

0519759

DEP 1450-11

2918

| ARREST / NOTICE TO APPEAR   |  |   |  | 1. Arrest  |  | 3. Request for Warrant  |  | 2. N.T.A.   |  | 4. Request for Capias   |  | 1 JUVENILE  |  |  |  |   |  |  |  |                        |  |
|---|--|---|--|--|--|---|--|---|--|---|--|---|--|--|--|---|--|--|--|------------------------|--|
| Agency ORI Number<br><b>0501700</b>   |  | Agency Name<br><b>Jupiter Police Department</b>   |  |  |  | Agency Report Number (N.T.A.'s only)<br><b>5   4   20-003924</b>                                      |  | If Weapon Seized<br><b>NONE</b>                                     |  | Multiple Clearance Indicator  |  |   |  |  |  |   |  |  |  |                        |  |
| Charge Type:<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br>Check as many as apply   |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  |  |  | Location of Offense (Business Name, Address)<br><b>2999 SALT LAKE FREDERICK SMALL RD, JUPITER, FL</b> |  | Enter Type  |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| Location of Arrest (Including Name of Business)<br><b>SALT LAKE FREDERICK SMALL RD</b>  |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| Date of Arrest<br><b>11/20/2020</b>   |  | Time of Arrest<br><b>23:14</b>  |  | Booking Date<br><b>11/20/2020</b>                                |  | Booking Time<br><b>23:24</b>  |  | Jail Date<br><b>// : :</b>  |  | Jail Time   |  | Location of Vehicle   |  |  |  |   |  |  |  |                        |  |
| Name (Last, First, Middle)<br><b>DASILVA, NOAH FORTES</b>   |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>  |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| Race<br>W - White<br>B - Black  |  | Sex<br>I - American Indian<br>O - Oriental/Asian  |  | Date of Birth<br><b>11/15/2001</b>                               |  | Height<br><b>5'11</b>   |  | Weight<br><b>175</b>  |  | Eye Color<br><b>BLUE</b>  |  | Hair Color<br><b>BROWN</b>  |  | Complexion<br><b>LIGHT</b>   |  |   |  |  |  |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |   |  |  |  |   |  |   |  | Marital Status<br><b>S</b>  |  | Religion  |  | Build<br><b>Medium</b>   |  |   |  |  |  |                        |  |
| Local Address (Street, Apt. Number)<br><b>154 EVERGREEN PKWY, PALM BEACH GARDENS, FL 33410</b>  |  | (City)  |  | (State)  |  | (Zip)   |  | Phone<br><b>(561) 914-4607</b>                                      |  | Indication of Alcohol Influence<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |  | Drug Influence  |  |  |  |   |  |  |  |                        |  |
| Permanent Address (Street, Apt. Number)<br><b>154 EVERGREEN PKWY, PALM BEACH GARDENS, FL 33410</b>  |  | (City)  |  | (State)  |  | (Zip)   |  | Phone<br><b>(561) 914-4607</b>                                      |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State  |  | Address Source  |  |  |  |   |  |  |  |                        |  |
| Business Address (Name, Street)<br><b>DWYER HS,</b>   |  | (City)  |  | (State)  |  | (Zip)   |  | Phone<br><b>(561) 914-4607</b>                                      |  | Occupation  |  | VERBAL  |  |  |  |   |  |  |  |                        |  |
| DL Number, State<br><b>D241626014150 / FL</b>   |  | Social Security Number  |  | INS Number   |  | Place of Birth (City, State)<br><b>CORAL SPRINGS, FL,</b>   |  | Citizenship<br><b>US</b>  |  | Student   |  |   |  |  |  |   |  |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |  |  |   |  |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |  |  |   |  |  |  |                        |  |
| <input type="checkbox"/> Parents<br><input type="checkbox"/> Other:<br><input type="checkbox"/> Legal Custodian   |  | Name (Last, First, Middle)  |  |  |  |   |  |   |  |   |  |   |  | Residence Phone  |  |   |  |  |  |                        |  |
| Address (Street, Apt. Number)   |  | (City)  |  | (State)  |  | (Zip)   |  |   |  |   |  | Business Phone  |  |  |  |   |  |  |  |                        |  |
| Notified by: (Name)   |  |   |  |  |  |   |  | Date  |  | Time  |  | JUVENILE DISPOSITION  |  |  |  |   |  |  |  |                        |  |
| Released To: (Name)   |  | Relationship  |  |  |  |   |  | Date  |  | Time  |  | 1. Handled/Proceeded within Department and Released<br>2. TOT JAC<br>3. Incarcerated                                  |  |  |  |   |  |  |  |                        |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.  |  |   |  |  |  |   |  |   |  |   |  |   |  | School Attended  |  | Grade   |  |  |  |                        |  |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:  |  |   |  |  |  |   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Property Crime?   |  | Description of Property   |  | Value of Property  |  |   |  |  |  |                        |  |
