

21 CF 6300 MB

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 21-003681	
D E F E N D A N T	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1			
	Location of Arrest (Including Name of Business) 112 S 4TH ST LANTANA FL				Location of Offense (Business Name, Address) 112 S 4TH ST, LANTANA, FL 33462			
	Date of Arrest 08/27/2021	Time of Arrest 03:30	Booking Date 08/27/2021	Booking Time 03:40	Jail Date	Jail Time	Location of Vehicle	
	Name (Last, First, Middle) TOCHEVA, ALEXANDRA STANISLAVOV							
J U V E N I L E	Alias: TOCHEVA, ALEXANDRA STANISLAVOV				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 04/25/1983	Height 5'01	Weight 120	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT
	Build Medium				Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion	
	Local Address (Street, Apt. Number) 16 NW 6TH AVE, DELRAY BEACH, FL 33444				(City) (City)		(Zip) (Zip)	
	Permanent Address (Street, Apt. Number) 16 NW 6TH AVE, DELRAY BEACH, FL 33444				(City) (City)		(Zip) (Zip)	
	Business Address (Name, Street) (City)				(State) (State)		(Zip) (Zip)	
	D.V. Number, State T210017836450 / FL				Sec. Soc. Number (Redacted)		INS Number	
	Place of Birth (City, State) BULGERIA				Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex		
Name (Last, First, Middle) (Redacted)				Residence Phone				
Address (Street, Apt. Number) (Redacted)				(City) (City)				
Notified by: (Name) (Redacted)				Date		Time		
Released To: (Name) (Redacted)				Relationship		Date		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property		
Drug Activity S. Sell N. N/A P. Possess				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				F. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		
U. Unknown Z. Other								
Charge Description BATTERY				Statute Violation Number 784.03 (1)(A)(1)		Violation of ORF #		
Drug Activity N				Drug Type N		Amount / Unit		
Offense #				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Warrant / Capias Number				Statute Violation Number		Violation of ORD #		
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity				Drug Type		Amount / Unit		
Offense #				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
Warrant / Capias Number				Statute Violation Number		Violation of ORD #		
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity				Drug Type		Amount / Unit		
Offense #				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
Warrant / Capias Number				Statute Violation Number		Violation of ORD #		
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape/Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Post Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By				
Transported By				Date Transported		Time Transported		
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room)		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 FULLY 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		
HOLD for Other Agency				Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) AUG 27 AM 5:43		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) LEANG, NGIN SIAN		I.D. # 839		
Pouch #				Transporting Officer TUANG		I.D. # 839		
				Agency LPD		Witness here if subject signed with an "X".		

☐ DEFENDANT ☐ ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT



J# 05 25499

F#345

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 08/27/2021 03:30		Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 21-003681		
	Name (Last, First, Middle) TOCHEVA, ALEXANDRA STANISLAVOV						Race W	Sex F	Date of Birth 04/25/1983
DEF	Charge Description 784.03 (1)(A)(1) BATTERY								
VICTIM	Victim's Name (Last, First, Middle) CONDORELLI, DANIELE						Race W	Sex M	Date of Birth 11/27/1980
	Local Address (Street, Apt. Number) (City) (State) (Zip) 112 S 4TH ST, LANTANA, FL 33462				Phone (561) 860-3785		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM						
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT EX BOYFRIEND								
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: VICTIM						
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:						
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)						
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PARAMEDICS: PBC RESCUE 37						
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:						
ADDITIONAL INFORMATION	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:						
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:						
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	On 08/27/2021 at approximately 0317 hrs, I Ofc Tuang #839 responded to 112 S 4th St Lantana FL in reference to a domestic violence report. Upon arrival, I made contact with the victim, W/M Daniele Condorelli (DOB 11/27/80), at the driveway area of the residence.								
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
	SIGNATURE OF ARRESTING OFFICER 								
	Sworn to and subscribed to before me this <u>27</u> day of <u>August</u> , <u>2021</u> .								
MORALES, LUIS E  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	08/27/2021 03:30	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0502000	LANTANA POLICE DEPARTMENT	6 4 21-003681

The victim advised that his ex girlfriend, defendant, Alexandra Tocheva (DOB 04/25/93) hit him in the face with her fist. The victim advised the defendant swung at him three times and he got hit in the nose on the third time. The victim had a bloody nose and he was holding it with his right hand. The defendant and the victim dated for approximately a year and they just recently separated. However, they are still living together in the same residence. The victim advised that the defendant is currently inside the residence, in her room.

Ofc Sanchez #924 and I then walked up to the residence to make contact with the defendant. While approaching to the residence, I observed a puddle of blood by the front door. I then made contact with the defendant who was inside her room. The defendant appeared to be intoxicated as well. The defendant advised that the victim threatened her and she defended herself. The defendant advised that the victim tried to hit her and she punched him in the face. When the defendant was asked why she didn't make the police report about this incident, she was unable to answer. The defendant could not elaborate on how the victim was threatening her, to support her claim of self defense.

Based on the facts provided, probable cause exists to charge the defendant with a battery and she was subsequently transported and lodged at the PBC jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of August, 2021.


MORALES, LUIS E

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. Assault, battery, agg. Battery, sexual assault, sexual battery, stalking, agg. Stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 21-00 3681 Agency: Lantana P.D.
Offense: Battery
Suspect/Offender: Alexandra Tocheva
D.O.B. 4/25/83 Race: W Sex: F
2. Warranty #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Danvele Condorelli
Address: 112 N. 4th St.
City: Lantana State: FL Zip: 33462
Home #: 561 860 3785 Work #: _____ Other#: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other#: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other#: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Tuang

I.D.: 839

Date: 8/27/21

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)



**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 (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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021021359

Date: 8/27/2021

Specialist Name/ID: A. Pinkney/7796