

JKT 0487523

REST / NOTICE TO APPEAR

PCN 3777

OBTS Number		ARREST / NOTICE TO APPEAR										1		JUVENILE							
Agency ORI Number		Agency Name		Delray Beach Police Department						Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias							
0500400										4 0 17-006777		If Weapon Seized		Multiple Crimes Indicator							
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								Enter Type None/not Applicable							
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		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
04/29/2017		21:58		04/29/2017		22:08															
Name (Last, First, Middle) BLACKWELL, SHAWNEE								Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:													
Race W - White B - Black		Sex 1 - American Indian 0 - Oriental/Asian		Date of Birth W 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
Local Address (Street, Apt. Number) 230 NE 11TH ST, DELRAY BEACH, FL 33444								(City)		(State)		(Zip)		Phone (561) 654-5405		Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>					
Permanent Address (Street, Apt. Number) 230 NE 11TH ST, DELRAY BEACH, FL 33444								(City)		(State)		(Zip)		Phone (561) 654-5405		Address Source FL DL					
Business Address (Name, Street) TELE PERFORMANCE,								(City)		(State)		(Zip)		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"/> 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					
JUVENILE Name (Last, First, Middle) Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian [REDACTED]								Residence Phone													
Address (Street, Apt. Number) [REDACTED]								(City)		(State)		(Zip)		Business Phone							
Notified by: (Name) [REDACTED]								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													
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Property Crime? Description of Property				Value of Property					
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other								Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown				N. N/A D. Deliver E. Use Producer/ Cultivate C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic				Z. Other					
C H A R G E Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)								Statute Violation Number 784.03(1A1)				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond					
N		N		/		17-006777		1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N											
C H A R G E Charge Description								Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond					
C H A R G E Charge Description								Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond					
C H A R G E 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									
I N T A K E 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"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To																					
E A T A K E Transported By								Date Transported		Time Transported		Other									
/ / : :																					
N O T I C E <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													
T O A P P E A R 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.								Court Date and Time													
N O T I C E 2017 APR 30								No Photo Available													
T O A P P E A R I Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed													
A D M I N I HOLD for Other Agency								Signature of Arresting Officer PHILIPPE, BENDJY													
A D M I N I <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													
A D M I N I Intake Deputy SPANN 8101 I.D. # 1138 Pouch # DBPD								Name Verification (Printed by Arrested) SCANNED													
A D M I N I								(PRINT)													
A D M I N I								Witness here if subject is being held in County Jail													

No
Photo
Available

2017 APP 30

PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/29/2017 21:21	Agency Name DELRAY BEACH POLICE DEPARTMENT			Agency Report Number 4 0 17-006777			
D E F H R G	Agency ORI Number FL 0500400	Alias		Race W	Sex F	Date of Birth 12/17/1961		
V I C T I M	Name (Last, First, Middle) BLACKWELL, SHAWNEE							
Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)						Race W	Sex M	Date of Birth 11/24/1959
V I C T I M	Victim's Name (Last, First, Middle) IKENSON, TERRENCE L	(City)	(State)	(Zip)	Phone (561) 350-8311	Address Source		
	Local Address (Street, Apt. Number) 230 NE 11TH ST, DELRAY BEACH, FL 33444							
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation		
Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):					
DEFENDANT'S STATEMENTS: <input type="checkbox"/>			DRUNK					
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT								
DATING								
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/>	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"/>							
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>								
<u>GRUBB, KEVIN J</u> <i>K.J. 1038</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

SCANNED

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

APR 30 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A	Date / Time
D	04/29/2017 21:21
M	Agency ORI Number
N	FL 0500400

Agency Name	Agency Report Number
DELRAY BEACH POLICE DEPARTMENT	4 0 17-006777

N neighbor's house having drinks when his girlfriend, Shawnee Blackwell identified via FL DL, came over. As a
 A result, Blackwell got upset with Ikenson and accused Ikenson of cheating on her. Blackwell then attacked
 R Ikenson by biting him on his right shoulder and punched him on his head while pulling his hair. I noticed a
 A bite mark on Ikenson's right shoulder as he described. There was no other visible signs of physical violence.
 T Ikenson did not require any medical attention. Ikenson appeared intoxicated, and disheveled while speaking
 I with him.

V Blackwell admitted to biting Ikenson, stating "I bit him." Blackwell continued to state she was drinking and
 E 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.

The roommate, Brian Johansik, of both parties witnessed the physical altercation. Johansik wrote a sworn
 statement corroborating Ikenson's account, stating Blackwell jumped on Ikenson, and bit him.

Due to the above, Probable Cause exist to charge Shawnee Blackwell with Simple Battery pursuant to
 784.03(1A1).

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 29 day of April, 2017

GRUBB, KEVIN J *K. Grubb '18*
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
 APR 30 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.