| Drug Activity<br>N/A<br>P. Possess  |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use                               |  | K. Disperse/<br>Distribute  |  | M. Manufacture/<br>Produce/<br>Cultivate                            |  | Z. Other  |  | Drug Type<br>N/A<br>A. Amphetamine  |  | B. Barbiturates<br>C. Cocaine<br>E. Heroin   |  | H. Hallucinogens<br>M. Marijuana<br>O. Opium/Deriv. |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INC.)</b>   |  |   |  |  |  |   |  |   |  |   |  |   |  | Statute Violation Number<br><b>893.13(6)(A)</b>  |  | Violation of ORD #                                  |  |  |  |                        |  |
| Drug Activity<br><b>N</b>   |  | Drug Type<br><b>/</b>   |  | Amount / Unit  |  | Offense #   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | Warrant / Capias Number   |  |  |  | Bond  |  |  |  |                        |  |
| Charge Description<br><b>DRUGS - POSSESS MARIJUANA NOT MORE THAN 20 GRAMS</b>   |  |   |  |  |  |   |  |   |  |   |  |   |  | Statute Violation Number<br><b>893.13(6)(B)</b>  |  | Violation of ORD #                                  |  |  |  |                        |  |
| Drug Activity<br><b>N</b>   |  | Drug Type<br><b>/</b>   |  | Amount / Unit  |  | Offense #   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | Warrant / Capias Number   |  |  |  | Bond  |  |  |  |                        |  |
| Charge Description<br><b> DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED</b>   |  |   |  |  |  |   |  |   |  |   |  |   |  | Statute Violation Number<br><b>316.193(1)(A)</b>   |  | Violation of ORD #                                  |  |  |  |                        |  |
| Drug Activity<br><b>N</b>   |  | Drug Type<br><b>/</b>   |  | Amount / Unit  |  | Offense #   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | Warrant / Capias Number   |  |  |  | Bond  |  |  |  |                        |  |
| Health / Apparent Physical Condition of Defendant   |  |   |  |  |  |   |  |   |  |   |  |   |  | Any knowledge of the following:<br><input type="checkbox"/> Mental<br><input type="checkbox"/> Escaped<br><input type="checkbox"/> Medication<br><input type="checkbox"/> Deformities<br><input type="checkbox"/> Injuries<br>Explain: |  |   |  |  |  |                        |  |
| Check which apply:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Posted Bond  |  | <input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> South County Mental Health   |  | <input checked="" type="checkbox"/> T.O.T. County Jail           |  | PROPERTY - Received By  |  |   |  | Released By   |  | Released To   |  |  |  |   |  |  |  |                        |  |
| Transported By  |  |   |  |  |  | Date Transported<br><b>// : :</b>   |  | Time Transported  |  | Other   |  |   |  |  |  |   |  |  |  |                        |  |
| <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.  |  |   |  |  |  |   |  |   |  |   |  |   |  | Location (Court, Room)   |  |   |  |  |  |                        |  |
| 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. |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |   |  |  |  |                        |  |
|   |  |   |  |  |  |   |  |   |  |   |  |   |  | Date Signed  |  |   |  |  |  |                        |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)   |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| HOLD for Other Agency   |  | Signature of Arresting Officer  |  |  |  |   |  |   |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other  |  | Name of Arresting Officer (Print)<br><b>MCGILLICUDDY, STEVEN</b> |  | I.D. #<br><b>1216</b>   |  | Name Verification (Printed by Arrestee)<br><b>NOV 21 AM 2:41</b>    |  |   |  |   |  |  |  |   |  |  |  |                        |  |
| Last Name / First Name / Middle Initial<br><b>NOV 21 AM 2:41</b>  |  | I.D. #<br><b>7204</b>   |  | Pouch #  |  | Transporting Officer<br><b>S. MCGILLICUDDY</b>  |  | I.D. #<br><b>388</b>  |  | Agency<br><b>JUPITE</b>   |  | PAGE<br><b>1 OF 2</b>   |  |  |  |   |  |  |  |                        |  |
|   |  |   |  |  |  |   |  |   |  |   |  |   |  | Witness here if subject signed with an "X".  |  |   |  |  |  |                        |  |

