

0495914 18CT3353-MS 3820

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO, 5, 0, 2, 7, 0, 0				Agency Name PALM SPRINGS PUBLIC SAFETY				Agency Report Number (N.T.A.'s only) 8 2 1 1 8 1 0 1 4 0 1 1 5 1 1 1 1											
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input 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 N/A		Multiple Clearance Indicator											
	Location of Arrest (including Name of Business) Sherri car (Palm Springs)						Location of Offense (Business Name, Address) Forest Hill Blvd / Kirk Rd Palm Springs															
DEFENDANT	Date of Arrest 02/19/18		Time of Arrest 09:05		Booking Date		Booking Time		Jail Date 2/19/18		Jail Time		Location of Vehicle Kaufers Towing									
	Name (Last, First, Middle) Silva, Jonathan						Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White B - Black		Sex M		Date of Birth 06/18/90		Height 602		Weight 220		Eye Color BRO		Hair Color BRN		Complexion OLIVE		Build MED					
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Martial Status Single		Religion BAPT		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk					
	Local Address (Street, Apt. Number) 5966 Albert Rd, WPB FL 33415						Residence Type: 1. City 2. County 3. Florida 4. Out of State 2															
	Permanent Address (Street, Apt. Number) <del>Same as local</del>						Address Source FL DL															
JUVENILE	Business Address (Name, Street) Restaurment						Occupation															
	D/J Number, State 5410.420.90.2180				Soc. Sec. Number				INS Number				Place of Birth (City, State) WPB, FL		Citizenship USA							
	Co-Defendant (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							
NOTICE TO APPEAR	Co-Defendant (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							
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:						Name (Last) (First) (Middle)						Residence Phone									
	Address (Street, Apt. Number)						(City) (State) (Zip)						Business Phone									
ADMIN	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 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						School Attended						Grade									
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property						Value of Property									
	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	
	Charge Description DUI						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.19.3						Violation of ORD #					
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond							
	N		N		0.10/0.102		18-04015								OR							
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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 type="checkbox"/> N		Statute Violation Number						Violation of ORD #					
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex 3220 Goughland Rd WPB												Court Date and Time Month March Day 15th Year 2018 Time 0900 A.M.									
	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												Date Signed FEB 19 AM 3:42									
	Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed									
ADMIN	HOLD for other agency						Signature of Arresting Officer Cpt. R. FEQUIERE #115						Name Verification (Printed by Arrestee)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:						(PRINT)									
	I.D. # Pouch #						Name of Arresting Officer (Print) Cpt. R. FEQUIERE #115						I.D. #									
Signature of Deputy Thomas #199						Signature of Transporting Officer Cpt. R. FEQUIERE #115						Agency FSPD						Witness here if subject signed with an "X"		PAGE 1 of 1		

FILED  
FEB 19 2018  
CIRCUIT & COUNTY COURTS  
(CRIMINAL DIV.)

SCANNED  
FEB 21 2018

FEQUIERE #115

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 18<sup>th</sup> DAY OF February 20 18 AT 2345 <sup>11 45</sup> AM PM

SUBJECT: Silva, Jonathan CASE NUMBER: 18-4015

AGENCY: Palm Springs P.D. ARRESTING OFFICER: Cpl. R. FERRIERE

**PERSONAL CONTACT**

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)**

- Def was observed @ Approaching Forest Hill @ Kirk intersection at high sp
- Def turned into Woodhaven Plaza to avoid intersection (red light)
- Def Speed was estimated @ 65 mph or more
- Def Speed was measured @ 71 mph w/ Stalker Radar
- Def Identified himself with Florida DL
- Def was only occupant in vehicle

**OBSERVATION OF DRIVER:**

- Defendant had glassy red eyes
- Def was visibly nervous, could not locate registration that was in front of him
- Def was talkative
- Def had odor of unknown alcoholic beverage, ~~odor~~ odor was more noticeable when he spoke

**DRIVER'S STATEMENTS:**

- Admitted to having one drink
- Stated he was driving his uncle's vehicle because his uncle was too drunk to drive him

**ODORS:**

Unpleasant Alcoholic beverage coming from breath

**GENERAL OBSERVATIONS**

**SPEECH:** Slurred

**ATTITUDE:** Talkative, apprehensive and ~~too~~ uncooperative at times

**CLOTHING:** Black Tee, Camo Shorts, Deck Shoes

**MEDICAL/OTHER:**

N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Cpl. R. Ferriere #115  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18<sup>th</sup> day of February 20 18 by Cpl. R. Ferriere #115

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Police ID)

A. O'Neal

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED  
FEB 21 2018

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

- Orbital Sweezy during task
- Vertical Nystagmus: observed

**WALK & TURN:**

- Did Not Stay in Starting position.
- Started too soon
- Did not turn
- Returned walking backward, even after being instructed not to walk ~~backwards~~ backward

**ONE LEG STAND:**

- ~~Started~~ Started too soon
- Raised foot over 12 inches, Did not point toe. As instructed
- ~~Started~~ Did Not count # 19 and counted # 8 twice
- Hopped on one leg for balance
- ~~Counted~~ counted to 24 in 34 seconds

**FINGER TO NOSE:**

~~After~~ First attempt was stopped due to delo not following instructions at all.  
 Second attempt: — L - Touched Philtrum  
 R - Touched bottom of nose  
 L - Touched bottom of nose, Near Nostrils  
 R - Touched bottom of nose  
 L - good  
 R - good

**ROMBERG/ALPHABET:**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] #115  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 19<sup>th</sup> day of February, 2018 by Cpl R. FERQUIERE #115 who is personally known to me and/or produced identification. Type of identification produced Police ID

[Signature]  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED  
FEB 21 2018