

DOCUMENTED  
GANG MEMBER

COMPLAINT/ARREST AFFIDAVIT -

COURT COPY

OBTS NUMBER		<b>COMPLAINT/ARREST AFFIDAVIT</b>				POLICE CASE NO. 2014-0220-02	
SPECIAL OPERATION:		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state		JAIL NO.		PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
IDS NO.		AGENCY CODE 07		MUNICIPAL P.D. DEF. ID NO.		MOPD RECORDS AND ID NO.	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) REY, ALFREDO		ALIAS and / or STREET NAME				SIGNAL: <input checked="" type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500	
DOB (MM/DD/YYYY) 03/12/1984		AGE 29		RACE W		SEX M	
ETHNICITY: CUB		HEIGHT 5'2"		WEIGHT 120		HAIR COLOR BLK	
HAIR LENGTH 5HT		HAIR STYLE STR		EYES BRN		GLASSES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) MULTIPLE TATTOOS		PLACE OF BIRTH (City, State/Country) MIAMI, FL				FACIAL HAIR CLN	
LOCAL ADDRESS (Street, Apt. Number) 2260 NE 136 ST		(City) N. MIAMI BEACH, FL		(State) 33181		(Zip)	
PHONE (786) 503-2260		CITIZENSHIP US		PERMANENT ADDRESS (Street, Apt. Number)		OCCUPATION LABOR	
PHONE ( )		ADDRESS SOURCE: <input type="checkbox"/> DL <input checked="" type="checkbox"/> Verbal <input type="checkbox"/>		<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip)		PHONE ( )	
DRIVER'S LICENSE NUMBER / STATE R000-000-84-092-0 FL		SOCIAL SECURITY NO. 591-26-1397		WEAPON SEIZED? Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Def. has Concealed Weapons Permit. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PERMIT # W-	
INDICATION OF: Y N UNK Alcohol Influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		ARREST DATE (MM/DD/YYYY) 02/28/2014		ARREST TIME (HHMM) 1120 HRS		ARREST LOCATION (Include name of business) NE 135 ST + BISCAIYNE BIVD	
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		GRID	
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 only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name) _____		(Street, Apt. Number) _____		(City) _____ (State/Country) _____ (Zip) _____ (Phone) _____	
Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		CHARGES		CHARGE AS:		COUNTS	
FL STATUTE NUMBER		VIOL. OF SECT		CODE OF		UCR	
DV		WARRANT TYPE OR TRAFFIC CITATION		<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"/> AW <input type="checkbox"/> DWW <input type="checkbox"/> WRIT		CASE #:	
1. BURGLARY-UNOCCUPIED		F.S. <input type="checkbox"/> ORD <input type="checkbox"/>		1		810.02	
2. CRIMINAL MISCHIEF		F.S. <input type="checkbox"/> ORD <input type="checkbox"/>		1		806.13(1)(B) 2	
3.		F.S. <input type="checkbox"/> ORD <input type="checkbox"/>					
4.		F.S. <input type="checkbox"/> ORD <input type="checkbox"/>					

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 20 day of FEB, 20 14, at 0225 (HHMM) at 13724 BISCAIYNE BIVD "SOK NAILS" (Narrative, be specific)

ON THE ABOVE DATE, THE DEF. WALKED TO THE LISTED LOCATION AND BEGAN LOOKING INSIDE SEVERAL BUSINESSES IN THE PLAZA. THE DEF. THEN USED A ROCK AND THREW IT AT THE FRONT DOOR OF THE LISTED BUSINESS "SOK NAILS" AND BROKE THE GLASS, WHICH WAS VALUED AT \$300.<sup>00</sup>. THE DEF. ENTERED THE LISTED LOCATION WITHOUT PERMISSION. THE DEF FLED PRIOR TO POLICE ARRIVAL. IT SHOULD BE NOTED THE DEF. (CONT) PAGE 1 OF 2

HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at 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 (Juvenciles notify Juvenile Division) anytime that my address changes.	
Name:		156 (07)		SWORN TO AND SUBSCRIBED BEFORE ME,		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		OFFICER'S / COMPLAINANT'S SIGNATURE Det. P. Donham		THE UNDERSIGNED AUTHORITY THIS 28 FEB 2014		Signature of Defendant / Juvenile and Parent or Guardian	
NAME (Printed) P. Donham		COURT ID NUMBER/LOC. CODE NMBRD		DAY OF 28 FEB 2014		Deputy of the Court or Notary Public	