

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

JAIL NO. _____ PMD: Yes Unknown

COURT CASE NO. _____

IDS NO. _____ AGENCY CODE: 30 MUNICIPAL P.D. DEF. ID NO. _____ MDPD RECORDS AND ID NO. _____ STUDENT ID NO. _____

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): _____ (City) (State) (Zip) PHONE: _____ CITIZENSHIP: US

HOMELESS: UNKNOWN: OCCUPATION: TSA

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

DRIVER'S LICENSE NUMBER / STATE: _____ SOCIAL SECURITY NO. _____ WEAPON SEIZED? Type: Yes No If Def. has Concealed Weapons Permit: _____ PERMIT # W: _____ 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 (CONCOURSE J) GRID: 1159

CO-DEFENDANT NAME (Last, First, Middle): 1. _____	DOB (MM/DD/YYYY): _____	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
CO-DEFENDANT NAME (Last, First, Middle): 2. _____	DOB (MM/DD/YYYY): _____	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
CO-DEFENDANT NAME (Last, First, Middle): 3. _____	DOB (MM/DD/YYYY): _____	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <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) _____ Contacted? Yes No 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>1784.045</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 CASE #:
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 CASE #:
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 CASE #:
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 CASE #:

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 2010 at MIAMI INT'L AIRPORT (EMPLOYEE LOT) (Narrative, in Spanish):

THE A AND VICTIM WORK AT MIAMI INT'L AIRPORT AS TSA SCREENERS (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: _____ 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): [Name] AGENCY NAME: 30-MIA

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: _____

Signature of Plaintiff: _____

CBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION			POLICE CASE NO. PC 100504188659		
JAIL NO.			COURT CASE NO.				
DOB 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	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)				DOB (MM/DD/YYYY)		<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	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)				DOB (MM/DD/YYYY)		<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
<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"/> XN <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
<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"/> XN <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
<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"/> XN <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
<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"/> XN <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 **FD100-04-188659**

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

Incident Type: **1. Felony** 3. Misdemeanor 5. Ordinance 7. Incident Day: **05-04-2010** Time (hr): **2045** Day: **05-04-2010** Date: **05-04-2010** Time (min): **045**

OFFENSE #1: **Agg Battery** A-Attempted **C** C-Committed **104 045** NCIC/UCR Code: **21**

Incident Location (Street, Apt. Number): **MIAMI INT ARDT NIA FL 33154** Zip: **33154** District: **7** Area: **115A** Zone: **21**

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

Location Type: **01. Residence-Single** 06. Gas Station 11. Specialty Store 16. Storage 21. Airport 26. Highway/Roadway 99. Other

OFF/INC: **01** # Victims: **01** # Offenders: **01** # Prom. Ent.: **000000** # Veh. Station: **000000** Type Weapon: **00. N/A** 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incidery 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 14. Other 15. Unknown 16. Other

V/W Code: **W** 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** 1. American Indian 2. Oriental/Asian 3. Black 4. White 5. Unknown Sex: **M-Male** 1. Female 2. Unknown Residence Type: **0. N/A** 1. City 2. County 3. Florida 4. Out-of-State Residence Status: **1. Full Year** 2. Part Year 3. Non-Resident Extent of Injury: **0. None** 1. Minor 2. Serious 3. Fatal

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

OFF/INC Indicator: **1. #1 3. Both 2. #2** V/W Code: **W** V. Type: **M** Name (Last, First, Middle or Business): **ESOR NO HUHO** Residence Phone: **() () ()**

Address (Street, Apt. Number): **Via 1st Offices** City: **Via 1st Offices** State: **Via 1st Offices** Zip: **Via 1st Offices** 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** Race: **M** Sex: **M** Date of Birth or Age: **10-16-1975** Res. Type: **2** Res. Status: **1** Extent of Injury: **09** Injury Type(s): **09** Relationship: **17** Ethnicity: **17** Will victim prefer charges? **Yes** **No**

OFF/INC Indicator: **1. #1 3. Both 2. #2** V/W Code: **W** V. Type: **M** Name (Last, First, Middle or Business): **Suarez Jorge** Residence Phone: **() () ()**

Address (Street, Apt. Number): **Via 1st Offices** City: **Via 1st Offices** State: **Via 1st Offices** Zip: **Via 1st Offices** 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** Race: **M** 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**

OFF/INC Indicator: **1. #1 3. Both 2. #2** Suspect Code: **B-Suspect** Code: **1** Juvenile: **0** Name (Last, First, Middle): **Negrin Rolando** Residence Phone: **() () ()**

Maiden Name: **Negrin Rolando** Nickname/Street Name: **Negrin Rolando** Place of Birth: **Negrin Rolando** Residence Phone: **() () ()**

