



Home Contact Us E-Filing Services Document Searches Forms Help
[Previous on List](#) [Next on List](#) [Return To List](#)
No Events No Name History

Detail by Entity Name

Florida Profit Corporation

AVA WORKS INC.

Identifying Information

Document Number P06000070263
EI Number NONE
Date Filed 05/18/2006
State FL
Status ACTIVE
Effective Date NONE

Principal Address

10 NORTH MIAMI AVENUE
AMI FL 33127 US

Mailing Address

10 NORTH MIAMI AVENUE
AMI FL 33127 US

Registered Agent Name & Address

VENDER, KYLE
3 WESTBAY DRIVE
5
RGO FL 33770 US

Officer/Director Detail

Name & Address

Officer, P,D
EICHER, PHIL
10 NORTH MIAMI AVENUE
AMI FL 33127 US

Name & Address

Officer, VP,D
LEY, DEKENRIC
10 NORTH MIAMI AVENUE
AMI FL 33127 US

Annual Reports

Annual Reports Filed

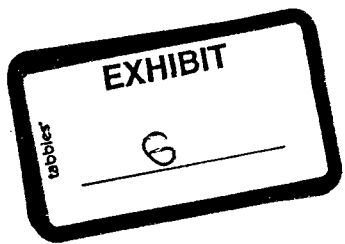


EXHIBIT
Comp
H
All reports

MIA MI POLICE DEPARTMENT

INCIDENT NUMBER: 279234

1 REPORT SIGNAL: 28		2 INC. DATE / TIME / DAY: 9-20-06 1621 Thurs		3 LOCATION OF INCIDENT: 503 NE 27 St.		APT. #	
4 DATE OF DISPATCH: 9-21-06		5 TIME DISP.: 1559		6 ON SCENE: 1614		7 IN SERVICE: 1830	
9 PIN # OFFICER: 27070 / Ali		10 PIN # OFFICER: 0299 / M. SANTO		11 OFFICER ASSAULTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8 UNIT #: 4224	
12 TYPE OF OFFENSE/INCIDENT: Vandalism		13 COPY TO		14 CROSS REF INC. #		15 INV. PIN #	
18 ATTEMPTED COMMITTED: V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 <input type="checkbox"/> V9 <input type="checkbox"/> V10 <input type="checkbox"/> V11 <input type="checkbox"/> V12 <input type="checkbox"/> V13 <input type="checkbox"/> V14 <input type="checkbox"/> V15 <input type="checkbox"/> V16 <input type="checkbox"/> V17 <input type="checkbox"/> V18 <input type="checkbox"/> V19 <input type="checkbox"/> V20 <input type="checkbox"/> V21 <input type="checkbox"/> V22 <input type="checkbox"/> V23 <input type="checkbox"/> V24 <input type="checkbox"/> V25 <input type="checkbox"/> V26 <input type="checkbox"/> V27 <input type="checkbox"/> V28 <input type="checkbox"/> V29 <input type="checkbox"/> V30 <input type="checkbox"/> V31 <input type="checkbox"/> V32 <input type="checkbox"/> V33 <input type="checkbox"/> V34 <input type="checkbox"/> V35 <input type="checkbox"/> V36 <input type="checkbox"/> V37 <input type="checkbox"/> V38 <input type="checkbox"/> V39 <input type="checkbox"/> V40 <input type="checkbox"/> V41 <input type="checkbox"/> V42 <input type="checkbox"/> V43 <input type="checkbox"/> V44 <input type="checkbox"/> V45 <input type="checkbox"/> V46 <input type="checkbox"/> V47 <input type="checkbox"/> V48 <input type="checkbox"/> V49 <input type="checkbox"/> V50 <input type="checkbox"/> V51 <input type="checkbox"/> V52 <input type="checkbox"/> V53 <input type="checkbox"/> V54 <input type="checkbox"/> V55 <input type="checkbox"/> V56 <input type="checkbox"/> V57 <input type="checkbox"/> V58 <input type="checkbox"/> V59 <input type="checkbox"/> V60 <input type="checkbox"/> V61 <input type="checkbox"/> V62 <input type="checkbox"/> V63 <input type="checkbox"/> V64 <input type="checkbox"/> V65 <input type="checkbox"/> V66 <input type="checkbox"/> V67 <input type="checkbox"/> V68 <input type="checkbox"/> V69 <input type="checkbox"/> V70 <input type="checkbox"/> V71 <input type="checkbox"/> V72 <input type="checkbox"/> V73 <input type="checkbox"/> V74 <input type="checkbox"/> V75 <input type="checkbox"/> V76 <input type="checkbox"/> V77 <input type="checkbox"/> V78 <input type="checkbox"/> V79 <input type="checkbox"/> V80 <input type="checkbox"/> V81 <input type="checkbox"/> V82 <input type="checkbox"/> V83 <input type="checkbox"/> V84 <input type="checkbox"/> V85 <input type="checkbox"/> V86 <input type="checkbox"/> V87 <input type="checkbox"/> V88 <input type="checkbox"/> V89 <input type="checkbox"/> V90 <input type="checkbox"/> V91 <input type="checkbox"/> V92 <input type="checkbox"/> V93 <input type="checkbox"/> V94 <input type="checkbox"/> V95 <input type="checkbox"/> V96 <input type="checkbox"/> V97 <input type="checkbox"/> V98 <input type="checkbox"/> V99 <input type="checkbox"/> V100 <input type="checkbox"/>		19 FORCED ENTRY (structure only): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		20 NO. OF STRUCTURES ENTERED: 0		21 STATUTE #1: 8106-11B1	
