

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		1		JUVENILE	
OBTS Number 0500200		Agency Name Boca Raton Police Department		2. N.T.A.		4. Request for Capias					
Agency ORI Number 0500200		Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony Check as many as apply.		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Agency Report Number (N.T.A.'s only) 3 1 2 2017-007810		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator N	
Location of Arrest (Including Name of Business) 550 S OCEAN BLVD				Location of Offense (Business Name, Address) 550 S OCEAN BLVD, BOCA RATON, FL 33432							
Date of Arrest 05/30/2017		Time of Arrest 11:46		Booking Date 05/30/2017		Booking Time 12:12		Jail Date		Jail Time	
Location of Vehicle N/A											
Name (Last, First, Middle) SHAW, ERIC HARRY											
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		Sex W - M		Date of Birth 10/13/1943		Height 5'11		Weight 155		Eye Color BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status S		Hair Color GRAY	
Complexion LIGHT		Build / 211 lbs									
Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk.		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk.									
Local Address (Street, Apt. Number) 500 S OCEAN BLVD 2105, BOCA RATON, FL 33432		(City) _____		(State) _____		(Zip) _____		Phone (561) 338-5151		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 500 S OCEAN BLVD 2105, BOCA RATON, FL 33432		(City) _____		(State) _____		(Zip) _____		Phone (561) 338-5151		Address Source DEFENDANT	
Business Address (Name, Street) FAU,		(City) _____		(State) _____		(Zip) _____		Phone		Occupation	
D/L Number, State S000208433730 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) NEW YORK, NY		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		Residence Phone	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		Business Phone	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) _____									
Address (Street, Apt. Number) [REDACTED]		(City) _____		(State) _____		(Zip) _____				Residence Phone	
Notified by: (Name) [REDACTED]						Date _____		Time _____		JUVENILE DISPOSITION	
Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date _____		Time _____				1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
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: <input type="checkbox"/> No:		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. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A		B. Barbiturate C. Cocaine A. Amphetamine		H. Hallucinogen M. Marijuana E. Heroin		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description ASSAULT/BATTERY ON ELDERL											
Statute Violation Number 784.08(2C)											
Violation of ORD # [Signature]											
Bond											
Charge Description											
Statute Violation Number											
Violation of ORD #											
Bond											
Charge Description											
Statute Violation Number											
Violation of ORD #											
Bond											
Health / Apparent Physical Condition of Defendant GOOD											
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"/> 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		PROPERTY - Received By KRIGGER		Released By KRIGGER		Released To ERIC SHAW	
Transported By [REDACTED]						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							
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian)											
Date Signed 2017 MAY 3											
HOLD for Other Agency				Signature of Arresting Officer KRIGGER, ROHALIO E.				Name Verification (Printed by Arrestee) [Signature]			
ADM IN		Dangerous Suicidal		Resisted Arrest Other		Name of Arresting Officer (Print) KRIGGER, ROHALIO E.		ID # 474		(PRINT)	
Intake Display		I.D. # Demerson		Pouch #		Transporting Officer MCRALAIN		Agency BOCA		PAGE 1 OF 1	
Witness here if subject signed with an 'X'.											

May 30 PM 2:04

A D M I N I T	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1	1	JUVENILE
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-007810	1	1	1	1
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:				
D E F	Name (Last, First, Middle) SHAW, ERIC HARRY	Alias	Race W	Sex M	Date of Birth 10/13/1943		
C H A R G E S	Charge Description 784.08(2C) ASSAULT/BATTERY ON ELDERL	Charge Description					
	Charge Description	Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) SMALL, DAVID BENJAMIN			Race W	Sex M	Date of Birth 12/19/1947	
	Local Address (Street, Apt. Number) 550 S OCEAN BLVD PH8, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (914) 498-0800	Address Source	
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation		
The undersigned certifies and swears that he/she has just and resonable 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"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.							
On the <u>30</u> day of <u>May</u> <u>2017</u> at <u>10:46</u> (Specifically include facts constituting cause for arrest.)							
Eric Shaw did commit the offense of battery on a person over the age of 65 when he actually and intentionally grabbed David Small by the upper arms and shook him. This unwanted contact did leave Small with abrasions to his right bicep area. Physical contact was made a second time by Shaw in an unknown manner causing an abrasion to Small's face above the bridge of his nose. Eric Shaw is familiar with David Small as both are Board Members on the same Condominium Association Board. Shaw is aware that Small is over the age of 65. The incident was witnessed by two office workers of the Condominium Association.							
This incident occurred because of a dispute over the right to see and photocopy legal paperwork of the Condominium Association Eric Shaw and David Small are both members of, Eric Shaw did grab David Small by the upper arms and shake him causing abrasions to the right arm of David Small. Eric Shaw made physical contact with David Small a second time causing an abrasion on the face above the bridge of the nose.							
NOT A CUSTODY FORM							
SWORN AND SUBSCRIBED BEFORE ME  CONNARD, KEVIN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/30/2017</u> DATE							
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  KRIGGER, ROHALIO E (474) NAME OF OFFICER (PLEASE PRINT) <u>05/30/2017</u> DATE							
ADMINISTRATIVE		PAGE		1 of 1			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.