

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N												
ADMINISTRATION	OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-7617															
	Charge Type: Check as many as Apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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) 2202 N Congress Ave Boynton Beach FL 33426					Location of Offense (Business Name, Address) 3801 Quantum Blvd #109 Boynton Beach FL 33426																
DEFENDANT	Date of Arrest 02/16/2021		Time of Arrest 1920		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) Fernandez, Christian						Alias (Name, DOB, Soc. Sec. #, Etc)															
	W - White I - American Indian B - Black O - Oriental / Asian		Race W		Sex M		Date of Birth 01/23/1991		Height 506		Weight 170		Eye Color brown		Hair Color brown		Complexion light brow		Build med			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone () -		Residence Type 1. City 3. Florida 2. County 4. Out of State									
	Permanent Address (Street, Apt. Number) 15045 Michaelangelo Blvd #206 Delray Beach FL 33446				(City)		(State)		(Zip)		Phone (561)704-1886		Address Source FL DL									
	Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone () -		Occupation									
	[REDACTED]						INS Number		Place of Birth New York		Citizenship USA											
	CO-DEF	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor										
		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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor										
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		Residence Phone															
	Address (Street, Apt. Number)				(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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade											
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
	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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description Sexual Battery				Counts 1(f)		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 794.011(5)(b)		Violation of ORD#											
	Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-7617		Warrant/Capias Number		Bond											
	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		Bond											
	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		Bond											
	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		Bond											
NOTICE TO APPEAR	<input 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 instruction on reverse side.				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																	
					Court Date and Time Month Day Year Time		<input type="checkbox"/> A.M. <input type="checkbox"/> 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																
ADMIN.	HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		I.D. #		Name of Arresting Officer (Print) Det. B Joseph		I.D. # 836		BU#		Page 1 OF 1											
	Intake Deputy I.D. #		Pouch #		Transporting Officer I.D. #		Agency		Witness here is subject Signed with an "X".													

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency/ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-7617				
Charge Type Check all that Apply		Special Notes						
<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other				
Name (Last, First, Middle) Fernandez, Christian				Alias	Race W	Sex M	Date of Birth 01/23/1991	
Charge Description Sexual Battery				Charge Description				
Victim's Name (Last, First, Middle)				Race W	Sex F	Date of Birth		
Local Address (Street, Apt Number)				(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation
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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The 10 Day Of February 20 21 At 0600 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

Marsy's Law signed



Officers made contact with Victim who advised that she had been raped by [REDACTED] Christian Fernandez. Victim provided a sworn statement in which she and Christian were at her residence when she suddenly became tired going to her room to sleep leaving Christian to sleep on the couch in her living room. Victim stated that approximately an hour later she awoke with Christian in her bed touching her in a sexual manner and she repeatedly told him No and to stop. Christian then continued against Victim's consent touching her throughout her body ultimately penetrating her vagina with his penis. Victim advised that upon Christian finishing having sex with her and falling asleep she fled the residence.

On 02/16/2021 a police directed controlled phone call was conducted between Victim and Christian with Christian acknowledging Victim had said No to his sexual advances, he still had sex with her and apologized to Victim for his actions.

On 02/16/2021 I then placed Christian under arrest in reference the Sexual Battery of Victim.

In a post Miranda sworn statement Christian confirmed that Victim had not consented to his sexual advances and the sex he had with her. Christian confirmed that Victim had said No multiple times but he continued to have sex with her against her will. Based on the totality of events Christian Fernandez is being charged with Sexual Battery pursuant to FSS 794.011(5)(b). Christian was transported to PBCJ.

The foregoing instrument was sworn to or affirmed and subscribed before me

 _____ Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 02/16/2021 Date	 _____ Det. B Joseph (Print name of Arresting/Investigative Officer) 02/16/2021 Date
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