

26CF3637

MARSY'S LAW CV1 FL Const. Art. 1 § 18(b)

CONFIDENTIAL VICTIM INFORMATION

Check if Supplement is Attached

3655

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>32 2026-005250</b>		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias <b>1</b>		Juvenile	
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator						<b>2</b>	
DEFENDANT	Date of Arrest <b>05/17/2026</b>				Time of Arrest <b>21:45</b>		Booking Date <b>05/17/2026</b>		Booking Time <b>22:35</b>		Jail Date <b>05/17/2026</b>	
	Jail Time <b>22:28</b>				Location of Vehicle <b>NONE</b>		Name (Last, First, Middle) <b>MOYER, ALEXANDRA</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)			
CO-DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W F</b>		Sex <b>F</b>		Date of Birth <b>03/07/2000</b>		Height <b>5'04</b>		Weight <b>100</b>		Eye Color <b>GREEN</b>	
	Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Small</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>PIER BOTH EAR; TATT R WRIST / HEART</b>		Marital Status <b>M</b>		Religion <b>CATHOLIC</b>	
JUVENILE	Local Address (Street, Apt. Number) <b>4850 NE 5TH AVE 122, BOCA RATON, FL 33431</b>		(City)		(State)		(Zip)		Mobile Phone <b>(561) 797-2618</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
	Permanent Address (Street, Apt. Number) <b>4850 NE 5TH AVE 122, BOCA RATON, FL 33431</b>		(City)		(State)		(Zip)		Phone <b>(561) 347-1531</b>		Address Source <b>VERBAL</b>	
CHARGE	Business Address (Name, Street) <b>ULTIMATE INTERNATIONAL, 4631 N DDIE HWY</b>		(City)		(State)		(Zip)		Phone <b>(561) 347-1531</b>		Occupation <b>Secretary</b>	
	D/L Number, State <b>M633577997000 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MEDELLIN, Columbia</b>		Citizenship <b>CL</b>			
NOTICE TO APPEAR	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile	
NOTICE TO APPEAR	Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Notified by: (Name) (Date) (Time)		Juv. Disposition 1. Handled by Dept. and Released	
	Released To: (Name) (Relationship)		Date		Time		Juv. Disposition 1. Handled by Dept. and Released		Date		Time	
NOTICE TO APPEAR	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 (561) 355-6511) 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		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Charge Description <b>ROBBERY BY SUDDEN SNATCHING</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>812.131(2B)</b>		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense # <b>26-5250</b>		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Charge Description <b>BATTERY-BATTERY (SIMPLE)</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense # <b>26-5250</b>		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address)											
	Court Date and Time Month Day Year Time A.M. P.M.											
NOTICE TO APPEAR	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					
NOTICE TO APPEAR	I consent to receive text reminders of court date(s) and fines for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.											
	Signature						Signature					
NOTICE TO APPEAR	HOLD for Other Agency		Signature of Arresting Officer <b>SHIVER, J. A.</b>				Name Verification (Printed by Arrestee) <b>MAY 18 1:03</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>SHIVER, J. A.</b>				I.D. # <b>911</b>		(PRINT)			
NOTICE TO APPEAR	Intake Deputy <b>01 HOLLER 720</b>		I.D. #		Pouch #		Transporting Officer <b>SHIVER</b>		I.D. # <b>911</b>		Agency <b>BRPD</b>	
	Witness here if subject signed with an "X":											

