

J# 0523362

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PH 3791

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3 Request For Warrant 2 NTA 4 Request For Capias		1 Juvenile N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		21066314	
Charge Type 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other		3 Misdemeanor		7 Adult Seized		Multiple Clearance Indication		1	
Location of Arrest (Including Name of Business) 9177 SUN CT WPB FL 33403		Location of Offense (Including Name of Business) 9177 SUN CT WPB FL 33403							
Date of Arrest 05/17/2021		Time of Arrest 0306		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle		N/A					
Name (Last, First, Middle) TROVITCH REBECCA		Alias (Name, DOB, Soc Sec #, Etc.)							
Race W		Sex F		Date of Birth 04/12/1976		Height 503		Weight 150	
Eye Color BRN		Hair Color BRN		Complexion LIGHT		Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status SINGLE		Religion CHRISTIAN		1 Adult 2 Adult 3 Adult 4 Adult 5 Adult 6 Adult 7 Adult 8 Adult 9 Adult 10 Adult			
Local Address (Street, Apt. Number) 9177 SUN CT		City WPB		State FL		Zip 33403		Phone	
Permanent Address (Street, Apt. Number) 9177 SUN CT		City WPB		State FL		Zip 33403		Phone	
Business Address (Street, Apt. Number)		City		State		Zip		Phone 772 408 3368	
Occupation LENDER									
DL Number State T613721766320		Social Security Number		INS Number		Place of Birth MISAWA, JAPAN		Citizenship USA	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth			
Parent Legal Guardian (Name)		Name (Last, First, Middle)		Phone					
Address (Street, Apt. No.)		City		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Arrested/Released 1 Arrested/Released within 24 hours 2 Released			
Released To (Name)		Relationship		Date		Time			
The above address was provided to: 1 Adult 2 Adult 3 Adult 4 Adult 5 Adult 6 Adult 7 Adult 8 Adult 9 Adult 10 Adult		School Attended		Grade					
Property Crime? 1 Yes 2 No		Description of Property		Value of Property					
Charge Description SIMPLE BATTERY - DOMESTIC		Counts 1		Statute Violation Number 784.03(1)(a)(1)		Violation or ORD #			
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21066314		Warrant/Capias Number	
Bond NO BOND									
Charge Description		Counts		Statute Violation Number		Violation or ORD #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Bond									
Charge Description		Counts		Statute Violation Number		Violation or ORD #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Bond									
Charge Description		Counts		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 33409									
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 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		Date Signed					
Name D/S GODEK		ID # 31764		Name Verification (Printed by Arrestee)					
1 Dangerous 2 Suicidal 3 Requested Arrest 4 Other		Name of Arresting Agency D/S GODEK		ID # 31764		(PRINT)			
Inmate Date 5/17/2021		ID #		Pouch #		Transporting Officer D/S GODEK		Agency PBSO	
Witness here if subject signed with an "X"								Page 1 of 1	

SCANNED
MAY 17 2021

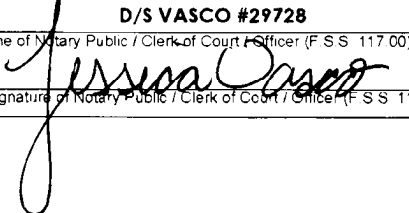
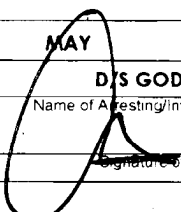
OBT'S Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request For Warrant 2 N.T.A 4 Request For Copies		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21066314		
Charge Type <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes						
Defendant Name (Last, First, Middle) TROVITCH REBECCA				Race W		Sex F		Date of Birth 04/12/1976
Charge SIMPLE BATTERY - DOMESTIC				Charge				
Charge				Charge				
Victim Name (Last, First, Middle) DUBOIS JASON				Race N		Sex M		Date of Birth 05/22/1985
Local Address (Street, Apt. Number) 1306 BELMONT PL		City BOYNTON BEACH		State FL 33		Phone 561 829 3274		Address Source FL DL
Business Address (Street, Apt. Number)		City		State		Phone		Occupation CONSTRUCTION
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								
<input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts								
<input checked="" type="checkbox"/> confessed to admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts resulting from (described) investigation								
On the 17TH day of MAY 20 21 at 0306 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On May 17th, 2021 at approximately 0228 hours, I was dispatched to 9177 Sun Ct, WPB FL 33403 for a Domestic Disturbance. The complainant, Jason Dubois, called PBSO Dispatch informing them that he is in an argument with his Girlfriend, later identified as Rebecca Trovitch. Dubois then informed Dispatch that the argument was physical and that his Girlfriend stabbed him. EMS was asked to respond to the scene based on the statements that he said.

Upon arrival, Trovitch exited the residence and shut the door behind her. I asked her what was going on and if everyone was okay. Trovitch said something to the extent of: I got in a argument with my Boyfriend and he took my journal, so I stabbed him with a pen. I asked her where Dubois was and she informed me that he was inside of the residence. A few moments later, Dubois stepped outside and he had a few superficial cuts on the outside right wrist area. I asked him to step away from Trovitch so that I could speak to him. Dubois was not cooperative and he did not want to tell me anything. I asked him if he wanted to fill out a statement and if I could take pictures of his injuries, but he refused both.

While we were waiting on EMS to respond to the scene, while the two subjects were separated, they both started to yell at each other from across the property. Dubois made a statement to the extent of: I cant believe you stabbed me.

Based on the above mentioned investigation, Trovitch was arrested and charged with Simple Battery - domestic related. She was placed into handcuffs, which were double locked and checked for tightness. She was later transported to County jail for processing.

The foregoing instrument was sworn to and affirmed before me this 17TH day of MAY 20 21 by			
D/S VASCO #29728		D/S GODEK 31764	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
			
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	
		Page 1 of 1	

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: TROVITCH REBECCA DOB: 04/12/1976 Case #: 21066314
Victim: DUBOIS JASON N DOB: 05/22/1985 Race: W Sex: M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No Caller: VICTIM

Weapon Used: ☒ Yes ☐ No Type: PEN

Witness: ☐ Yes ☒ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months

Injuries: ☒ Yes ☐ No Description: SUPERFICIAL CUTS

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No Paramedics: REFUSED, BUT THEY RESPONDED

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: _____

Victim'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: 1306 BELMONT PL

BOYNTON BEACH FL 33436

Phone: Home: 561 829 3274 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

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Defendant: TROVITCH REBECCA DOB: 04/12/1976 Case #: 21066314

Victim: DUBOIS JASON N DOB: 05/22/1985 Race: W Sex: M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No Caller: VICTIM

Weapon Used: ☒ Yes ☐ No Type: PEN

Witness: ☐ Yes ☒ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months

Injuries: ☒ Yes ☐ No Description: SUPERFICIAL CUTS

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No Paramedics: REFUSED, BUT THEY RESPONDED

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: _____

Victim'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: 1306 BELMONT PL

BOYNTON BEACH FL 33436

Phone: Home: 561 829 3274 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

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

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

1. Incident Report #: 21066314 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY - DOMESTIC
Suspect/Offender: TROVITCH REBECCA
DOB: 04/12/1976 Race: W Sex: F

2. Warrant #(s): _____

3. a. Victim's Name: DUBOIS JASON N DOB: 05/22/1985 Race: W Sex: M
Address: 1306 BELMONT PL
City: BOYNTON BEACH State: FL 33436 Zip: _____
Home #: 561 829 3274 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/S GODEK ID #: 31764 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



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

REVIEW COMPLETED BY

Booking Number: 2021011934	Date: 5/17/2021
	Specialist Name/ID: AM/31562