

0485735 / 185

ARREST / NOTICE TO APPEAR

7m m2519

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

1 JUVENILE

A D M I N I S T R A T I O N N			OBTS Number 0501700			Agency Name Jupiter Police Department			Agency Report Number (N.T.A.'s only) 5 4 17-001037										
Check as many as apply:			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			If Weapon Seized NONE			Multiple Clearance Indicator 1										
Location of Arrest (Including Name of Business) 401 WINGFOOT DR						Location of Offense (Business Name, Address) 401 WINGFOOT DR, JUPITER, FL 33458													
Date of Arrest 02/28/2017		Time of Arrest 21:18		Booking Date 02/28/2017		Booking Time 21:28		Jail Date		Jail Time		Location of Vehicle							
Name (Last, First, Middle) TRAINOR, GREGORY																			
Alias: Alias:																			
Race W - White B - Black		Sex M - Male F - Female		Date of Birth 11/14/1959		Height 5'09		Weight 175		Eye Color BROWN		Hair Color GRAY							
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) M CHRISTIAN																			
Local Address (Street, Apt. Number) 401 WINGFOOT DR A, JUPITER, FL 33458						Phone (561) 324-5732													
Permanent Address (Street, Apt. Number) 401 WINGFOOT DR A, JUPITER, FL 33458						Phone (561) 324-5732													
Business Address (Name, Street) ,						Phone													
D/L Number, State T656280594140 / FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) BULLHORN, MD,			Citizenship US							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input checked="" type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input checked="" type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
J U V E N I L E Name (Last, First, Middle) Off												Residence Phone							
Address (Street, Apt. Number) (City) (State) (Zip)												Business Phone							
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION									
										1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated									
Released To: (Name)						Relationship		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.												School Attended		Grade					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property				Value of Property			
C O D E Drug Activity N. N/A B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other						Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine D. Marijuana E. Heroin H. Hallucinogen I. Marijuana O. Opium/Derv S. Synthetic						P. Paraphernalia/ Equipment U. Unknown Z. Other							
C H A R G E Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE												Statute Violation Number 843.02		Violation of ORD #					
Drug Activity N			Drug Type /			Amount / Unit 17-001037			Offense #			Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E Charge Description												Statute Violation Number		Violation of ORD #					
Drug Activity /			Drug Type /			Amount / Unit /			Offense #			Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E Charge Description												Statute Violation Number		Violation of ORD #					
Drug Activity /			Drug Type /			Amount / Unit /			Offense #			Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E Health / Apparent Physical Condition of Defendant												Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By						Released By		Released To					
T O A P P E A R Transported By												Date Transported // : :		Time Transported		Other			
N O T I C E INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room) North County		PALM BEACH GARD		No Photo Available			
												Court Date and Time 04/05/2017 08:30:00							
T O A P P E A R 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 COMTEMPT 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 Luka Jurac						Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						Name of Arresting Officer (Print) JURAC, LUKA						I.D. # 387/1195 (PRINT)							
ADMIN Intake Deputy JURAC, LUKA			I.D. # 387			Pouch #			Transporting Officer OFCL.JURAC			SCANNED							
												PAGE 1 OF 1							

 COURT STATE ATTORNEY AGENCY CENTRAL RECORDS FINGERPRINT ANALYSIS FINGERPRINT DEFENDANT

MAR 01 2017

TIME ANALYSIS

MAR 1 AM 12:14

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

A D M I N	OBTS Number FL 0501700		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias			1	JUVENILE
D E F	Agency ORI Number JUPITER POLICE DEPARTMENT	Agency Name				Agency Report Number 5 4 17-001037	Special Notes:			
C H A R G E S	Charge Type: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance 6. Other									
V I C T I M	Name (Last, First, Middle) TRAINOR, GREGORY	Alias			Race W	Sex M	Date of Birth 11/14/1959			
Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE		Charge Description								
Charge Description		Charge Description								
Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race I	Sex U	Date of Birth			
Local Address (Street, Apt. Number) 210 MILITARY TRL, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 799-4445	Address Source				
Business Address (Name, Street) PALM BEACH GARDENS POLICE		(City)	(State)	(Zip)	Phone (561) 746-6201	Occupation GOVERNMENT				
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28 day of February, 2017 at 21:18 (Specifically include facts constituting cause for arrest.)</p>										
<p>On Tuesday, February 28, 2017, at approximately 2100hrs, I responded to 401 Wingfoot Dr, in reference to multiple calls about a disturbance involving two males and one male was throwing rocks.</p> <p>Upon arrival contact was made with Ofc.Razzano ID: 317, who was with a white male, later identified as Gregory Trainor (11/14/1959), Trainor was the only person outside in the parking lot area where the alleged disturbance was taking place. Ofc.Razzano asked Trainor to identify himself multiple times. Trainor refused.</p> <p>I then asked Trainor to identify himself. Trainor refused and stuck his hands in his pockets. I asked Trainor again multiple times to identify himself and explained to him that I was called into the area for a lawful purpose and am telling him to identify himself and if he refuses he can be arrested for Obstructing Justice. Trainor again refused and attempted to walk away.</p> <p>I then told Trainor he was under arrest for obstructing my police investigation. I grabbed Trainor's right wrist which was still in his pocket, Trainor then swiftly pulled his arm away from me and backed up. I then grabbed Trainor's right wrist again, Trainor again tensed up his body and would not stop resisting even after I verbally yelled "Stop Resisting!" I then used a straight arm bar take down maneuver and brought him to the ground. Trainor was then placed into handcuffs without further incident.</p> <p>Based upon the above investigation I find Probable Cause to charge Gregory Trainor with Obstructing a Police investigation/Resisting an Officer without Violence per Florida State Statute 843.02</p>										
ADMINISTRATIVE	<p>SWORN AND SUBSCRIBED BEFORE ME <i>John J. Coughlin</i> COUNIHAN, JOSEPH NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>02/28/2017 DATE</p>					<p><i>John J. Coughlin 387/1195</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>JURAC, LUKA (1195) NAME OF OFFICER (PLEASE PRINT)</p> <p>02/28/2017 DATE</p>				
PAGE 1 OF 1										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.