

0541577

230F 5617 1881

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias 1 Juvenile n

OBTS Number		Agency ORI Number FL 0503100		Agency Name TEQUESTA POLICE DEPARTMENT		Agency Case Report Number 92 23-000200			
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator 01		Enter Type			
Location of Arrest (Including Name of Business) 722 N. US 1 HWY. TEQUESTA FL. 33469				Location of Offense (Including Name of Business) 722 N. US 1 HWY. TEQUESTA FL. 33469					
Date of Arrest 06/30/2023	Time of Arrest AM/PM 01:20 PM	Booking Date 06/30/2023	Booking Time AM/PM	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) ROLD DALE ALEXANDER						Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Pacific W	Sex M	Date of Birth 03/27/1991	Height 6-00	Weight 180	Eye Color HAZ	Hair Color BROWN	Complexion Light	Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT THIGH "6-3-23 'Grant Me Serenity'"				Marital Status Single	Religion N/A17	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State			
Local Address (Street, Apt. Number) 17529 SE INDIAN HILLS DR. TEQUESTA		City TEQUESTA	State FL	Zip 33469	Phone (203)979-2436		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3		
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
DL Number, State 059091623		Social Security Number		INS Number		Place of Birth (City, State or Country) NYC NY		Citizenship USA	
Co-Defendant Name (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		
Co-Defendant Name (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 Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone		
Address (Street, Apt. No.)		City		State		Zip	Business Phone		
Notified By (Name)			Date	Time	Juvenile Disposition: 1. Handled/Processed with Dept. and Released 2. TOT HRSDAYS 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 881-385-2528) informed of any address change. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)					School Attended			Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N, N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description POSSESSION OF PRESCRIPTION DRUGS		Counts 15	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6)(A)		Violation or ORD. # 3695			
Drug Activity P	Drug Type B	Amount/Unit 15 PILLS	Offense # 23-0002000	Warrant/Capias Number		Bond 3000			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond			
Location (Court, Address, Room Number) North County Courthouse - 3188 PGA Blvd, Palm Beach Gardens, FL 33410									
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>									
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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				
HOLD for Office Agency Name Tequesta			Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer Ofc. Ramirez		ID # 1183		
Initial Deputy [Signature]			ID # 01 2023		Pouch #		Agency Tequesta PD		
Witness here if subject signed with an "X" _____ of _____									

[Handwritten signature]



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

REVIEW COMPLETED BY

Booking Number: 2023017083	Date: 7/1/2023
	Specialist Name/ID: R.Castro/40259