

0497871

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number: \_\_\_\_\_ Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3 | 2 | 2018-006007**

Agency ORI Number: **0500200**

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

If Weapon Seized: \_\_\_\_\_ Enter Type: **Hands, Feet, Fist, Teeth** Multiple Clearance Indicator: \_\_\_\_\_

Location of Arrest (Including Name of Business): **1400 W GLADES RD** Location of Offense (Business Name, Address): **1400 W GLADES RD, BOCA RATON, FL 33431**

Date of Arrest: **04/29/2018** Time of Arrest: **21:21** Booking Date: \_\_\_\_\_ Booking Time: \_\_\_\_\_ Jail Date: \_\_\_\_\_ Jail Time: \_\_\_\_\_ Location of Vehicle: \_\_\_\_\_

Name (Last, First, Middle): **RITZ, CHELSEA** Alias: \_\_\_\_\_

Race: **W - White** Sex: **F** Date of Birth: **01/06/1991** Height: **5'03** Weight: **130** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **MEDIUM** Build: \_\_\_\_\_

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): \_\_\_\_\_ Marital Status: **S** Religion: **NONE** Indication of Alcohol Influence: Yes  No  Unk.   
 Drug Influence: Yes  No  Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): **5749 CAMINO DEL SOL 107, BOCA RATON, FL 33433** Phone: **(561) 685-1777** Residence Type: 1. City 3. Florida 2. County 4. Out of State | **1**

Permanent Address (Street, Apt. Number) (City) (State) (Zip): **5749 CAMINO DEL SOL 107, BOCA RATON, FL 33433** Phone: **(561) 685-1777** Address Source: **FL DL**

Business Address (Name, Street) (City) (State) (Zip): **BLOOMINGDALES,** Phone: **(561) 394-2000** Occupation: **Sales**

D/L Number, State: **R320100915060 / FL** Soc. Sec. Number: \_\_\_\_\_ INS Number: \_\_\_\_\_ Place of Birth (City, State): **BROOKLYN, NY,** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  1. Arrested  3. Felony  5. Juvenile  
 2. At Large  4. Misdemeanor

Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  1. Arrested  3. Felony  5. Juvenile  
 2. At Large  4. Misdemeanor

Parent  Other: **VICTIM NOTIFICATION REQUIRED** Name (Last, First, Middle): \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
 Legal Custodian \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address (Street, Apt. Number) (City) (State) (Zip): \_\_\_\_\_

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  defendant and/or  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: \_\_\_\_\_

Property Crime?  Yes  No Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Drug Activity: N. N/A S. Sell R. Smuggle K. Disperses/Distribute M. Manufacture/Produce/Cultivate Z. Other  
 P. Possess B. Buy D. Deliver E. Use

Drug Type: N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown  
 A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other

Charge Description: **BATTERY** Statute Violation Number: **784.03(1A1)** Violation of ORD #: \_\_\_\_\_

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: \_\_\_\_\_ Counts: **1** Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: **None**

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Health / Apparent Physical Condition of Defendant: \_\_\_\_\_ Any knowledge of the following:  Mental  Escape Risk  Medication  Deformities  Injuries

Check which applies:  Released O.R.  Released to Parent/Guardian  T.O.T. County Jail  Posted Bond  South County Mental Health

PROPERTY - Received By: \_\_\_\_\_ Released By: \_\_\_\_\_ Released To: **708 ARRSO AM 5:27**

Transported By: \_\_\_\_\_ Date Transported: \_\_\_\_\_ Time Transported: \_\_\_\_\_ Other: \_\_\_\_\_

INSTRUCTION NO. 1 - Mandatory appearance in court  
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444**  
 Court Date and 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: \_\_\_\_\_ Signature of Arresting Officer: **Don Poir 776** Name Verification (Printed by Arrestee): \_\_\_\_\_

Dangerous  Resisted Arrest  Suicidal  Other

Name of Arresting Officer (Print): **REISSI, D.** I.D. #: **776** (PRINT)

