

M18004087

COMPLAINT/ARREST AFFIDAVIT

POLICE CASE NO. PD 180202043324  
COURT CASE NO. M18 4087

COMPLAINT/ARREST AFFIDAVIT

OBTS NUMBER \_\_\_\_\_

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

JAIL NO. \_\_\_\_\_ PMHD:  Yes  No  Unknown

IDS NO. 3193696 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) POWELL, NORMAN CHRISTOPHER

ALIAS and / or STREET NAME \_\_\_\_\_

DOB (MM/DD/YYYY) 10/22/1965 AGE 52 RACE B SEX M  Hispanic  Not Hispanic

HEIGHT 5'10" WEIGHT 215 HAIR COLOR BRN HAIR LENGTH SHORT HAIR STYLE COMB EYES BRN GLASSES  Yes  No FACIAL HAIR CLEAN TEETH NONE

ETHNICITY: AFR ETHNICITY: AFR PLACE OF BIRTH (City, State/Country) JAMAICA

LOCAL ADDRESS (Street, Apt. Number) 320 RICHARD CONCORSE MIAMI FL 33138

PERMANENT ADDRESS (Street, Apt. Number) \_\_\_\_\_ HOMELESS  UNKNOWN

PHONE ( ) ( ) ( ) CITIZENSHIP U.S.A

PHONE ( ) ( ) ( ) OCCUPATION \_\_\_\_\_

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: Y N UNK Alcohol Influence:    Drug Influence:

ARREST DATE (MM/DD/YYYY) 2/2/2018 ARREST TIME (HH:MM) 3:00PM ARREST LOCATION (include name of business) 4200 N.W. 21st STREET

CO-DEFENDANT NAME (Last, First, Middle) \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

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CO-DEFENDANT NAME (Last, First, Middle) \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

JUV only	Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/>	(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
CCF	<input type="checkbox"/> P.S. <input type="checkbox"/> ORD		790.06(10)					<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"/> DVW <input type="checkbox"/> WRIT
	<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"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT
	<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"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT
	<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"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT

The undersigned certifies and avers 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 12 day of FEB 20 18, at 1420 (HH:MM) at 4200 N.W. 21st STREET MIAMI, FL 33147 (Narrative, be specific)

ON THE ABOVE DATE AND TIME AND CHRISTOPHER POWELL ARRIVED AT MIAMI AIRPORT TO TRAVEL. WHEN MR. POWELL ENTERED TSA CHECK POINT NUMBER TWO, LANE FOUR, TSA AGENT JASSON ADLA, DO 1246174, WHO WAS OPERATING THE X-RAY MACHINE OBSERVED A FIREARM INSIDE OF MR. POWELL'S CARRY-ON UPON TDS UNIT'S APPROX. IT WAS DETERMINED THAT MR. POWELL POSSESSED A VALID CONCEAL WEAPON PERMIT AND ALLOWED TO RTH UTILIZING FLORIDA

HOLD FOR OTHER AGENCY \_\_\_\_\_ VERIFIED BY \_\_\_\_\_

NAME: \_\_\_\_\_

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S / COMPLAINTANT'S SIGNATURE: [Signature] COURT ID NUMBER/LOC. CODE: 5399 (24)

NAME (Printed): [Signature] AGENCY NAME: MDPD

THE UNDERSIGNED AUTHORITY THIS: [Signature] DAY OF: [Signature]

Deputy of the Court for Miami Police

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 (Juveniles notify Juvenile Division) anytime that my address changes.

You need not appear in court, but must comply with the instructions on the reverse side hereof.

Signature of Defendant / Juvenile and Parent or Guardian

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