

ARREST / NOTICE TO APPEAR

2020CF7775 FAX

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 20-009930		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		3	JUVENILE										
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" 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		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 2		Location of Arrest (Including Name of Business) WARRANT REQUEST						Location of Offense (Business Name, Address) 1001 S FEDERAL HWY, DELRAY BEACH, FL 33483									
D E F E N D A N T	Date of Arrest		Time of Arrest		Booking Date 07/23/2020		Booking Time 14:17		Jail Date // : :		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) FARRELL, MATTHEW JOSEPH												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		Sex M		Date of Birth 05/27/1976		Height 6'02		Weight		Eye Color		Hair Color		Complexion		Build						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>								
Local Address (Street, Apt. Number) 33 SE 8TH ST 118, BOCA RATON, FL 33432		(City)		(State)		(Zip)		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source												
Permanent Address (Street, Apt. Number) 33 SE 8TH ST 118, BOCA RATON, FL 33432		(City)		(State)		(Zip)																
Business Address (Name, Street)		(City)		(State)		(Zip)						Occupation										
D/L Number, State F640550761870 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship														
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile									
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone		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		Relationship		Date		Time									
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										
<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 H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description DUI ALCOHOL OR DRUGS 3RD OFFENSE		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number 316.193(2)(B)(1)		Violation of ORD #		Bond					
Charge Description DRIVING WHILE DL SUSPENDED, REVOKED, CANCELLED W/ KNOWLEDGE		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number 322.34(2)		Violation of ORD #		Bond						
Charge Description		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number		Violation of ORD #		Bond						
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To							
	Transported By		Date Transported // : :		Time Transported		Other															
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" 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		Court Date and Time															
	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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed										No Photo Available							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <i>George Castro</i>		Name Verification (Printed by Arrestee)																	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) CASTRO, GEORGE		I.D. # 1147								PAGE 1 OF 1							
Intake Deputy		I.D. #		Pouch #		Transporting Officer WARRANT REQUEST		I.D. # 1147		Agency DBPD		Witness here if subject signed with an "X".										

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

OBTS Number	Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 20-009930
Agency ORI Number FL 0500400			
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) FARRELL, MATTHEW JOSEPH	Alias	Race W	Sex M	Date of Birth 05/27/1976
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Charge Description 322.34(2) DRIVING WHILE DL SUSPENDED,REVOKED,	Charge Description 316.193(2)(B)(1) DUI ALCOHOL OR DRUGS 3RD OFFENSE
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Victim's Name (Last, First, Middle) State of Florida	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 22 day of July, 2020 at 12:15 (Specifically include facts constituting cause for arrest.)

The following incident occurred in Palm Beach County, in the City of Delray Beach, FL:

The defendant Matthew Joseph Farrell was found passed out while he was seated in the driver seat of a two door black Toyota Scion, bearing FL tag (IM19SY.) DBFR (run no. 20-008783) responded to 1001 S. Federal Hwy (Knowles Park) after the reporting party, who is identified as [REDACTED] found the defendant passed out inside the vehicle. The vehicle was in the middle of the parking lot and not in a designated parking spot. DBFR Firefighter Ryan Spinelli (ID no. 370) entered the vehicle from the passenger side, removed the keys from the ignition, and rendered aid. I observed the defendant slowly waking up and stepping out of the driver seat of the vehicle.

The defendant appeared disoriented and lost his balance walking to the DBFR rescue truck. DBFR Firefighter Kevin McKessy (ID no. 264) indicated that the defendant stated that he was drunk while they were inside the rescue truck. Ofc. Spooner assisted with impounding the vehicle after the defendant was transported to Delray Medical Center via DBFR. At the hospital, I read the defendant his Miranda Warnings. His eyes were red, and his speech was slurred. Dr. Danielle Klein and ER staff attempted to conduct a medical assessment on the defendant and he refused. He indicated multiple times that he was going to leave the hospital.

Dr. Klein indicated that he will be held for 4-5 hours before he is released. Due to the time restraint, it was impractical to obtain a breath test therefore a blood draw was requested to determine the defendant's B.A.C. At approximately 1215 hours, the defendant was read implied consent for a blood draw. He began to repeat "lawyer, lawyer." I asked him if he drank alcohol and he repeated "lawyer, lawyer." Based on his actions, he refused to consent to a blood draw.

Moments later, the defendant requested to use the restroom, and I escorted him. During

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BAER, TROY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	CASTRO, GEORGE (1147) NAME OF OFFICER (PLEASE PRINT)
08/16/2020 DATE	08/16/2020 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

3 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Name		Agency Report Number	
	Agency ORI Number FL 0500400		DELRAY BEACH POLICE DEPARTMENT		4 0 20-009930	
	Charge Type: Check as many as apply.		Special Notes:			

D E F	Name (Last, First, Middle)				Alias	Race	Sex	Date of Birth
	FARRELL, MATTHEW JOSEPH					W	M	05/27/1976

this time, he lost his balance walking and was swaying as he walked to the restroom and back to the stretcher. The defendant later became emotional and began to cry and indicated to me that he was "opening up" to me. Ofc. Green was present during this time.

The registered owner of the vehicle, who is identified as Sally Farrell later arrived at the hospital. She is the defendant's mother and she claimed that the defendant has a pending court case for a previous DUI and that the defendant has full knowledge that his driver's license is currently revoked. A DAVID query indicated that the defendants driver's license is revoked as of 10/10/2013 and that he has two previous DUI convictions.

Based on the aforementioned investigation, probable cause exists to charge the defendant with the following; driving under the influence (DUI-3rd offense), pursuant to FSS (316.193(2)(B)(1), and driving with a suspended/revoked license with knowledge, pursuant to FSS 322.34(2.)

BWC was activated during the investigation.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	BAER, TROY		CASTRO, GEORGE (1147)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	08/16/2020		08/16/2020	