2025-MM-009155

JACKET# 0562/98

3262

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile:

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 25-106441

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:

Location of Arrest (including Name of Business): 11489 MANATEE BAY LN WELLINGTON

Location of Offense (Business Name, Address): 11489 MANATEE BAY LN WELLINGTON

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/16/25	1145					

DEFENDANT

Name (Last, First, Middle): TRAINO JAMIE

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	09/29/1984	5-2	110	BRN	BRN	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATOO ANKLE BACK

Marital Status: Married — Religion: None

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 11489 MANATEE BAY LN WELLINGTON FL 33449

Mobile Phone: 954-478-0353

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone:

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: NURSE

D/L Number, State: T-650-434-84-849-0

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): PLANTATION FL

Citizenship: USA

CO-DEF

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

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

Notified by: (Name) No Bond — 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) 355-6511) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY (DOMESTIC)	1	☒ Y ☐ N	784.031A2	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N			25-106441		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address):

Court Date and Time — Month Day Year Time A.M. ☐ 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 10/16/25

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): SIENA I.D. #: 7837

Transporting Officer: SIENA I.D. #: 7837 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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'25 OCT 17 AM7:53

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 25-106441

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
TRAINO JAMIE		W	F	09/29/1984

CHARGES

BATTERY (DOMESTIC)	784.031A2

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
TRAINO BRIAN				W	M	02/22/1982
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source	
11489 MANATEE BAY CT	WELLINGTON	FL	33449	954-649-4429	FL DL	
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation	

PROBABLE CAUSE STATEMENT

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.

[ ] confessed to _____ admitting to the below facts.

[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

[x] was found to have commited the below acts, resulting from my (described) investigation.

On the 16 day of OCTOBER 20 25 at 1030 [x] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

[X] **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

ON THE ABOVE STATED DATE AND TIME AT THE LOCATION OF 11489 MANATEE BAY LN, WELLINGTON THE ABOVE DEFENDANT WAS FOUND TO BE THE PRIMARY AGGRESSOR IN A BATTERY COMPLAINT. WHILE IN THE LAUNDRY ROOM DEFENDANT WAS HAVING AN ARGUMENT WITH LIVE IN HUSBAND WITH 2 CHILDREN IN COMMON, BRIAN TRAINO ABOUT A RECENT PHONE CONVERSATION WITH FAMILY. DURING THE ARGUMENT THE DEFENDANT PUNCHED BRIAN IN THE LEFT EYE CAUSING SWELLING AND BRUISING. TO PROTECT HIMSELF BRIAN THEN RESTRAINED THE DEFENDANTS ARMS BEHIND HER BACK WITH HIS HANDS TO DEESCALATE THE CONFRONTATION. SWORN RECORDED STATEMENTS WERE OBTAINED FROM BOTH PARTIES. BOTH PARTIES STATEMENTS WERE CONSISTENT. AFTER BRIAN FINDING OUT HIS WIFE WAS THE PRIMARY AGGRESSOR AND WOULD BE ARRESTED HE NO LONGER WANTED TO COOPERATE WITH THE INVESTIGATION AND WANTED TO CHANGE HIS STATEMENT.
PHOTOS OF THE INJURIES WERE UPLOADED INTO EVIDENCE.COM.
THE DEFENDANT JAMIE TRAINO WAS CHARGED WITH BATTERY PURSUANT TO FSS 784.03 1A2 THE DEFENDANT DID INTENTIONALLY STRIKE ANOTHER PERSON AGAINST THE WILL OF THE OTHER AND INTENTIONALLY CAUSED BODILY HARM.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIENA (ID #) 7837
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of OCTOBER 20 25 by SIENA 7837

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN D/S PALACIO 14993

14993
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: TRAINO JAMIE DOB: 09/29/1984 Case #: 25-106441

Victim: TRAINO BRIAN DOB: 02/22/1982 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes × No Victim Yes No Defendant Yes No

911 Call: × Yes No Caller: _____

Weapon Used: Yes × No Type: _____

Witness: Yes × No Name: _____

Victim Pregnant: Yes × No If yes, ____weeks ____ months

Injuries: × Yes No Description: BLACK EYE / FINGERNAIL

Medical Treatment: × Yes No

At Scene: × Yes No Paramedics: PBCFR

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? ×Yes No DCF Notified? Yes No

Name: JULIETTE TRAINO DOB: 04/03/2014

Name: ANGELICA TRAINO DOB: 06/16/2015

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: SEE BWC

Victim's Statements × Yes No If yes, written ×recorded oral

First words Victim said when you responded to scene: SEE BWC

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

Yes No If yes, name: UNK phone _____

Observations of Victim (Physical & Emotional): _____

× Upset Crying Fearful Hysterical Afraid Calm Nervous

×Complained of pain Other _____

Victim Contact Information: TRAINO BRIAN

Local Address: 11489 MANATEE BAY CT , WELLINGTON FL 33449

Phone: Home (___)___-_____ Work (___)___-_____ Cell 954-649-4429

Employer: REFUSED

Name of Relative: REFUSED Phone _____

Address: _____

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PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM

Date:	Time:	Case #:
10/16/25	1129	25-106441

CHECK ONE: ☒ PERSON CRIME ☐ PROPERTY CRIME ☐ DOMESTIC - NON-CRIME CASE ☐ OTHER - NON-CRIME CASE

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):
Sunn	7637	6 RP	561-688-3000	Domestic Battery

☒ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Phone:
Traino Brian	W	M	2122/82	

Victim/Witness Address:	City/State/Zip
11489 Manatee Bay Ln	Wellington FL 33449

DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) – VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS – WRITE LEGIBLY

A [BT] **VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT**

BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES **(PBSO #0147)**

I, **[Initials** BT **]**, have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via **www.pbso.org**.

B ☐ **VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE**

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.):	Race:	Sex:	D.O.B.:
Refused			

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above.
I request the following person be notified if I was not contacted (optional):

Name: _____ Address: _____ Primary Phone: _____
(Next of Kin/Neighbor/Friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. **[Initial _____]**

Deputy to check one: ( ) ARREST or ( ) WARRANT #_____

C [BT] **MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)**

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, **[Initials** BT **]** request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

D ☐ **CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW**

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, **[Initials_____]**, as a victim (or spouse/former spouse) of **Harassment** (FSS 784.048(1)(a)), **Sexual Battery**, **Aggravated Child Abuse**, **Domestic Violence** (live together, lived together or have a child in common), **Aggravated Stalking** (FSS 784.048 (3)(4)), or **Aggravated Battery** (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

E ☐ **AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT**

CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED

I, **[Initials_____]**, attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former **Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate**, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

SIGN BELOW

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

MY SIGNATURE: X Refused Date: 10/16/25

Print Parent/Guardian/Next of Kin name (if applicable):

Deputy Signature: _____ ID#: 7637

▶ ***If Criminal Case or Domestic – Non-Crime:***

Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS (if arrest) PINK – VICTIM/WITNESS

PBSO#0028 REV. 04/25

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025027720 WDC	**Date:** 10/17/2025
	Specialist Name/ID#: C.Daniels 30347