

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2017-007810</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE												
D E F E N D A N T	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 <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator <b>N</b>																	
	Location of Arrest (Including Name of Business) <b>550 S OCEAN BLVD</b>					Location of Offense (Business Name, Address) <b>550 S OCEAN BLVD, BOCA RATON, FL 33432</b>																
	Date of Arrest <b>05/30/2017</b>		Time of Arrest <b>11:46</b>		Booking Date <b>05/30/2017</b>		Booking Time <b>12:12</b>		Jail Date		Jail Time		Location of Vehicle <b>N/A</b>									
	Name (Last, First, Middle) <b>SHAW, ERIC HARRY</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
C O D E D	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>10/13/1943</b>		Height <b>5'11</b>		Weight <b>155</b>		Eye Color <b>BROWN</b>		Hair Color <b>GRAY</b>		Complexion <b>LIGHT</b>		Build <b>Slim</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>500 S OCEAN BLVD 2105, BOCA RATON, FL 33432</b>										Phone <b>(561) 338-5151</b>				Residence Type: 1. City 3. Florida 2. County 4. Out of State							
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>500 S OCEAN BLVD 2105, BOCA RATON, FL 33432</b>										Phone <b>(561) 338-5151</b>				Address Source <b>DEFENDANT</b>							
J U V E N I L E	Business Address (Name, Street) (City) (State) (Zip) <b>FAU,</b>										Phone				Occupation							
	D/L Number, State <b>S000208433730 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW YORK, NY</b>				Citizenship <b>US</b>											
	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					
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian										Residence Phone											
	Address (Street, Apt. Number) (City) (State) (Zip)										Business Phone											
	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									
I N T A K E	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. <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. Disperse/ 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 <b>ASSAULT/BATTERY ON ELDERL</b>										Statute Violation Number <b>784.08(2C)</b>				Violation of ORD #							
	Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-007810</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number									
N O T I C E T O A P P E A R	Charge Description										Statute Violation Number				Violation of ORD #							
	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 #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number									
S I G N A T U R E	Health / Apparent Physical Condition of Defendant <b>GOOD</b>										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"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By <b>KRIGGER</b>				Released By <b>KRIGGER</b>				Released To <b>ERIC SHAW</b>			
	Transported By										Date Transported <b>// : :</b>		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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				Court Date and Time							
S I G N A T U R E	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.										2017 MAY 31 AM 5:33											
	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed											
	HOLD for Other Agency										Signature of Arresting Officer <b>KRIGGER, ROHALIO E.</b>				Name Verification (Printed by Arrestee) (PRINT)							
	<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Facility ID #		Pouch #		Transporting Officer <b>MCERLAIN</b>		ID # <b>665</b>		Agency <b>BOCA</b>		Witness here if subject signed with an "X".							


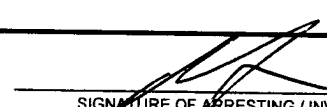
MAY 30 PM 2:04

# PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-007810</b>	
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	
Name (Last, First, Middle) <b>SHAW, ERIC HARRY</b>						Race <b>W</b>
						Sex <b>M</b>
						Date of Birth <b>10/13/1943</b>
Charge Description <b>784.08(2C) ASSAULT/BATTERY ON ELDERL</b>			Charge Description			
Charge Description			Charge Description			
Victim's Name (Last, First, Middle) <b>SMALL, DAVID BENJAMIN</b>						Race <b>W</b>
						Sex <b>M</b>
						Date of Birth <b>12/19/1947</b>
Local Address (Street, Apt. Number) <b>550 S OCEAN BLVD PH8, BOCA RATON, FL 33432</b>			(City)		(State)	(Zip)
			Phone <b>(914) 498-0800</b>		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"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>30</b> day of <b>May</b> , <b>2017</b> at <b>10:46</b> (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.						
SWORN AND SUBSCRIBED BEFORE ME  <b>CONNARD, KEVIN T.</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <b>05/30/2017</b> DATE						
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>KRIGGER, ROHALIO E (474)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/30/2017</b> DATE						
						PAGE <b>1 OF 1</b>

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.