

23mm2468AMB

2816

0455878

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>				1. Arrest <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/>		Jvenile <input checked="" type="checkbox"/> N				
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-23-009479</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		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) <b>1400 SW 27th Ave</b>					Location of Offense (Business Name, Address) <b>1330 SW 27TH AVE, BOYNTON BEACH FL 33426</b>							
Date of Arrest <b>3/29/23</b>	Time of Arrest <b>0921</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) <b>JOHNSTON, CHRISTOPHER PAUL</b>					Alias (Name, DOB, Soc. Sec. #, Etc)							
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/09/1986</b>	Height <b>508</b>	Weight <b>200</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>MARRIED</b>	Religion <b>UNKNOWN</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>(330 SW 27th Ave Boynton Bch FL 33426)</b>					Phone <b>( ) -</b>		Residence Type 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/> <b>1</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1330 SW 27TH AVE BOYNTON BEACH FL 33426</b>					Phone <b>(561)699-1673</b>		Address Source <b>VERBAL</b>					
Business Address (Street, Apt. Number) (City) (State) (Zip)					Phone <b>( ) -</b>		Occupation					
DL Number, State <b>J523-115-86-409-0</b>					INS Number		Place of Birth <b>PALM BEACH CO, FL USA</b>		Citizenship <b>USA</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)					Residence Phone							
<input type="checkbox"/> Legal Custodian					Business Phone							
<input type="checkbox"/> Other					Business Phone							
Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone							
Notified by: (Name) (Date) (Time)					Juvenile Disposition 1. Handled/Processed within Dept. and Released <input type="checkbox"/> 2. TOT HRS/DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>							
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 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description <b>SIMPLE BATTERY (DOM)</b>					Courts <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# <b>N</b>			
Drug Activity <b>N</b>					Drug Type <b>N</b>	Amount/Unit <b>N</b>	Offense # <b>23-009479</b>	Warrant/Capias Number <b>N</b>	Bond <b>N</b>			
Charge Description					Courts	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	Bond			
Charge Description					Courts	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	Bond			
Charge Description					Courts	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	Bond			
Instruction No. 1 Mandatory Appearance in Court					Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>							
Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.					Court Date and Time Month _____ Day _____ Year _____ Time _____ <input type="checkbox"/> A.M. <input type="checkbox"/> 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)							
Signature of Arresting Officer <i>[Signature]</i>					Date Signed							
HOLD for other Agency Name					Name Verification (Printed by Arrestee) (PRINT)			BU#				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) <b>OFC J. LEVINE</b>			I.D.# <b>842</b>		Page <b>1 OF 1</b>		
Transporting Officer <i>[Signature]</i>					I.D.# <b>843 8660</b>			Agency <b>843 8660</b>				
Witness here is subject Signed with an "X"												

Confidential Info Contained

SCANNED FILED PBC - GUN CLUB '23 MAR 30 AM 6:03 MAR 30 2023

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY

On the 28 day of MARCH 2023 at 0813  
Subject: JOHNSTON, CHRISTOPER PAUL DOB: 11/09/1986 Case #: 23-009479  
Charge Description: SIMPLE BATTERY (DOM) Statute #: 784.03(1A1)

Personal Contact: \_\_\_\_\_

Narrative:

On 3/28/23 at approximately 0813hrs I responded to [REDACTED] in reference to a domestic battery. Upon arrival I met W/F [REDACTED] who advised that she was assaulted by [REDACTED] W/M Johnston, Christopher (11/9/86). [REDACTED] stated that Christopher was partying in Miami all weekend and [REDACTED]. On today's date and time, [REDACTED] looked through his backpack that was lying in the [REDACTED] at which time she found a small amount of suspected cocaine. [REDACTED] stated that she [REDACTED] in which he was sleeping and confronted him about the possible drugs. [REDACTED] stated that Christopher became enraged and began yelling and screaming at her. After being yelled at, [REDACTED] retreated to [REDACTED] area to calm down at which time Christopher followed her, demanding to see her phone and any possible pictures/recordings of the incident. [REDACTED] then clinched her front left pants pocket and refused to give him the phone. [REDACTED] stated that Christopher then grabbed her by both arms, pushing her around [REDACTED] and subsequently threw her to the ground. After a brief struggle, Christopher was able to get the phone from [REDACTED]. As a result of the attack, [REDACTED] sustained redness and scratches to both arms. Photos of the injuries were taken on my BWC. [REDACTED] stated that Christopher refused to give back her phone until she grabbed his laptop and threatened to destroy it. [REDACTED] stated that she and Christopher exchanged items and he promptly left [REDACTED] in his Toyota pick-up truck. When asked, [REDACTED] refused any/all medical attention.

[REDACTED] stated that [REDACTED] during the incident. When asked, [REDACTED] stated that Christopher has been using drugs and being violent with her for a while, however, every prior act of domestic violence had gone unreported to Law Enforcement. [REDACTED] provided a taped statement that was captured on my BWC. Marcy's Law invoked. Domestic violence and Victim Advocate pamphlet provided. When asked, as it pertains to Marcy's Law, [REDACTED] stated that she would want Christopher to receive a fair bond.

Based on [REDACTED]'s statements, combined with her physical injuries, I find probable cause to charge W/M Johnston, Christopher (11/9/86) with Simple Batter (Domestic) pursuant to FSS#784.03(1A1).

Defendant's Statement: None Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

VICTIM WAS UPSET AND EMOTIONAL, AND CRYING

Relationship Between Victim and Suspect:

[REDACTED]

MARCY'S LAW INVOKED  
Confidential Info Contained

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: [REDACTED]  
 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: [REDACTED]  
 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

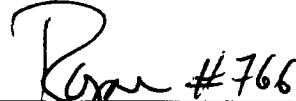
**Victim Contact Information:**

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

State Of Florida  
 County Of Palm Beach  
 Appeared before me, OFC J. LEVINE, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 23 day of MARCH, 2023

  
 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**

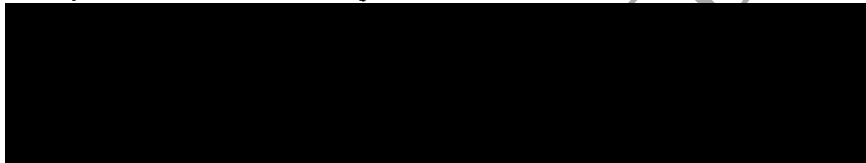
**Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 23-009479 Agency: Boynton Beach Police Department  
Offense: SIMPLE BATTERY (DOM)  
Suspect/Offender: JOHNSTON, CHRISTOPER PAUL  
DOB: 11/09/1986 Race: W Sex: M

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: OFC J. LEVINE I.D.# 842 Date:  / /

**VIARSY'S LAW INVOLVED**  
Confidential Information

SUSPECT/OFFENDER :

**JOHNSTON, CHRISTOPER**

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

\_\_\_\_\_



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

REVIEW COMPLETED BY

Booking Number: 2023008226	Date: 3/30/2023
	Specialist Name/ID: Pinkney/7796