

CASE NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO. PD 091011 450025		
SPECIAL OPERATION	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> CIV <input type="checkbox"/> DWI <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF	JAIL NO.	PHOTO	COURT CASE NO.				
	<input type="checkbox"/> WARRANT <input type="checkbox"/> FUGITIVE WARRANT <input type="checkbox"/> OR INFO <input type="checkbox"/> OUT OF STATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
ICE NO.	AGENCY CODE 030	MUNICIPAL P.D. DEF. ID NO.	MOPO RECORDS AND ID NO.	STUDENT ID NO.	SANG ACTIVITY RELATED ARREST	PRALO RELATED ARREST		
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) PORTIELES, JUAN CARLOS				ALIAS (if) or STREET NAME SEASONS		SIGNATURE		
DOB (MM/DD/YYYY)	AGE	RACE	SEX	<input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Other Hispanic	HEIGHT	WEIGHT	HAIR COLOR	
01/21/1979	30	W	M		5'10"	210	BRO SHT	
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description)				PLACE OF BIRTH (City, State/Country)				
LOCAL ADDRESS (Street, Apt. Number)				PHONE		CITIZENSHIP		
6621 TAYLOR ST HOLLYWOOD FL 33024				786 299-6968		US		
PERMANENT ADDRESS (Street, Apt. Number)				PHONE		OCCUPATION		
3/4 LOCAL				(-) 3/4 LOCAL		D.J.		
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS				PHONE		ADDRESS SOURCE		
NON-STUDENT / UNEMPLOYED				(-) N/A		<input checked="" type="checkbox"/> DL		
DRIVERS LICENSE NUMBER - STATE		SOCIAL SECURITY NO.		WEAPON SEIZED? Type		INDICATION OF		
[REDACTED]		[REDACTED] -1129		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
ARREST DATE (MM/DD/YYYY)	ARREST TIME (HH:MM)	ARREST LOCATION (Include name of business)				GRID		
10/11/2009	6:25 PM	9105 NW 25 ST DORAL MIDWEST LOBBY				3120		
CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE						
1. N/A		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR						
2. N/A		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE						
3. N/A		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR						
4. N/A		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE						
5. N/A		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR						
AV	WTS	(Name)	(City)	(State/Country)	(Zip)	(Phone)	Consistent?	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		N/A					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CHARGES		CHARGE AS:	COUNTS	FL. STATUTE NUMBER	VIOL. OF BEST	CODE OF LOR	DV	WARRANT TYPE OR TEMP/PRO CITATION
1. 2 ND DEGREE MURDER		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORC	1	782.04(2)				<input type="checkbox"/> CIV <input type="checkbox"/> CIVAS <input type="checkbox"/> CIVM <input type="checkbox"/> CIVP <input type="checkbox"/> CIVPU <input type="checkbox"/> CIVR <input type="checkbox"/> CIVS <input type="checkbox"/> CIVT <input type="checkbox"/> CIVU <input type="checkbox"/> CIVV <input type="checkbox"/> CIVW <input type="checkbox"/> CIVX <input type="checkbox"/> CIVY <input type="checkbox"/> CIVZ <input type="checkbox"/> CIVAA <input type="checkbox"/> CIVAB <input type="checkbox"/> CIVAC <input type="checkbox"/> CIVAD <input type="checkbox"/> CIVAE <input type="checkbox"/> CIVAF <input type="checkbox"/> CIVAG <input type="checkbox"/> CIVAH <input type="checkbox"/> CIVAI <input type="checkbox"/> CIVAJ <input type="checkbox"/> CIVAK <input type="checkbox"/> CIVAL <input type="checkbox"/> CIVAM <input type="checkbox"/> CIVAN <input type="checkbox"/> CIVAO <input 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COMPLAINT/ARREST AFFIDAVIT - COURT COPY

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 11 day of OCTOBER 20 09 at 6:30 (HOUR) at ROADWAY SW 129-140 ST SW 107 AVE (Address, Street Name or Subarea)

THE VICTIM & Δ HAVE BEEN ROMANTICALLY INVOLVED FOR APPROXIMATELY 2 YEAR. ON THE ABOVE LISTED DATE & LOCATION, THE VICTIM & Δ WERE INVOLVED IN A HEATED VERBAL ALTERCATION. THE ALTERCATION ESCALATED & Δ BEGAN TO BEAT & BITE THE VICTIM REPEATEDLY & SHE FOUGHT BACK. THE Δ CHOKED THE VICTIM UNTIL SHE STOPPED MOVING. THE Δ SUSTAINED SEVERAL INJURIES WHICH INCLUDE: SCRATCHES THROUGHOUT FACE & TORSO. SWOLLEN RIGHT HAND. THE Δ VISITED SEVERAL WITNESSES WITH PAGE 1 OF 2

