

COMPLAINT/ARREST AFFIDAVIT POLICE CASE NO. PD100504133054

SPECIAL OPERATION: FELONY MIBD TRAFFIC JUV DV MOVES CIV INF WARRANT FUGITIVE WARRANT: In state Out of state

IDS NO. 30 AGENCY CODE 30 MUNICIPAL P.D. DEF. ID NO. 30 MDPD RECORDS AND ID NO. 30 STUDENT ID NO. 30 GANG ACTIVITY RELATED ARREST FRAUD RELATED ARREST

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) NEGRIN Rolando ALIAS and / or STREET NAME UK SIGNAL: 100 150 250 300 400 500

DOB (MM/DD/YYYY) 10-13-1905 AGE 45 RACE W SEX M Ethnicity: Hispanic Not Hispanic CUB HEIGHT 5'10" WEIGHT 180 HAIR COLOR BROWN HAIR LENGTH SHORT HAIR STYLE STR EYES BRO GLASSES Yes No FACIAL HAIR Yes No TEETH Yes No

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) None PLACE OF BIRTH (City, State/Country) Cuba

LOCAL ADDRESS (Street, Apt. Number) 512 LOCAL (City) MIAMI (State/Country) FL (Zip) 33133 PHONE () - () - () CITIZENSHIP US

BUSINESS OR SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip) PHONE () - () - () ADDRESS SOURCE: DL Verbal Other

DRIVER'S LICENSE NUMBER / STATE None SOCIAL SECURITY NO. None WEAPON SEIZED? Type Yes No If Def. has Concealed Weapons Permit. PERMIT # None INDICATION OF: Alcohol influence Drug influence

ARREST DATE (MM/DD/YYYY) 05-05-2010 ARREST TIME (HH:MM) 1201 ARREST LOCATION (include name of business) MIAMI INT'L AIRPORT (EMPLOYEE LOT) GRID 1159

CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE
1.		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE
2.		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE
3.		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR

JUV entry: Parent (Name) (Street, Apt. Number) (City) (State/Country) (Zip) (Phone) () - () - () Guardian Foster Care Yes No

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. <u>AGG. BATTERY</u>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	<u>1</u>	<u>784.045</u>					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DWV <input type="checkbox"/> WRT
2.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DWV <input type="checkbox"/> WRT
3.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DWV <input type="checkbox"/> WRT
4.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DWV <input type="checkbox"/> WRT

The undersigned certifies and 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:
 On the 04 day of May 20 10 at MIAMI INT'L AIRPORT (EMPLOYEE LOT) (Narrative, in Spanish)

THE A AND VICTIM WORK AT MIAMI INT'L AIRPORT AS TSA SCREENER (CONCOURSE J). VICTIM AND WITNESSES ADVISED THAT AFTER WORK THEY TOOK THE EMPLOYEE SHUTTLE TO THEIR CARS. THE A WAS WAITING FOR THE VICTIM AND WANTED HIM TO LET HIM INSIDE HIS VEHICLE, TO RESOLVE A PROBLEM AND FINALLY RESPECT HIM. THE VICTIM REFUSED TO OPEN THE PASSENGER DOOR, AT WHICH TIME A CAME AROUND THE VEHICLE AND TOOK OUT AN ASP (Police Baton) 1 of 2

HOLD FOR OTHER AGENCY Name: _____ VERIFIED BY: _____

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICE OF THE PLAINTIFF'S SIGNATURE: [Signature] COURT ID NUMBER/LOC. CODE: 2833 (14)

NAME (Printed): [Signature] AGENCY NAME: 30-2010

SWORN AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED, on this 5 DAY OF MAY 2010 at MIAMI INT'L AIRPORT (EMPLOYEE LOT)

Signature of Defendant / Juvenile and Parent or Guardian: _____

CBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION			POLICE CASE NO. PC 100504188659		
JAIL NO.			COURT CASE NO.				
JOB NO.		AGENCY CODE 30	MUNICIPAL P.D. DEF. ID NO.	MOPD RECORDS AND ID NO.			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) Negrin, Rolando					DOB (MM/DD/YYYY) 66/13/1965		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)			DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE		
4.					<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)			DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE		
5.					<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR		
ADDITIONAL CHARGES							
	CHARGE AB:	COUNTS	PL. STATUTE NUMBER	VIOL. OF SECT	CODE OF UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD						<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> XW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD						<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> XW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD						<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> XW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD						<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> XW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