24 LOCATION TYPE: RESIDENCE--SINGLE		6 GAS STATION		12 DRUG STORE/HOSPITAL		18 SCHOOL/UNIVERSITY	
7 LIQUOR SALES		13 BANK/FINANCIAL INST.		19 JAIL/PRISON		25 PARK LOT/GARAGE	
8 BARN/NIGHTCLUB		14 COMMERCIAL		20 RELIGIOUS BLDG.		26 HIGHWAY/ROADWAY	
9 SUPERMARKET		15 INDUSTRIAL/MFG		21 AIRPORT		27 PARK/FIELD WOODLANDS	
10 DEPT./DISCOUNT STORE		16 GOVT/PUBLIC BLDG.		22 BUS/RAIL TERMINAL		28 LAKE/WATERWAY	
11 SPECIALTY STORE		17 STORAGE		23 CONSTRUCTION SITE		29 MOTOR VEHICLE	
				24 OTHER STRUCTURE		30 OTHER MOBILE	
						31 OTHER KNOWN	
1 VICTIM TYPE		JUVENILE		ENFORCEMENT		ADULT	
VICTIM #1		1		2		3	
VICTIM #2		1		2		3	
VICTIM #3		1		2		3	
3 VICTIM'S RELATIONSHIP TO OFFENDER		HA		UNDETERMINED		STRANGER	
VICTIM #1		00		01		02	
VICTIM #2		00		01		02	
VICTIM #3		00		01		02	
		CHILD OF BOYFRIEND		BOYFRIEND		SITTER/DAY CARE	
VICTIM #1		13		14		15	
VICTIM #2		13		14		15	
VICTIM #3		13		14		15	
		STUDENT TEACHER		FRIEND		NEIGHBOR	
VICTIM #1		13		14		15	
VICTIM #2		13		14		15	
VICTIM #3		13		14		15	
1 VICT. P.R. WITN.		2 LAST NAME, FIRST, MIDDLE / BUSINESS: Hatchford Renol LAMAR		3 VICTIM OF DOMESTIC VIOLENCE?		4 VIC PAMPHLET GIVEN	
				<input checked="" type="checkbox"/>		<input type="checkbox"/>	
6 SS#		7 RESIDENCE ADDRESS: 503 NE 27 St		8 APT. #		9 CITY: Miami	
						10 STATE: FL	
						11 ZIP: 33137	
						12 COUNTRY: USA	
8 VICTIM OF STATUTE		9 RESIDENCE STATUS		10A RESIDENCE TYPE		11 COUNTY	
1		00		01		02	
2		00		01		02	
3		00		01		02	
10 BUSINESS ADDRESS		11 DAY/TIME AVAIL.		12 OCCUPATION/TITLE		13 RES. PHONE	
		Any		Manager		1785 52-7515	
1 VICT. P.R. WITN.		2 LAST NAME, FIRST, MIDDLE / BUSINESS		3 VICTIM OF DOMESTIC VIOLENCE?		4 VIC PAMPHLET GIVEN	
				<input type="checkbox"/>		<input type="checkbox"/>	
6 SS#		7 RESIDENCE ADDRESS		8 APT. #		9 CITY	
						10 STATE	
						11 ZIP	
						12 COUNTRY	
8 VICTIM OF STATUTE		9 RESIDENCE STATUS		10A RESIDENCE TYPE		11 COUNTY	
1		00		01		02	
2		00		01		02	
3		00		01		02	
10 BUSINESS ADDRESS		11 DAY/TIME AVAIL.		12 OCCUPATION/TITLE		13 RES. PHONE	
1 VICT. P.R. WITN.		2 LAST NAME, FIRST, MIDDLE / BUSINESS		3 VICTIM OF DOMESTIC VIOLENCE?		4 VIC PAMPHLET GIVEN	
				<input type="checkbox"/>		<input type="checkbox"/>	
6 SS#		7 RESIDENCE ADDRESS		8 APT. #		9 CITY	
						10 STATE	
						11 ZIP	
						12 COUNTRY	
8 VICTIM OF STATUTE		9 RESIDENCE STATUS		10A RESIDENCE TYPE		11 COUNTY	
1		00		01		02	
2		00		01		02	
3		00		01		02	
10 BUSINESS ADDRESS		11 DAY/TIME AVAIL.		12 OCCUPATION/TITLE		13 RES. PHONE	
1 EXTENT OF INJURY		NONE		MINOR		SERIOUS	
VICTIM #1		0		1		2	
VICTIM #2		0		1		2	
VICTIM #3		0		1		2	
2 INJURY TYPE		GUNSHOT		STABBED		LACERATION	
VICTIM #1		01		02		03	
VICTIM #2		01		02		03	
VICTIM #3		01		02		03	
		LIT. CONCUSSION		POSS. SACRED BOWES		POSS. INTERNAL INJURY	
VICTIM #1		04		05		06	
VICTIM #2		04		05		06	
VICTIM #3		04		05		06	
		LOSS OF TEETH		BURNS		ASPHALTS/BURNS	
VICTIM #1		07		08		09	
VICTIM #2		07		08		09	
VICTIM #3		07		08		09	
1 PERSON INTERVIEWED		2 A/J		3 AGE		4 RES. ADDRESS	
#1						5 CITY	
						6 APT. #	
						7 BUS. ADDRESS	
						8 RES. PHONE	
						9 BUS. PHONE	
1 PERSON INTERVIEWED		2 A/J		3 AGE		4 RES. ADDRESS	
#2						5 CITY	
						6 APT. #	
						7 BUS. ADDRESS	
						8 RES. PHONE	
						9 BUS. PHONE	