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

|   |           |   |                            |  |   |  |  |  |  |  |                    |
|---|-----------|---|----------------------------|--|---|--|--|--|--|--|--------------------|
| Agency ORI Number<br><b>0501700</b>   |           | Agency Name<br><b>Jupiter Police Department</b> |                            |  |   | Agency Report Number (N.T.A.'s only)<br><b>5 1 4   20-003924</b> |  |  |  |  |                    |
| <b>C<br/>O<br/>D<br/>E<br/><br/>C<br/>H<br/>A<br/>R<br/>G<br/>E</b>                     | S. Sell   | R. Smuggle                                      | K. Dispense/<br>Distribute | M. Manufacture/<br>Produce/<br>Cultivate | Z. Other  | Drug Type<br>N. N/A<br>A. Amphetamine                            | B. Hallucinogen<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other                           |                    |
|   | N. N/A    | B. Buy  | D. Deliver                 |  |   |  |  |  |  |  |                    |
| Charge Description<br><b>DL - POSS BLANK/FORGED/STOLEN/FICTITIOUS/COUNTERFEIT DL/ID</b> |           |   |                            |  |   |  |  |  |  | Statute Violation Number<br><b>322.212(1)(A)</b> | Violation of ORD # |
| Drug Activity   | Drug Type | Amount / Unit                                   | Offense #                  | Counts<br><b>1</b>                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number  |  |  |  |  | Bond               |

**NOT A CERTIFIED COPY**

|   |   |  |  |                   |                        |   |               |
|---|---|--|--|-------------------|------------------------|---|---------------|
| A<br>D<br>M<br>I<br>N   | OBTS Number   | PROBABLE CAUSE AFFIDAVIT   |  |                   | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Caples | 1<br>JUVENILE |
|   | Agency ORI Number   | Agency Name  | JUPITER POLICE DEPARTMENT  |                   | Agency Report Number   |   |               |
|   | FL 0501700  |  |  | 5   4   20-003924 | Special Notes:         |   |               |
| Charge Type:<br>Check as many as apply.   | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor             | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                   |                        |   |               |
| Name (Last, First, Middle)  | Alias   |  |  | Race              | Sex                    | Date of Birth                                   |               |
| DASTILVA, NOAH FORTES   |   |  |  | W                 | M                      | 11/15/2001                                      |               |
| Charge Description  | Charge Description  |  |  |                   |                        |   |               |
| 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL  | 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP  |  |  |                   |                        |   |               |
| Charge Description  | Charge Description  |  |  |                   |                        |   |               |
| 893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE TH  | 322.212(1)(A) DL - POSS BLANK/FORGED/STOLEN/FICTIT  |  |  |                   |                        |   |               |
| Victim's Name (Last, First, Middle)   |   |  |  | Race              | Sex                    | Date of Birth                                   |               |
| State Of Florida  |   |  |  |                   |                        |   |               |
| 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...   |   |  |  |                   |                        |   |               |
| <input checked="" type="checkbox"/> committed the below acts in my presence.  |   | <input type="checkbox"/> was observed by _____   |  | who told _____    |                        |   |               |
| <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>20</u> day of <u>November</u> , <u>2020</u> at <u>22:25</u> (Specifically include facts constituting cause for arrest.)   |   |  |  |                   |                        |   |               |
| <p>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).</p> <p>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.</p> <p>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.</p> <p>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,</p> |   |  |  |                   |                        |   |               |
| SWORN AND SUBSCRIBED BEFORE ME  |   |  |  |                   |                        |   |               |
|  <p>SHARI L. O'NEAL<br/>Notary Public - State of Florida<br/>Commission # 7765972080<br/>Commission Expires Jun 25, 2024<br/>My Comm. Expires Jun 25, 2024<br/>NOTARY PUBLIC / CLERK OF COUNTY / OFFICER / F.S. 100-100-100<br/>Bonded through National Notary Assn.<br/>11/21/2020</p>  |   |  |  |                   |                        |   |               |
| SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  |   |  |  |                   |                        |   |               |
| MCGILLCUDDY, STEVEN (1216)  |   |  |  |                   |                        |   |               |
| NAME OF OFFICER (PLEASE PRINT)  |   |  |  |                   |                        |   |               |
| 11/21/2020  |   |  |  |                   |                        |   |               |
| PAGE 1 of 3   |   |  |  |                   |                        |   |               |

