

0519759		20CF 9450MB		2918	
ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1 JUVENILE	
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 20-003924	
Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) S ALT A/E FREDERICK SMALL RD		Location of Offense (Business Name, Address) 2999 S ALT A/E FREDERICK SMALL RD, JUPITER, FL			
Date of Arrest 11/20/2020	Time of Arrest 23:14	Booking Date 11/20/2020	Booking Time 23:24	Jail Date	Jail Time
Name (Last, First, Middle) DASILVA, NOAH FORTES		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 2 - Oriental/Asian	Sex M	Date of Birth 11/15/2001	Height 5'11	Weight 175	Eye Color BLUE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion	Hair Color BROWN	Complexion LIGHT
Local Address (Street, Apt. Number) 154 EVERGRENE PKWY, PALM BEACH GARDENS, FL 33410		(City)	(State)	(Zip)	Phone (561) 914-4607
Permanent Address (Street, Apt. Number) 154 EVERGRENE PKWY, PALM BEACH GARDENS, FL 33410		(City)	(State)	(Zip)	Phone (561) 914-4607
Business Address (Name, Street) DWYER HS,		(City)	(State)	(Zip)	Phone
DL Number, State D241626014150 / FL		Sex	DOB	INS Number	Place of Birth (City, State) CORAL SPRINGS, FL
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship
Parent Other: Name (Last, First, Middle)		Residence Phone			
Legal Custodian		Business Phone			
Address (Street, Apt. Number)		(City)	(State)	(Zip)	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION	
Released To: (Name)		Date	Time	1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
Relationship		Date	Time		
The above address was provided by defendant and/or 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		Value of Property			
Property Crime? Yes No		Description of Property			
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 DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL. PRESCRIPTION)		Statute Violation Number 893.13(6)(A)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Counts I	Domestic Violence Y N
Charge Description DRUGS - POSSESS MARIJUANA NOT MORE THAN 20 GRAMS		Statute Violation Number 893.13(6)(B)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Counts I	Domestic Violence Y N
Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED		Statute Violation Number 316.193(1)(A)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Counts I	Domestic Violence Y N
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Mental Escapes Medication Deformities Injuries			
Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By Released By Released To		Explain:			
Transported By		Date Transported	Time Transported	Other	
INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)			
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)			
Date Signed		Name Verification (Printed by Arrestee) NOV 21 AM 2:41			
HOLD for Other Agency		Signature of Arresting Officer		Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN	
Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		ID. # 1216		(PRINT)	
Transporting Officer S. MCGILLICUDDY		ID. # 388		Agency JUPITE	
Witness here if subject signed with an "X".		PAGE 1 OF 2			

**ARREST / NOTICE TO APPEAR**  
Additional Charge List

Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>			Agency Report Number (N.T.A.'s only) <b>5, 4   20-003924</b>	
C O D E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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	
C H A R G E	Charge Description <b>DL - POSS BLANK/FORGED/STOLEN/FICTITIOUS/COUNTERFEIT DL/D</b>					Statute Violation Number <b>322.212(1)(A)</b>
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
					Warrant / Capias Number	Violation of ORD # Bond

**NOT A CERTIFIED COPY**

# PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number

Agency ORI Number

FL 0501700

Agency Name

JUPITER POLICE DEPARTMENT

Agency Report Number

5 4 20-003924

Charge Type:  
Check as many  
as apply.

☒ 1. Felony

☐ 2. Traffic Felony

☒ 3. Misdemeanor

☒ 4. Traffic Misdemeanor

☐ 5. Ordinance

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

DASILVA, NOAH FORTES

Alias

Race

Sex

Date of Birth

W

M

11/15/2001

Charge Description

316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL

Charge Description

893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP

Charge Description

893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE TH

Charge Description

322.212(1)(A) DL - POSS BLANK/FORGED/STOLEN/FICTIT

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

☐ confessed to \_\_\_\_\_

admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 20 day of November, 2020 at 22:25 (Specifically include facts constituting cause for arrest.)

On 11/20/2020 at approximately 2255 hrs I was stationary in the median in the 2100 block of S Alternate A1A, Jupiter, Florida, conducting selective traffic enforcement. I was oriented south bound. I observed in my right rear view mirror a vehicle traveling at a high rate of speed. As the vehicle passed me (same direction), I visually estimated the speed of the vehicle to be 65 MPH. I activated my Talon II Radar, heard a steady audio Doppler tone consistent with that speed and observed a radar true speed readout of 64 MPH. I caught up to the vehicle and conducted a traffic stop on it at S Alternate A1A/W Frederick Small Road. I made contact with the driver and sole occupant, Noah Dasilva (DEFENDANT).