EXHIBIT
Comp
H
All reports

PLEASE DO NOT WRITE IN THIS AREA

416820

PERSONAL INFORMATION

1 LAST NAME, FIRST, MIDDLE: Anthony Michael Angelo 2 RESIDENCE ADDRESS / APT. # / CITY / ZIP CODE: 5846 7th Washington DC 20019 3 RES. PHONE: 202 5846342 4 BUS. PHONE: _____

5 BUSINESS ADDRESS / CITY / ZIP CODE: _____ 6 USUAL OCCUPATION: _____ 7 INJURED: YES NO FATAL 8 CITIZENSHIP: USA

9 NICKNAME: _____ 10 A/J: _____ 11 DOB/AGE: 04-05-86 12 RACE/SEX: B/M 13 HGT.: 57 14 WGT.: 142 15 EYE COLOR: Brn 16 HAIR COLOR: Blk

17 CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS: Jeans shorts Blue shirt 18 SCARS, MARKS, TATTOOS, DEFORMITIES: DESCRIBE & LOCATION OF BODY: _____

PERSONAL INFORMATION

1 LAST NAME, FIRST, MIDDLE: _____ 2 RESIDENCE ADDRESS / APT. # / CITY / ZIP CODE: _____ 3 RES. PHONE: _____ 4 BUS. PHONE: _____

5 BUSINESS ADDRESS / CITY / ZIP CODE: _____ 6 USUAL OCCUPATION: _____ 7 INJURED: YES NO FATAL 8 CITIZENSHIP: _____

9 NICKNAME: _____ 10 A/J: _____ 11 DOB/AGE: _____ 12 RACE/SEX: _____ 13 HGT.: _____ 14 WGT.: _____ 15 EYE COLOR: _____ 16 HAIR COLOR: _____

17 CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS: _____ 18 SCARS, MARKS, TATTOOS, DEFORMITIES: DESCRIBE & LOCATION OF BODY: _____

PHYSICAL CHARACTERISTICS

1 HAIR LENGTH: 1-LONG 2-MEDIUM 3-SHORT 4-RECEDING 5-BALDING 6-BALD

2 HAIR STYLE: 1-AFFRONATURAL 2-BRAIDED 3-BUSHY 4-DIRTY/GREASY 5-DREADLOCKS 6-PROCESSED 7-STYLED 8-UNCOMBED 9-WAVY/CURLY 0-OTHER

3 FACIAL HAIR: 1-CLEANSHAVEN 2-FULL BEARD 3-FU MANCHU 4-FUZZ 5-GOATEE 6-LOWER LIP 7-MUSTACHE 8-SIDEBURNS 9-UNSHAVEN 0-OTHER

4 COMPLEXION: 1-LIGHT 2-MEDIUM 3-DARK 4-RUDDY 5-TANNED 6-MULATTO 7-ALBINO 8-ACNE 9-FRECKLED 0-OTHER

5 TEETH: 1-BROKEN 2-SUCK TEETH 3-DECAYED 4-DIRTY 5-GOLD 6-GOLD LINED 7-GOLD DESIGN 8-MISSING 9-VERY WHITE 0-OTHER

6 APP/DEMEANOR: 1-DIRTY 2-FLASHY 3-NEAT 4-ANGRY 5-CALM 6-COCKY 7-DRUNK 8-NERVOUS 9-VIOLENT 0-OTHER

7 SPEECH: 1-ACCENT 2-RAPID 3-SLOW 4-LOUD 5-SOFT 6-LISPS 7-NASAL 8-RASPY 9-STUTTER 0-OTHER

8 R/L HANDED: 1-RIGHT 2-LEFT 3-UNKNOWN

9 BUILD: 1-LIGHT 2-MEDIUM 3-HEAVY

MISSING PERSON INFORMATION

1 MISSING PERSON CODE: 1-MISSING 2-RECOVER OUT MISSING 3-MISSING AND RECOVERED

2 TYPE MISSING: 1-RUNAWAY 2-PARENTAL 3-INVOLUNTARY 4-DISABLED

3 RECOVERY INFORMATION: 0-N/A 1-VOLUNTARY 2-LOCATED-NOT RETURNED 3-HOSPITALIZED 4-HRS CUSTODY 5-LAW ENFORCEMENT CUSTODY 6-RETURNED TO PARENT/GUARDIAN 7-DECEASED 8-OTHER

4 FOUL PLAY SUSPECTED?: 1-YES 2-NO

5 PERSON MISSING PREVIOUSLY?: 1-YES 2-NO 3-UNKNOWN

VEHICLE INFORMATION

1 VEHICLE CODES: STOLEN ABANDONED IMPOUNDED USED IN CRIME SEIZED REC'D FOR OTHER AGENCY RETURNED TO OWNER VICTIM/LARC OR ATT-ATT 22 (IF DAMAGED, USE "0") FAILED TO RETURN MPD STOLEN AND/OR REC'D OTHER (ARSON/DAMAGE)