Δ BEGAN TO STRIKE VICTIM WITH THE BATON ACROSS HIS ARM AND BACK. Δ THEN TOLD VICTIM TO KNEEL DOWN AND SAY "YOUR SORRY". VICTIM STATED HE WAS IN FEAR AND COMPLIED WITH Δ. Δ THEN FLED THE PARKING LOT IN HIS PERSONAL VEHICLE. FIRE RESCUE WAS CALLED AND TREATED VICTIM ON THE SCENE. Δ WAS LOCATED AT THE CHECKPOINT THE NEXT DAY AND WAS PLACED UNDER ARREST. THE INVESTIGATION REVEALED THAT THE Δ WAS UPSET AFTER A TRAINING WITH "WHOLE BODY IMAGE" MACHINE. THE X-RAY REVEALED Δ HAS A SMALL PENIS AND CO-WORKERS MADE FUN OF HIM ON A DAILY BASIS. Δ STATED HE COULD NOT TAKE THE JOKES ANYMORE AND LOST HIS MIND. VICTIM SUFFERED BRUISES AND ABRASIONS ON HIS BACK AND ARMS. VICTIM STATED HE WANTED TO PRESS CHARGES AGAINST Δ. Δ ARRESTED AND TAKEN TO JAIL.

HOLD FOR OTHER AGENCY		VERIFIED BY		PAGE _____ OF _____	
Name:		<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (OTHER THAN COURT or Bond Hearing).		<input type="checkbox"/> 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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvies only Juvenile Division) anytime that my address changes.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		<input type="checkbox"/> SWORN AND SUBSCRIBED BEFORE ME		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
OFFICER'S / COMPLAINTANT'S SIGNATURE A. Negrin		COURT ID NUMBER/LOC. CODE 2833 (A4)		THE UNDERSIGNED AUTHORITY OF 5	
NAME (Printed)		AGENCY NAME 30-MOPD		Date of the Court Hearing 2010	
				Signature of Defendant / Juvenile and Parent or Guardian	

MIAMI-DADE POLICE DEPARTMENT **FD 100-04-188659**

ADDITIONAL DATA

Original Date: **05-04-2010** Time (min): **2045** Time Dispatched (min): **2045** Time Arrived (min): **2040** Time Completed (min):

Incident Type: 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 6. Other

OFFENSE #1: **Agg Battery** A-Attempted **C** C-Committed **104 045** NCIC/UCR Code

Incident Location (Street, Apt. Number): **MIAMI INT ARDT NIA FL 33154** Zip: **33154** District: **7** Area: **115A** Zone:

Business Name/Area Identifier: **Employee Lot** Forced Entry: 0. N/A, 1. Yes **10** Occupancy: 0. N/A, 1. Occupied, 2. Unoccupied, 3. Abandoned **10**

Location Type: 01. Residence-Single, 02. Apartment/Condo, 03. Residence-Other, 04. Hotel/Motel, 05. Convenience Store, 06. Gas Station, 07. Liquor Sales, 08. Bar/Nightclub, 09. Supermarket, 10. Dept/Discount Store, 11. Specialty Store, 12. Drug Store/Hospital, 13. Bank/Financial Inst., 14. Commercial/Office Bldg., 15. Industrial/Wfp., 16. Storage, 17. Gov/Public Bldg., 18. School/University, 19. Jail/Prison, 20. Religious Bldg., 21. Airport, 22. Bus/Rail Terminal, 23. Construction Site, 24. Other Structure, 25. Parking Lot/Garage, 26. Highway/Roadway, 27. Park/Woodlands/Field, 28. Lake/Waterway, 29. Motor Vehicle, 30. Other Mobile **21**

CODES

OFF/ACC: **01** # Victims: **01** # Offenders: **01** # Prom. Ent.: **000000** # Veh. Station: **000000**