Dasilva advised me that he recently lost his wallet on a boat so he showed me a copy of it on his phone. During my contact at the window with Dasilva I detected an odor of burned cannabis coming from the interior of the vehicle. Dasilva denied drinking alcohol or using any marijuana. I returned to my vehicle and confirmed that Dasilva has a valid Florida driver's license.

I returned to the vehicle and advised Dasilva that I smelled marijuana coming from his vehicle. Dasilva advised that he is not a medical marijuana patient and that he was not in possession of hemp or CBD. He advised me during questioning that he smoked marijuana two hours prior to me stopping him. He advised that he smoked a small "joint". I asked Dasilva if I could search the car and he did give me permission to.

Upon conducting a search of the vehicle I discovered, in the center console, a rectangular green pill marked "S 90 3". I know through my training and experience, which was confirmed by a pharmacology check, that this pill is Alprazolam 2mg (Xanax), a CNS Depressant. Next to the pill was a small "nugget" of green leafy substance of suspected cannabis. This later field tested positive for the presence of marijuana. I asked Dasilva about the items found to determine if he had a prescription for the Alprazolam. Dasilva advised that he does not have a prescription and advised that last year he got in trouble for possession of Xanax by his parents, along with his friend,

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICIAL

SHARI L. O'NEAL  
Public - State of Florida  
Commission # 972080  
My Comm. Expires Jun 25, 2024  
Bonded through National Notary Assn.

11/21/2020

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)

NAME OF OFFICER (PLEASE PRINT)

11/21/2020

DATE

PAGE

1 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-003924</b>						
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) <b>DASILVA, NOAH FORTES</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/15/2001</b>			
<p>and that the pill must be left over from that. I asked if it could potentially belong to his mother, who is the registered owner of the car, and he advised that it is not hers.</p> <p>Based on my observations of Dasilva I asked him to participate in standardized field sobriety exercises. He consented and the following are the results of the SFSTs:</p> <p><b>Horizontal Gaze Nystagmus</b></p> <ul style="list-style-type: none"> <li>-Equal pupil size and equal tracking</li> <li>-No lack of smooth pursuit in either eye</li> <li>-No distinct and sustained nystagmus at maximum deviation in either eye</li> <li>-No onset of nystagmus prior to forty-five degrees in either eye</li> <li>-No vertical nystagmus in either eye</li> </ul> <p><b>LACK OF CONVERGENCE</b></p> <ul style="list-style-type: none"> <li>-Lack of convergence was observed in both of two passes. Each eye articulated only slightly inward, and then stopped.</li> </ul> <p><b>WALK AND TURN</b></p> <ul style="list-style-type: none"> <li>-Missed heel to toe</li> <li>-Used arms for balance</li> <li>-Stepped off line</li> <li>-3 of 8 clues</li> </ul> <p><b>ONE LEG STAND</b></p> <ul style="list-style-type: none"> <li>-Used arms for balance</li> <li>-Swayed</li> <li>- 2 of 4 clues</li> </ul> <p><b>FINGER TO NOSE</b></p> <ul style="list-style-type: none"> <li>1L - Pad to right nostril</li> <li>2R - Pad to left nostril</li> <li>3L - Tip to above tip</li> <li>4R - Tip to under tip</li> <li>5R - Proper</li> <li>6L - Proper</li> </ul> <p><b>MODIFIED RHOMBERG BALANCE</b></p> <ul style="list-style-type: none"> <li>-Estimated the passage of 30 seconds in 17 seconds</li> <li>-Significant eyelid tremors</li> </ul> <p>Based on my investigation up to this point I had probable cause to believe that Noah Dasilva was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point where his normal faculties were impaired, contrary to F.S.S. 316.193. I have probable cause to believe he was in unlawful possession of Alprazolam without a prescription, contrary to F.S.S. 893.13(6) (A). I have probable cause to believe he was in possession of marijuana less than 20 grams, without a prescription, contrary to F.S.S. 893.13(6) (B).</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT OFFICER</p> <p><b>SHARI L. O'NEAL</b> Notary Public - State of Florida Comm. # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.</p> <p><b>11/21/2020</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><i>[Signature]</i></p> <p><b>MCGILlicuddy, STEVEN (1216)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/21/2020</b></p> <p>DATE</p> </div> </div>									
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Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth	
<b>DASILVA, NOAH FORTES</b>				<b>W</b>		<b>M</b>		<b>11/15/2001</b>	
<p>I placed Dasilva under arrest at 2314 hrs. I transported him to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 2338 hrs. I placed Dasilva under a 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician O'Neal (ID #6212). I asked for Dasilva to provide a breath sample and he refused. I read him implied consent from a pre-printed card and again asked for him to provide breath. He consented and provided breath samples of .000 and .000 BrAC. I then requested he provide urine and he asked what would happen if he refused. I advised that the same implied consent warning read before would attach. He agreed to provide me with a urine sample and did so at 0025 hrs. This will be sent to PBSO lab for toxicological analysis. I read Dasilva his Miranda rights from a pre-printed card and he did not want to speak without an attorney present.</p> <p>While inventorying Dasilvas property at the BAT I found a fake Tennessee driver's license in pouch attached to Dasilvas phone. The photo looks like Dasilva and bears the name "Jasper Jax Walsh" with a date of birth of 9/22/1998. I asked Dasilva whose card it was and he stated it was his friend's license. I conducted an NCIC check of the license number (TN 116193890) and it returned as not on file as a valid driver's license. I therefore additionally have probable cause to believe that Dasilva was in actual possession of a false similitude driver's license, contrary to F.S.S. 322.212(1) (A).</p> <p>I completed Dasilvas paperwork and then booked him into the Palm Beach County jail. He was issued traffic citations for DUI and speeding. His vehicle was towed from the scene by North County Towing.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 1101)            SHARI L. O'NEAL            State of Florida            Commission # GG 972080            My Comm. Expires Jun 25, 2024            Bonded through National Notary Assn.</p> <p><b>11/21/2020</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>MCGILICUDDY, STEVEN (1216)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/21/2020</b></p> <p>DATE</p> </div> </div>									
								PAGE <b>3 OF 3</b>	