2 VEHICLE/VESSEL TYPE: AUTO TRUCK/VAN MOTORCYCLE CAMPER/RV BUS TRAILER BOAT AIRCRAFT OTHER

3 VIN # / HULL # _____ 4 DECAL # _____ 5 HOW WAS VIN/HULL ACQUIRED?: _____

6 MAKE _____ 7 MODEL _____ 8 YR. _____ 9 BODY STYLE _____ 10 LIC. #/TAG #/VESSEL REG. _____ 11 YR. _____ 12 STATE _____

VEHICLE COLOR

TOP	BOTTOM	COLOR RANGE	TOP	BOTTOM	COLOR RANGE
<input type="radio"/> 1	<input type="radio"/> 1	BLACK	<input type="radio"/> 10	<input type="radio"/> 10	RED/MAROON
<input type="radio"/> 2	<input type="radio"/> 2	DARK BLUE	<input type="radio"/> 11	<input type="radio"/> 11	PINK
<input type="radio"/> 3	<input type="radio"/> 3	LT. BLUE/AQUA/TURQUOISE	<input type="radio"/> 12	<input type="radio"/> 12	BEIGE/TAN
<input type="radio"/> 4	<input type="radio"/> 4	DARK BROWN	<input type="radio"/> 13	<input type="radio"/> 13	WHITE
<input type="radio"/> 5	<input type="radio"/> 5	LT. BROWN/BRONZE/COPPER	<input type="radio"/> 14	<input type="radio"/> 14	YELLOW
<input type="radio"/> 6	<input type="radio"/> 6	PURPLE	<input type="radio"/> 15	<input type="radio"/> 15	ORANGE/GOLD
<input type="radio"/> 7	<input type="radio"/> 7	DARK GREEN	<input type="radio"/> 99	<input type="radio"/> 99	OTHER/UNKNOWN
<input type="radio"/> 8	<input type="radio"/> 8	LT. GREEN/LIME/OLIVE			
<input type="radio"/> 9	<input type="radio"/> 9	GRAY/SILVER			

14 SPECIAL VEHICLE FEATURES

CODE	FEATURE
<input type="radio"/> 1	LEVEL ALTERED
<input type="radio"/> 2	STICKER/DECAL ON BODY/BUMPER
<input type="radio"/> 3	STICKER/DECAL ON WINDOW
<input type="radio"/> 4	RUST OR PRIMER SPOTS
<input type="radio"/> 5	PAINTED INSCRIPTION ON BODY
<input type="radio"/> 6	DECORATIVE PAINT
<input type="radio"/> 7	MISSING PARTS
<input type="radio"/> 8	WINDOW BROKEN
<input type="radio"/> 9	DAMAGE TO FRONT
<input type="radio"/> 10	DAMAGE TO REAR
<input type="radio"/> 11	DAMAGE TO SIDE
<input type="radio"/> 12	BODY PART(S) DIFFERENT COLORS
<input type="radio"/> 13	VINYL TOP
<input type="radio"/> 14	EXTRA ANTENNA(S) OR MIRROR
<input type="radio"/> 15	SPECIAL RIMS/TIRES
<input type="radio"/> 16	LOUD MUFFLER
<input type="radio"/> 99	OTHER/DESCRIBE BELOW

TOTAL # OF VEHICLES

<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

15 ADDITIONAL DESCRIPTION: _____

16 TAG COMES BACK TO: NAME, ADDRESS, STATE, ETC.: _____

17 DOORS LOCKED? YES NO 18 WINDOWS CLOSED? YES NO 19 KEY IN IGNITION? YES NO 20 FINANCED BY: _____ 21 DATE OF LAST PAYMENT: _____ 22 INSURANCE COMPANY: _____

23 PERSON LAST DRIVING VEH.: _____ 24 R/S: _____ 25 DOB/AGE: _____ 26 RESIDENCE ADDRESS (ZIP) PHONE: _____ 27 BUSINESS ADDRESS (ZIP) PHONE: _____

