50-2023-MM-004447AMB

04613335

1378

☒ 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 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-23-074738

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: 01

Location of Arrest (including Name of Business): [redacted]

Location of Offense (Business Name, Address): Same As Arrest

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/03/23	0728					

DEFENDANT

Name (Last, First, Middle): Campbell Trina Marie

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	09/28/1978	5'03	140	BLUE	BLONDE	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOOS ON BACK, SIGN FOR MOTHER AND TRIBAL

Marital Status: Single — Religion: None — Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone

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

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

Phone

Address Source: VERBAL

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

Phone

Occupation: UNEMPLOYED

D/L Number, State: C514813788480, FL

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): SALT LAKE CITY, UT

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) — 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.

School Attended — Grade

☐ Yes, by: (Name) ☐ No (Reason)

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	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	23-074738		

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

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

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)

FILED PBC - GUN CLUB
'23 JUN 4 AM 5:13

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: 06/03/23

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:

Signature of Arresting Officer: X [signature]

Name of Arresting Officer (Print) I.D. #: D/S MOSS 42080

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #

Transporting Officer I.D. # Agency: D/S MOSS 42080 PBSO PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 2

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

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-074738

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Campbell Trina Marie		W	F	09/28/1978

CHARGES

Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth
[redacted]	[redacted]	B	M	[redacted]

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
[redacted]				[redacted]	VERBAL

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
					CHIEF

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 D/S Moss admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 3 day of June 2023 at 0750 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

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

On 6/3/23 at approximately 0715 hours, I responded to a domestic at [redacted], that was called in by the victim, [redacted] [redacted] stated his [redacted] Trina Campbell, and him got into an argument. They have been in a domestic relationship for awhile, no children involved and they are not married. Campbell began throwing glass and other items in the apartment. He said it then escalated and Campbell grabbed him by the hair and hit him in the head with a pan. [redacted] did have a bump on the back of his head. He refused medical attention on scene.

While speaking to Campbell, she stated she her and [redacted] got into a verbal argument. She then stated she began throwing her belongings and pulled his hair. Post Miranda rights, when I asked Campbell if she hit [redacted] with a pan, she denied the allegation. Photographs were taken of [redacted]

Based on the above facts and circumstances, Campbell did intentionally touch/strike [redacted] against his will and caused physical injury, I did find probable cause to charge Campbell with Domestic Simple Battery F.S.S 784.03.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S MOSS (ID #) 42080
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of JUNE 20 23 by D/S MOSS 42080

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

D/S BRADFORD 24637
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)

Name (Last, First, Middle)

Suspect: Campbell Trina Marie **DOB:** 09/28/1978 **Case #:** 23-074738

Name (Last, First)

Victim: [redacted] **DOB:** [redacted] **Race:** B **Sex:** M

Relationship between Victim and Defendant: [redacted] / [redacted]

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

911 Call: × Yes No **Caller:** [redacted]

Weapon Used: Yes × No **Type:** Hands/Fists/Feet

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** Other

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:**

At Hospital: Yes × No **Hospital:** **Doctor:**

Are Children Living in 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: *i got into a fight with boyfriend and was throwing stuff*

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 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: (Last) [redacted]

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) [redacted] (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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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 #: **23-074738** Agency: **PBSO**
   Offense: **Battery (Domestic)**
   Suspect/Offender: Name (Last) **Campbell** (First) **Trina** (Middle) **Marie**
   D.O.B. **09/28/1978** Race: **W** Sex: **F**

2. Warrant #(s): _____

3.a. Victim's name (Name (Last, First)) [redacted] D.O.B. [redacted] Race: **B** Sex: **M**
   Address: [redacted]
   City: [redacted] State: FL Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   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: Name (Last, First) [redacted]
Deputy's Name: **D/S MOSS** I.D. # **42080** Date: **06/03/23**

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Campbell** **Trina** **Marie** COURT CASE/WARRANT #: _____ **(FOR WARRANTS USE ONLY)**

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'23 JUN 4 AM 5:19

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PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On 6/3/23 (DATE), 20 23, I, [redacted] (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 23-074738

[redacted] D/S MOSS 42080

Signature of Victim D/S Signature I.D. Number

1. ☑ Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, 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.

2. ☑ Yes - I 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, if my records are requested pursuant to a public records request.

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	☒	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	3-6
	☒	119.071(2)(j)	Other: The victim's address in a domestic violence action on petitioner's request.	3-5

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REVIEW COMPLETED BY

Booking Number: 2023014535	**Date:** 06/04/2023
	Specialist Name/ID: T.Howard/7185