

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

OBS NUMBER		<b>COMPLAINT/ARREST AFFIDAVIT</b>				POLICE CASE NO. PD090915409679	
SPECIAL OPERATION <input type="checkbox"/> FUGITIVE WARRANT <input type="checkbox"/> WARRANT		<input type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> EJECT <input type="checkbox"/> CIV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INV		JAIL NO.		COURT CASE NO.	
DOB NO.		AGENCY CODE 30		MUNICIPAL P.D. DEF ID NO.		MPO RECORDS AND ID NO.	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) RODRIGUEZ, ANDY JESUS		ALIAS (MR / or STREET NAME)				SIGNATURE	
DOB (MM/DD/YYYY) 08/22/1992		AGE 17		RACE W		SEX M	
ETHNICITY Cub		HEIGHT 5'9"		WEIGHT 160		HAIR COLOR BLK	
HAIR LENGTH SHT		HAIR STYLE STY		EYES BRO		GLASSES <input type="checkbox"/> Yes <input type="checkbox"/> No	
FACIAL HAIR CLN		TEETH NOR		PLACE OF BIRTH (City, State/Country) Havana, Cuba			
SCARS, TATTOOS, UNUSUAL PHYSICAL FEATURES (Location, Type, Description) Tattoos: Rear of both biceps - upper back - lower left abdomen - left wrist						PLACE OF BIRTH (City, State/Country) Havana, Cuba	
LOCAL ADDRESS (Street, Apt. Number) Miami FL 33126				PHONE ( ) ( )		CITIZENSHIP	
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN				PHONE ( ) ( )		OCCUPATION	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street)				PHONE ( ) ( )		ADDRESS SOURCE: <input type="checkbox"/> DL <input type="checkbox"/> Verbs <input type="checkbox"/>	
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NO.		WEAPON SEIZED Type <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Knife		INDICATION OF: Y N LNK Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ARREST DATE (MM/DD/YYYY) 09/15/2009		ARREST TIME (HH:MM) 9:10 am		ARREST LOCATION (Include name of business) 3610 Riviera Drive, Coral Gables			
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> ADVERSE			
1.				<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
2.				<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> ADVERSE			
3.				<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
JURY <input type="checkbox"/> Present <input type="checkbox"/> Question <input type="checkbox"/> Foster Care		(Name)		(Street, Apt. Number)		(City) (State/Country) (Zip) (Phone) Considered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHARGES		CHARGE NO.		COUNTS		FL STATUTE NUMBER	
1. Second Degree Murder		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORC				FSS 782.04 (2)	
2.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC					
3.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC					
4.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC					
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 <u>15</u> day of <u>September</u> , 20 <u>09</u> at <u>9:05 am</u> (HH:MM) at <u>450 Bird Road, Coral Gables Senior High School</u> (Mention, be specific) Location, include name of business							
The victim and the defendant are students that attend Coral Gables Senior High School. While at school, on the above date and at the above approximately time the defendant and the victim were walking in a hallway en route to their respective classes. As they passed each other, the victim and the defendant intentionally bumped into each other and engaged in a fist fight. The defendant and victim exchanged blows. During the fight, the defendant was observed to throw the victim to the floor. The defendant was then observed to withdraw a knife from his pocket and stab the victim multiple times. The defendant fled from the school grounds and was taken into custody where he was found to be in possession of a switchblade knife. The victim expired on the scene as a result of the wounds. The defendant was advised of his Constitutional Rights per Miranda which he fully understood. The defendant provided a statement self admitting to his involvement in the victim's death.							
HOLD FOR OTHER AGENCY Name		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 voluntarily 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 as notify Clerk of the Court (Jurisdiction notify Juvenile Division) anytime I see my address changes.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		OFFICER'S / COMPLAINT'S SIGNATURE Detective T. Romagni		COURT ID NUMBER/LOC CODE 3490 ( 47 ) MDPD		AGENCY NAME	
SHOWN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS <u>15<sup>th</sup></u> DAY OF <u>September</u> , 20 <u>09</u>		Signature of Plaintiff / Juvenile and Parent or Guardian		Signature of Defendant / Juvenile and Parent or Guardian		Signature of Plaintiff / Juvenile and Parent or Guardian	