

JH 0457529

PC13777

ARREST / NOTICE TO APPEAR



AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-006777		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE					
D E F E N D A N T	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 None/not Applicable		Multiple Charges Indicator 1										
	Location of Arrest (Including Name of Business) 230 NE 11TH ST					Location of Offense (Business Name, Address) 230 NE 11TH ST, DELRAY BEACH, FL 33444									
	Date of Arrest 04/29/2017	Time of Arrest 21:58	Booking Date 04/29/2017	Booking Time 22:08	Jail Date	Jail Time	Location of Vehicle								
	Name (Last, First, Middle) BLACKWELL, SHAWNEE														
J U V E N I L E	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)														
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/17/1961	Height 5'02	Weight 175	Eye Color HAZEL	Hair Color BLOND OR	Complexion LIGHT	Build MEDIUM						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status U	Religion	Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) (City) (State) (Zip) 230 NE 11TH ST, DELRAY BEACH, FL 33444					Phone (561) 654-5405		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1							
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 230 NE 11TH ST, DELRAY BEACH, FL 33444					Phone (561) 654-5405		Address Source FL DL							
	Business Address (Name, Street) (City) (State) (Zip) TELE PERFORMANCE,					Phone		Occupation							
	D/L Number, State B424780619570 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ANAHEIM, CA, United		Citizenship US						
	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 O D E F	<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) (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	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								
<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 SIMPLE BATTERY(TOUCH OR STRIKE)					Statute Violation Number 784.03(1A1)		Violation of ORD #								
Drug Activity		Drug Type N	Amount / Unit /	Offense # 17-006777	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input 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 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 type="checkbox"/> N	Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant					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										
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"/> Postel Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By		Released By		Released To						
Transported By					Date Transported // : : :	Time Transported		Other							
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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.					No Photo Available									
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed									
	HOLD for Other Agency					Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)							
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) PHILIPPE, BENDJY		I.D. # 1138							
	Intake Deputy SPANN 8101					Pouch #		Transporting Officer PHILIPPE		I.D. # 1138					
								Agency DBPD		Witness here if subject is not a resident of this jurisdiction					

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/29/2017 21:21		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-006777																																																																																																																								
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	Victim's Name (Last, First, Middle) IKENSON, TERRENCE L						Race W	Sex M	Date of Birth 11/24/1959																																																																																																																						
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 230 NE 11TH ST, DELRAY BEACH, FL 33444						Phone (561) 350-8311																																																																																																																								
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O B S E R V A T I O N S	Written <input type="checkbox"/>		Taped <input type="checkbox"/>		Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DRUNK																																																																																																																								
	DEFENDANT'S STATEMENTS:		VICTIM'S STATEMENTS:																																																																																																																												
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING																																																																																																																														
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>YES</td><td>NO</td><td colspan="2"></td></tr><tr><td></td><td>Victim:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td colspan="2">CALLER: ROOMMATE</td></tr><tr><td></td><td>WEAPON USED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2">TYPE:</td></tr><tr><td></td><td>WITNESSES:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td colspan="2">(If YES, attach witness list)</td></tr><tr><td></td><td>INJURIES:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>AT: Scene:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2">PARAMEDICS:</td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2">PHYSICIAN(S) / HOSPITAL:</td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2">NAMES/AGES:</td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2">CASE #:</td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr></table>								PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES	NO				Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			CALLER: ROOMMATE			WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			TYPE:			WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			(If YES, attach witness list)			INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			PARAMEDICS:			Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			PHYSICIAN(S) / HOSPITAL:			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>			NAMES/AGES:			H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			CASE #:			PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
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N A R R	The following incident occurred in the City of Delray Beach, Palm Beach County, Florida: On April 29, 2017 at approximately 2121 hours, I responded to 230 NE 11th St in reference to a domestic dispute. Upon arrival, I made contact with Terrence Ikenson, identified via FL ID, who stated he was at his																																																																																																																														
	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>29</u> day of <u>April</u> , <u>2017</u>  GRUBB, KEVIN J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																																														

SCANNED

APR 30 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

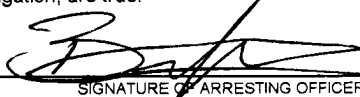

JAIL

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 04/29/2017 21:21	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-006777
	<p>neighbor's house having drinks when his girlfriend, Shawnee Blackwell identified via FL DL, came over. As a result, Blackwell got upset with Ikenson and accused Ikenson of cheating on her. Blackwell then attacked Ikenson by biting him on his right shoulder and punched him on his head while pulling his hair. I noticed a bite mark on Ikenson's right shoulder as he described. There was no other visible signs of physical violence. Ikenson did not require any medical attention. Ikenson appeared intoxicated, and disheveled while speaking with him.</p> <p>Blackwell admitted to biting Ikenson, stating "I bit him." Blackwell continued to state she was drinking and became upset which led her to attack Ikenson. Blackwell stated she was upset because Ikenson went over to the neighbor's house after Blackwell told him not to. Both Ikenson, and Blackwell stated they live together, and are still intimate.</p> <p>The roommate, Brian Johancsik, of both parties witnessed the physical altercation. Johancsik wrote a sworn statement corroborating Ikenson's account, stating Blackwell jumped on Ikenson, and bit him.</p> <p>Due to the above, Probable Cause exist to charge Shawnee Blackwell with Simple Battery pursuant to 784.03(1A1).</p>				
N A R R A T I V E	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>29</u> day of <u>April</u>, <u>2017</u></p> <p><u>GRUBB, KEVIN J</u>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>SCANNED APR 30 2017</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.