Type Weapon: 00. N/A, 01. Handgun, 02. Rifle, 03. Shotgun, 04. Firearm, 05. Knife/Cutting Instrument, 06. Blunt Object, 07. Hands/Fist/Foot, 08. Poison, 09. Explosives, 10. Fire/Incendiary, 11. Threat/Intimidation, 12. Simulated Weapon, 13. Drugs, 14. Unknown, 15. Other **06**

Victim Type: 0. N/A, 1. Juvenile, 2. L.E. Officer, 3. Adult, 4. Business, 5. Government, 6. Church, 7. Other, 8. N/A, 9. White, 10. Black, 11. American Indian, 12. Oriental/Asian, 13. Unknown, 14. M-Male, 15. F-Female, 16. U-Unknown, 17. Residence Type: 0. N/A, 1. City, 2. County, 3. Florida, 4. Out-of-State, Residence Status: 0. N/A, 1. Full Year, 2. Part Year, 3. Non-Resident, Extent of Injury: 0. None, 1. Minor, 2. Serious, 3. Fatal **21**

Injury Type: 00. N/A, 01. Gunshot, 02. Stabbed, 03. Laceration, 04. Unconscious, 05. Poss. Broken Bones, 06. Poss. Internal Injury, 07. Loss of Teeth, 08. Burns, 09. Abrasions/Bruises, 99. Other, Victim Relationship To Offender: 00. N/A, 01. Undetermined, 02. Stranger, 03. Spouse, 04. Ex-Spouse, 05. Co-Habitant, 06. Parent, 07. Brother/Sister, 08. Child, 09. Step-Parent, 10. Step-Child, 11. In-Law, 12. Other Family, 13. Student, 14. Teacher, 15. Child of Boy/Girl, 16. Boy/Girl Friend, 17. Friend, 18. Neighbor, 19. Sitter/Day Care, 20. Employee, 21. Employer, 22. Landlord/Tenant, 23. Acquaintance, 99. Other Known

VICTIM/WITNESS

OFFENSE Indicator: 1. #1, 2. #2, V.W. Code: **W**, V. Type: **M**, Name (Last, First, Middle or Business): **ESOR NO HUHO**, Residence Phone: **305-321-7110**

Address (Street, Apt. Number): **VIA 1ST OFFICES**, City: **VIA**, State: **FL**, Zip: **33154**, Business Phone: **305-321-7110**

Other Contact Info. (Time Available, Interpreter, etc.): **VIA 1ST OFFICES**, Synopsis of Involvement: **Vict. Battered by Subj.**

V.W. Code: **W**, V.W. or P: **M**, Race: **W**, Sex: **M**, Date of Birth or Age: **10-16-1975**, Res. Type: **2**, Res. Status: **1**, Extent of Injury: **09**, Injury Type(s): **17**, Relationship: **17**, Ethnicity: **17**, Will victim prefer charges? Yes No

VICTIM/WITNESS

OFFENSE Indicator: 1. #1, 2. #2, V.W. Code: **W**, V. Type: **M**, Name (Last, First, Middle or Business): **Suarez Jorge**, Residence Phone: **305-321-7110**

Address (Street, Apt. Number): **VIA 1ST OFFICES**, City: **VIA**, State: **FL**, Zip: **33154**, Business Phone: **305-321-7110**

Other Contact Info. (Time Available, Interpreter, etc.): **VIA 1ST OFFICES**, Synopsis of Involvement: **Vict. Battered by Subj.**

V.W. Code: **W**, V.W. or P: **M**, Race: **W**, Sex: **M**, Date of Birth or Age: **03-10-1960**, Res. Type: **2**, Res. Status: **1**, Extent of Injury: **00**, Injury Type(s): **00**, Relationship: **00**, Ethnicity: **00**, Will victim prefer charges? Yes No

SUSPECT

OFFENSE Indicator: 1. #1, 2. #2, Suspect Code: **B-Suspect**, Code: **0000**, Name (Last, First, Middle): **Negrin Rolando**, Residence Phone: **305-321-7110**

