

18C711636

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTN Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18092405				
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 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 1						
Location of Arrest (Including Name of Business) 1000 BLOCK 9TH AVE N. LAKE WORTH, FL 33460				Location of Offense (Including Name of Business) 1000 BLOCK 9TH AVE N. Lake Worth Fl 33460						
Date of Arrest 7/1/2018	Time of Arrest 2324	Booking Data	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) VALERO MONTANA ROGELIO						Aliases (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White A - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 4/16/1971	Height 5'06	Weight 180	Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status MARRIED	Religion CHRISTIAN	Indication of Alcohol Influence 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) 428 MALUERNE RD.		City WEST PALM BEACH	State FL	Zip 33405	Phone 305-590-1313	Residence Type 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source FLORIDA DRIVER'S LICENSE				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation MAINTENANCE				
Drl. Number, State V-465-720-71-136-0		Social Security Number		INS Number	Place of Birth SIN FUEGO CUBA	Citizenship CUBA				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)		City		State	Zip	Phone Business Phone			
Notified By (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed with 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 561-355-2525) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)						School Attended				
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	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description LEAVING THE SCENE OF AN ACCIDENT WITH PROPERTY DAM		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.06(1)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 18092405	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				
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) 3228 GUN CLUB RD WEST PALM BEACH, FL 33406										
Court Date and Time JULY 25TH 2018 1:30		AM <input type="checkbox"/>		PM <input checked="" 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 OTHER AGENCY		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/SI. GOODMAN		ID # 26786				
Intake Deputy		ID #	Pouch #	Transporting Officer D/SI. GOODMAN 26786		Agency PBSO				
Witness here if subject signed with an "X"						Page 1 of 1				

SCANNED
JUL 06 2018

2 47 8:55



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

REVIEW COMPLETED BY

Booking Number: 2018021874	Date: 07/02/2018
	Specialist Name/ID: howardt/7185

**SCANNED
 JUL 06 2018**