

0518594

20CF7606 AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-107914			
	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	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator 1			
	Location of Arrest (Including Name of Business) 6848 Lake Nona Pl				Location of Offense (Business Name, Address) Hypoluxo Rd / Military Trail, Lake Worth, FL 33467				
	Date of Arrest 09/17/2020	Time of Arrest 1042 hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 6848 Lake Nona Pl		
DEFENDANT	Name (Last, First, Middle) Facciola, Dylan, C J				Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 02/23/1999	Height 5'09	Weight 130	Eye Color bro	Hair Color bro	Complexion light	Build small
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion NONE	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 6846 Lake Nona Pl, Lake Worth, FL 33463				Phone (561) 307 1769	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source DL			
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation Counselor			
	DL Number, State F240163990630, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Boca Raton, FL		Citizenship US
	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	
	CO-DEF	Parent Legal Custodian Other:				Residence Phone			
Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone					
Notified by: (Name) Date Time				Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended Grade					
JUVENILE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property Value of Property				
	Drug Activity N. N/A S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other P. Possess B. Buy D. Deliver E. Use T. Traffic				Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana D. Opium/Deriv. F. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other				
	Charge Description Fleeing and Eluding				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1935 (1)		Violation of ORD #
	Drug Activity Drug Type Amount / Unit Offense # N N 20-107914				Warrant / Capias Number				Bond 1000
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
CHARGE	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		Violation of ORD #
	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		Violation of ORD #
	Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number				Bond
NOTICE TO APPEAR	Location (Court, Room Number, Address)								
	Court Date and Time Month Day Year Time AM PM 09/17/2020								
	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 SHOULD BE ISSUED.								
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed				
	Name Verification (Printed by Arresting Officer) SCANNED				PAGE 1 OF 2				
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer D/S W.J. Wagenmann I.D. # 30566				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) Wagenmann ID # 30566 Agency PBSO				
	Witness here if subject signed with an "X"				PAGE 1 OF 2				

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

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	Y	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-107914							
	Charge Type: Check as many as apply.		Special Notes:							
CHARGES	Name (Last, First, Middle) Facciola, Dylan, C J		Alias	Race W	Sex M	Date of Birth 02/23/1999				
	Charge Description Fleeing and Eluding 316.1935 (1)		Charge Description							
VICTIM	Victim's Name (Last, First, Middle) FL, ,		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		
<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. The Person taken into custody</p> <p><input checked="" 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.</p> <p><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.</p> <p>On the 17th day of September 2020 at 1042 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Monday 9/7/2020 at 1112 hours, I was on patrol in the area of Hypoluxo Rd / Haverhill Rd, traveling eastbound on Hypoluxo Rd in a marked Sheriff's patrol vehicle. I observed a black Honda motorcycle with white rims and no registration displayed, pass me in the center lane. The operator of the motorcycle was wearing tan pants, a blue t shirt, black shoes, black helmet, and a black backpack. I pulled behind the Honda and activated my emergency lights and siren. The Honda indicated that it was pulling over, into the southbound turn lane for Military Trail. The operator then looked back at me, cut back into traffic and accelerated, failing to stop for the emergency lights and siren on my vehicle and fleeing from the traffic stop. A pursuit was not initiated and the attempted stop was terminated. Video of the attempted stop was submitted to evidence.</p> <p>At approximately 1730 hours, I observed the same motorcycle and operator traveling north on Jog Rd, crossing Hypoluxo Rd. The motorcycle turned into the Winston Trails community, and I lost sight of the motorcycle at the security gate. Investigation revealed that the operator identified himself to security as Dylan, with a FL drivers license that he presented in a wallet. Records revealed that _____ Dylan was identified as Dylan Facciola, DOB 2/23/99. I obtained the security logs and video for evidence. Later that day, I viewed several social media posts on an Instagram account for Dylan Facciola and observed pictures on the account of the motorcycle that fled from the traffic stop.</p> <p>On Thursday 9/17/20 at 1042 hours, I was in the area of 6846 Lake Nona Pl and observed the same Honda motorcycle turn into the driveway of 6846. The motorcycle did not have a registration displayed. I pulled up and made contact with the operator, who identified himself as Dylan Facciola. I observed that Facciola and the motorcycle matched the description of the motorcycle and rider that fled from my attempted traffic stop and entered the Winston Trail Community the afternoon of 9/7/2020. I advised Facciola of Miranda and conducted an interview for fleeing and eluding from the attempted traffic stop on 9/7/2020. Facciola admitted to being the operator of the motorcycle that fled from the attempted traffic stop on 9/7/2020. Facciola was placed under arrest for fleeing and eluding and issued 2 traffic citations for operating an unregistered vehicle and operating a motorcycle without a motorcycle endorsement. Facciola was transported to the county jail without incident.</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S W.J. Wagenmann			SCANNED				
	(Signature of Arresting/Investigative Officer)		The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>September</u> 20 <u>20</u> by <u>D/S W.J. Wagenmann</u>							
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		Known							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		<i>D/S T. Hudson 31200</i>								
					PAGE 2 OF 2					



**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)
L/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 checked="" type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	3
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020021990	Date: 09/18/2020
	Specialist Name/ID: T Howard/7185

SCANNED
SEP 18 2020