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- NR -
ARREST / NOTICE TO APPEAR

1534

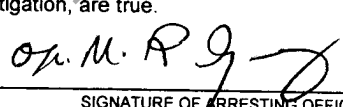

OBTS Number	Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-011151	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE
Agency ORI Number 0500200	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 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		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)					
Date of Arrest 08/09/2017	Time of Arrest 11:26	Booking Date 08/09/2017	Booking Time 11:36	Jail Date 08/09/2017	Jail Time 12:00
Location of Vehicle N/A					
Name (Last, First, Middle) SKOLNICK, ETHAN RUSSELL					
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	Sex M	Date of Birth 02/13/1973	Height 5'08	Weight 155	Eye Color HAZEL
Hair Color BROWN		Complexion LIGHT		Build	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	Religion JEWISH	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) 15821 SW 49TH CT, MIRAMAR, FL 33027		(City)	(State)	(Zip)	Phone (954) 629-2955
Permanent Address (Street, Apt. Number) 15821 SW 49TH CT, MIRAMAR, FL 33027		(City)	(State)	(Zip)	Phone (954) 629-2955
Business Address (Name, Street) INTERCOM COMMUNICATIONS, MIAMI GARDENS		(City)	(State)	(Zip)	Phone (305) 521-5100
D/L Number, State S452216730530 / FL		INS Number		Place of Birth (City, State) QUEENS, NY, United	Citizenship Radio Host
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
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone
<input type="checkbox"/> Legal Custodian					Business Phone
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	VICTIM NOTIFICATION REQUIRED	
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.					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. 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)	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-011151	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Charge Description				Statute Violation Number	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description				Statute Violation Number	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By Released By Released To	
Transported By Kolnick		Date Transported 8/9/17	Time Transported 16:00	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		2. INSTRUCT TO APPEAR	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)	
HOLD for Other Agency		Signature of Arresting Officer MES		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Sexual <input type="checkbox"/> Other		Name of Arresting Officer (Print) RODRIGUEZ, MIGUEL A.		I.D. # 535	
Inmate ID # MS Lee 1134		Pouch #		Transposing Officer Kolnick 677 BLPD	
I.D. #		Agency		Witness here if subject signed with an "X".	

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N I S T R A T I O N	Date/ Time 08/09/2017 15:13	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-011151		
	Name (Last, First, Middle) SKOLNICK, ETHAN RUSSELL				Alias	Race W	Sex M
C R I M E	Charge Description 784.08(2C) ASSAULT/BATTERY ON ELDERL						
	[REDACTED]				Race W	Sex M	Date of Birth 09/17/1946
V I C T I M	(Zip)		[REDACTED]		Address Source		
	(Zip)		Phone		Occupation		
D E F E N D A N T	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>		UPSET				
A D D I T I O N A L	[REDACTED] TIM & SUSPECT						
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: [REDACTED]
I N F O R M A T I O N	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: HANDS
	MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS: BRFD
F O R M A T I O N	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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		NAMES/AGES: [REDACTED]
N A R R	On Wednesday August 9, 2017 at 1018 hours I responded to [REDACTED] regarding a welfare check on Ethan R. Skolnick, [REDACTED]. His estranged wife, Maria Skolnick, requested an officer make contact with Ethan reference suicidal statements he made last week.						
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ 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>9</u> day of <u>August</u> , <u>2017</u> .							
 _____ SOMMER LEE'S NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 08/09/2017 15:13	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-011151
	Agency ORI Number FL 0500200		

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I met with Maria by the main entrance to the development. Maria made the following statement: She and Ethan are in the process of getting a divorce. She has been unable to reach him because at times he shuts off his phone and does not pick-up her calls. She last saw Ethan on July 29th when he came to visit their daughter. On Sunday July 30th she got a call from Ethan's tenant in Ft. Lauderdale. She was told Ethan had an appointment and did not show up. Maria called Ethan but got no response. She then called Ethan's [REDACTED], who informed her Ethan had left their home to attend his appointment with the tenant. In the morning of the following day she texted [REDACTED] and asked about Ethan. [REDACTED] told her Ethan had just arrived home without offering any explanation to his whereabouts. Maria wanted to report a threat Ethan made last week of hurting himself (he made suicidal statements to her the week prior). Maria confirmed there were no current threats and that Ethan is living with [REDACTED].

