

# 0255114 PMA10728

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		J Juvenile N	
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-052390			
Charge Type: Check as many as Apply.		<input checked="" 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 Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 720 E. Boynton Beach Blvd #106 FL		Location of Offense (Business Name, Address) 720 E. Boynton Beach Blvd, #106, Boynton Beach, FL							
Date of Arrest 09/30/2019		Time of Arrest 18:22		Booking Date		Booking Time		Jail Date Jail Time Location of Vehicle	
Name (Last, First, Middle) W/M Folsom, Michael Thomas		Aliases (Name, DOB, Soc. Sec. #, Etc)							
W - White B - Black		I - American Indian O - Oriental / Asian		Race W M		Sex M		Date of Birth 12/29/1976	
Height 6'00		Weight 160		Eye Color Brown		Hair Color Brown		Complexion Fair	
Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 720 E. Boynton Beach Blvd, #106, Boynton Beach, FL 33435		(City)		(State)		(Zip)		Phone (561)441-4323	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)		(State)		(Zip)		Residence Type 1. City 3. Florida 2. County 4. Out of State	
Business Address (Street, Apt. Number) South County Mental Health, 16158 S. Military Tr, Delray Beach, FL 33484		(City)		(State)		(Zip)		Phone (561)495-0522	
Occupation Facilities Manager		DL Number, State F425-558-76-469-0, FLORIDA		Sex, Soc. Sec. Number		INS Number		Place of Birth FLORIDA	
Citizenship U.S. Citizen		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
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 Legal Custodian Other		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number) 1 - No Bond		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		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 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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade					
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic	
U. Unknown Z. Other		Charge Description BATTERY (DATING VIOLENCE)		Counts 1M		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1)(a)(2)	
Violation of ORD#		Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-052390	
Warrant/Capias Number		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Bond		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Violation of ORD#		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Violation of ORD#		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Violation of ORD#		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444					
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time		Month		Day		Year	
Time		A.M.		P.M.		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)		Date Signed		Signature of Arresting Officer		Name of Arresting Officer (Print) DFG J. Rafferty 865		I.D. #	
Name		Name Verification (Printed by Arrestee) (PRINT)		Name of Arresting Officer (Print) DFG J. Rafferty 865		I.D. #		BU# 114178	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy I.D. #		Transcription Officer I.D. #		Agency	
Witness here is subject Signed with an "X".		Page 1 OF 1							

D/S B. SHATARA #7623

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SEP 21 2019

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**

On the 17th day of SEPTEMBER 2019 at 0645  
Subject: W/M Folsom, Michael Thomas DOB: 12/29/1976 Case #: 19-052390  
Charge Description: BATTERY (DATING VIOLENCE) Statute #: 784.03(1)(a)(2)  
Victim: MARSY'S LAW SIGNED DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Personal Contact: \_\_\_\_\_

**Narrative:**

On the above date/time, VICTIM 1 presented within the Emergency Department at Bethesda Hospital West, 9655 W. Boynton Beach Blvd, Boynton Beach, Palm Beach County, Florida with a chief complaint of head trauma sustained as a result of a physical altercation between VICTIM 1 and [REDACTED] DEFENDANT Michael FOLSOM. VICTIM 1 was subsequently evaluated/treated by attending physician Jonathan Winograd, D.O. and later discharged.

At approximately 0658 hours, I proceeded to Bethesda Hospital West where I met with VICTIM 1. At that time I procured a digitally recorded sworn statement from VICTIM 1 who provided the following details:  
On or about 07/04/19, VICTIM 1 [REDACTED]

[REDACTED] with DEF FOLSOM whom she had previously met at her [REDACTED]. Over the course [REDACTED] VICTIM 1 described DEF FOLSOM as being increasingly physically violent towards her. Per VICTIM 1, DEF FOLSOM would consume copious amounts of alcohol during the evening hours which would lead him to become both physically and verbally abusive. VICTIM 1 described DEF FOLSOM as being jealous and suspicious of VICTIM 1's [REDACTED] advising he would routinely examine her cell phone in an effort to ascertain who she has been interacting with.