28 LOCATION OF RECOVERY OF M.V.: _____ 29 RECOVERY MILEAGE: _____ 30 STRIPPED? YES NO 31 DISPOSITION OF VEHICLE: TOWED OWNER

32 CONDITION: GOOD POOR FAIR STRIPPED 33 VEHICLE TOWED BY/WHERE? 34 IF OUT RECOVERY - MSG. # _____ AUTHORITY: _____

1 ID REQUESTED? YES NO 2 SCENE PROCESSED? YES NO 3 WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? YES NO

4 LATENTS YES NO 5 PHOTOS YES NO 6 EVIDENCE TO PROPERTY UNIT YES NO 7 ID TECHNICIAN / PIN # / UNIT #: _____ 8 FIRST OFFICER ON SCENE: Velasquez PIN # 07300 UNIT # 4224

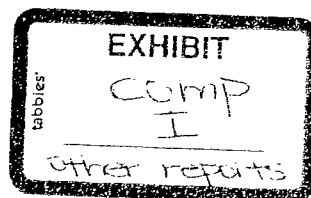
DRUG ACTIVITY

<input type="radio"/> N/A	<input checked="" type="radio"/> DISPENSE/DISTRIBUTE	<input type="radio"/> SELL	DRUG TYPE
<input type="radio"/> BUY	<input type="radio"/> MANUFACTURE/PRODUCE/CULTIVATE	<input type="radio"/> TRAFFIC	<input checked="" type="radio"/> N/A
<input type="radio"/> DELIVER	<input type="radio"/> POSSESS	<input type="radio"/> UNKNOWN	<input type="radio"/> AMPHETAMINE
<input type="radio"/> USE	<input type="radio"/> SMUGGLE	<input type="radio"/> OTHER	<input type="radio"/> BARBITURATE
			<input type="radio"/> COCAINE
			<input type="radio"/> HEROIN
			<input type="radio"/> HALLUCINOGEN
			<input type="radio"/> MARIJUANA
			<input type="radio"/> OPIUM/DERIVATIVE
			<input type="radio"/> PARAPHERNALIA EQUIPMENT
			<input type="radio"/> SYNTHETIC
			<input type="radio"/> UNKNOWN
			<input type="radio"/> OTHER

