

Jkr # 0481878

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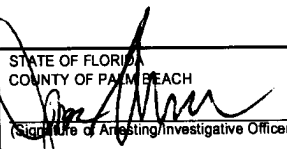
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16139626</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		Weapon Seized / Type 2. Yes 2. No		Multiple Clearance Indicator 01			
	Location of Arrest (Including Name of Business) <b>12664 MAYPAN DR BOCA RATON FL 33428</b>		Location of Offense (Business Name, Address) <b>12664 MAYPAN DR BOCA RATON FL 33428</b>					
	Date of Arrest <b>10/16/2016</b>	Time of Arrest <b>0159</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) <b>ACKER CHRISTOPHER</b>		Alias (Name, DOB, Soc. Sec. #, Etc.) <b>MICHAEL</b>					
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>04/20/1979</b>	Height <b>601</b>	Weight <b>160</b>	Eye Color <b>BRO</b>	Hair Color <b>BROWN</b>	Complexion <b>MED</b>
	Build <b>LARGE</b>		Marital Status <b>MARRIED</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOOS ON CHEST</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>					
	Local Address (Street, Apt. Number) <b>12664 MAYPAN DR</b>		Phone <b>(585) 489-9572</b>		Address Source <b>FL DL</b>			
	Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		Phone <b>( )</b>		Occupation			
	Business Address (Name, Street) <b>( )</b>		Phone <b>( )</b>					
	DL Number, State <b>A-260-113-79-140-0</b>		Soc. Sec. Number <b>( )</b>		INS Number		Place of Birth (City, State) <b>ROCHESTER, NY</b>	
	Citizenship <b>US</b>							
	CO-DEF	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			
JUVENILE	Parent Name (Last, First, Middle) <b>( )</b>		Legal Custodian Name (Last, First, Middle) <b>( )</b>		Other Name (Last, First, Middle) <b>( )</b>		Residence Phone <b>( )</b>	
	Address (Street, Apt. Number) <b>( )</b>		City <b>( )</b>		State <b>( )</b>		Zip <b>( )</b>	
	Notified by: (Name) <b>( )</b>		Date <b>10/16/2016</b>		Time <b>( )</b>		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated <b>1</b>	
	Released To: (Name) <b>( )</b>		Relationship <b>( )</b>		Date <b>( )</b>		Time <b>( )</b>	
CHARGE	The above address provided by <input checked="" type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended <b>( )</b>		Grade <b>( )</b>			
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b>( )</b>		Value of Property <b>( )</b>			
	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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
	Charge Description <b>DOMESTIC BATTERY</b>		Counts <b>01</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(A)(1)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>0</b>		Offense # <b>16139626</b>	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Drug Activity		Drug Type		Amount / Unit		Offense #		
NOTICE TO APPEAR	Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time AM PM <b>Month Day Year Time AM PM</b>		Signature of Defendant (or Juvenile and Parent / Custodian) <b>( )</b>		Date Signed <b>( )</b>	
	HOLD for other Agency Name: <b>( )</b>		Signature of Arresting Officer <b>( )</b>		Name Verification (Printed by Arrestee) <b>( )</b>		PAGE <b>1</b>	
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>JAMES ALISEO</b>		ID # <b>19472</b>		Witness here if subject signed with an <b>( )</b>	
	Transporting Officer <b>ALISEO</b>		ID # <b>19472</b>		Agency <b>PBSO</b>		PAGE <b>1</b>	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		
PBB0 #148 REV. 8/97		J. B. G. 17624		J. B. G. 17624		J. B. G. 17624		