Intake Deputy: **ofc crowe** I.D. #: **207** Agency: **BRPD** PAGE: **1 OF 1**

Witness here if subject signed with an "X": \_\_\_\_\_

Crowe 807

SCANNED 12:23  
APR 30 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/29/2018 21:21</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2018-006007</b>	
	Agency ORI Number <b>FL 0500200</b>		Name (Last, First, Middle) <b>RITZ, CHELSEA</b>		Race <b>W</b>	Sex <b>F</b>
D I S T R I B U T I O N	Charge Description <b>784.03(1A1) BATTERY</b>		Date of Birth <b>01/06/1991</b>			
	Victim's Name (Last, First, Middle) <b>RAFAILOV, MORIS</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/18/1991</b>	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>33 SE 8TH ST 505, BOCA RATON, FL 33432</b>		Phone <b>(718) 200-6992</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation	
C R I M I N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
A D D I T I O N A L I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>DATING</b>					
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		911 CALL: <input checked="" type="checkbox"/> CALLER: <b>CHELSEA RITZ</b>			
Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WEAPON USED: <input type="checkbox"/> TYPE:				
WITNESSES: <input checked="" type="checkbox"/> (If YES, attach witness list)		INJURIES: <input checked="" type="checkbox"/>				
MEDICAL TREATMENT: <input type="checkbox"/>		PARAMEDICS: <input checked="" type="checkbox"/>				
AT: Scene: <input type="checkbox"/>		PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/>				
Hospital: <input type="checkbox"/>		ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> NAMES/AGES: <input checked="" type="checkbox"/>				
H. R. S. NOTIFIED: <input type="checkbox"/>		VICTIM PREGNANT: <input type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>		CASE #: <input checked="" type="checkbox"/>				
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/>						
N A R R	On 4/29/18 at approximately 2050 hours, I responded to 1400 W Glades Road (Shake Shack) to investigate a Domestic Disturbance. The caller provided her location and hung up after calling 911.					
	Upon arrival to the area, I called the number (561-451-5923) that called 911. The caller did not want to					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <i>Daniel Reissi 776</i> <b>Daniel Reissi 776</b> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>29</u> day of <u>April</u> , <u>2018</u> . <b>FRENZ, JONATHAN RYAN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

CERTIFIED COPY

SCANNED  
APR 30 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>04/29/2018 21:21</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-006007</b>
	Agency ORI Number <b>FL 0500200</b>		

provide her exact location and told me she left the area. As I was circling the parking lot I observed a female (later identified as W/F Chelsea Ritz) on the phone speaking to a male (later identified as W/M Moris Rafailov). As I drove closer I realized this was the female who called 911.

I first spoke with Chelsea who explained that she was having an argument with her boyfriend (Moris). She stated that Moris said something about her father and that she intentionally scratched Moris's face due to his comment. She explained after that, Moris grabbed her with both his hands and forcefully choked her. She stated she almost passed out. It should be noted there were no red marks on her neck. Chelsea refused BRFD.

I then spoke with Moris who stated that Chelsea scratched his face and arm. There was what appeared to be a fresh scratch mark on his right arm and red marks on the side of his face. Moris stated that after she scratched him, he grabbed her on the shoulders like a hug to prevent her from scratching him again. He denied choking Chelsea. Moris refused BRFD as well.

There was a witness who came forward (W/M Eric Gumlak). Eric stated that he did not hear what the argument was about however he did observe the female touching the males face. Eric explained the male's face appeared mad and that he then grabbed her and pushed her down. He explained there was no further contact.

Officer Torsiello reviewed video surveillance which showed the first initial contact was Chelsea scratching Moris's face. The video shows Moris using one hand pushing Chelsea on the side of her neck. There was no further contact.

Moris refused to complete a sworn written statement and refused a domestic violence pamphlet. Moris refused photographs of his physical injuries.

Chelsea was placed under arrest for domestic simple battery after she admitted to scratching Moris's face. She was transported to BRPD booking facility for processing and later transported to PBCJ. A victim notification form was completed.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

*Daniel Reissi 776*  
Daniel Reissi 776  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of April, 2018.

*741*  
FRENZ, JONATHAN RYAN  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED

APR 30 2018

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report#: 18-6007 Agency: BRPD  
Offense: Domestic Simple Battery  
Suspect/Offender: W/F Chelsea Ritz  
D.O.B. 1/6/21 Race: Wht Sex: Female

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

3.a. Victim's name: Moris Rafailov D.O.B. 11/18/91 Race: Wht Sex: Female  
Address: 33 SE 8th St Apt 505  
City: Boca Raton State: FL Zip: 33432  
Home#: 718-200-6992 Work#: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

SCANNED  
APR 30 2018

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Reissi I.D.# 776 Date: 4/29/18  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)  
COURT CASE/WARRANT#: \_\_\_\_\_