COURT

STATE ATTORNEY

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CRIME ANALYSIS

P.I.O.



PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 20-129001 PBSO ZONE 3-14

AGENCY CASE # 20-003924 CRASH CASE #                     

TIME OF STOP/CRASH 2255 DATE 11/20/2020 DAY FRIDAY

SUBJECT'S NAME DASILVA NOAH F RACE W SEX M  
LAST FIRST MID

HGT 5'11 WGT 175 DOB 11/15/2001

LOCATION S ALTERNATE A1A/FREDERICK SMALL ROAD

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2338

ARREST TIME 2314

BREATH RESULTS:

1) .000

2) .000

3) Urine Pending

4)                     

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE #       /

SUBJECT: 7857602 10/14

CASE NUMBER: 3829

## 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) \_\_\_\_\_

## 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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: PA 2003, 11/2/04 CASE NUMBER: 003924

## 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? \_\_\_\_\_ 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: \_\_\_\_\_



FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006240 Software: 8100.27  
Date of Test: 11/21/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 23:38

Subject's Name: NOAH F DASILVA

DOB: 11/15/2001 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		00:03
Air Blank	0.000	00:04
Control Test	0.080	00:04
Air Blank	0.000	00:04
Subject Sample #1	0.000	00:05
Air Blank	0.000	00:05
Air Blank	0.000	00:07
Subject Sample #2	0.000	00:08
Air Blank	0.000	00:08
Control Test	0.081	00:08
Air Blank	0.000	00:09
Diagnostics Check OK		00:09

Cylinder Lot: 14020080A1

Exp: 07/05/2022

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 11-21-20  
Signature

Sworn to (or affirmed) before me this 21 day of November, 2020

Signature of Notary Public-State of Florida

[Signature] Off. McGillicuddy #388  
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

# TESTING FACILITY TASK REPORT

AGENCY: JPD OFC. MCGILlicUDDY #388

SUBJECT: DASILVA, NOAH F.

CASE NUMBER: 20-129001

DATE: 11-20-20/11-21-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2359 HRS

ENDING TIME: 0009 HRS

BREATH TESTS RESULTS: 1) .000 TIME 0005 A.M. ☒ P.M. ☐ 2) .000 TIME 0008 A.M. ☒ P.M. ☐  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: SHIRT- GRAY & WHITE/PLAID PANTS- CREME & GRAY

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O MCGILlicUDDY #388  
A/O REQUESTED THE BREATH TEST.  
D REFUSED THE REQUEST, A/O READ THE IMPLIED CONSENT ON CAMERA.  
D UNDERSTOOD THE I/C AS READ.  
D DECIDED TO SUBMIT AFTER THE I/C WAS READ.  
D COMPLETED THE TEST CORRECTLY.  
C/W READ ON CAMERA.  
EXPLAINED THE RESULTS TO THE D.  
D REFUSED THE Q&A.

## WITNESS LIST

CASE NUMBER: 20-003924

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC DAVENPORT

ADDRESS: 196 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON STOP/VEHICLE TOW/INVENTORY

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2020027408

**Date:** 11/21/2020

**Specialist Name/ID:** T Howard/7185