

J0429012

20 CF 4620

P3214

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FL0, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 12 0 0 7 1 7 1 1 1 1 1 1	
	Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type N/A	
	Location of Arrest (Including Name of Business) 3228 GUN CLUB RD, WPB, FL 33409		Location of Offense (Business Name, Address) 5147 Beechwood Rd, Delray Beach FL		Date of Arrest 0.5.29.2011		Time of Arrest 6.15	
DEFENDANT	Name (Last, First, Middle) Bohri, Christopher		Alias (Name, DOB, Soc. Sec. #, Etc.)		Multiple Clearance Indicator 03		Location of Vehicle 33484	
	Race W - White B - Black O - Oriental/Asian WM		Sex M		Date of Birth 1.2.27.8		Height 5'11"	
	Weight 190		Eye Color Brown		Hair Color Brown		Complexion light	
	Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status SINGLE		Religion CATHOLIC	
	Local Address (Street, Apt. Number) 5822 Sun Pointe Circle, Boynton Beach FL 33437		Permanent Address (Street, Apt. Number) 5822 Sun Pointe Circle, Boynton Beach FL 33437		Business Address (Name, Street) SALES		D/L Number, State B436110784620	
CO-DEF	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
JUVENILE	Parent Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		Business Phone	
	Notified by: (Name)		Date		Time		Juvenile Disposition	
	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 355-2520) informed of any change of address.		School Attended		Grade		Property Crime?	
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
CHARGE	Drug Activity N. N/A P. Possess		S. Sell 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.		F. Parapharmacia/ Equipment S. Synthetic		U. Unknown Z. Other		Statute Violation Number 7841103	
	Charge Description Simple Battery-Domestic		Counts 2		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Violation of ORD # None X2	
CHARGE	Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 20-07711	
	Charge Description Aggravated Assault		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Violation of ORD # None	
	Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 20-07711	
	Charge Description		Counts		Domestic Violence		Violation of ORD #	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence		Violation of ORD #	
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				
ADMIN	HOLD for other agency		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arrestee) SCANNED		PAGE	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Subjugal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BTS. Uber		I.D. # 7312	
	Intake Agency Family Center		I.D. # Pouch #		Transporting Officer X [Signature]		I.D. # 7312	

REINVOICEMENT  
REQUIRED

PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Capias

1

Juvenile

OBTS Number \_\_\_\_\_

Agency ORI Number: FLO 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 20-071711

Charge Type:  1 Felony  2 Traffic Felony  3 Misdemeanor  4 Traffic Misdemeanor  5 Ordinance  6 Other

Name (Last, First, Middle): BOLTRI, CHRISTOPHER Race: W Sex: M Date of Birth: 12/22/1978

Charge Description: Battery (domestic) 784.03(1a1)

Charge Description: AGGRAVATED ASSAULT 784.021(1)

Victim's Name (Last, First, Middle): ORTIZ, MARIA INES Race: H Sex: F Date of Birth: 02/07/1972

Local Address (Street, Apt Number): 5147 BEECHWOOD RD (City): DELRAY BEACH (State): FL (Zip): 33484 Phone: (561) 577-5878 Address Source: MARIA ORTIZ

Business Address (Name, Street): \_\_\_\_\_ (City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip): \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: PSYCHOLOGIST

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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_  confessed to \_\_\_\_\_  that he/she saw the arrested person commit the below acts.  admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation. On the 25 day of MAY 20 20 at 1200  A.M  P.M (Specifically include facts constituting cause for arrest.)

