

6413869

844

OBTS Number

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

Juvenile

N

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		17-100155						
Charge Type: Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) <b>624 N FEDERAL HWY #N</b>				Location of Offense (Including Name of Business) <b>LAKE WORTH, FL 33460</b>								
Date of Arrest <b>Jul 8, 2017</b>	Time of Arrest <b>1759</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) <b>UNCK, SHANNON N</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W-White 1- American Indian B-Black 0- Oriental/Asian	W	F	Date of Birth <b>11/13/1988</b>	Height <b>5-09</b>	Weight <b>130</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>MED</b>	Build <b>MED</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>UPPER ,BACK 2 GUNS, ANKLE "KEAUMGANG", "I CARRY YOU IN MY SMILE"</b>				Marital Status <b>SINGLE</b>		Religion <b>NONE</b>	Indication of: Alcohol Influence Drug Influence					
Local Address (Street, Apt. Number) <b>624 N FEDERAL HWY #N</b>		City <b>LAKE WORTH</b>		State <b>FL</b>	Zip <b>33460</b>	Phone <b>561-929-1196</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State		1			
Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		City <b>SAME AS ABOVE</b>		State	Zip	Phone <b>SAME AS ABOVE</b>	Address Source <b>VERBAL FROM ARRESTEE</b>					
Business Address (Street, Apt. Number)		City		State	Zip	Phone	Occupation <b>MAMMA MIA'S</b>					
D/L Number, State <b>U520-794-88-913-0</b>		Social Security Number [REDACTED]		INS Number		Place of Birth <b>ATLANTA, GEORGIA</b>	Citizenship <b>U.S.A</b>					
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					
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"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle) <b>No Bond</b>						Phone					
Address (Street, Apt. No.) [REDACTED]				City	State	Zip	Business Phone					
Notified By (Name)				Date	Time	Juvenile Court Status 1. Handcuffed/Released Within Dept. and Released	2. TOT HRS/DYS 3. Incarcerated					
Released To (Name)				Relationship		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 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						School Attended						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Value of Property						
Drug Activity S. Sell N. NA P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. NA A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description <b>DOMESTIC BATTERY (SIMPLE)</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1A1)</b>		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	17-100155		Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)				2017 JUL 9								
Court Date and Time				Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	2017 JUL 9		
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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) <b>SHATARA</b>				Date Signed <b>JUL 8 2017</b>								
HOLD for Other Agency <b>SOCH 09/20</b>				Signature of Arresting Officer <b>Dee</b>				Name Verification (Printed by Arrestee) <b>JUL 8 2017</b>				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer <b>J DESMOND</b>				(PRINT)				
Intake Deputy <b>D/S B. SHATARA #7623</b>				Transporting Officer <b>J DESMOND</b>	ID #	Agency <b>PBSO</b>	Page <b>32</b>					
Witness here if subject signed with an * <b>1 of 1</b>												

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17-100155</b>		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			Special Notes		
Defendant Name (Last, First, Middle) <b>UNCK, SHANNON</b>			Race <b>N</b>	Sex <b>W</b>	Date of Birth <b>11/13/1988</b>
Charge <b>DOMESTIC BATTERY (SIMPLE)</b>		Charge			
Charge		Charge			
Victim Name (Last, First, Middle) <b>ONORE, BENJAMIN</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>9/17/1988</b>
Local Address (Street, Apt. Number) <b>624 N FEDERAL HWY #N</b>		City <b>LAKE WORTH</b>	State <b>FL</b>	Zip <b>33460</b>	Phone <b>NONE</b>
Business Address (Street, Apt. Number) <b>NONE</b>		City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	Phone <b>NONE</b>
Address Source <b>VERBAL FROM VICTIM</b>					
The undersign 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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.		
<input type="checkbox"/> confessed to admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.		
On the <u>8TH</u> day of <u>JULY</u> 20 <u>17</u> at <u>1800</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

**ON JULY 7, 2017 AT 1738 HOURS I RESPONDED TO 624 N FEDERAL HWY #N LAKE WORTH, PALM BEACH COUNTY, FLORIDA 33460 IN REFERENCE TO A BATTERY (DOMESTIC).**

