

02591203

1amm1842401

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 19-000153	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: None/not Applicable		Multiple Clearance Indicator 1		Location of Arrest (Including Name of Business) 604 S 13TH PL, LANTANA, FL 33462			Location of Offense (Business Name, Address) 604 S 13TH PL, LANTANA, FL 33462
Date of Arrest 01/19/2019	Time of Arrest 19:57	Booking Date 01/19/2019	Booking Time 20:17	Jail Date 01/19/2019	Jail Time 19:57	Location of Vehicle		
Name (Last, First, Middle) FEENY, CHRISTOPHER J								Alias:
Race W - White B - Black	Sex M	Date of Birth 05/07/1971	Height 5'10	Weight 220	Eye Color BLUE	Hair Color SALT & PEPPER	Complexion LIGHT	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion CATHOLIC	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 604 S 13TH PL, LANTANA, FL 33462--				(City)	(State)	(Zip)	Phone (561) 585-6154	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 604 S 13TH PL, LANTANA, FL 33462--				(City)	(State)	(Zip)	Phone (561) 585-6154	Address Source VERBAL
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone (561) 307-5247	Occupation Network/engineer
D/L Number, State F500110711670 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) FORT LAUDERDALE, US		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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian							Name (Last, First, Middle)	
Address (Street, Apt. Number)							(City)	(State)
Notified by: (Name)							Date	Time
Released To: (Name)							Relationship	Date
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							Value of Property	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							Description of Property	
Drug Activity S. Sell N. N/A P. Possess				R. Smuggle D. Deliver E. Use	K. Disperses/ 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 - SIMPLE TOUCH / STRIKE						Statute Violation Number 784.03	Violation of ORD # NO SOUND	
Drug Activity	Drug Type N	Amount / Unit	Offense # 1908153	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		NO SOUND
Charge Description						Statute Violation Number	Violation of ORD # NO SOUND	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		NO SOUND
Charge Description						Statute Violation Number	Violation of ORD # NO SOUND	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		NO SOUND
Health / Apparent Physical Condition of Defendant						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 type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By DORFMAN						Date Transported 01/19/2019	Time Transported 20:11	Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH		
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.						Court Date and Time 02/14/2019 08:30:00		
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed		
HOLD for Other Agency				Signature of Arresting Officer 889		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
Intake Agency DORFMAN				I.D. # 889		PAGE 1 OF 1		
Pouch #				Transporing Officer DORFMAN		Witness here if subject signed with an "X".		

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/19/2019 20:18		Agency Report Number 6 4 19-000153	
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT		

Becerra-Turey stated that she was sitting on the living room couch (east side of the house) using the computer and on the cell phone when her husband Christopher Feeny (dob 05/07/72) walked in and said: "I knew you had another phone". Feeny then grabbed both of her forearms trying to take the phone away from her, Feeny got ahold of the phone and threw it on the floor (which Becerra-Turey was able to pick back up) and then took the laptop which was next to her. The young child Emilyynn Benevento-Feeny (dob 01/28/15) yelled at both parents telling them to stop fighting.

Feeny went into the bedroom holding the laptop in the air over his head to break it on the footboard. Becerra-Turey was able to grab the laptop while it was in the air and walked outside the room. Feeny followed her and attempted to grab her phone again. Feeny grabbed her hand and Becerra-Turey managed to escape his grip and called the police. Once she started to call the police Feeny walked outside.

I met with Feeny who informed me of the following information:
Feeny was in bed trying to sleep when Becerra-Turey walked into their bedroom and shoved the cell phone up to his face while she was on the phone trying to intimidate him to hit her, which he informed me he did not do. Becerra-Turey then pushed him out of the bed (while he was laying down). He managed to push his way away from her and walked outside to avoid contact with her.

Both parties filled out sworn statements. Feeny was placed under arrest for the above information that he was the primary aggressor. A victim notification form and domestic violence diagram was completed. Twelve digital photos were taken of the victim and where the incident took place.

It should be noted that this Officer then made contact with DCF Investigator, Amy #532 who was advised of the above information. Amy then stated due the information provided it reaches criteria for further investigation per their agency.

See Officer's Esposito's supplement for further information.

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.


SIGNATURE OF ARRESTING OFFICER

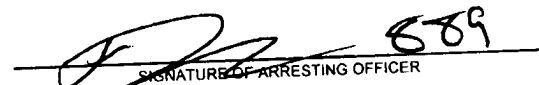

Sworn to and subscribed to before me this 19 day of January, 2019.


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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/19/2019 20:18		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 19-000153	
	Agency ORI Number FL 0502000		Alias		Race W	Sex M
D E F	Name (Last, First, Middle) FEENY, CHRISTOPHER J				Date of Birth 05/07/1971	
	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE				Race W	Sex F
V I C T I M	Victim's Name (Last, First, Middle) BECERRA-TUREY, MONICA				Date of Birth 01/12/1972	
	Local Address (Street, Apt. Number) 604 S 13TH PL, LANTANA, FL 33462			(City)	(State)	(Zip)
M	Business Address (Name, Street) UNEMPLOYED			(City)	(State)	(Zip)
	DEFENDANT'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET		
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral						
RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE						
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 type="checkbox"/> NO			
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: MONICA		
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:		
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:		
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:		
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
N A R R	On January 19, 2019, at approximately 1923 hours, I was dispatched to 604 S 13th Place, in reference to a domestic violence report. Upon my arrival, I met with W/F Monica Becerra-Turey (dob 01/12/72) who informed me of the following information:					
	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.					
 SIGNATURE OF ARRESTING OFFICER						
Sworn to and subscribed to before me this <u>19</u> day of <u>January</u> , <u>2019</u> .						
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)						

CERTIFIED COPY

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- 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 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#: 19000153 Agency: LPD
Offense: Domestic Violence - Battery
Suspect/Offender: Christopher Feeny
D.O.B. 5/17/71 Race: W Sex: M
2. Warranty #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Monica - Becerra - Turley
Address: 604 S 13th Pl
City: Lantana State: FL Zip: 33462
Home #: 561-345-5158 Work #: _____ Other#: _____
 - b. Victim's next of kin: Maryanne Benevento
Address: 14872 Draft Horse Ln
City: Wilton State: FL Zip: 33414
Home #: 861-797-1617 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):
19000153 - Domestic Violence

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 person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: J. Dorfman I.D.: 889 Date: 1/19/14

SUSPECT/OFFENDER: Christopher Feeny
COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)



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

REVIEW COMPLETED BY

Booking Number: 2019002274	Date: 01/20/2019
	Specialist Name/ID: AM/31562