CRIMES AGAINST PROPERTY INFO									
1 ENTRY 10 FRONT 10 20 REAR 20 30 SIDE 30 40 DOOR 40 50 WINDOW 50 60 SLIDING DOOR 60 70 DUCT/VENT 70 80 ADJ. BUILDING 80 90 ROOF 90 100 WALL 100 110 GARAGE DOOR 110 120 OTHER/UNKNOWN 120		2 PROPERTY TARGETS 1 BUSINESS MACHINES 2 BEER/LIQUOR 3 CIGARETTES 4 OCS/CHECK MACHINES 5 CLOTHING 6 ELECTRONICS 7 FIREARMS 8 FOOD 9 JEWELRY 10 TOOLS 11 OTHERS		3 METHOD OF BREAKING 1 BREAK/OUT GLASS 2 BREAK/REMOVE DOOR PANEL 3 CUT/BREAK LOCK 4 CHOP/SMASH 5 CUT/BREAK SCREEN 6 HID IN BUILDING 7 KICK/PUSH 8 PICK LOCK 9 PRY/JIMMY 10 REMOVE JALOUSIE 11 REMOVE AIR COND./FAN 12 REMOVE WINDOW/DOOR 13 SMASH GLASS—TAKE MERCHANDISE 14 UNLOCKED/NO FORCE 15 OTHER		4 INSTRUMENT USED 1 BOLT CUTTER 2 BRICK/ROCK 3 CHANNEL LOCKS/ VISE GRIPS 4 CHOPPING TOOL 5 CUTTING TOOL 6 CUTTING TORCH 7 FEET 8 HAMMER 9 KEY 10 PRYING TOOL 11 SAW/DRILL 12 SCREWDRIVER 13 TAPE 14 VEHICLE 15 OTHER		5 PREMISES SECURED DATE: TIME: 6 TYPE OF PROTECTION 1 LOCKS 2 BARS 3 SILENT ALARM 4 AUDIBLE ALARM 5 LISTENING DEVICE 6 MOTION DETECTOR 7 OTHER	
7 BURGLARY ELEMENTS 1 ALARM INOPERATIVE 2 BURGLARIZED DURING LAST 12 MONTHS 3 ADMITTED STRANGER OR TRADESMAN DURING PAST 7 DAYS (RES. BURGLARY) 4 TELEPHONE SURVEY, UNUSUAL CALLS, WRONG NUMBER, HANG-UPS DURING PAST 7 DAYS 5 TENTED, UNDER CONSTRUCTION 6 SAFE OPENED/ATTEMPTED 7 OTHER			7 BURGLARY ELEMENTS 1 ATE/DRANK ON PREMISES 2 BROKE INTO COIN OPERATED MACHINE 3 BURGLARY NOT COMPLETED 4 DEFEATED/ATTEMPTED TO DEFEAT ALARM 5 DEFEATED 6 DISTRACTED VICTIM 7 IMPERSONATION 8 KNEW LOCATION OF HIDDEN CASH 9 LEFT TOOLS ON SCENE 10 MALICIOUS DESTRUCTION 11 NEATLY SEARCHED 12 PIGEON DROP 13 RANSACKED ENTIRELY 14 RANSACKED PORTION 15 REMOVE PRINTS/WORE GLOVES 16 TRICKERY 17 TRIPPED ALARM AND RETURNED LATER 18 TURNED LIGHTS OFF—ON 19 USED TOOLS FOUND AT THE SCENE 20 OTHER			9 CRIME SCENE INFO. 10 REQUESTED? YES NO IF NO EXPLAIN WHY 1 SCENE WET 2 ALREADY CLEANED BY VICTIM 3 SURFACE NOT CONDUCTIVE TO PRINTS 4 CONTAMINATION EXPLAIN IN NARR.			
