

Date of Supplement		<b>MIAMI-DADE POLICE DEPARTMENT</b>				Agency Report Number		<b>2020-0410-16</b>		
Original Day Reported	Day	Date	Time (MII)	Time Dispatched (MI)	Time Arrived (MI)	Time Completed (MI)				
<b>FRIDAY</b>	<b>04/10/2020</b>	<b>1836</b>	<b>1836</b>	<b>1836</b>	<b>1836</b>	<b>1836</b>				
Incident Type	3. Misdemeanor	5. Ordinance	Incident: Day	Date Dec 4, 2019	Time (MII) 1700 hour	Day Thursday	Date 02-27-2020	Time (MII) 1800 hours		
1. Felony	4. Traffic	9. Other	From	<b>FRIDAY</b>	<b>04/10/2020</b>	<b>1836</b>	To	<b>FRIDAY</b>	<b>04/10/2020</b>	<b>1836</b>
2. Traffic Felony	Misdemeanor									
OFF#NC	Type	Description	A - Attempted C - Committed		Statute Violation Number		N/A		NCIC/UCR Code	
<b>#1</b>	<b>9</b>	<b>INFORMATION</b>								
OFF#NC	Type	Description	A - Attempted C - Committed		Statute Violation Number		N/A		NCIC/UCR Code	
<b>#2</b>		<b>N/A</b>								

Incident Location (Street, Apt. Number)		City	Zip	District	Grid	Area	Zone
<b>17011 NE 19<sup>TH</sup> AVENUE</b>		<b>N MIAMI BEACH, FL</b>	<b>33162</b>	<b>07</b>			

Business Name/Area Identifier		Forced Entry	Occupancy
<b>N/A</b>		0. N/A 2. No 1. Yes	0. N/A 2. Unoccupied 1. Occupied 3. Abandoned
		<b>0</b>	<b>1</b>

Location Type		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other	
01. Residence-Single		06. Gas Station		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field			
02. Apartment/Condo		07. Liquor Sales		18. School/University		23. Construction Site		28. Lake/Waterway			
03. Residence-Other		08. Bar/Nightclub		19. Jail/Prison		24. Other Structure		29. Motor Vehicle			
04. Hotel/Motel		09. Supermarket		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile			
05. Convenience Store		10. Dept./Discount Store		15. Industrial/Mfg.							

# OFF#NC	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type Weapon	02. Rifle	05. Knife/Cutting Instrument	07. Hands/Fist/Foot	10. Fire/Incendiary	13. Drugs	
<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	00. N/A 01. Handgun	03. Shotgun 04. Firearm	06. Blunt Object	08. Poison 09. Explosives	11. Threat/Intimidation 12. Simulated Weapon	88. Unknown 99. Other	<b>00</b>

V/W Code	P- Proprietor Z- Other C - Reporting Person	Victim Type	4. Business	Race	I-American Indian	Sex	Residence Type	Residence Status	Extent of Injury
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L. E. Officer 3. Adult	5. Government 6. Church 9. Other	N-N/A W-White B-Black	O-Oriental/Asian U-Unknown	N-N/A M-Male F-Female U-Unknown	0. N/A 1. City 2. County 3. Florida 4. Out-of-State	0. N/A 1. Full Year 2. Part Year 3. Non-Resident	0. None 1. Minor 2. Serious 3. Fatal

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

OFF#NC Indicator	V/W Code	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1. #1 3. Both 2. #2	<b>1 C</b>	<b>1</b>	<b>DEFILLO, ANTHONY</b>	<b>305-947-7581</b>

Address (Street, Apt. Number)		City	State	Zip	Business Phone
<b>17011 NE 19<sup>TH</sup> AVENUE</b>		<b>N MIAMI BEACH</b>	<b>FL</b>	<b>33162</b>	<b>N/A</b>

Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
<b>N/A</b>		<b>REPORTING PERSON</b>	

# V/W Code	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charges?
V, W, or P				<b>0</b>	<b>0</b>	<b>0</b>	<b>00 00</b>	<b>0</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>

OFF#NC Indicator	V/W Code	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1. #1 3. Both 2. #2	<b>1 Z</b>	<b>1</b>	<b>JOSEPH, MICHAEL</b>	<b>305-947-7581</b>