Maiden Name: **GA SERRA**, Nickname/Street Name: **SA MIA INT ARPT.**, Place of Birth: **SA MIA INT ARPT.**, Business Phone: **305-321-7110**

Last Known Address (Street, Apt. Number): **SA MIA INT ARPT.**, City: **SA**, State: **FL**, Zip: **33154**, Social Security Number: **SA MIA INT ARPT.**

Driver's License State/Number: **SA MIA INT ARPT.**, Immigration and Naturalization Number: **SA MIA INT ARPT.**, Other I.D. Number: **SA MIA INT ARPT.**, OBTS Number (Arrested): **SA MIA INT ARPT.**, FCIC/NCIC: **SA MIA INT ARPT.**

Clothing (Describe): **SA MIA INT ARPT.**, Scars/Marks/Tattoos (Location/Describe): **SA MIA INT ARPT.**, Hair Style: **SA MIA INT ARPT.**

SUSPECT

Race: **W**, Sex: **M**, Date of Birth or Age: **10/12**, Height: **5'10"**, Weight: **240**, Eye Color: **Brown**, Hair Color: **Black**, Hair Length: **Short**

Complexion: **Light**, Facial Hair: **None**, Teeth: **Good**, Speech/Voice: **Accented**, Special Identifiers: **SA MIA INT ARPT.**

NARRATIVE

See Narrative Pg 1 & 2

ADMINISTRATIVE

Person/Unit Notified: **A 3000 Lt. Mechanc 2:30D**, Time: **2:30D**, Related Report Number(s): **SA MIA INT ARPT.**

Officer(s) Reporting: **V. Capore**, Agency Code: **30**

Officer Reviewing (If Applicable): **Sgt.**, LD. Number: **3655-13**, Routed To: **A 3104**, Assigned To: **SA MIA INT ARPT.**, Date: **SA MIA INT ARPT.**

Case Status: **SA MIA INT ARPT.**, Clearance Type: 1. Arrest, 2. Exceptional, 3. Unfounded, 4. Open Period, A-Adult, J-Juvenile, Date Cleared: **SA MIA INT ARPT.**, Jail Number: **SA MIA INT ARPT.**, Number Arrested: **SA MIA INT ARPT.**

Exception Type: 1. Extradition Declined, 2. Arrest on Primary Offense Secondary Offense Without Prosecution, 3. Death of Offender, 4. V/W Refused to Cooperate, 5. Prosecution Declined, 6. Juvenile/No Custody, OBTS Number: **SA MIA INT ARPT.**, Page: **1** of **4**

Agency Logo	MIAMI-D. DE POLICE DEPARTMENT	Agency Report Number	FD-10304-188659
Date of Supplement	Original Date Reported	Original Primary Offense Description	Victim # 1 Name
	05.04.2010	Agg Battery	OSORNO N.
Original OFFENSE Location	Primary Offense Changed To	A-Attempted C-Committed	New Statute Violation Number
Employer LOT			

Vict osorno along w/ Subj Negrin and both witnesses #1-2 are co-workers employed by Tst.

On today's date the victim osorno and witnesses #1 Suarez and #2 Amigo were walking to their vehicles when subj negrin confronted vict osorno by his veh (vict). Subj negrin demanded that vict osorno open the door to vict's veh.

For both witnesses vict osorno was not aware of subj. negrin aggressive behavior. Subj. negrin then walked around the vict's veh pushed the vict osorno and began striking vict osorno w/ an expandable baton. Witness #1 attempted to intervene but was ordered by subj. negrin to stay away.

At one point subj. negrin ordered vict osorno to his knees. The vict did as told and subj. negrin demanded that vict osorno ask for forgiveness.

For vict #1 Suarez he heard subj. negrin say "In Spanish get on your knees or I will kill you and you better apologise. As subj. negrin was saying this he reached under his shirt looking as he was reaching for a weapon.