Due to Maria's statements, Ofc. McNichol and I went to the [REDACTED] residence. No one responded to the door and I requested dispatch to call the residence and have someone step out. [REDACTED] and [REDACTED] stepped out. They were concerned with my presence and I explained I was there to conduct a welfare check on [REDACTED]. [REDACTED] expressed concern for [REDACTED] who he stated had not been taking his medication because he does not want to. [REDACTED] feel [REDACTED] is not a threat to himself. I asked them if Ethan was home and if he was ok and they said he was home and ok. I requested to speak to him and they allowed me to enter their residence. They warned me that given Ethan's prior contact with law enforcement he might be fearful of our presence.

I entered the residence and made contact with Ethan who was in the kitchen area. Ethan was wearing blue jeans, a blue polo type shirt, and black shoes. He was calm and cooperative. I asked him to step out and talk to me and he complied. I asked him if he was ok and he said yes. We expressed our concerns and Ethan denied having the intention of hurting himself or others.

I then returned to the main entrance of the community to meet again with Maria. At 1108 hours as I was speaking to Maria, dispatch requested that I return to the [REDACTED] residence. BRPSD dispatch received a call from [REDACTED]. [REDACTED] sounded hysterical as she told the 911 dispatcher that [REDACTED] was assaulting [REDACTED] by beating him in the head and arms.

At 1112 hours I arrived at the [REDACTED] residence. I met with [REDACTED] and [REDACTED] outside in their driveway area. [REDACTED] appeared agitated and was yelling "he beat him up". [REDACTED] had been wearing a light blue short sleeve shirt with a front pocket. The front pocket to his shirt was now slightly torn. I also noticed that [REDACTED] left nostril was bloody. [REDACTED] was still hysterical. She rushed toward [REDACTED] and raised his left sleeve, pointing out an injury to [REDACTED] left upper arm. I asked where Ethan was and they said he was inside. [REDACTED] said Ethan "went nuts" because he believed they had called the police and she again stated "he beat him up".

I again made contact with Ethan inside the residence and requested he step out into the carport. I detained Ethan and placed him in handcuffs (double locked). Ofc. McNichol stood with Ethan in the carport. I then requested [REDACTED] to return inside so we could speak further. Ofc. McNichol requested BRFD to response to check on [REDACTED] injuries.

[REDACTED] said that once I left Ethan accused [REDACTED] of calling the police and began punching him numerous times. She intervened and tried to protect [REDACTED] broke free and they both ran

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ 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 9 day of August, 2017.

SOMMER LEE S
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 08/09/2017 15:13	Agency OR# Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-011151
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away from [REDACTED]. [REDACTED] confirmed [REDACTED] account of the incident. [REDACTED] indicated [REDACTED] punched him on the left side of his face and his left arm. I noticed a large bruise on his left upper arm. [REDACTED] stated that bruise was from Ethan punching him a week ago. [REDACTED] did not report that assault to the police.

Both [REDACTED] and [REDACTED] completed written statements. I photographed [REDACTED] injuries. The photos and the written statements were dropped into evidence.

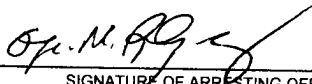
At 1126 hours Ethan was arrested and transported to booking for processing. In booking I read Ethan his Constitutional Warnings. He understood but refused to speak to me without an attorney present.

Investigations revealed Ethan R. Skolnick intentionally, unlawfully, punched [REDACTED], 70 year old [REDACTED], numerous times in the face area, causing a laceration to his nose, contrary to Fl. Statute 784.08 (2C) (3rdDEGFEL).

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ 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 9 day of August, 2017.

SOMMER LEE S

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.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#: 2017-11151 Agency: Box 2 Raton P.D.
Offense: AAB Domestic
Suspect/Offender: Skolnick, Ethan
D.O.B. 02-13-73 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: [REDACTED] D.O.B. 9/17/46 Race: W Sex: M
Address: [REDACTED]
City: [REDACTED]
Home#: [REDACTED]

b. Victim's next of kin, friend or neighbor: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
Home: [REDACTED]

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Rodriguez, M. I.D.# 535 Date: _____
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: Skolnick, Ethan COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)