Address (Street, Apt. Number)		City	State	Zip	Business Phone
<b>17011 NE 19<sup>TH</sup> AVENUE</b>		<b>N MIAMI BEACH</b>	<b>FL</b>	<b>33162</b>	<b>N/A</b>

Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
<b>N/A</b>		<b>INVOLVED OTHER</b>	

# V/W Code	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charges?
V, W, or P				<b>0</b>	<b>0</b>	<b>0</b>	<b>00 00</b>	<b>0</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>

OFF#NC Indicator	Suspect Code	Juvenile	Name (Last, First, Middle or Business)
1. #1 3. Both 2. #2	S-Suspect E-Escapee A-Arrestee Z-Other		<b>N/A</b>

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
Last Known Address (Street, Apt. Number)		City	State
Occupation	Employer/School	Address	Social Security Number
Driver's License State/Number	Immigration and Naturalization Number	Other I.D. Number	OBTs Number (Arrested)
Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)	
Race	Sex	Date of Birth or Age	Height
			Weight
			Eye Color
			Hair Color
			Hair Length
			Hair Style

On April 10, 2020 at 1836 hours, I made contact with the City of North Miami Beach Mayor Anthony Defillipo via telephone. Mayor Defillipo asked to have a report written for documentation purposes.

According to Mayor Defillipo, he was notified by the City of North Miami Beach City Manager Esmond Scott that the City of North Miami Beach Commissioner Michael Joseph inquired about seeing Mayor Defillipo drive by the street in which he resides on. Mayor Defillipo advised that he did not want his

Person/Unit Notified	Time	Related Report Number(s)

Officer (s) Reporting	ID. Number(s)/Locator Code	Unit	Date
<b>DET. M. CHINCHILLA</b>	<b>#286/07</b>	<b>#717</b>	<b>04/10/20</b>

Officer Reviewing (if Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date
	<b>553</b>					<b>4/10/20</b>

Case Status	Clearance Type	A - Adult	Date Cleared	Jail Number	Number Arrested
	1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend.	J - Juvenile			

Exception Type	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	Page	Pa
1. Expedition Declined					<b>1</b>	<b>of</b>



<b>Location Type</b>														
01. Residence-Single	06. Gas Station	11. Specialty Store	16. Storage	21. Airport	26. Highway/Roadway	99. Other								
02. Apartment/Condo	07. Liquor Sales	12. Drug Store/Hospital	17. Gov't/Public Bldg.	22. Bus/Rail Terminal	27. Park/Woodlands/Field									
03. Residence-Other	08. Bar/Nightclub	13. Bank/Financial Inst.	18. School/University	23. Construction Site	28. Lake/Waterway									
04. Hotel/Motel	09. Supermarket	14. Commercial/Office Bldg.	19. Jail/Prison	24. Other Structure	29. Motor Vehicle									
05. Convenience Store	10. Dept./Discount Store	15. Industrial/Mfg.	20. Religious Bldg.	25. Parking Lot/Garage	30. Other Mobile									
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type Weapon	02. Rifle	05. Knife/Cutting Instrument	07. Hands/Fist/Feet	10. Fire/Incendiary	13. Drugs	00			
1	0	0	0	0	00. N/A 01. Handgun	03. Shotgun 04. Firearm	06. Blunt Object	08. Poison 09. Explosives	11. Threat/Intimidation 12. Simulated Weapon	88. Unknown 90. Other				
V/W Code	P- Proprietor W- Witness Z- Other C- Reporting Person	Victim Type	0. N/A 1. Juvenile 2. L. E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race	N-N/A I-American Indian O-Oriental/Asian W-White B-Black U-Unknown	Sex	N-N/A M-Male F-Female U-Unknown	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
Injury Type	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Bums 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 2. #2 3. Both	V/W Code	V. Type	Name (Last, First, Middle or Business)							Residence Phone			
1	1	1	0	<b>DEFILLIPO, ANTHONY</b>							<b>305-947-7581</b>			
Address (Street, Apt. Number)				City				State		Zip		Business Phone		
<b>17011 NE 19<sup>TH</sup> AVENUE</b>				<b>N MIAMI BEACH</b>				<b>FL</b>		<b>33162</b>		<b>N/A</b>		
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement										
N/A				<b>REPORTING PERSON</b>										
V/W Code	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>				
0				0	0	0	00 00	0						
OFF/INC Indicator	1. #1 2. #2 3. Both	V/W Code	V. Type	Name (Last, First, Middle or Business)							Residence Phone			
1	1	1	0	<b>JOSEPH, MICHAEL</b>							<b>305-947-7581</b>			
Address (Street, Apt. Number)				City				State		Zip		Business Phone		
<b>17011 NE 19<sup>TH</sup> AVENUE</b>				<b>N MIAMI BEACH</b>				<b>FL</b>		<b>33162</b>		<b>N/A</b>		
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement										
N/A				<b>INVOLVED OTHER</b>										