Last Known Address (Street, Apt. Number): **Via 1st Offices** City: **Via 1st Offices** State: **Via 1st Offices** Zip: **Via 1st Offices** Business Phone: **305-321-7110**

Occupation: **Gas Screener** Employer/School: **Via 1st Offices** Address: **Via 1st Offices** Social Security Number: **Via 1st Offices**

Driver's License State/Number: **Via 1st Offices** Immigration and Naturalization Number: **Via 1st Offices** Other I.D. Number: **Via 1st Offices** OBTS Number (Arrested): **Via 1st Offices** FCIC/NCIC: **Via 1st Offices**

Clothing (Describe): **Via 1st Offices** Scars/Marks/Tattoos (Location/Describe): **Via 1st Offices** Hair Style: **Via 1st Offices**

Race: **W** Sex: **M** Date of Birth or Age: **10/1/72** Height: **5'11"** Weight: **170** Eye Color: **Brown** Hair Color: **Black** Hair Length: **Short**

Complexion: **Light** Build: **Thin** Facial Hair: **None** Teeth: **Good** Speech/Voice: **Accented** Special Identifiers: **Via 1st Offices**

NARRATIVE: **See Narrative Pg 1 & 2**

Person/Unit Notified: **A3000 Lt. Mechanc 2:30D** Time: **2:30D** Related Report Number(s): **Via 1st Offices**

Officer(s) Reporting: **V. Capore** Agency Code: **30** AD Number/Generator Code: **3655-13** Agency Code: **A3104**

Officer Reviewing (If Applicable): **Sgt.** LD. Number: **Via 1st Offices** Routed To: **Via 1st Offices** Referred To: **Via 1st Offices** Assigned To: **Via 1st Offices** By: **Via 1st Offices** Date: **Via 1st Offices**

Case Status: **1. Arrested** 2. Exceptional 3. Unfounded 4. Open Period 5. Adult 6. Juvenile 7. Date Cleared 8. Jail Number 9. Number Arrested

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

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 victim'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. osorno 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)							(City) (State) (Zip)	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 (all center Code)				
V. REPORT							3655-73				
Offense Reviewing (if applicable)							Assigned To				
DST.							By				
Case Status							Date				
Clearance Type							Jail Number				
1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend.							Number Arrested				
A-Adult J-Juvenile							Date Cleared				
Exception Type							OSTB Number				
1. Extradition Declined							Page 2 of 4				
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											

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	Original NCRICR Code
Original OFFENSE Location Employee lot	Primary Offense Changed To	A-Attempted C-Committed	New NCRICR Code

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

TSR: 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)		Date		Time		
Released to: (Name)	Relationship	Date	Person/Unit Notified		Time		Related Report Number(s)		
Officer(s) Reporting V. CAPORE	ID. Number	Routed To	Referred To	Assigned To	By	Date	ID. Number/Locator Code 3633-73 A3104 05-07-10		
Offense 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	1. Original 2. Supplement
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	1-American Indian O-Oriental/Asian U-Unknown
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	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student
OFF/INC Indicator 1. #1 2. #2	V/W Code 1. W 2. P	V. Type 3. Both	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		
# Victim Type 1, 2 or 3	Race W	Sex F	Date of Birth or Age 02-20-1960	Res. Type 2	Res. Status 1
OFF/INC Indicator 1. #1 2. #2			V. Type 3. Both	Name (Last, First, Middle or Business)	Residence Phone () () ()
Address (Street, Apt. Number)			City	State	Zip
Other Contact Info. (Time Available, Interpreter, etc.)			Synopsis of Involvement		
# Victim Type 1, 2 or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status
OFF/INC Indicator 1. #1 2. #2			Suspect Code S-Suspect A-Arrestee	E-Escaped M-Missing	R-Recovered Z-Other
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)
Clothing (Describe)			Scars / Marks / Tattoos (Location / Describe)		
Race	Sex	Date of Birth or Age	Height	Weight	Eye Color
Complexion	Build	Facial Hair	Teeth	Speech / Voice	Special Identifiers
OFF/INC Indicator 1. #1 2. #2			Suspect Code S-Suspect A-Arrestee	E-Escaped M-Missing	R-Recovered Z-Other
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)
Clothing (Describe)			Scars / Marks / Tattoos (Location / Describe)		
Race	Sex	Date of Birth or Age	Height	Weight	Eye Color
Complexion	Build	Facial Hair	Teeth	Speech / Voice	Special Identifiers
Incident Type 1. Runaway 2. Parental 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
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 3633-73	Assigned To A3104	Date 05-04-10