JH CH 16662 — 23mm2742mb — PH 2334

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0500400	Agency Name: Delray Beach Police Department	Agency Report Number (N T A's only): 4 0 23-004837	

Charge Type (Check as many as apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

If Weapon Seized — Enter Type: UNARMED — Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
308 ENFIELD RD DELRAY BEACH, FL	308 ENFIELD RD, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/08/2023	23:33					

DEFENDANT

Name (Last, First, Middle): TAYLOR, SHANNON ROSE — Alias (Name, DOB, Soc Sec # Etc): Alias:

Race (W White, B Black, I American Indian, O Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/20/1987	5'05	130	BROWN	BLOND OR	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): — Marital Status: S — Religion: — Indication of Alcohol Influence / Drug Influence: ☐ Yes ☒ No ☐ Unk

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
308 ENFIELD RD, DELRAY BEACH, FL 33444				(954) 895-8231	
Permanent Address (Street, Apt Number)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Address Source**
308 ENFIELD RD, DELRAY BEACH, FL 33444				(954) 895-8231	
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
T460796876000 /	[redacted]		~~Requested~~ CORAL SPRINGS, FL,	US

CODEFT

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 ☐ Other ☐ Legal Custodian — Name (Last, First, Middle): Child Bonds — 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**	
			NOT APPLICABLE

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 355-2526) informed of any change of address.
☐ Yes, by ☐ No

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, 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/Derv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
	VICTIM NOTIFICATION	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		REQUIRED

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following? ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☐ T O T County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

ADMIN

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): PIERRE, LUCKSON — I.D. #: 1242

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
H NAL	7206		P L	1242	

Witness here if subject signed with an "X"

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
04/09/2023 00:14	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 23-004837

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
TAYLOR, SHANNON ROSE		W	F	03/20/1987

CHRG

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
TIERNAN, SCOTT DURAND	W	M	08/25/1980

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
308 ENFIELD RD, DELRAY BEACH, FL 33444	(949) 698-8916	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **BOY/GIRLFRIENDS**

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **TIERNAN, SCOTT DURAND**
WEAPON USED:	☐	☒	TYPE:
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☐	PARAMEDICS:
Hospital:	☐	☐	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☐	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☐	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☐	☐	

NARR

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 04/08/2023 I was dispatched to 308 Enfield RD in reference a domestic disturbance. Upon arrival I met with the caller Scott Tiernan. Tiernan explained that Taylor Shannon, his girlfriend of two years, just battered

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 April, 2023.

#1027

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

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN	Date / Time		
	04/09/2023 00:14		
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 23-004837

NARRATIVE

him during an altercation. Tiernan stated that the altercation began when Shannon accused him of cheating on her while they were on the boat today. When they arrived home, Taylor became irate and continued to argue with him. Tiernan stated that when he tried to get away from Taylor, she began physically battering him by striking him in the face multiple times.

I observed multiple bruises and scratch marks on Tiernan face, which was consistent with the statement he provided. I met with Shannon and she verified Tiernan statements. Shannon stated that she became irate when she saw messages on Tiernan`s phone indicating he was cheating on her.

It should be noted I did not observe any bruises on Shannon.

Based on the above stated facts, probable cause exists to charge Shannon with Simple Battery (Domestic), pursuant to FSS 784.03.

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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 April, 2023.

_____ #1027
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, 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 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 #: 23-004637 Agency: DBPD
   Offense: Battery
   Suspect/Offender: Shannon Taylor
   D.O.B._____ Race: White Sex: Female

2. Warrant #(s):_____

3. Complete one (1) of the following:

   a. Victim's name: Scott Tiernan
   Address: 308 Enfield
   City: Delray Beach State: FL Zip:_____
   Home #: 561 270 9075 Work #:_____ Other:_____

   b. Victim's next of kin: Patty Tiernan (Brother)
   Address:_____
   City: Delray Beach State: FL Zip:_____
   Home #: 561 356 2457 Work #:_____ Other:_____

   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 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 person waiving notification: _____
Printed name of person waiving notification:_____

Officer's Name : L. Pierre I.D.: 1241 Date: 7/8/23

SUSPECT/OFFENDER:_____

COURT CASE/WARRANT #:_____
(FOR WARRANTS USE ONLY)

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023009187	**Date:** 4/9/2023
	Specialist Name/ID: Chantel Daniels/30347