Suspect Code	Code #	Offense Indicator	Residence Type	Citizenship	Drug Indication	Alcohol Indication				
B - Suspect A - Arrestee	1 #1 3 Both 2 #2	1 #1 3 Both 2 #2	1 City 3 Florida 2 County 4 Out of State		1 Yes 8 Unknown 2 No	1 Yes 8 Unknown 2 No				
Drug Activity	S. Sell H. N/A P. Possess	R. Smuggle D. Deliver E. Use	K. Dispose/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Other/Dr.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Name of Parent or Custodian (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		Business Phone				
Notified By: (Name)		Date	Time	Juvenile Disposition						
Released to: (Name)		Relationship	Date	1. Handled/Processed Within Dept. and Released 2. Turned Over to HRS/CYF 3. Incarcerated (County Jail)						
Person/Unit Notified		Time	Related Report Number(s)							
Offense Reporting		ID. Number	Routed To	Returned To	Assigned To	Date				
V. REPORT		3633-73			A3104	05.04.10				
Case Status		Clearance Type	Date Cleared	Jail Number		Number Arrested				
1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend.		A-Adult J-Juvenile								
Exception Type		OSB Number		Page of						
1. Extradition Declined				2 of 4						

Agency 30	Gang Related	MIAMI-LAKE POLICE DEPARTMENT	Report Number 304-188659
Date of Supplement	Original Primary Offense Description Agg Battery	Victim # 1 Name Osorno H.	Original NCRICR Code
Offense Date 05-04-2010	Original OFFENSE Location Employee lot	Primary Offense Changed To	New NCRICR Code
		A-Attempted C-Committed	New Statute Violation Number

Witness #2 amigo stated that she saw subj begin pull out a black long object and approach vict osorno with it. Witness #2 then got scared and went into her vehicle. The witness amigo she clearly heard on 2 separate occasions subj begin tell vict osorno "I'm going to blow your head off!" For all parties shortly afterwards subj began fled in his personal veh for parts unknown.

Units Responding
 Mia Dade Fire Lt Rodriguez Rescue #12
 Treated vict. osorno on scene.
 A300 Lt. Mechanic.
 A3100 Sgt. R. Ruiz
 A3108 off. N. Forticella
 A3105 off. R. Skelberg

ISA: M. Diaz Regulatory

NARRATIVE CONTINUATION

Suspect Code S - Suspect A - Arrestee	Code # 1 #1 3 Both 2 #2	Offense Indicator	Residence Type 1 City 3 Florida 2 County 4 Out of State	Citizenship	Drug Indication 1 Yes 8 Unknown 2 No	Alcohol Indication 1 Yes 8 Unknown 2 No				
Drug Activity S. Sell N. N/A P. Possess T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	2. Other	Drug Type M. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hashish M. Marijuana G. Other/Res	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other Name of Parent or Custodian (Last, First, Middle)							Residence Phone () () ()			
Address (Street, Apt. Number)							(City) (State) (Zip)		Business Phone () () ()	
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled/Processed Within Dept. and Released 2. Turned Over to HRS/CYF 3. Incarcerated (County Jail)					
Released to: (Name)			Relationship	Date	Time					
Person/Unit Notified			Time	Related Report Number(s)						
Officer(s) Reporting V. CAPORE			ID. Number 3633-73	Assigned To A3104		Date 05-04-10				
Officer Reviewing (if Applicable) SJ			ID. Number	Routed To	Referred To	Assigned To	By	Date		
Case Status		Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 4. Open Pend.	A-Adult J-Juvenile	Date Cleared	Jail Number	Number Arrested			
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense, Secondary Offense Without Prosecution		3. Death of Offender 4. VAW Refused to Cooperate		5. Prosecution Declined 6. Juvenile / No Custody		OBTS Number		