MARIA ORTIZ AND CHRISTOPHER BOLTRI HAD BEEN IN AN DATING RELATIONSHIP FOR 2 YEARS, ENDING IN JANUARY 2020. MARIA STATED CHRISTOPHER STAYED AT THE RESIDENCE 5147 BEECHWOOD DR, LOCATED IN UNINCORPORATED DELRAY BEACH, FLORIDA, FROM 22 MAY 2020 UNTIL TODAY. IN A SWORN STATEMENT COMPLETED BY MARIA ORTIZ, MARIA STATED SHE AND CHRISTOPHER GOT INTO A VERBAL ARGUMENT AND DURING THE ARGUMENT, CHRISTOPHER, WITH A CLOSED FIST, STRUCK HER ON THE RIGHT SIDE OF HER MOUTH AND THEN LEFT THE AREA. MARIA ALSO STATED CHRISTOPHER PUSHED HER TO THE GROUND, AND WHILE STANDING OVER HER, GRABBED AN EMPTY 750 ML WHISKEY BOTTLE AND THREATENED TO BREAK IT OVER HER HEAD. THE BOTTLE WAS APPROXIMAXATELY 12 INCHES TALL AND 3 INCHES IN DIAMETER MADE OF SOLID GLASS. WHILE ON SCENE I OBSERVED AN INJURY ON THE UPPER RIGHT LIP OF MARIA. THE LIP WAS SWOLLEN AND APPEARED TO BE CUT ON THE INSIDE OF HER MOUTH. BASED ON THE SWORN STATEMENT PROVIDED BY MARIA AS WELL AS THE INJURIES I OBSERVED ON SCENE, I HAD ESTABLISHED PROBABLE CAUSE FOR THE ARREST OF CHRISTOPHER BOLTRI FOR 2 COUNTS OF BATTERY (DOMESTIC) AND AGGRAVATED ASSAULT ON MARIA ORTIZ.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) # 7012

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of MAY 20 20 by D/S L. UBER (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

N. MUNOZ, 18796 (Notary Public, Clerk of Court, Officer (F.S.S. 117.10))

SCANNED MAY 30 2020

**PALM BEACH COUNTY SHERIFF'S OFFICE  
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM  
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 20-071711

DEFENDANT'S NAME: CHRISTOPHER BOLTRI

DEFENDANT'S STATEMENT:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

SYNOPSIS: MARIA AND CHRISTOPHER HAD BEEN IN A DATING RELATIONSHIP FOR 2 YEARS PRIOR TO SEPARATE IN JANUARY 2020. MARIA WAS CONTACTED BY CHRISTOPHER 3 DAYS AGO AND STAYED AT THE RESIDENCE

FOR THE PAST 3 DAY, TODAY THERE WAS A VERBAL ARGUMENT AND DURING THE ARGUMENT, CHRISTOPHER PUNCHED MARIA ON THE RIGHT SIDE OF HER FACE LEAVING A MARK.

VICTIM'S NAME: MARIA ORTIZ

VICTIM'S STATEMENTS:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) VISIBLY SHAKEN. RIGHT UPPER LIP WAS SWOLLEN. STATED SHE AND DEFENDANT WERE DRINKING ALCOHOL PRIOR TO THE INCIDENT.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: DATING

PHOTOGRAPHS: SCENE:  YES  NO VICTIM(S):  YES  NO

911 CALL:  YES  NO WHO CALLED: MARIA ORTIZ

WEAPON USED:  YES  NO TYPE: HANDS

MEDICAL TREATMENT:  YES  NO

AT SCENE:  YES  NO PARAMEDICS: REFUSED

AT HOSPITAL:  YES  NO HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME:  YES  NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S):  YES  NO (IF YES  SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE)  YES  NO VICTIM PREGNANT:  YES  NO

PRIOR HISTORY OF DOMESTIC VIOLENCE:  YES  NO ALCOHOL OR DRUGS INVOLVED:  YES  NO

VIOLATION OF RESTRAINING ORDER:  YES  NO CASE #: \_\_\_\_\_

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIVE/FRIEND ADDRESS: \_\_\_\_\_

SCANNED  
MAY 30 2020

# 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

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

1. Incident Report #: 20-071711 Agency: PBSO  
Offense: BATTERY (DOMESTIC) X 2; AGGRAVATED ASSAULT  
Suspect/Offender: CHRISTOPHER BOLTRI  
D.O.B. 12/22/1978 Race: W Sex: M

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

3.a. Victim's name: MARIA ORTIZ D.O.B. 2/7/1972 Race: W Sex: F  
Address: 5147 BEECHWOOD RD  
City: DELRAY BEACH State: FL Zip: 33484  
Home #: 561-577-5878 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: N/A  
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: \_\_\_\_\_

Deputy's Name: L. UBER I.D.# 7312 Date: 05-25-2020

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

PBSO #0028A REV. 4/99

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED

MAY 30 2020



**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)(b)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020013802	Date: 5/30/2020
	Specialist Name/ID: Gammage/5660

SCANNED  
 MAY 30 2020