

20CF7663AMB
0518647

NR

2886

ARREST NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias [2] Juvenile

OBTS Number		Agency ORI Number FLO 5 0 1 8 0 0		Agency Name JUPITER INLET COLONY P.D.		Agency Report Number (N.T.A.'s only) 5 6 1 2 0 1 0 0 0 0 1 3 1	
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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 103 LIGHTHOUSE DRIVE / JUPITER INLET COLONY FL 33466				Location of Offense (Business Name, Address) Same AS LOCATION OF ARREST			
Date of arrest 0 9 2 0 2 0	Time of Arrest 1 5 4 5	Booking Date 0 9 2 0 2 0	Booking Time —	Jail Date 0 9 2 0 2 0	Jail Time —	Location of Vehicle NIA	
Name (Last, First, Middle) ROMANO, JAMES, LEE				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	American Indian O - Oriental/Asian	Sex M	Date of Birth 0 3 1 2 5 9	Height 5 5 "	Weight 1 7 0	Eye Color BR	Hair Color GRY
Complexion LIGHT		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE OBSERVED OR REPORTED		Marital Status SEP	
Religion —		Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source WV DRIVER'S LICENSE	
Local Address (Street, Apt. Number) NONE		(City) —		(State) —		(Zip) —	
Permanent Address (Street, Apt. Number) 152 TIOGA FORK ROAD		(City) CRAIGSVILLE		(State) WV		(Zip) 26205	
Business Address (Name, Street) NIA		(City) NIA		(State) NIA		(Zip) NIA	
D/L Number, State D 1 1 3 3 2 3 / WV		Soc. Sec. Number [REDACTED]		INS Number D NIA		Place of Birth (City, State) Richwood, WV	
Citizenship USA		Co-Defendant Name (Last, First, Middle) NIA		Race —		Sex —	
Date of Birth —		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	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone () ()		Business Phone () ()	
Address (Street, Apt. Number)		(City) (State) (Zip)		Notified by: (Name)		Date Time	
Released To: (Name)		Relationship		Juv. Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated		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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell 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 CULPABLE NEGLIGENCE (Injured child)		Counts 1		FSS <input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 7 8 4 1 1 0 5 1 1 3 1	
Drug Activity Z		Drug Type M		Amount / Unit SEE PC		Offense # 1	
Warrant / Capias Number		Bond		Violation of ORD # NO			
Charge Description UNSAFE STORAGE OF FIREARM		Counts 1		FSS <input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 7 9 0 1 1 1 7 4 1 1 2 1	
Drug Activity Z		Drug Type M		Amount / Unit SEE PC		Offense # 2	
Warrant / Capias Number		Bond		Violation of ORD # NO			
Charge Description		Counts		FSS <input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Violation of ORD #			
Charge Description		Counts		FSS <input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Violation of ORD #			
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)					
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year Time P.M.					
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 CUSTODY OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/ Custodian)				Date Signed SEP 21 2020			
HOLD for other Agency Name:		Signature of Arresting Officer x J. Matthews		Name Verification (Printed by Arrestee) JAMES ROMANO			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) MATTHEWS, J.F.		I.D.# 111	
Intake Deputy J. White 844		Pouch #		Transporting Officer MATTHEWS, J.F. 111		Agency JICDB	
Witness here if subject signed with an "X"						PAGE 1 of 2	

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile <input type="checkbox"/>
Agency ORI Number FL0501800	Agency Name JUPITER INLET COLONY P.D.	Agency Report Number 561201000001131	2. N.T.A.	4. Request for Capias		
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	Special Notes:		

Name (Last, First, Middle) ROMANO, JAMES, LEE	Alias —	Race W	Sex M	Date of Birth 03.12.59
Charge Description CULPABLE NEGLIGENCE (CHILD INJURED W/ UNSAFELY STORED GUN)	Charge Description —			
Charge Description UNSAFE STORAGE OF FIREARM	Charge Description —			

Victim's Name (Last, First, Middle) CHILD → BARFIELD, IVAN	Race W	Sex M	Date of Birth 05.09.17
Local Address (Street, Apt. Number) 904 Capitan Palm Bch Coconut Jupiter	City JUPITER	State FLORIDA	Zip —
Business Address (Name, Street) NIA	City —	State —	Zip —
Phone () NIA	Address Source GRANDMOTHER	Occupation NA	

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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to ME, Cop. J.F. MATTHEWS admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 20th day of September 2020 at 3:14 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ABOVE-LISTED ADMITTED, POST-MIRANDA, THAT HE LEFT A LOADED 9mm SEMI-AUTOMATIC HANDGUN (3 RND SAW M&P 9c) IN A PLASTIC FORM-FITTED HOLSTER IN A KITCHEN DRAWER LOCATED AT 103 LIGHTHOUSE DR, JUPITER INLET COLONY, FL, 33414. HE STATED THAT HE PLACED THE LOADED FIREARM, WITH A HOLLOW-POINT 9mm ROUND IN ITS CHAMBER, IN THAT DRAWER ON SATURDAY (09/19/20) AT APPROX 4:30PM. DRAWER WAS NOT LOCKED AND EASILY ACCESSIBLE.

DEF STATED THAT ON THIS DATE (09/20/20) AT APPROX. 2:30PM, HIS NEPHEW ARRIVED AND DROPPED HIS SON (VICTIM) OFF TO GO PLAY FOOTBALL AND TO HAVE THE CHILD'S GRANDMOTHER WATCH HIM. DEFENDANT ADMITTED TO HAVING SMOKED TWO CANNABIS CIGARETTES BEFORE HIS NEPHEW'S SON WAS DROPPED-OFF. DEFENDANT STATED THAT HE FORGOT THAT THE LOADED FIREARM WAS IN THE DRAWER & FIREARM UNSAFELY STORED *

VICTIM, WHO IS THREE (3) YEARS OLD, REPORTEDLY WAS CLIMBING ON A KITCHEN COUNTERTOP AND OPENED THE DRAWER THE HANDGUN WAS IN, REMOVED THE HANDGUN FROM ITS HOLSTER, AND PULLED THE GUN'S TRIGGER, THE 9MM BULLET STRUCK THE VICTIM'S HAND AND ENTERED AND EXITED HIS LEFT LEG. VICTIM WAS STABLE AND INJURIES DEEMED NON-LIFE-THREATENING. *CHILD INJURED BY FIREARM LEFT IN EASY ACCESS * DEFENDANT IS VICTIM'S BIOLOGICAL GREAT UNCLE. (DCF NOTIFIED)

SWORN AND SUBSCRIBED BEFORE ME	
	124
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10)	
09/20/2020	DATE
	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
MATTHEWS, J.F.	NAME OF OFFICER (PLEASE PRINT)
09/20/2020	DATE
	PAGE 2 OF 2



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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: 2020022249	Date: 09/21/2020
	Specialist Name/ID: AM/31562