At approximately 2345 hours, VICTIM 1 received a text message from a platonic friend which was observed by DEF FOLSOM. According to VICTIM 1, DEF FOLSOM became jealous and angry and subsequently engaged her in a physical confrontation which lead to VICTIM 1 having sustained multiple contusions upon her extremities (arms/legs), chest, back, neck, face and buttocks. According to VICTIM 1, she had sustained the various contusion injuries over the course of several weeks, all inflicted by DEF FOLSOM. It should be noted, multiple gouge type injuries were noted upon VICTIM 1's neck which the VICTIM described as having been inflicted by DEF FOLSOM earlier this date when he grabbed her by the neck while she was attempting to leave the residence.

VICTIM 1 indicated she made several attempts to depart the residence between the hours of 2345 on 09/16/19 and 0420 hours this date but was intercepted each time by DEF FOLSOM who would physical restrain her. VICTIM 1 advised at approximately 0420 hours, DEF FOLSOM demanded she leave at which time she proceeded to gather some belongings to include a duffie bag which VICTIM 1 advised DEF FOLSOM used to wrap the strap around her neck. VICTIM 1 went on to advise DEF FOLSOM proceeded to throw items at her before allowing her to leave.

VICTIM 1 was ultimately allowed to leave the residence at which time she fled the area in her vehicle and proceeded directly to Bethesda Hospital West to seek medical treatment for her injuries. Several photographs of VICTIM 1's injuries were procured and TOT BBPD Evidence Division.

Based on the above facts, probable cause exists to charge DEFENDANT MICHAEL FOLSOM with 1M count BATTERY/CAUSE BODILY HARM (DATING VIOLENCE) pursuant to F.S.S. 784.03(1)(a)(2).

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Defendant's Statement: None

Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Multiple contusions on victim's head, neck, chest, back, arms, legs, buttocks. Gouge marks on victim's neck

Relationship Between Victim and Suspect:

Victim is [REDACTED]

NOT A CERTIFIED COPY

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Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: \_\_\_\_\_  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): Dr. Jonathan Winograd, D.O.  
 Hospital: Bethesda Hospital West

Act Committed In Presence Of Minor(s):  Yes  No

Name: \_\_\_\_\_ Age: 5

Name: \_\_\_\_\_ Age: \_\_\_\_\_

F.D.C.F. Notified:  Yes  No

Victim Pregnant:  Yes  No

Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_

Prior History Of Domestic Violence:  Yes  No

Alcohol Or Drugs Involved:  Yes  No  Unknown

### Victim Contact Information:

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

State Of Florida  
County Of Palm Beach

Appeared before me, DFG J. Raftery 865, (print name) 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 me before this 17th day of SEPT, 2019

\_\_\_\_\_  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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SEP 21 2019

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

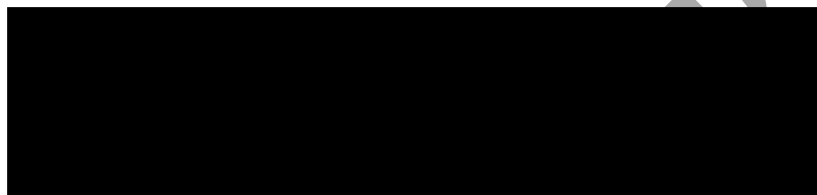
- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. Stalking* or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 19-052390 Agency: Boynton Beach Police Department  
Offense: BATTERY (DATING VIOLENCE)  
Suspect/Offender: W/M Folsom, Michael Thomas  
DOB: 12/29/1976 Race: W Sex: M

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

3. A.



B. Victim's Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ 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):  
\_\_\_\_\_

**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 Victim: \_\_\_\_\_

Printed Name of Victim: \_\_\_\_\_

Officer's Name: DFG J. Raftery 865 I.D.# \_\_\_\_\_ Date: 09/18/2019

SUSPECT/OFFENDER: W/M Folsom, Michael Thomas  
COURT CASE/ WARRANT #: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)

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SEP 21 2019



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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: 2019030789	Date: 09/21/2019
	Specialist Name/ID: AM/31562

**BANNED**  
 SEP 21 2019