PERSON(S) REPORT

Agency Code 30	MIAMI-DADE POLICE DEPARTMENT		Agency Report Number TD 10504-188659	Juvenile to Report <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement <input type="checkbox"/>	
Date of Supplement	Original Date Reported 03-04-2010		Primary Offense Description AGG BATTERY	Victim's Name ARMANDO J.			
V/W Code V-Victim W-Witness C-Reporting Person	P-Perpetrator Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 8. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex M-Male F-Female U-Unknown	
Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Location 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/ Bruises 09. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	
03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/ Bruises 09. Other		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	
06. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/ Bruises 09. Other		03. Spouse 04. Ex-Spouse 05. Co-Habitant		10. Step-Child 11. In-Law 12. Other Family 13. Student	
06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/ Bruises 09. Other		03. Spouse 04. Ex-Spouse 05. Co-Habitant		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend	
06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/ Bruises 09. Other		03. Spouse 04. Ex-Spouse 05. Co-Habitant		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	
06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/ Bruises 09. Other		03. Spouse 04. Ex-Spouse 05. Co-Habitant		21. Employer 22. Landlord/Tenant 23. Acquaintance 29. Other Known	
OFF/INC Indicator 1. #1 3. Both 2. #2		V/W Code 11 W 02 3	V. Type 3	Name (Last, First, Middle or Business) Armando Juana		Residence Phone () () ()	
Address (Street, Apt. Number) Man. Ind. Airt. TSA "J"		City MIAMI		State FL		Zip 33121	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement Saw attack		Business Phone 305.321.710			
# Victim Type 1, 2 or 3	Race W	Sex F	Date of Birth or Age 02-20-1960	Res. Type 2	Res. Status 1	Extent of Injury 00	Injury Type(s) 00
Relationship 17		Ethnicity	Will victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>				
OFF/INC Indicator 1. #1 3. Both 2. #2		V/W Code 11 W 02 3	V. Type 3	Name (Last, First, Middle or Business) Armando Juana		Residence Phone () () ()	
Address (Street, Apt. Number) Man. Ind. Airt. TSA "J"		City MIAMI		State FL		Zip 33121	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement Saw attack		Business Phone 305.321.710			
# Victim Type 1, 2 or 3	Race W	Sex F	Date of Birth or Age 02-20-1960	Res. Type 2	Res. Status 1	Extent of Injury 00	Injury Type(s) 00
Relationship 17		Ethnicity	Will victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>				
OFF/INC Indicator 1. #1 3. Both 2. #2		Suspect Code S-Suspect A-Arrestee	E-Escaped M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile
Maiden Name		Nickname / Street Name		Place of Birth		Residence Phone () () ()	
Last Known Address (Street, Apt. Number)		City		State		Zip	
Occupation		Employer / School		Address		Social Security Number	
Driver's License State / Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number (Arrested)	
FCIC/NCIC		Scars / Marks / Tattoos (Location / Describe)		Hair Style			
Clothing (Describe)		Scars / Marks / Tattoos (Location / Describe)		Hair Style			
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color
Hair Length	Facial Hair		Teeth	Speech / Voice	Special Identifiers		
OFF/INC Indicator 1. #1 3. Both 2. #2		Suspect Code S-Suspect A-Arrestee	E-Escaped M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile
Maiden Name		Nickname / Street Name		Place of Birth		Residence Phone () () ()	
Last Known Address (Street, Apt. Number)		City		State		Zip	
Occupation		Employer / School		Address		Social Security Number	
Driver's License State / Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number (Arrested)	
FCIC/NCIC		Scars / Marks / Tattoos (Location / Describe)		Hair Style			
Clothing (Describe)		Scars / Marks / Tattoos (Location / Describe)		Hair Style			
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color
Hair Length	Facial Hair		Teeth	Speech / Voice	Special Identifiers		
Incident Type 1. Runaway 2. Parental Victim 3. Involuntary 4. Disoriented 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No		Missing Before? 1. Yes 2. No 3. Unknown	
Fingerprints Available? 1. Yes 2. No 3. Unknown		Photo Available? 1. Yes 2. No 3. Unknown		Dental Record Available? 1. Yes 2. No 3. Unknown		MCC Form Provided? 1. Yes 2. No	
Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By	
Mental / Physical Condition		Medication Required / Type		Doctor / Dentist (Name, Phone Number)			
Property Carried		ID Type / Number		ID Type / Number			
Probable Destination		Name / Address		Transportation Mode			
Recovery Information 0. N/A 1. Voluntary		2. Located - Not Returned		3. Hospitalized 4. HRG Custody		5. Law Enforcement Custody 6. Returned to Parent	
7. Deceased 8. Other							
Officer Reporting V. Capole		ID. Number		Routed To		Referred To	
Assigned To		By		Date			
3633-73		A3104		05-DK-16			