					10 VICTIM WAS 1 HOME 3 VACATION 2 WORK 4 GONE				

CRIMES AGAINST PERSONS INFO					
1 TELEPHONE 1 CALLED VICTIM (BEFORE/AFTER) 2 PULLED OUT CORD 3 SUSPECT USED VICTIM'S PHONE 4 USED CORD TO TIE VICTIM 5 OTHER		2 SUSPECT'S ACTION (ROBBERY ONLY) 1 ASSAULTED VICTIM 2 ASK FOR OR BUYS MERCHANDISE 3 APOLOGETIC 4 DEMANDED JEWELRY 5 MADE THREATS 6 OTHER THEFT INVOLVED 7 PROSTITUTION INVOLVED 8 PURSE SNATCH 9 PUT MONEY IN BAG 10 SEX ACT INVOLVED 11 SHOTS FIRED 12 USED LOCKOUT 13 USED MASK 14 USED NOTE 15 USED STOLEN CAR 16 OTHER		3 VICTIM IS (WAS) 1 ABOUT TO ENTER HOME 2 ALONE 3 ELDERLY 4 GAMBLING 5 GOING TO BANK 6 HANDICAPPED 7 INTOXICATED 8 OPENING/CLOSING BUSINESS 9 RETARDED 10 OTHER	
4 FORCED VICTIMS TO 1 DISROBE 2 ENTER CAR TRUNK 3 ENTER RESTROOM 4 GET MONEY FROM BANK, FAMILY, ETC. 5 GO TO ANOTHER LOCATION 6 LIE DOWN 7 OPEN SAFE 8 PUT PROPERTY IN SACK 9 REAR OF BUILDING		5 FORCE USED ON VICTIMS 1 ABDUCTS 2 BLINDFOLD VICTIM 3 BOUND VICTIM 4 BIT VICTIM 5 COVERED VICTIM'S FACE 6 CHOKED VICTIM 7 CUT/STABBED VICTIM 8 GAG VICTIM 9 HIT VICTIM 10 SHOT VICTIM 11 THREATS ONLY 12 OTHER		6 IMPERSONATED 1 CUSTOMER 2 DELIVERY PERSON 3 DISABLED MOTORIST 4 DRUNK 5 EMPLOYEE/EMPLOYER 6 FRIEND 7 INJURED 8 POLICE/LAW 9 RELATIVE 10 RENTER 11 REPAIRMAN 12 SALESMAN 13 SEEKING AID 14 SOLICITING 15 SURVEYING 16 OTHER	
7 SOLICITED, OFFERED 1 AID FOR CAR 2 ASSISTANCE/INFORMATION 3 CIGARETTE 4 CON GAME 5 DRUGS 6 FOOD, DRINKS, CANDY 7 GIFT/PRIZE 8 MONEY 9 PROSTITUTION/SEX 10 RIDE 11 USE OF PHONE 12 OTHER		8 CHARACTERISTIC OF SUSPECT (SEX CRIMES ONLY) 1 ANAL SEX 2 APOLOGETIC 3 CHILD MOLEST 4 EJACULATED 5 FOUL LANGUAGE 6 GENTLE 7 MAKES THREATS 8 ORAL SEX 9 MASTERBATED 10 RAPED MORE THAN ONCE 11 RIPPED/CUT CLOTHES 12 UNABLE TO ACHIEVE ERECTION 13 UNUSUAL ODOR (BODY ODOR, SMELLED GOOD, ETC.) 14 USED LUBRICANT 15 USED VICTIM'S NAME 16 VIOLENT 17 OTHER			