SWORN AND SUBSCRIBED BEFORE ME


**SHARI L. O'NEAL**  
 Notary Public - State of Florida  
 Commission # 5C972080  
 My Comm. Expires Jun 25, 2024  
 Bonded through National Notary Assn.

**SIGNATURE OF ARRESTING / INVESTIGATING OFFICER**

**MCGILLCUDDY, STEVEN (1216)**

**NAME OF OFFICER (PLEASE PRINT)**

11/21/2020

PAGE  
1 OF 3

**COURT**

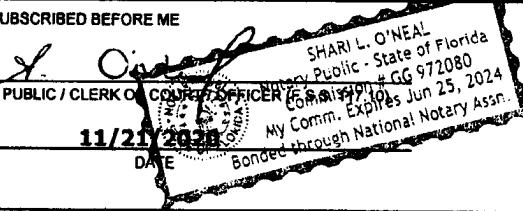
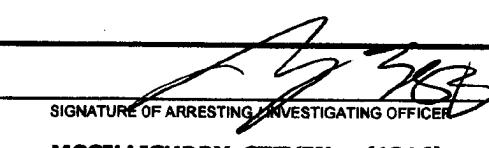
**STATE ATTORNEY**

## CENTRAL RECORDS

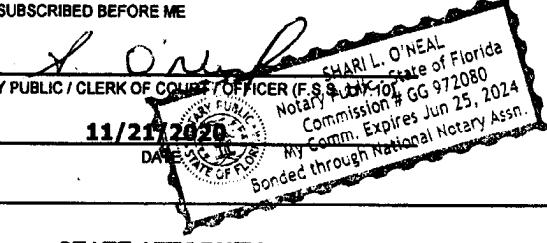
1411

## CRIME ANALYSIS

B10

|   |   |   |
|---|---|---|
| A<br>D<br>M<br>I<br>N<br>I<br>N<br>T<br>R<br>A<br>T<br>I<br>V<br>E  | OBTIS Number<br><br>Agency ORI Number<br><b>FL 0501700</b>  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b><br>1. Arrest      3. Request for Warrant<br>2. N.T.A.      4. Request for Capias<br><b>1</b> <b>JUVENILE</b>   |
| Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other   |   | Agency Report Number<br><b>5 4 20-003924</b>  |
| Name (Last, First, Middle)<br><b>DASILVA, NOAH FORTES</b>   |   | Alias<br><br>Race      Sex      Date of Birth<br><b>W</b> <b>M</b> <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> |   |   |
| A<br>D<br>M<br>I<br>N<br>I<br>N<br>T<br>R<br>A<br>T<br>I<br>V<br>E  | SWORN AND SUBSCRIBED BEFORE ME<br><br><br>NOTARY PUBLIC / CLERK OF COURT OFFICER (S) COMMISSION # CG 972080<br>My Comm. Expires Jun 25, 2024<br>11/21/2020<br>DATE<br>Bonded through National Notary Assn. | SIGNATURE OF ARRESTING/INVESTIGATING OFFICER<br><br><br><b>MCGILLCUDDY, STEVEN (1216)</b><br>NAME OF OFFICER (PLEASE PRINT)<br>11/21/2020<br>DATE |
| PAGE <b>2 OF 3</b>  |   |   |

