05686662 26CF4474 3969

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 | N

ADMINISTRATION

OBTS Number

Agency ORI Number: FL0500300

Agency Name: BOYNTON BEACH POLICE DEPT.

Agency Report Number: 34-26 -046762

Charge Type: Check as many as Apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
6/15/2026	00:18					

DEFENDANT

Name (Last, First, Middle): Gibson, Shaun, Anthony

Alias (Name, DOB, Soc. Sec. #, Etc)

Race (W - White, B - Black, I - American Indian, O - Oriental / Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/13/1974	5'5"	170	Blue	Blonde	Fair	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single

Religion: Catholic

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk.; Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
2560 SW 10th Cir	Boynton Beach	FL	33426	(561) 699-0735	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Occupation
					Driver/Engineer FD

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
G351543870000, FL	[redacted]		Newport, RI	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
				☐ ☐ ☐ ☐ ☐
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
				☐ ☐ ☐ ☐ ☐

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle): (11 ND Bond

Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/Released within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

NOTIFICATION REQUIRED

The above address was provided by ☐ defendant and/or ☐ 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: ☐ Yes, By: (Name) ☐ No. (Reason)

School Attended Grade

Property Crime? Yes ☐ No ☐ Description of Property Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
Child Abuse	1	☒ Yes ☐ No	827.03(2C)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	26-046762		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-				

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court

☐ 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 ☐ 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 I 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.

FILED BY BOYNTON BEACH GUN CLUB-- JUN 15 AM 7:27

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: 1152

Name of Arresting Officer (Print): M. Hernandez I.D. # 1152

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: O'Neal I.D. # Pouch #

Transporting Officer: M. Hernandez I.D. # 1152 Agency BBPD

Witness here is subject Signed with an "X".

Page 1 OF 1

NOT A CERTIFIED COPY

SCANNED JUN 15 2026

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 14th day of June 2026 at 2236 hours

Subject: Gibson, Shaun, Anthony DOB: 01/13/1974 Case #: 34-26 -046762

Charge Description: Child Abuse

Charge Description: Statute #: 837.03(2C)

Victim: [redacted]

Local Add

Personal

Defendant's Statement: - Victim's Statement: -

Observation Of Victim (Physical and Emotional):

Mild injuries and sad

Relationship Between Victim and Suspect:

[redacted]

Narrative:

On 6/14/26, at approximately 2236 hours, I responded to 1475 SW 8th St, Boynton Beach, Palm Beach County, FL 33426 (Cracker Barrel), in reference to a delayed domestic dispute between [redacted], advised that an hour ago, [redacted] Shaun Gibson, and [redacted] had gotten into a physical altercation at Shaun's residence. [redacted] stated that [redacted] was no longer at Shaun's residence and wanted to meet officers at Cracker Barrel to report the incident.

Upon arrival, I spoke with [redacted] separate from [redacted] to which she advised that he had texted her some pictures of injuries sustained from the altercation with Shaun. [redacted] had left to hang out with a friend after the altercation and so [redacted] went and picked him up and drove him to the cracker barrel to speak with us. [redacted] then provided the pictures [redacted] had sent to her in which injuries and dried blood could be seen on [redacted] face.

I then spoke with [redacted] who provided a sworn recorded statement which is as follows: [redacted] advised that Shaun had been upset with him for not cleaning his room and began to verbally scold him. [redacted] stated that he may have raised his voice back at Shaun during the scolding which angered him. Shaun then proceeded to grab [redacted] and get him into a "headlock". [redacted] advised that while in the "headlock", he began to struggle against Shaun and the two ended up wrestling atop of [redacted] bed. [redacted] stated that he felt somewhat smothered between Shaun and the bed while within the "headlock", but could breathe throughtout the altercation and never felt as if he couldn't breathe. [redacted] stated that after the altercation concluded, he left the residence as he did not wish to stay at the house.

I observed multiple cuts and scratches on [redacted] including a small scratch on his right eyebrow, a cut on the inside of his upper lip, a small scratch on the left side of his neck, along with red discoloration on the left and right side of his neck indicative of a "headlock".

I later traveled to [redacted] within the city, in order to speak with Shaun. Upon arrival, I met with Shaun who advised of an account identical to [redacted] however, Shaun stated that as he went to confiscate [redacted] phone, [redacted] had kicked him in the stomach which is why he then put him into a "headlock". Shaun stated that he was also wearing a thick watch during the incident which may have inadvertantly scratched [redacted]

Based on the above stated facts, Probable Cause exists to charge and arrest Shaun for Child Abuse Pursuant to F.S.S. 837.03(2C). Shaun was later transferred over to the PBCJ.

FOR CERTIFIED COPY

Photographs: Scene: ☐ Yes ☒ No

Victim: ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: [redacted]

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): _____

Hospital: Bethesda East

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

Name: [redacted] Age: [redacted]

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: [redacted] Work: _____

Employer: _____

Relative Name: [redacted]

Address:

City/State:

State Of Florida
County Of Palm Beach
Appeared before me, M. Hernandez , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

M Hernandez 1152

Signature Of Arresting Officer

Sworn to and subscribed to me before this 15th day of June

Notary/Clerk Of Court/Officer (F.S.S. 117.10)

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

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

-Homicide (Ch.782) ***-Sexual Offense(Ch.794)***
-Attempted Murder ***-Attempted Sexual Offense***
-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)*

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

1. Incident Report# 34 - 26 - 046762 Agency: **Boynton Beach Police Department**
   Offense: Child Abuse
   Offense: _____
   Suspect/Offender: Gibson, Shaun, Anthony
   D.O.B.: 01/13/1974 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:

   [redacted]

   Address: _____
   City: _____ State: _____ ZIP: _____
   Home phone #: _____ Work Phone #: _____ Other: _____

   c. Victim's designated contact other than next of kin: (for example friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ ZIP: _____
   Home phone #: _____ Work Phone #: _____ 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: [redacted]
Officers Name: M. Hernandez I.D.#: 1152 Date: 6/15/2026

SUSPECT/ OFFENDER: Gibson, Shaun, Anthony
COURT CASE/ WARRANT #: (FOR WARRANTS USE ONLY)

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	*(iii)* 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	*(xiii)* 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐	817.568	Criminal use of personal identification information. (INMATE PIN NUMBERS)	
	☐	1-6415.107 (1)	ELDERLY NEGLECT ABUSE	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2026015842	**Date:** 6/15/2026
	Specialist Name/ID#: MTooks #8557