

0518385

NK 20CF7299MB 3644

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
2. N.T.A. 4. Request for Capias
5. Juvenile Referral

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2020-010029	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized		Multiple Clearance Indicator
Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address) 100 NW 2N AVE 5540 N MILITARY TRL, BOCA RATON, FL 33487					Enter Type Hands, Feet, Fist, Teeth
Date of Arrest 09/05/2020	Time of Arrest 17:05	Booking Date 09/05/2020	Booking Time 17:15	Jail Date 09/05/2020	Jail Time 17:15	Location of Vehicle N/A
Name (Last, First, Middle) SILVER, EVAN MICHAEL						
Alias: SILVER, EVAN MICHAEL						
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 02/17/1984	Height 5'11	Weight 225	Eye Color BLUE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status U	Religion JEWISH	Hair Color BROWN	Complexion MEDIUM	Build Large
Local Address (Street, Apt. Number) 7351 KINGHURST DR 208, DELRAY BEACH, FL 33446		(City)	(State)	(Zip)	Phone (732) 856-0152	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 7351 KINGHURST DR 208, DELRAY BEACH, FL 33446		(City)	(State)	(Zip)	Phone (732) 856-0152	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2
Business Address (Name, Street) FRESH MART, 5540 N MILITARY TRL		(City)	(State)	(Zip)	Phone (561) 994-9581	Address Source FL DL
D/L Number, State S416213840570 / FL		Sec. Sec. Number	DNS Number	Place of Birth (City, State) NEW BRUNSWICK, NJ		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				Business Phone
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Address (Street, Apt. Number)				(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		
<input type="checkbox"/> Yes, by:		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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 ASSAULT/BATTERY ON ELDERL		Statute Violation Number 784.08(2C)		Violation of ORD # None		Bond
Drug Activity	Drug Type N	Amount / Unit	Offense # 26-010029	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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
Charge Description		Statute Violation Number		Violation of ORD #		Bond
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		PROPERTY - Received By SUPER #845		Released By SUPER #845
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		Released To COUNTY JAIL
Transported By		Date Transported	Time Transported	Other		
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed SEP 06 2020		Name of Verifying Officer (by Arrestee)
Held for Other Agency		Signature of Arresting Officer RUTE, E.		Name of Verifying Officer (Print) RUTE, E.		I.D.# 641
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Agency BOCA		Page 1 OF 1
Intake Date		Pouch #	Transporting Officer RUTE, E.	I.D.# A29	Witness here if subject signed with an "X".	

Desiderato

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-010029	
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				Special Notes:		

Name (Last, First, Middle) SILVER, EVAN MICHAEL				Alias	Race W	Sex M	Date of Birth 02/17/1984
Charge Description 784.08(2C). BATTERY ON PERSON 65 YOA OR OLDER				Charge Description			

Victim's Name (Last, First, Middle) GINSBERG, JEROME STEPHAN				Race W	Sex M	Date of Birth 01/23/1946
Local Address (Street, Apt. Number) 5288 VENTURA DR, DELRAY BEACH, FL 33484		(City)	(State)	(Zip)	Phone (561) 699-3848	Address Source VICTIM
Business Address (Name, Street) RETIRED				(City)	(State)	(Zip)

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 . . .

committed the below acts in my presence.

confessed to OFC RUTE #641 admitting to the below facts.

was observed by WIT SERLINE PAUL who told OFC RUTE 641 that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of September, 2020 at 16:52 (Specifically include facts constituting cause for arrest.)

On 9/5/2020 at 1502 hours I responded to Fresh Mart located at 5540 North Military Trail in reference to a battery that just occurred. Upon arrival I met with the victim Jerome Ginsberg (DOB 1/23/46).

According to Ginsberg while at the register checking out, he made a comment that upset the cashier. The cashier followed Ginsberg out of the store and exchanged words. Ginsberg then stated that the cashier approached him in an aggressive manner and with two hands shoved Ginsberg in the upper chest area causing him to fall back onto his left side. Ginsberg suffered injury to his left side hip area. The battery was witnessed by coworker Serline Paul (dob 6/24/77). Ginsberg is 77 years of age at the time of the battery.

Witness, Paul, advised that she heard yelling and attempted to get between Evan (cashier) and the customer, but Evan approached the customer and pushed him down. Paul then advised Evan yelled that he quit and left the area prior to police arrival.

I then made contact with the cashier who identified himself as Evan Silver and spoke with him over the phone. Evan stated that he did in fact push the customer after the customer made derogatory comments about him and his parents. Evan agreed to respond to the police department and turn himself in.

Evan responded to the Police department and was taken into custody for battery on a person over 65 years of age in violation of FSS 784.08(2c). Evan was transported to the Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME		
GREEN, KENNETH JOHN	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>09/05/2020</u>	DATE	RUTE, ERIC (641)
		NAME OF OFFICER (PLEASE PRINT)
		<u>09/05/2020</u>
		DATE

SCANNED
SEP 06 2020



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/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: 2020021071	Date: 09/06/2020
	Specialist Name/ID: AM/31562

SCANNED
SEP 06 2020