2022MM-001978AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

- Agency ORI Number: **FLO 500000**
- Agency Name: **PALM BEACH COUNTY SHERRIF'S OFFICE**
- Agency Report Number: **06 22-044591**
- Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
- If Weapon Seized / Enter Type:
- Multiple Clearance Indicator: **0 1**
- Location of Arrest (Including Name of Business): **7565 EDISTO DR LAKE WORTH FL 33467**
- Location of Offense (Including Name of Business): **7565 EDISTO DR LAKE WORTH FL 33467**
- Date of Arrest: **Mar 10, 2022** Time of Arrest: **01:01** Booking Date: **Mar 10, 2022** Booking Time: Jail Date: **Mar 10, 2022** Jail Time: Location of Vehicle: **N/A**
- Name (Last, First, Middle): **BUCAR JAMIE LYNN**
- Alias (Name, DOB, Soc. Sec. #, Etc.):
- Race (W - White, I - American Indian, B - Black, O - Oriental/Asian): **W** Sex: **F** Date of Birth: **12/18/1977** Height: **5'08** Weight: **130** Eye Color: **Brown** Hair Color: **Brown** Complexion: **Fair** Build: **Small**
- Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **Right arm(strength)**
- Marital Status: **No** Religion: **N/A**
- Indication of Alcohol Influence / Drug Influence: Unk
- Local Address (Street, Apt. Number): **7565 EDISTO DR** City: **LAKE WORTH** State: **FL** Zip: **33467** Phone: **561-445-1257**
- Residence Type (1. City 2. County 3. Florida 4. Out of State): **2**
- Permanent Address (Street, Apt. Number): City: State: Zip: Phone: Address Source:
- Business Address (Street, Apt. Number): City: State: Zip: Phone: Occupation:
- D/L Number, State: **B260432779580, FL** Social Security Number: [redacted] INS Number: Place of Birth: **Queens, NY** Citizenship: **US**
- Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
- Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
- ☐ Parent ☐ Legal Guardian ☐ Other — Name (Last, First, Middle): Phone:
- Address (Street, Apt. No.): City: State: Zip: Business Phone:

None

- 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 ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change ☐ Yes, by: (Name) ☐ No: (Reason)
- School Attended: Grade:
- Property Crime? ☐ Yes ☒ 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	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
Simple Domestic Battery	1	☒Y ☐N	784.03(1)(a)(1)	
		☐Y ☐N		
		☐Y ☐N		
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		22-044591		

VICTIM NOTIFICATION REQUIRED

- Location (Court, Address, Room Number):
- Court Date and Time: Month Day Year Time AM ☐ PM ☐

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 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 / Name:
- ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other
- Signature of Arresting Officer:
- Name of Arresting Officer: **D.Holligan** ID#: **37274**
- Name Verification (Printed by Arrestee) (PRINT): MAR 10 2022
- Intake Deputy: ID# Pouch #
- Transporting Officer: **D.Holligan** ID# Agency: **PBSO**
- Witness here if subject signed with an "X"

0530024

SCANNED MAR 30 2022

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06	22-044591

Charge Type: Check as many as apply — [ ] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other _____

Special Notes:

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
BUCAR	JAMIE	LYNN	W	F	12/18/1977

Charge	Charge
Simple Domestic Battery	
Charge	Charge

Victim Name (Last, First, Middle)			Race	Sex	Date of Birth
TRONI	ROBERT	HENRY	W	M	08/04/1976

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
610 ANDERSON CIRCLE	DEERFIELD BEACH	FL	33441	561-866-9351	VERBAL

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign 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 admitting to the below facts.
- [x] was found to have committed the below acts, resulting from (described) investigation.

On the _____ day of _____ 20 _____ at _____ [ ] AM [ ] PM

On March 10th, 2022 at approximately 12:31 AM, while assigned to the role of a patrol Deputy with the Palm Beach County Sheriff's Office. I was dispatched to 7565 Edisto Drive which is located in the unincorporated City of Lake Worth, FL in reference to a disturbance.

Upon my arrival I met with one of the parties involved that was later identified as Jamie Bucar. Jamie was extremely emotional at this time and made it hard to hear her side of the story. Jamie was also intoxicated. She stated she was at home with her on and off boyfriend Robert Troni when they got into a verbal argument. Jamie claimed during the argument, Robert struck her with a closed fist to the left side of her face. I didn't observe any signs that would indicate she was hit. Jamie stated after Robert hit her, she went into the bathroom to get away from Robert. Thinking that the situation had calmed down, she returned from the bathroom where the argument continued. Jamie stated Robert got into her face and struck her again. She then fought back by biting him on his neck.

I then spoke with Robert regarding the incident who was also intoxicated. I immediately observed blood dripping from the left side of his neck. Robert stated they got into a verbal argument that soon became physical. He stated Jamie attacked him which caused the abrasion to the left side of his neck. Robert stated he didn't want to get in trouble so he then called 911.

Jamie was placed under arrest for simple battery.

37274

The foregoing instrument was sworn to and affirmed before me this 10 day of March 20 2022, by:

D.Holligan 37274
Name of Arresting/Investigating Officer

37274 DA
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Cpl R. Gonzalez
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

37274
Signature of Arresting/Investigating Officer

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: BUCAR JAMIE LYNN DOB: 12/18/1977 Case #: 22-044591

Victim: TRONI ROBERT HENRY DOB: 08/04/1976 Race: W Sex: M

Relationship between Victim and Defendant: Boyfriend

Photographs: Scene ☑Yes ☐No Victim ☑Yes ☐No Defendant ☐Yes ☐No

911 Call: ☑Yes ☐No Caller: ROBERT

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☐Yes ☑No Name: _____

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☑Yes ☐No Description: Abrasion on left side of neck

Medical Treatment: ☐Yes ☑No

At Scene: ☑Yes ☐No Paramedics: Refused

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the home? ☐Yes ☑No DCF Notified? ☐Yes ☑No

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Injunction: ☐Yes ☑No Case #: _____

No Contact Order: ☐Yes ☑No Case #: _____

Alcohol or Drugs: ☐Yes ☐No ☑Unknown

Prior history of Domestic/Dating Violence ☐Yes ☐No

Defendant's statements ☐Yes ☑No If yes, ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: _____

Vicitm's statements ☑Yes ☐No If yes, ☑written ☐recorded ☐oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐Yes ☐No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

☑Upset ☐Crying ☐Fearful ☐Hysterical ☐Afraid ☑Calm ☐Nervous

☐Complained of pain ☐Other _____

Victim contact information:

Local Address: 610 ANDERSON CIRCLE

DEERFIELD BEACH FL 33441

Phone: Home: 561-866-9351 Work: _____ Cell: 716-385-6927

Employer: _____

Name of Relative: _____ Phone: _____

PBSO #0004A REV. 01/01

VICTIM NOTIFICATION FORM

- **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**

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

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

1. Incident Report #: 22-044591 Agency: Palm Beach County Sheriff's Office
   Offense: Simple Domestic Battery
   Suspect/Offender: BUCAR JAMIE LYNN
   DOB: 12/18/1977 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: TRONI ROBERT HENRY DOB: 08/04/1976 Race: W Sex: M
   Address: 610 ANDERSON CIRCLE
   City: DEERFIELD BEACH State: FL Zip: 33441
   Home #: 561-866-9351 Work #: Other #:

b. 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 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:

Deputy's Name: D.Holligan ID #: 37274 Date: 3-10-22

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022006351	**Date:** 3/10/2022
	Specialist Name/ID: Pinkneya/7796