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OBT'S Number		ARREST / NOTICE TO APPEAR			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
Agency (ORI) Number 0500700		Agency Name Riviera Beach Police Department			Agency Report Number (N.T.A.'s only) 8, 4 24-01711						
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: UNARMED			Multiple Clearance Indicator 2		
Date of Arrest 03/14/2024		Time of Arrest 13:56		Booking Date		Booking Time		Jail Date		Location of Vehicle	
Name (Last, First, Middle): DAVIS, SHANAE D											
Alias: _____											
Race W - White A - American Indian B - Black O - Oriental/Asian B		Sex F		Date of Birth 08/17/1984		Height 5'07		Weight 145		Eye Color BROWN	
Hair Color BLACK		Complexion MEDIUM		Build SMALL		Marital Status S		Religion NONE		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"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ART RIGH ARM / TATTOOS ON RIGHT ARM						Local Address (Street, Apt. Number) 833 MILLBRAE CT 4, WEST PALM BEACH, FL 33401		Phone (561) 255-5921		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 833 MILLBRAE CT 4, WEST PALM BEACH, FL 33401						Phone (561) 255-5921		Address Source DEF			
Business Address (Name, Street) D/L Number, State D120784847970 / FL		City [REDACTED]		State [REDACTED]		Zip [REDACTED]		Place of Birth (City, State) W. PALM BEACH, FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Uber <input type="checkbox"/> Other		Name (Last, First, Middle)		Address (Street, Apt. Number)		City		State	
Address (Street, Apt. Number)		City		State		Zip		Business Phone		Residence Phone	
Notified by (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		Relationship		Date	
Released To (Name)		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	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opiate/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		L. Unknown Z. Other			
Charge Description WEAPON - ALLOW MINOR TO OBTAIN FIREARM AND TAKE TO SCHOOL		Statute Violation Number 790.115(2)(C)(2)		Violation of ORD # NONE		Drug Activity		Drug Type		Amount / Unit	
Offense # 24-01711		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
Charge Description CHILD NEGLECT		Statute Violation Number 827.03(2)(D)		Violation of ORD # NONE		Drug Activity		Drug Type		Amount / Unit	
Offense # 24-01711		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit	
Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant		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		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	
<input type="checkbox"/> Released Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other		Released To		ED PER - GUN CLUB 24 MAR 15 14:34	
<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)		Court Date and Time		No Photo Available		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
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 Arresting Officer (Print) HUNTER, B.		I.D. # 7130		Name Verification (Printed by Arrestee)		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		PAGE 1 OF 1	
Signature of Arresting Officer (Print) HUNTER, B.		I.D. # 7130		Name Verification (Printed by Arrestee)		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> E.T.O. <input type="checkbox"/> DEFENDANT		<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> E.T.O. <input type="checkbox"/> DEFENDANT	

SCANNED
MAR 15 2024

Victim Information Confidential Per Marsy's Law
PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department	Agency Report Number 8 4 24-01711
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" 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) DAVIS, SHANAE D	Alias	Race B	Sex F	Date of Birth 08/17/1984
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C H A R G E S	Charge Description 827.03(2)(D) CHILD NEGLECT	Charge Description 790.115(2)(C)(2) WEAPON - ALLOW MINOR TO OBTAIN FI
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V I C T I M	Victim's Name (Last, First, Middle)	Race	Sex	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 ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **14** day of **March**, **2024** at **14:02** (Specifically include facts constituting cause for arrest.)

VICTIM INFORMATION CONFIDENTIAL PER MARSY'S LAW

On March 14, 2024 at approximately 1156 hours, Officer Hunter was dispatched to _____ in reference to Lost Found Property.

Let the record state that Riviera Beach Dispatcher received a call from _____ who is a Teacher at _____ daycare who advised that she just found a gun inside of one of the children lunch box.

Upon arrival, Officer Hunter made contact with _____ who advised that she gave the gun back to Davis.

Officer Hunter made contact with Davis, Shanae (08/17/1984 b/f) who advised that the gun was inside of her glove compartment.

Let the record state that Officer Hunter collected the black and gray Glock 43 (9MM) serial number ACTZ287 from Davis' glove compartment.

Davis advised that she normally leaves her gun inside of her glove box however, there have been break ins at her apartment complex, so lately she has been taking the weapon out of the car.

