

21mm 3039AMB

J# 0522969

P# 3022

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-21-021532</b>				
Charge Type: Check as many as Apply. <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		If Weapon Seized Enter Type <b>NA</b>		Multiple Clearance Indicator <b>01</b>				
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)						
Date of Arrest <b>04/28/2021</b>		Time of Arrest <b>0024</b>		Booking Date		Booking Time		Jail Date
Name (Last, First, Middle) <b>Freeman, Christine Aimee</b>		Alias (Name, DOB, Soc. Sec. #, Etc)						
W - White I - American Indian B - Black O - Oriental / Asian		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/23/1972</b>		Height <b>508</b>	Weight <b>190</b>	Eye Color <b>Brown</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>		Religion <b>Refused</b>		Complexion <b>Fair</b>		Build <b>Medium</b>
Local Address (Street, Apt. Number) <b>510 NW 8TH CT Boynton Beach, Florida 33426</b>		(City)		(State)		(Zip)		Phone <b>(504) 715-8165</b>
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ( ) - ( )
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ( ) - ( )
DL Number, State <b>F655-101-72-522-0</b>		INS Number		Place of Birth <b>Missouri, ST Louis</b>		Citizenship <b>US</b>		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		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 <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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property				
Drug Activity N. N/A B. Buy D. Deliver P. Possess T. Traffic E. Use		S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		Drug Type N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv. S. Synthetic		U. Unknown Z. Other
Charge Description <b>Simple Battery</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number <b>784.03.1A1</b>		Violation of ORD#
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>NA</b>		Offense # <b>21-021532</b>		Warrant/Capias Number <b>21-021532</b>
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>		Court Date and Time Month Day Year Time		
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				
HOLD for other Agency Name:		Signature of Arresting Officer <b>989</b>		Name Verification (Printed by Arrestee) (PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Jumelles</b>		I.D. # <b>989</b>		BU# 116571		
Initial Deputy <b>Juan 694</b>		Pouch #		Transporting Officer <b>K Thomas</b>		I.D. # <b>1117</b>		Agency <b>BAD</b>
Witness here is subject Signed with an "X".		Page <b>1 OF 1</b>						

K Thomas 1117

SCANNED  
APR 28 2021



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY



On the 28th day of April 2021 at 0101  
Subject: Freeman, Christine Aimee DOB: 01/23/1972 Case #: 21-021532  
Charge Description: Simple Battery Statute #: 784.03.1A1

Narrative:

On April 28, 2021 approximately 0101 hours, I responded to [REDACTED], Boynton Beach, Palm Beach County, Florida 33426 in reference to a domestic violence incident. BBPD Communications advised caller stated that he was in a physical altercation and a female threw at glass at his head and slapped him.

Upon arrival, I made contact was made with white female Christine Freeman and white male later identified as [REDACTED]. Both parties were immediately separated and provided statements. [REDACTED] had a visible laceration to his forehead and he advised it was from a previous injury from earlier in the day (declined medical attention). [REDACTED] confirmed that he did call 911 and did advise that [REDACTED] Freeman did strike him in the facial area and arms with an open hand and she did throw a glass of water at his head. [REDACTED] had redness on his facial area and photographs were taken of his injuries.

Contact was made with Freeman who upon officer arrival, spontaneously uttered, "I hit him", Freeman was detained pending further investigation. Freeman confirmed she has [REDACTED] Freeman stated she got into a verbal argument with [REDACTED] that escalated physically. Freeman stated she "lost it" and began to smack [REDACTED] in his facial area and arms repeatedly. Freeman also advised she dumped a glass of water on [REDACTED]. Freeman stated [REDACTED] did not strike her but attempted to defend himself by pushing her away from him.

[REDACTED] completed Exempt from Public Records Disclosure Forms, Marsy Forms, and were provided with Victim's Right's brochures and a Marsy Cards. Photographs of [REDACTED] and the inside of the residence were entered into BBPD Evidence. Master Recording was requested.

Based on my above investigation, coupled with sworn statements from all parties, and injuries on [REDACTED] I find Probable Cause to charge Christine Aimee Freeman with one count of Simple Battery in violation of F.S.S.784.03.1A1, Freeman did intentionally and knowingly strike and cause injury to [REDACTED].

Freeman was placed under arrest and transported to BBPD for processing and later turned over to Palm Beach County Jail without incident. This incident was documented via BWC.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Emotional and distraught

Relationship Between Victim and Suspect:

[REDACTED]

Photographs: Scene: ☒ Yes ☐ No  
Victim: ☒ Yes ☐ No  
911 Call: ☒ Yes ☐ No Caller: \_\_\_\_\_  
Tape Requested: ☒ Yes ☐ No  
Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_  
Witnesses: ☐ Yes ☒ No  
Injuries: ☒ Yes ☐ No  
Medical Treatment: ☐ Yes ☒ No  
At Scene ☐ Yes ☒ No Paramedics: \_\_\_\_\_  
At Hospital ☐ Yes ☒ No Physician(s): \_\_\_\_\_  
Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s): ☐ Yes ☒ No

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

F.D.C.F. Notified: ☐ Yes ☒ No Victim Pregnant: ☐ Yes ☐ No

Violation Of Restraining Order: ☐ Yes ☒ No Case #: \_\_\_\_\_

Prior History Of Domestic Violence: ☐ Yes ☒ No

Alcohol Or Drugs Involved: ☐ Yes ☒ No ☐ Unknown

### Victim Contact Information:

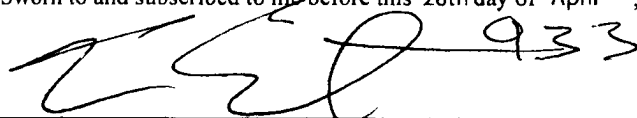
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

State Of Florida  
County Of Palm Beach

Appeared before me, \_\_\_\_\_ Jumelles \_\_\_\_\_, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 939  
Signature Of Arresting Officer

Sworn to and subscribed to me before this 28th day of April, 2021

 933  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**

- **Attempted Murder**

- **Stalking (S. 784.084)**

- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)

- **Sexual Offense (Ch. 794)**

- **Attempted Sexual Offense**

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

1. Incident Report #: 21-021532 Agency: Boynton Beach Police Department  
Offense: Simple Battery  
Suspect/Offender: Freeman, Christine Aimee  
DOB: 01/23/1972 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3. Complete one (1) of the following:

A.



B. Victim's Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

C. Victim's designated contact other than next of kin (for example: a friend or neighbor):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: \_\_\_\_\_

Officer's Name: Jumelles I.D.# 989 Date: 04/28/2021

SUSPECT/OFFENDER:

Freeman, Christine Aimee

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)



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

**REVIEW COMPLETED BY**

Booking Number: 2021010241	Date: 04/28/2021
	Specialist Name/ID: T Howard/7185