NOTICE TO APPEAR REQUIRED

FILED FBC PAGE SUN CLUB- 26 MAY 18 AM 6:22

**CONFIDENTIAL VICTIM INFORMATION PER MARSY'S LAW  
PROBABLE CAUSE AFFIDAVIT**

OSTS Number Agency ORI Number <b>FL FLO500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2026-005250</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">1</div>
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:
Name (Last, First, Middle) <b>MOYER, ALEXANDRA</b>		Race <b>W</b>	Sex <b>F</b>
Charge Description <b>812.131(2B). ROBBERY BY SUDDEN SNATCHING</b>		Charge Description <b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>	
Victim's Name (Last, First, Middle) <b>MOYER, DILLON JAMES</b>		Race <b>W</b>	Sex <b>M</b>
Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]		Phone [REDACTED]	Date of Birth [REDACTED]
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 type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <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>17</u> day of <u>May</u> , <u>2026</u> at <u>21:45</u> (Specifically include facts constituting cause for arrest.)			
On May 17, 2026, at 2105 hours, I responded to [REDACTED] in reference to a domestic disturbance.  Upon arrival, I made contact with Alexandra Moyer, who was sworn in and advised of her constitutional warnings. Alexandra Moyer stated that approximately 30 minutes prior to my arrival, her husband, Dillon Moyer, began throwing clothes around the house. Alexandra Moyer stated that Dillon Moyer taunted her with an orange workout band by waving it above his head in front of her and using a blow dryer to make her hot.  Alexandra Moyer stated that she then grabbed the band from Dillon Moyer's hand, scratching his chest in the process, and proceeded to whip Dillon Moyer with the band. Alexandra Moyer stated that she did this because Dillon Moyer was being disrespectful. Alexandra Moyer also stated that Dillon Moyer blocked her exit while the incident was occurring. Alexandra Moyer further stated that Dillon Moyer pushed her during the altercation. I observed no scratches, cuts, marks, or bruises on Alexandra Moyer's person.  I then spoke with Dillon Moyer, who was sworn in and advised of his constitutional warnings. Dillon Moyer stated that while he was working out with the orange band, he heard Alexandra Moyer packing clothes in the bedroom. Dillon Moyer stated that he walked into the bedroom with the band around his neck, and he and Alexandra Moyer began arguing verbally.  During the argument, Alexandra Moyer grabbed the band from Dillon Moyer's neck, scratching him in the process. Dillon Moyer stated that Alexandra Moyer then whipped him on the back with the band. Dillon Moyer stated that he was pinned against the door during the incident and was unable to open it until Alexandra Moyer stopped hitting him. When asked, Dillon Moyer stated that he did not taunt or push Alexandra Moyer during			
SWORN AND SUBSCRIBED BEFORE ME  _____ HORNE, ASHTON NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.00)  _____ 05/17/2026 DATE		_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  _____ SHIVER, JOEL ALEXANDER (911) NAME OF OFFICER (PLEASE PRINT)  _____ 05/17/2026 DATE	

CONFIDENTIAL VICTIM INFORMATION PER MARY'S LAW

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	CBTS Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2026-005250</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 type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

D E F	Name (Last, First, Middle) <b>MOYER, ALEXANDRA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/07/2000</b>
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the altercation. I observed a scratch approximately the size of a hand on Dillon Moyer's left chest and several red marks on his back consistent with being struck by the band.

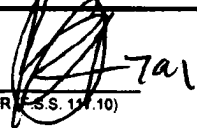

Based on the facts listed above, I developed probable cause that Alexandra Moyer committed the following offenses:

- o F.S.S. 812.131(2) (b), Robbery by Sudden Snatching, in that she physically removed the orange band from Dillon Moyer's hand, scratching him in the process.
- o F.S.S. 784.03(1) (b), Simple Domestic Battery, in that she whipped Dillon Moyer with the band against his will, causing red marks on his person.

Alexandra Moyer was placed under arrest at 2145 hours for the above charges.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	<b>HORNE, ASHTON</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 137.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<b>05/17/2026</b> DATE		<b>SHIVER, JOEL ALEXANDER (911)</b> NAME OF OFFICER (PLEASE PRINT)
			<b>05/17/2026</b> DATE

PAGE  
**2** OF 2

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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#: 2026-005250 Agency: BOCA RATON PD  
Offense: DOMESTIC BATTERY  
Suspect/Offender: MOYER, ALEXANDRA  
D.O.B. 03/07/2000 Race: W Sex: F

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's name: MOYER, DILLON D.O.B. [REDACTED] Race: W Sex: M  
[REDACTED]

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver: I choose not to be notified when the arrestee is released from custody.
- Confidential: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: SHIVER I.D.# 911 Date: 5/17/26  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2026012960	Date: 5/18/2026
	Specialist Name/ID#: C.Daniels 30347