Davis advised that this morning when she was getting _____ ready for school, she placed her gun inside of _____ lunchbox, because she does not carry a purse and did not want it to be in the open.

Davis advised that she forgot to take the gun out of the lunch box and hours later she received a call from _____ Daycare advising her to get to the school right away. Let the record state that no one was injured.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME WILSON, GARRY M NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/14/2024 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HUNTER, BRIONCA (7130) NAME OF OFFICER (PLEASE PRINT) 03/14/2024 DATE	PAGE 1 OF 2
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department	Agency Report Number 8 4 24-01711
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes
D E F	Name (Last, First, Middle) DAVIS, SHANAE D	Alias	Race B	Sex F	Date of Birth 08/17/1984

Officer Hunter made contact with [REDACTED] who advised that she was opening up [REDACTED] lunchbox when she saw a gun inside of it, she then screamed "GUN" and that's when another Teacher came inside to assist her.

Officer Hunter made contact with [REDACTED] who advised that she picked up the weapon with gloves to see if the weapon was real, she advised she checked the weapon and observed that the weapon was indeed real and that is when she called the police.

Let the record state that the owner of the school [REDACTED] advised that she did not want to prosecute.

Davis was arrested for Violating F.S.S 790.115(2) (C) (2) Weapon- Allow Minor to obtain firearm and take to school F.S.S 827.03 (2) (D) Child Neglect.

Davis was transported to Riviera Beach Police Department for processing and later transported to Palm Beach County Jail for booking.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <i>#4266</i>	<i>[Signature]</i>
	WILSON, GARRY M	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	HUNTER, BRIONCA (7130)
	03/14/2024	NAME OF OFFICER (PLEASE PRINT)
	DATE	03/14/2024
		DATE

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/14/2024 14:39		Agency ORI Number FL FL0500700			Agency Name Riviera Beach Police Department			Agency Report Number 8 4 24-01711		
	D E F	Name (Last, First, Middle) DAVIS, SHANAE D					Alias	Race B	Sex F	Date of Birth 08/17/1984	
C H A R G E		Charge Description 790.115(2)(C)(2) WEAPON - ALLOW MINOR TO OBTAIN FIREARM AND TAKE TO SCHOOL									
	V I C T I M	Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		Address Source		
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation		
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):							
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral										
RELATIONSHIP BETWEEN VICTIM & SUSPECT											
<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: GUN WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>											
N A R R											
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Hume</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>14</u> day of <u>March</u> , <u>2024</u> . <u>WILSON, GARRY M</u> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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. 784.048)

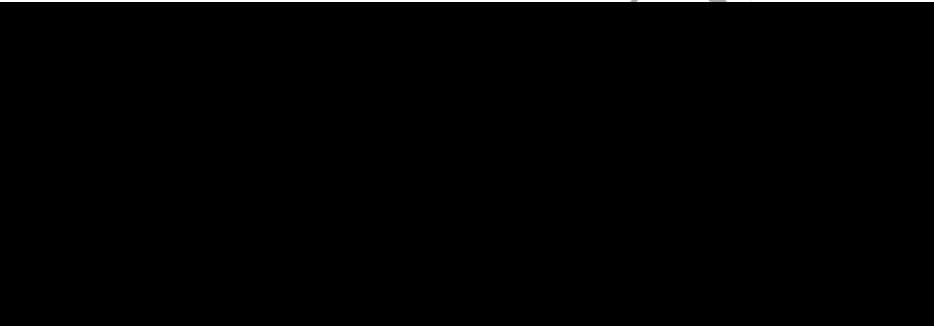
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

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

1. Incident Report 24-01711 Agency Riviera Beach Police Department
 Offense: ALLOW MINOR TO OBTAIN FIREARM CHILD NEGLECT
 Suspect/Offender: DAVIS, SHANAE
 D. O. B.: 08/17/1984 Race: B Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a.  _____

b. _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please _____)

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 person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: HUNTER I.D. # 7130 Date: 03/14/2024

SUSPECT/OFFENDER
DAVIS, SHANAE

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	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)	
	<input type="checkbox"/>	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	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	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	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024006992	Date: 3/15/2024
	Specialist Name/ID#: J. Gaines/ 44177