rights to travel freely through a public road to be infringed upon.

On the same date at 1857 hours, I made contact with Commissioner Michael Joseph via telephone. According to Commissioner Joseph, he observed a vehicle which may have been Mayor Defillipo's vehicle driving by his house on two occasions. Commissioner Joseph advised that he was not sure it was Mayor Defillipo's vehicle. He contacted City Manager Esmond Scott to ask if something was going on. Commissioner Joseph informed City Manager Esmond Scott that he did not wish to make a big deal out of it and wanted to leave it alone.

Both parties were issued a case card.

Major Rand was notified.



CIRCLE ONE  
White Blue Pink Yellow

# PERSON(S) REPORT

## MIAMI-DADE POLICE DEPARTMENT

Juvenile  
In Report

**N**

Warn/Dism

1. Original  
2. Supplement

**1**

Agency Report Number

**2020-0410-16**

Original Date Reported  
**04/10/2020**

### INFORMATION

W/V Code V - Victim W - Witness C - Reporting Person	P - Proprietor Z - Other	Victim Type 0. N/A 1. Juvenile 2. L. E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N - N/A W - White B - Black	1 - American Indian O - Oriental/Asian U - Unknown	Sex M - Male F - Female U - Unknown	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
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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/Bruiases 00. 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 Friend 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known
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Offense Indicator 1. #1 2. #2	W/V Code <b>1</b> <b>Z</b> <b>1</b>	V. Type <b>0</b>	Name (Last, First, Middle or Business) <b>SCOTT, ESMOND</b>
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Address (Street, Apt. Number) <b>17011 NE 19<sup>TH</sup> AVENUE</b>	City <b>N. MIAMI BEACH</b>	State <b>FL</b>	Zip <b>33162</b>	Residence Phone <b>305-947-7581</b>
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Other Contact Info. (Time Available, Interpreter, etc.) <b>N/A</b>	Synopsis of Involvement
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If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity
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Offense Indicator 1. #1 2. #2	W/V Code	V. Type	Name (Last, First, Middle or Business)
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Other Contact Info. (Time Available, Interpreter, etc.)	Synopsis of Involvement
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If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity
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Offense Indicator 1. #1 2. #2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle or Business)
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Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
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Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone
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Occupation	Employer/School	Address	Social Security Number
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Driver's License State/Number	Immigration and Naturalization Number	Other I.D. Number	OBTS Number (Arrested)	FCIC/MCIC
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Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)
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Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
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Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
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Offense Indicator 1. #1 2. #2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle or Business)
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Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
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Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone
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Occupation	Employer/School	Address	Social Security Number
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Driver's License State/Number	Immigration and Naturalization Number	Other I.D. Number	OBTS Number (Arrested)	FCIC/MCIC
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Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)
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Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
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Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
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Incident Type 1. Runaway 2. Parental Victim 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available? 1. Yes 2. No 8. Unknown	MCIC Form Provided? 1. Yes 2. No
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Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)	Accompanied By
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Mental/Physical Condition	Medication Required/Type	Doctor/Dentist (Name, Phone Number)
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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. DCF Custody	5. Law Enforcement Custody 6. Returned to Parent	7. Deceased 8. Other

Officer (s) Reporting <b>DET M CHINCHILLA</b>	ID. Number(s)/Locator Code <b>#286/07</b>	Unit <b>#717</b>	Date <b>04/10/20</b>
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Officer Reporting (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date
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