|  |   |   |  |                 |                                    |   |   |          |
|--|---|---|--|-----------------|------------------------------------|---|---|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E   | OBTS Number   | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT          |  |                 | 1. Arrest<br>2. N.T.A.             | 3. Request for Warrant<br>4. Request for Caples | 1 | JUVENILE |
|  | Agency OBI Number<br><b>FL 0501700</b>                    | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> | Agency Report Number<br><b>5   4   20-003924</b> | Special Notes:  |                                    |   |   |          |
| Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other   |   |   |  |                 |                                    |   |   |          |
| D<br>E<br>F  | Name (Last, First, Middle)<br><b>DASILVA, NOAH FORTES</b> | Alias   | Race<br><b>W</b>                                 | Sex<br><b>M</b> | Date of Birth<br><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 Dasilva's property at the BAT I found a fake Tennessee driver's license in a pouch attached to Dasilva's 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 Dasilva's 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> |   |   |  |                 |                                    |   |   |          |

|                |   |   |                       |
|----------------|---|---|-----------------------|
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME<br><br><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 100-107)<br>Notary Public - State of Florida<br>Commission # GG 972080<br>My Comm. Expires Jun 25, 2024<br>Bonded through National Notary Assn. | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><br><br><b>MCGILLCUDDY, STEVEN (1216)</b><br>NAME OF OFFICER (PLEASE PRINT) | PAGE<br><b>3 OF 3</b> |
|                | 11/21/2020  | 11/21/2020  | DATE                  |

COURT

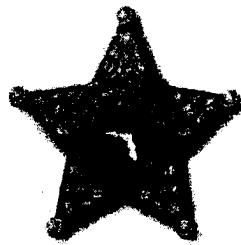
STATE ATTORNEY

CENTRAL RECORDS

JAIL

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 MCGILLCUDDY 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: REGULUS

CASE NUMBER: 123456789

## **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: 11/11/03 11:00 AM

CASE NUMBER: 11/11/03 11:00 AM

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: Shari O'Neal Date: 11-21-20  
Signature

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

5388 Signature of Notary Public-State of Florida Dfc. 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: <input type="text" value="JPD OFC. MCGILLCUDDY #388"/>  |  |
| SUBJECT: <input type="text" value="DASILVA, NOAH F."/>  |  |
| CASE NUMBER: <input type="text" value="20-129001"/>   |  |
| DATE: <input type="text" value="11-20-20/11-21-20"/>  |  |
| VIDEO DVD NUMBER: <input type="text" value="N/A"/>  |  |
| BEGINNING TIME: <input type="text" value="2359 HRS"/>   |  |
| ENDING TIME: <input type="text" value="0009 HRS"/>  |  |
| BREATH TESTS RESULTS: 1) <input type="text" value=".000"/> TIME <input type="text" value="0005"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 2) <input type="text" value=".000"/> TIME <input type="text" value="0008"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> |  |
| 3) <input type="text" value=""/> TIME <input type="text" value=""/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) <input type="text" value=""/> TIME <input type="text" value=""/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>   |  |
| BREATH OPERATOR: <input type="text" value="S.O'NEAL #6212"/>  |  |
| MAINTENANCE TECHNICIAN: <input type="text" value="J. KARLECKE #6467"/>  |  |
| <b>TESTING OFFICER'S OBSERVATIONS</b>   |  |
| SPEECH: <input type="text"/>  |  |
| ATTITUDE: <input type="text" value="CALM, QUIET, COOPERATIVE"/>   |  |
| CLOTHING: <input type="text" value="SHIRT- GRAY &amp; WHITE/PLAID PANTS- CREME &amp; GRAY"/>  |  |
| MEDICAL CONDITIONS: <input type="text" value="NONE"/>   |  |
| MEDICATIONS: <input type="text" value="NONE"/>  |  |
| OTHER:  |  |
| EYES: GLASSY  |  |

---

**COMMENTS:**

20 MIN. OBSERVATION DONE BY A/O MCGILLCUDDY #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) |
|---|-------------------------------------|---|--|----------------|
| 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 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 (Cl's).  |                |
|   | <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),<br>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),<br>(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),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            | Other:                                  |  |                |
| Other   | <input type="checkbox"/>            | Other:                                  |  |                |

**REVIEW COMPLETED BY**

|                            |                                   |
|----------------------------|-----------------------------------|
| Booking Number: 2020027408 | Date: 11/21/2020                  |
|                            | Specialist Name/ID: T Howard/7185 |