

JKT # 0481878

ph 1881

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE						Agency Report Number (N.T.A.'s only) 06- 16139626					
ADMINISTRATIVE	Agency ORI Number FLO 500000		Charge Type: <input type="checkbox"/> 1. Felony Check as many as apply. <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No				
									Multiple Clearance Indicator 01				
Location of Arrest (Including Name of Business) 12664 MAYPAN DR		BOCA RATON FL 33428		Location of Offense (Business Name, Address) 12664 MAYPAN DR BOCA RATON FL 33428									
Date of Arrest 10/16/2016		Time of Arrest 0159		Booking Date		Booking Time		Jail Date		Jail Time			
Location of Vehicle													
DEFENDANT	Name (Last, First, Middle) ACKER		Alias (Name, DOB, Soc. Sec. #, Etc.) CHRISTOPHER MICHAEL										
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W	Date of Birth 04/20/1979		Height 601	Weight 160	Eye Color BL		Hair Color BROWN		Complexion MED	Build LARGE
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS ON CHEST								Marital Status MARRIED		Religion CATHOLIC		
	Local Address (Street, Apt. Number) 12664 MAYPAN DR BOCA RATON FL 33428								Phone (585) 489-9572		Indication of: Y N Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/>		
	Permanent Address (Street, Apt. Number) SAME AS ABOVE								Phone ()		Residence Type: 1. City 3. Florida 2. County 4. Out of State 12		
	Business Address (Name, Street)								Phone ()		Address Source FL DL		
									Phone ()		Occupation		
	DL Number, State A-260-113-79-140-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) ROCHESTER, NY		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			
JUVENILE	Name (Last) (First) (Middle)								Residence Phone ()				
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other												
	Address (Street, Apt. Number)		(City) (State) (Zip)						Business Phone ()				
	Notified by: (Name)		Date 10/16/2016		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated				
	Released To: (Name)		Relationship						Date		Time		
	The above address 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 (Phone 355-2526) informed of any change of address.								School Attended		Grade		
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								Value of Property				
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property										
	Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other		Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other B. Buy D. Deliver E. Use A. Amphetamine										
	N/A P. Possess T. Traffic												
Charge Description DOMESTIC BATTERY		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #						
Drug Activity N Drug Type N Amount / Unit 0		Offense # 16139626		Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Location (Court, Room Number, Address)								Date Signed 10/16/2016					
Court Date and Time Month Day Year Time		AM 10:00 PM											
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)													
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer X		Name of Arresting Officer (Print) JAMES ALISEO		ID # 19472		Name Verification (Printed by Arrestee) OCT 16 2016 4:52 (PRINT) SCANNED					
Witness here if subject signed with an "X" 10/16/2016		Transporting Officer ALISEO 19472 PDSO		Agency				PAGE 1 OF 1					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)													

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	1	Juvenile	N				
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 16139626												
	ChargeType: 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	Alias CHRISTOPHER	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									
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>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.)</p>															
<p>On 10/16/2016 at approximately 0055 hours I responded to [REDACTED] 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.</p> <p>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.</p> <p>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 ([REDACTED] , mother (Debra Acker) , mother in-law (Karen Kommeth) and father in-law (David Kommeth) . Christopher stated that [REDACTED] began to yell at his mother and she was very disrespectful to her. By the time Christopher got home, [REDACTED] had begun calling Debra a drunk and [REDACTED] pushed Debra. Christopher stated that he then had pushed [REDACTED] away from his mother because of his mother's age and to defend her.</p> <p>I then spoke with David Kommeth who had told me that Christopher was in an argument with [REDACTED] 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.</p> <p>I then spoke with [REDACTED] 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. [REDACTED] had minor injuries from the battery on her legs. [REDACTED] refused medical attention on scene. [REDACTED] stated that she has been married to Christopher for six years and have two children together.</p> <p>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).</p>															
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>JAMES ALISEO (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 16TH day of OCTOBER 20 16 by JAMES ALISEO 19472</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known</p> <p>D/S VASCONCELOS #23113</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>SCANNED</p> <p>OCT 17 2016</p>														
ADMINISTRATIVE	<p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p> <p>PBSO #0004 REV. 04/01</p> <p>PAGE 1 OF 1</p>														

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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: _____ Sex: ~

Address: _____

City: _____

Home: _____

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: Scanned

Printed name of person waiving notification: Scanned

Deputy's Name: JAMES ALISEO I.D.# 19472 Date: Oct 17 2016
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4198

**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 VICTIM PREGNANT- YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: SCANNED

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

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

RELATIVE/FRIEND ADDRESS: 38 KILLARNEY DR ROCHESTER NY 14616