

0520825 2MM 428 1130

ARREST / NOTICE TO APPEAR

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

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5141 21-000192	
	Change 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 Hands, Feet, Fist, Teeth	
	Location of Arrest (Including Name of Business) 19219 TAMARA LN				Location of Offense (Business Name, Address) 19219 TAMARA LN, JUPITER, FL 33458			
	Date of Arrest 01/18/2021	Time of Arrest 10:30 AM	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
	Name (Last, First, Middle) FARANO, DANA MARIE				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W White B Black O Oriental/Asian	Sex F	Date of Birth 01/27/1982	Height 5'07	Weight 120	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Martial Status M	Religion CATHOLIC	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 19219 TAMARA LN, JUPITER, FL 33458				Phone (813) 545-6460		Residence Type 1. City 2. County 3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 19219 TAMARA LN, JUPITER, FL 33458				Phone (813) 545-6460		Address Source VERBAL	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DL Number, State F650173825270 / FL		IRIS Number	Place of Birth (City, State) YEADLN, PA		Citizenship United US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone			
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (State) (Zip)			Business Phone			
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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		Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		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 Seizure D Deliver E Use	K Unprescribed Distribute	M Manufacture/Produce/Cultivate	Z Other		
Drug Type H N/A A Anesthetic		B Barbiturate C Cocaine E Heroin	H Halocarbon M Marijuana O Opium/Deriv	P Paraphernalia/Equipment S Synthetic	U Unknown Z Other			
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)				Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
N	N			1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Health / Apparent Physical Condition of Defendant				Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Medication <input type="checkbox"/> Defenses <input type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released O.K. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail				PROPERTY - Received by		Released By		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported		
Transported By				Date Transported		Time Transported		
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)				
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				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 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.				No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				
HOLD for Other Agency		Signature of Arresting Officer Ryan B. Ferguson		Home Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) FERGUSON, RYAN		I.D. # 1202		(PRINT)		
Inmate Deputy S. P. ...		Transporting Officer R. Ferguson		I.D. # 385		Agency JPD		
Witness here if subject signed with an "X"				PAGE 1				

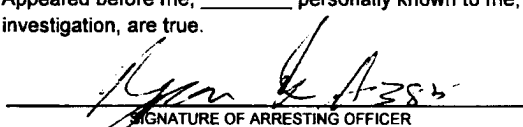

FILED
 JAN 18 2021
 JOSEPH ABRUZZO, CLERK
 PALM BEACH COUNTY, FL

SCANNED
 JAN 18 2021

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/18/2021 00:05		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-000192	
	Name (Last, First, Middle) FARANO, DANA MARIE						Race W	Sex F
D E F E N D A N T	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) FARANO, JUSTYN N						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 19219 TAMARA LN, JUPITER, FL 33458				Phone (813) 810-2505		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
C H A R G E S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): WORRIED					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>							
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE							
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: VICTIM					
I N F O R M A T I O N	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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					
N A R R	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:					
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:		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								
Body Worn Cameras were utilized for the following incident: On January 17th, 2021 at approximately 2131 hours, I was dispatched to 19219 Tamara Ln in reference to a domestic disturbance. North Communication advised the caller, who was later identified as Justyn N Ferano (W/M)								
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>18</u> day of <u>January</u> , <u>2021</u> .  ANDERSON, KELLY (10) 333/1200 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

SCANNED
JAN 18 2021

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/18/2021 00:05	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-000192
	Agency ORI Number FL 0501700			

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- 12/09/1979), stated his wife, Dana Marie Farano (W/F - 01/27/1982) was intoxicated and attacked him, and threw a bottle of wine.

Upon my arrival, I made contact with Justyn at the entrance of the development. He appeared worried and frustrated. Justyn advised he was sitting in the living room watching TV. He advised Dana was intoxicated and standing in the kitchen yelling at him starting a verbal argument between them. Justyn advised he was trying to tell Dana to stop drinking. Justyn stated Dana walked behind him and used an open right hand to hit Justyn on the right side of his face. Justyn advised he started recording the incident on his cell phone and mentioned this was not the first time Dana had acted this way. Justyn advised Dana then threw a bottle of wine at him; however, it missed and hit the ground. He advised he repeatedly told Dana to stop and go to her room. He stated Dana saw him recording her and she poured a cup of water then proceeded to throw the water on Justyn. Justyn advised he told Dana numerous times to go to her room and calm down. He stated Dana would repeatedly approach him and start hitting him with her hands to his face. Justyn advised he could not recall if she had her hands open or closed, he was trying to block the hits. Justin advised he told Dana he was calling the police and left the residence.

I proceeded to make contact with Dana at the residence. Dana appeared intoxicated, she had a smell of an unknown alcoholic beverage coming from her person and it intensified when she spoke. She admitted to drinking three glasses of wine. I asked Dana if anything physical occurred between Justyn and her, she advised nothing occurred tonight. I asked Dana to show me her hands. On Dana's left hand, she had fresh blood spots on her left index finger and back of her hand. She advised her kids did that to her.

Based on the aforementioned investigation, I advised Dana she was being placed under arrest for domestic battery. I placed Dana into handcuffs which were double locked and checked for tightness.

During my investigation, I observed the recorded videos Justin took on his cell phone. The videos were consistent with Justyn's statement in that it showed Dana aggressively striking Justyn multiple times. Justyn had a small cut on his neck, a small cut under his left eye, his right ear and side was red and the inside of his right cheek was swollen. Justyn declined medical assistance.

Officer Anderson issued Justyn a Domestic Violence Brochure and advised him to contact the Jupiter Police Department if he had any questions or concerns. Officer Anderson took pictures of Justyn. Injuries.

Dana was transported to the Jupiter Police Department for processing and later transported to Palm Beach County Jail without further incident.

Based on my investigation, Dana Marie Farano did actually and intentionally strike Justyn N Ferano against the will of Justin Ferano and she was a household member of Dana Marie Farano contrary to Florida Statute 784.03(1).

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 18 day of January, 2021.

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

SCANNED
JAN 18 2021

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)
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 21-000192 Agency: Jupiter Police Department
Offense: Domestic Battery - Simple
Suspect/Offender: Dana Falano
D.O.B. 01-27-92 Race: W Sex: F

2. Warrant #(s): _____

3a. Victim's Name: Justin Falano D.O.B. 12-09-79 Race: W Sex: M
Address: 19219 Tamara LN
City: Jupiter State: FL ZIP: 33458
Home #: 913-810-2505 Work #: _____ Other: _____

3b. 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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D. # _____ Date: JAN 18 2021

SUSPECT/OFFENDER:

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #:

SCANNED
JAN 18 2021



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: 2021001424	Date: 01/18/2020
	Specialist Name/ID: T Howard/7185

SCANNED
JAN 18 2021