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number			Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-16139626			
	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:			
DEF	Name (Last, First, Middle)	ACKER CHRISTOPHER				Alias MICHAEL		Race W	Sex M	Date of Birth 04/20/1979	
CHARGES	Charge Description	DOMESTIC BATTERY 784.03(1)(A)(1)				Charge Description					
	Charge Description					Charge Description					
VICTIM								Race ~	Sex ~	Date of Birth ~	
								Address Source			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( )		Occupation			
PROBABLE CAUSE STATEMENT	The undersigned certifies and 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 my (described) investigation. On the 16TH day of OCTOBER 20 16 at 0159 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)										
	On 10/16/2016 at approximately 0055 hours I responded to _____ in unincorporated Boca Raton, in Palm Beach County Florida, 33428 in reference to a domestic disturbance. According to the 911 call the suspect had held a knife up to the complainant's husband's neck.										
	Upon my arrival I met with the complainant Karen Kommeth who had told me that her son in-law (Christopher Acker) had put two knives against her husband's neck. Karen also stated that Christopher had picked up his wife and thrown her out of the front door. The front door to the house are French doors and where freshly broken at the frame.										
	I then spoke with Christopher Acker who was outside in the front yard of his home. Christopher was read his Miranda warnings from a preprinted PBSO Miranda card. Christopher stated that he understood and wished to talk to me. Christopher told me that he had gone out to a bar with his wife (_____), mother (Debra Acker), mother in-law (Karen Kommeth) and father in-law (David Kommeth). Christopher stated that _____ began to yell at his mother and she was very disrespectful to her. By the time Christopher got home, _____ had begun calling Debra a drunk and _____ pushed Debra. Christopher stated that he then had pushed _____ away from his mother because of his mother's age and to defend her.										
	I then spoke with David Kommeth who had told me that Christopher was in an argument with _____ and Debra. David then stated that Christopher had told him that he would "gut everyone" as he held two kitchen knives. Christopher then put the knives up to David's neck. David stated that he was not in fear, as he did not believe that he would hurt him. David took the knives from Christopher and Karen had called the police.										
	I then spoke with _____ who told me that after she had come home from the bar, she got into an argument with Christopher and Debra, Christopher became upset and had picked her up and threw her out of the house hitting the front door. _____ had minor injuries from the battery on her legs. _____ refused medical attention on scene. _____ stated that she has been married to Christopher for six years and have two children together.										
	Christopher has never lived with David as a family and David refused to press any charges against Christopher. Bases on my investigation Christopher Acker is being charged with domestic battery pursuant to fss 784.03(1)(A)(1).										
	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer) JAMES ALISEO										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 16TH day of OCTOBER 20 16 by JAMES ALISEO 19472 Personally Known (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced										
	ADMINISTRATIVE	D/S VASCONCELOS #23113				SCANNED				PAGE 1 OF 1	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											

# 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 #: 16139626 Agency: PBSO  
Offense: DOMESTIC BATTERY  
Suspect/Offender: ACKER CHRISTOPHER  
D.O.B. 04/20/1979 Race: W Sex: M

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

3.a. Victim [REDACTED] Sex: ~  
Address: [REDACTED]  
City: [REDACTED]  
Home #: [REDACTED]

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: 38 KILLARNEY DR  
City: ROCHESTER State: NY Zip: 14616  
Home #: 585-733-8458 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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

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

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

Deputy's Name: JAMES ALISEO

I.D.# 19472

Date: 10/16/16

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# \_\_\_\_\_

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
**(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 16139626

DEFENDANT'S NAME: ACKER CHRISTOPHER

DEFENDANTS STATEMENT ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: He was in an argument with his wife over her being disrespectful to his mother.

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES) ☒ WRITTEN ☐ TAPED ☐ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Drunk, and angry.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: HUSBAND AND WIFE

PHOTOGRAPHS: SCENE: ☒ YES ☐ NO VICTIM (S): ☒ YES ☐ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: MOTHER OF VICTIM, KAREN KOMMETH

WEAPON USED: ☐ YES ☒ NO TYPE: \_\_\_\_\_

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: \_\_\_\_\_

AT HOSPITAL: ☐ YES ☐ NO HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME: ☒ YES ☐ NO

NAME: [REDACTED] DOB: 09/03/2011

NAME: [REDACTED] DOB: 10/23/2013

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☐ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: SCANNED

VICTIM PREGNANT- ☐ YES ☒ NO  
ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: MOTHER KAREN KOMMETH PHONE: 585-737-0827

RELATIVE/FRIEND ADDRESS: 38 KILLARNEY DR ROCHESTER NY 14616