

J# 0497115

PGH# 3474

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200				Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3 2 2018-004656		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE									
	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		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator		Location of Arrest (Including Name of Business) SAME AS ABOVE 2901 N. Fed., Boca Raton, FL 33431						Location of Offense (Business Name, Address) 2901 N FEDERAL HWY 406, BOCA RATON, FL 33431											
D E F E N D A N T	Date of Arrest 04/03/2018	Time of Arrest 01:32	Booking Date 04/03/2018	Booking Time 01:42	Jail Date 04/03/2018	Jail Time 00:00	Location of Vehicle N/A		Name (Last, First, Middle) FOLTY, CHRISTIAN E															
	Race W - White B - Black W								Sex M		Date of Birth 12/24/1962		Height 6'04		Weight 270		Eye Color GREEN		Hair Color GRAY		Complexion LIGHT		Build Lean	
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status D		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Local Address (Street, Apt. Number) (City) (State) (Zip) 16363 SPRINGVIEW DR, LOCKPORT, IL 60441				Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4							
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 16363 SPRINGVIEW DR, LOCKPORT, IL 60441				Phone		Address Source IL DL		Business Address (Name, Street) (City) (State) (Zip) SELF, 691 COLLINS ST, JOLIET, IL 60432				Phone (815) 726-2003		Occupation Dentist									
J U V E N I L E	D/L Number, State F43210562365 / IL		Soc. Sec. Number [REDACTED]		DNS Number		Place of Birth (City, State) NEW YORK, NY, United		Citizenship US		Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone					
C H A R G E	Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		<input type="checkbox"/> Parent <input type="checkbox"/> Other <input checked="" type="checkbox"/> Legal Custodian				VICTIM NOTIFICATION REQUIRED				Notified by: (Name)		Date		Time		JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 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 355-2526) informed of any change of address.				School Attended		Grade							
C H A R G E	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		APR 3 AM 5:17				Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/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.		P. Paraphernalia/Equipment S. Synthetic		U. Unknown 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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number				Bond None													
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity / Drug Type / Amount / Unit / Offense # / Counts / Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number				Bond 2018 APR 3													
	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity / Drug Type / Amount / Unit / Offense # / Counts / Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number				Bond 2018 APR 3													
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By 569		Released By 569		Transported By VAN HOF Date Transported 04/03/2018 Time Transported 00:00 Other N/A											
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available													
A D M I N I S T R A T I O N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)		Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		Intake Deputy DS THOMPSON ID.# 7600 Bouch # 3474											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) VAN HOF, E. S.		ID.# 569		Transposing Officer VAN HOF ID.# 569 Agency BOCA				Witness here if subject signed with an "X"		PAGE 1 OF 1											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/03/2018 01:32		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-004656	
	Agency ORI Number FL 0500200		Name (Last, First, Middle) FOLTYS, CHRISTIAN E		Race W	Sex M
C H R G	Charge Description 784.03(1A1) BATTERY					
	Victim's Name (Last, First, Middle) PERNICE, CHRISTINE M				Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 16525 W 159TH ST 159, LOCKPORT, IL 60441		Phone 773 960 7209		Address Source IL DL	
	Business Address (Name, Street) (City) (State) (Zip) N/A		Phone N/A		Occupation N/A	
	Relationship between Victim & Suspect BOYFRIEND/GIRLF					

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <i>Laceration to head and leg, crying</i>
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: PERNICE, CHRISTINE TYPE: (If YES, attach witness list) BOCA RATON FIRE/RESCUE PHYSICIAN(S) / HOSPITAL:
		Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INJURIES:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	AT: Scene:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #:	
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

On 04/03/18 at 0132 hours, Boca Raton Police were dispatched to the Boca Raton Plaza Hotel, 2901 N. Federal Hwy, Rm 406, in reference to a 911 hangup. While enroute, emergency services dispatchers received a follow-on call from W/F Christine Pernice, 01/04/85. Pernice reported that her boyfriend, W/M Christian Foltys, 12/24/62, had battered her.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

Marc P. Patterson
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of April, 2018.

Marc P. Patterson
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	04/03/2018 01:32	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2018-004656

Pernice was present in the hotel lobby upon police arrival. She was bleeding from her right ring finger and her left shin. Pernice told your Affiant that Foltys had bitten her finger, and had thrown a metal lamp at her causing the aforementioned respective injuries.

I then met with Foltys in the couple's hotel room, #406. Foltys reported that Pernice had attacked him and that the injuries she had sustained were due to him defending himself. Foltys told your Affiant that Pernice had punched him multiple times on the right side of his head, and that she had clawed at his eyes with her fingernails. Foltys displayed no injuries that would support his claim. I also noted the size difference between Foltys and Pernice. He is 6'4" at 270lbs, she is 5'5" at 125lbs.

Based on statements and physical evidence presented at the scene, I find Probable Cause exists to arrest and charge W/M Christian Foltys, 12/24/62, with Battery, contrary to F.S.S. 784.03(1A1).

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Off. Eric S. Van Hof

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

Off. [Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of April, 2018.

PATTERSON, MARC P *MP614*
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)