**UPON MY ARRIVAL I MET WITH A VERY AGITATED WHITE FEMALE SHANNON N UNCK DOB 11/13/1988. UNCK WAS YELLING AND CURSING TOWARD'S HER BOYFRIEND WHO WAS DOWN THE STREET SEEKING MEDICAL ATTENTION FOR A INJURY TO HIS NOSE. THE VICTIM/BOYFRIEND BENJAMIN L ONORE DOB 9/17/1988 WAS WALKING NORTHBOUND ON N FEDERAL HWY TOWARDS MY DIRECTION HOLDING A BLOODY WHITE TOWEL ON HIS FACE. ONORE STATED THAT HE WAS AT HIS RESIDENCE WITH HIS LIVE IN GIRLFRIEND UNCK WHEN SHE BECAME IRATE OVER NOT BEING ABLE TO FIND A PACK OF CIGARETTES THAT SHE PURCHASED EARLIER. AT THIS TIME UNCK BECAME ENRAGED AND STARTED TO HIT AND SCRATCH THE VICTIM ONORE. ONORE FLED THE RESIDENCE TO AVOID FURTHER ALTERCATION WITH UNCK RAN TOWARDS HIM JUMPING ON HIS BACK ON THE FRONT SIDEWALK IN FRONT OF THEIR RESIDENCE.**

**I FIND PROBABLE CAUSE TO CHARGE SHANNON N UNCK WITH DOMESTIC BATTERY (SIMPLE) 784.03(1A1)**

NOTARIZED  
SCANNED  
JUL 09 2017

The foregoing instrument was sworn to and affirmed before me this <u>7TH</u> day of <u>JULY</u> 20 <u>17</u> , by:					
KNOWN LEO			J DESMOND 9714		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  <i>2686</i>			Name of Arresting/Investigating Officer  <i>Joe</i>		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer		
Page <b>1</b> of <b>1</b>					

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
**(Submit this form with the original Probable Cause Affidavit)**

Defendant: UNCK, SHANNON N DOB: 11/13/1988 Case #: 17-100155  
 Victim: ONORE, BENJAMIN DOB: 9/17/1988 Race: W Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene  Yes  No      Victim  Yes  No      Defendant  Yes  No  
 911 Call:  Yes  No      Caller: \_\_\_\_\_ **VICTIM**  
 Weapon Used:  Yes  No      Type: \_\_\_\_\_  
 Witness:  Yes  No      Name: \_\_\_\_\_  
 Victim Pregnant:  Yes  No      If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
 Injuries:  Yes  No      Description: **VICTIM'S NOSE BLEEDING/REDNESS ON SHOULDERS-BACK**  
 Medical Treatment:  Yes  No  
     At Scene:  Yes  No      Paramedics: \_\_\_\_\_ **REFUSED**  
     At Hospital:  Yes  No      Hospital: \_\_\_\_\_ **REFUSED**      Physician: \_\_\_\_\_

Are children living in the home?  Yes  No      DCF Notified?  Yes  No  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Injunction:  Yes  No      Case #: \_\_\_\_\_  
 No Contact Order:  Yes  No      Case #: \_\_\_\_\_  
 Alcohol or Drugs:  Yes  No  Unknown  
 Prior history of Domestic/Dating Violence  Yes  No  
 Defendant's statements  Yes  No      If yes,  written  recorded  oral  
 First words Defendant said when you responded to scene: **"GET OVER HERE AND GET YOUR SHIT OUT OF MY HOUSE"**

Victim's statements  Yes  No      If yes,  written  recorded  oral  
 First words Victim said when you responded to scene: **"SHE ATTACKED ME"**

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?  
 Yes  No      If yes, name: \_\_\_\_\_ phone: \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset       Crying       Fearful       Hysterical       Afraid       Calm       Nervous  
 Complained of pain       Other: \_\_\_\_\_

Victim contact information: \_\_\_\_\_

Local Address: \_\_\_\_\_ **624 N FEDERAL HWY #N**

**LAKEWORTH**

**FL**

**33460**

Phone: \_\_\_\_\_ Home: NONE Work: NONE Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_