Possession of Heroin.</p>									
<p>NOT A CERTIFIED COPY</p>									

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  PACHECO, ADAN #82		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		<hr/>		
	06/28/2017		NAME OF OFFICER (PLEASE PRINT)		
	DATE		STEED, DAVID (0944)		
		06/28/2017			PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIMINAL ANALYSIS
JUN 28 2017

P. I. O.

SCANNED