

JKT 0490978

ARREST / NOTICE TO APPEAR

18mm 3511

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OBTS Number	Agency Name Jupiter Police Department			Agency Report Number (N.T.A.'s only) 5, 4 18-001696		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	<input checked="" type="checkbox"/>	
Agency ORI Number 0501700	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) 168 PROMENADE WAY				Location of Offense (Business Name, Address) 168 PROMENADE WAY, JUPITER, FL 33458							
Date of Arrest 03/25/2018	Time of Arrest 22:32	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) VIRGINIA, CHRISTOPHER											
Alias:											
Race W - White B - Black	Sex M	Date of Birth 06/30/1979	Height 5'09	Weight 175	Eye Color BLU BROWN	Hair Color BROWN	Complexion LIGHT	Build m			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion none	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 type="checkbox"/> Unk. <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 168 PROMENADE WAY, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (732) 216-7395	Residence Type: 1. City 3. Florida 2. County 4. Out of State		1	
Permanent Address (Street, Apt. Number) 168 PROMENADE WAY, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (732) 216-7395	Address Source Verbal			
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation Sales			
D/L Number, State		INS Number		Place of Birth (City, State) Staten Island		Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Name (Last, First, Middle)				Residence Phone							
Name (Last, First, Middle)				Business Phone							
Address (Street, Apt. Number)				Address (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 <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					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property					
Drug Activity S. Sell N. N/A P. Possess				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-SIMPLE (TOUCH OR STRIKE)				Statute Violation Number 784.03(1)		Violation of ORD # 1:29					
Drug Activity <input checked="" type="checkbox"/>	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond NONE			
Charge Description				Statute Violation Number		Violation of ORD #		Bond			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description				Statute Violation Number		Violation of ORD #		Bond			
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond
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		Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To			
Transported By				Date Transported	Time Transported	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)		Court Date and Time		No Photo Available			
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.				Date Signed							
Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer Vincent		Name Verification (Printed by Arrestee)					
HOLD for Other Agency				Name of Arresting Officer (Print) MARINUCCI, VINCENT		I.D. # 1009		PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy DS Thompson		Pouch #		Transporting Officer Marinucci	
I.D. #				I.D. # 371		Agency		Witness here if subject signed with an "X".			

MAR 26 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/25/2018 23:51	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 18-001696		
	Name (Last, First, Middle) VIRGINIA, CHRISTOPHER				Alias	Race W	Sex M
D E M O G R A P H I C	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)						
	Victim's Name (Last, First, Middle) CIAVATTONI, RACHEL ANNE				Race W	Sex F	Date of Birth 09/12/1980
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 168 PROMENADE WAY, JUPITER, FL 33458			Phone (310) 709-5981		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):
UPSET

RELATIONSHIP BETWEEN VICTIM & SUSPECT
HUSBAND/WIFE

PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
	Victim:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: VICTIM
WEAPON USED:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	TYPE: HANDS/FEET
WITNESSES:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
AT:	Scene:	<input type="checkbox"/>		<input type="checkbox"/>	PARAMEDICS:
	Hospital:	<input type="checkbox"/>		<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>		<input checked="" 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 type="checkbox"/>		<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	

On 03/25/18, I was dispatched to 168 Promenade Way Jupiter, Palm Beach County, in reference to a disturbance between a husband and wife. Upon arrival, I could clearly hear a male's voice screaming from the back alleyway of the residence. When I walked around back I observed a W/M later identified as, Christopher Virginia (06/30/79) banging on the back door with his fists yelling, "Open the door, bitch." After making contact with

STATE OF FLORIDA
COUNTY OF PALM BEACH
Appeared before me, 371 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Kushman 371
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 25 day of March, 2018.

[Signature]
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	Date / Time 03/25/2018 23:51	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 18-001696
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Virginia it was apparent he was highly intoxicated. When I questioned him what he was doing nothing he replied made any sense. I then made contact with the female caller, W/F Rachel Anne Ciavattone (09/12/80) who stated they have been verbally fighting all day but, it got worse then Virginia started consuming wine and other alcoholic beverages. According to Ciavattone, it became physical when Virginia grabbed her purse and she attempted to get it back. A struggle ensued, which lead to Virginia shoving and kicking Ciavattone in the right shoulder. After retrieving her purse, Ciavattone ran outside to the pool area to get away from Virginia. Virginia followed her outside and began throwing the patio furniture in the pool. It was at that time, Ciavattone ran back inside and locked Virginia outside. I did not observe any red marks or bruising on Ciavattone, which is why no photographs were taken. Ciavattone did complain about pain in her left wrist and right shoulder. Ciavattone refused medical attention on scene. Prior to my departure, Ciavattone was provided with a Domestic Violence Notice of Legal Rights and Remedies

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, 371 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Kutman 371
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 25 day of March, 2018.

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

SCANNED
MAR 26 2018

VICTIM NOTIFICATION FORM

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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 18-1696 Agency: Jupiter PD
Offense: Domestic Simple Battery
Suspect/Offender: Christopher Virginia
D.O.B. 6/30/79 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Rachel A Ciavattone D.O.B. 9/12/80 Race: W Sex: F
Address: 168 Promenade Way
City: Jupiter State: FL Zip: 33458
Home #: 310.709.5981 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: None
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:** 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: Vincent Marinucci I.D. # 371 Date: 3/25/18

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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