

0389427

Pch 3014

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 17-103034							
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		Multiple Clearance Indicator 01					
Location of Arrest (including Name of Business) 601 Sandbury Way, WPB FL 33411				Location of Offense (Business Name, Address) 601 Sandbury Way, WPB FL 33411							
Date of arrest 07/15/17		Time of Arrest 2200		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Edlund, Paul David				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 06/24/1985		Height 6'2		Weight 350		Eye Color Bm	
								Hair Color Bm		Complexion M	
										Build Lrg	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion N/A		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 211 Woodbridge Drive				(City) Jupiter		(State) FL		(zip) 33458		Phone Unk	
Permanent Address (Street, Apt. Number) Same				(City)		(State)		(zip)		Phone	
Business Address (Name, Street) Unknown				(City)		(State)		(zip)		Phone	
D/L Number, State E345684852240 FL				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Refused		Citizenship US	
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 Custodian <input type="checkbox"/> Other:				Name (Last) [Signature]				(Middle) [Signature]			
Address (Street, Apt. Number) [Signature]				(City) [Signature]				(State) [Signature]			
				(zip) [Signature]				Business Phone [Signature]			
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.								School Attended			
Yes, by: (Name) No: (Reason)								Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property			
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 Disorderly Intox				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 856.011		Violation of ORD #	
Drug Activity N/A				Drug Type N/A		Amount / Unit N/A		Offense # 17-103034		Warrant / Capias Number	
										Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of 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 of 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 of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
										Bond	
Location (Court, Room Number, Address) 3228 Gun Club Road, WPB FL 33406											
Court Date and Time Month August Day 15 Year 2017 Time 8:30											
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) [Signature]										Date Signed	
HOLD for other Agency Name				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arresting Officer) JUL 15 AM 1:21			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Sgt. George Grosso				I.D. # 5429			
Initial Deputy [Signature]				Transporting Officer [Signature]				I.D. # 8052			
				Agency [Signature]				Witness here if suspect signed with you [Signature]			