HOLD FOR OTHER AGENCY	VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Agree at Bond Hearing)	<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by the 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 (Lawrence) notify (Judge) (Deputy) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	2922 (47)	SWORN TO AND SUBSCRIBED BEFORE ME	<input type="checkbox"/> THE DEFENDANT IS NOT IN CUSTODY, BUT MUST COMPLY WITH THE INSTRUCTIONS ON THE REVERSE SIDE HEREOF.
OFFICER'S / COMPLAINT'S SIGNATURE ROLANDO DE LA OSA	COURT ID NUMBER/LOC CODE M3RD	THE UNDERSIGNED AUTHORITY THIS 12 DAY OF OCTOBER 2009	Signature of Detendant / Juvenile and Parent or Guardian
NAME (Printed)	AGENCY NAME	Depth of the Court, County, Precinct	

CASE NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION			POLICE CASE NO. PD 091011450025	
JAIL NO.		COURT CASE NO.				
CS NO.		AGENCY CODE 030	MUNICIPAL P.D. DEPT. ID NO.	MOPC RECORDS AND ID NO.		
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) PORTELES, JUAN CARLOS					DOB (MM/DD/YYYY) 01/21/1979	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)		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	
1. N/A		N/A				
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)		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	
2. N/A		N/A				
ADDITIONAL CHARGES		CHARGE AB.	COUNTS	PL. STATUTE NUMBER	VOL. OF SECT.	CODE OF LOR
3. N/A		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC				<input type="checkbox"/> CAC <input type="checkbox"/> OCAPAS <input type="checkbox"/> OSM <input type="checkbox"/> OFM <input type="checkbox"/> OFW <input type="checkbox"/> OJUV <input type="checkbox"/> PU <input type="checkbox"/> OAW CASE #: <input type="checkbox"/> DOWN <input type="checkbox"/> DWRT
4. N/A		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC		N/A		<input type="checkbox"/> CAC <input type="checkbox"/> OCAPAS <input type="checkbox"/> OSM <input type="checkbox"/> OFM <input type="checkbox"/> OFW <input type="checkbox"/> OJUV <input type="checkbox"/> PU <input type="checkbox"/> OAW CASE #: <input type="checkbox"/> DOWN <input type="checkbox"/> DWRT
5. N/A		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC		N/A		<input type="checkbox"/> CAC <input type="checkbox"/> OCAPAS <input type="checkbox"/> OSM <input type="checkbox"/> OFM <input type="checkbox"/> OFW <input type="checkbox"/> OJUV <input type="checkbox"/> PU <input type="checkbox"/> OAW CASE #: <input type="checkbox"/> DOWN <input type="checkbox"/> DWRT
6. N/A		<input type="checkbox"/> F.S. <input type="checkbox"/> ORC		N/A		<input type="checkbox"/> CAC <input type="checkbox"/> OCAPAS <input type="checkbox"/> OSM <input type="checkbox"/> OFM <input type="checkbox"/> OFW <input type="checkbox"/> OJUV <input type="checkbox"/> PU <input type="checkbox"/> OAW CASE #: <input type="checkbox"/> DOWN <input type="checkbox"/> DWRT

THE VICTIM IN THE FRONT PASSENGER SEAT RELAYING TO EACH HIS INVOLVEMENT IN THE INCIDENT. LATER, HE RESPONDED TO MOPD MIDWEST STATION, TOLD THE DESK OFFICER WHAT HE HAD DONE & HE WAS ARRESTED WITHOUT INCIDENT. DUE TO INJURIES THE Δ SUSTAINED DURING THE FIGHT WITH THE VICTIM THE Δ WAS TREATED BY FIRE RESCUE AT MIDWEST STATION, AND LATER TRANSPORTED TO WARD D. AFTER BEING MEDICALLY CLEARED, THE Δ WAS TRANSPORTED TO

HOLD FOR OTHER AGENCY NAME: _____	VERIFIED BY 2924 (47) COURT CLERK/BERNARD CODE MOPD AGENCY NAME	<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing). SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS <u>12</u> DAY OF <u>OCTOBER</u> 2009 <u>SUTHERLAND 4567</u> COUNTY OF <u>CLAY</u> MISSOURI	<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 (Juvenile only Juvenile Division) anytime that my address changes. <input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
OFFICER'S / COMPLAINT NUMBER Rogando Dela Rosa			SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR GUARDIAN _____