

50-2021-mm-005784-AMB

P# 1548

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report				1. Arrest    3. Request for Warrant <span style="border: 1px solid black; padding: 0 5px;">2</span> Juvenile <input type="checkbox"/> 2. N.T.A.    4. Request for Capias	
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06                      21093770</b>		
Charge Type: <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		Multiple Clearance Indicator		<b>0    1</b>	
Location of Arrest (Including Name of Business) <b>16259 BRISTOL POINTE DR                      DELRAY BEACH FL 33446</b>		Location of Offense (Including Name of Business) <b>16259 BRISTOL POINTE DR                      DELRAY BEACH FL 33446</b>					
Date of Arrest <b>Aug 8, 2021</b>	Time of Arrest <b>0016</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>THOMPSON                      CHRISTOPHER</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White    1 - American Indian B - Black    O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>01/25/1979</b>	Height <b>6'6</b>	Weight <b>220</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b> Complexion <b>LIGHT</b> Build <b>MEDIUM</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Marital Status <b>MARRIED</b>	Religion <b>MORMON</b>	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unit	
Local Address (Street, Apt. Number) <b>16259 BRISTOL POINTE DR                      DELRAY BEACH                      FL                      33446</b>		City		State	Zip	Phone <b>561-480-4707</b> Residence Type 1. City    3. Florida    4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number) <b>16259 BRISTOL POINTE DR                      DELRAY BEACH                      FL                      33446</b>		City		State	Zip	Phone <b>561-480-4707</b> Address Source <b>FL DL</b>	
Business Address (Street, Apt. Number)		City		State	Zip	Phone <b>LAWYER</b>	
D/L Number, State <b>T512110790250, FL</b>		Social Security Number		INS Number	Place of Birth <b>ROCHESTER MN</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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone	
Address (Street, Apt. No.)		City		State	Zip	Business Phone	
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released    2. TOT HRS/DAYS    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 address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property				Value of Property	
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 P. Pharmaceutical/ Equipment U. Unknown Z. Other	
Charge Description <b>SIMPLE BATTERY</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation or ORD. #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>21093770</b>	Warrant/Capias Number		Bond <b>CR</b>	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Location (Court, Address, Room Number) <b>3228 GUN CLUB RD WEST PALM BEACH 33406(MAIN COURT HOUSE)</b>							
Court Date and Time Month <b>SEPTEMBER</b> Day <b>8TH</b> Year <b>2021</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer <b>SHANE ANDERSON</b> ID # <b>32400</b>		(PRINT) <b>AUG 8 2021 12:00</b>			
Initials/Designation <b>THOMPSON</b> ID #    Pouch #		Transporting Officer    ID # <b>8057</b> Agency <b>P110</b>		Witness here if subject signed and in custody			

AUG 8 2021 12:00  
 AM 7:16  
 P110

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		2	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21093770</b>	
Charge Type: Check as many as apply <input 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 _____		Special Notes					
Defendant Name (Last, First, Middle) <b>THOMPSON CHRISTOPHER</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/25/1979</b>	
Charge <b>SIMPLE BATTERY</b>				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) <b>Evans Tiffanie</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/03/1974</b>	
Local Address (Street, Apt. Number) City <b>6513 River Club Way Knoxville TN 37922</b>				State <b>TN</b>	Zip <b>37922</b>	Phone <b>865-948-7448</b>	
Business Address (Street, Apt. Number) City				State	Zip	Phone	
						Occupation	
The undersign 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...  <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.  On the <b>7TH</b> day of <b>AUGUST</b> 20 <b>21</b> at <b>2220</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

I was dispatched to the above address in reference to an assault. Dispatch advised that the complainant stated that the incident occurred over food. Upon my arrival, I made contact with the complainant W/F who stated that she has been staying at her sister's house since last Monday. She stated that she went to Sawgrass Mills to purchase school supplies for her children, upon returning to the residence, she said that her brother in law Christopher Thompson became verbally abusive to her and the children in the residence. She said she was hungry, and she went to the refrigerator to get some cheese. She advised that Christopher approached from the rear and slammed both doors shut, she said that by him doing so it slammed her against the refrigerator. She said that he started to yell at her saying "get out of his kitchen".

The complainant stated that she told him no, after telling him no she advised that a bowl of water mixed with cheese was dumped over her head and he continued to be verbally abusive.

I made contact with the subject who said that he did pour cheese over his sister in law head because he did not want her stealing his food.

I was able to confirm both the victim and the suspect by their respected DL, the victim DL was from TN and PBSO communication confirmed her identity as Tiffanie Evans and the suspect FL DL as Christopher Thompson.

Based on the above information I found Christopher to be in violation of F.S.S 784.03(1)(a)(1) simple battery.

The foregoing instrument was sworn to and affirmed before me this <u>8th</u> day of <u>August</u> 20 <u>21</u> , by:	
<u>D/S J. PETTI #19327</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>SHANE ANDERSON</u> <b>32400</b> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer

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**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021019611	<b>Date:</b> 8/8/2021
	<b>Specialist Name/ID:</b> M.MEEK/33849