INCIDENT NUMBER 275239		OFFICER ASSAULTED/KILLED		PIN #					
1 INCIDENT TYPE 1 OFFICER KILLED FELONIOUS 2 OFFICER KILLED ACCIDENT OR NEGLIGENCE 3 OFFICER ASSAULTED, NO INJURY 4 OFFICER ASSAULTED, MINOR INJURY 5 OFFICER ASSAULTED, SERIOUS INJURY		2 OFFICER ACTIVITY 1 RESPONDING TO DISTURBANCE 2 BREAKING AND ENTERING IN PROGRESS OR PURSUING B AND E SUSPECT 3 ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT 4 ATTEMPTING OTHER ARREST 5 CIVIL DISORDER 6 DOMESTIC DISTURBANCE 7 HANDLING, TRANSPORTING, CUSTODY OF PRISONERS 8 INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES 9 AMBUSH, NO WARNING 10 ASSAULT MENTALLY DERANGED 11 TRAFFIC PURSUIT OR STOP 12 OTHER							
3 TYPE OF ASSIGNMENT 1 ONE PERSON, VEHICLE, ALONE 2 ONE PERSON, VEHICLE, ASSISTED 3 TWO PERSON, VEHICLE 4 DETECTIVE OR SPECIAL ASSIGNMENT, ALONE 5 DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED 6 TRAFFIC/MOTORCYCLE OFFICER 7 OTHER, ALONE 8 OTHER, ASSISTED		4 (ANSWER ALL QUESTIONS) WAS OFFICER WEARING BODY ARMOR? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> WA DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> WA WAS OFFICER AWARE OFFENDER HAD WEAPON? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> WA DID OFFENDER USE OFFICER'S WEAPON? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> WA WAS A FIREARM DISCHARGED BY OFFENDER? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> WA DISTANCE FROM OFFICER IN FEET (ESTIMATE) _____ WAS A FIREARM DISCHARGED BY THE OFFICER? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> WA							
5 WAS OFFENDER INJURED? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK. EXTENT OF INJURIES TO OFFENDER 01 N/A 02 MODERATE 03 FATAL 04 MINOR 05 SERIOUS		6 OFFICER EXPERIENCE (IN YEARS) _____ AGE _____							
7 OFFICER ASSAULTED BY OFFENDER/SUSPECT # _____		PROP. S - STOLEN R - REC'D FOR OTHER AGENCY H - RETURNED TO OWNER E - EVIDENCE/SEIZED CODE F - FOUND D - DAMAGE (INC. VALUE) P - PERSONAL K - PHOTOS TAKEN PROPERTY RETURNED TO OWNER Y - MPD STOLEN & REC. 1 PROPERTY RECEIPT # _____							
2 PROP. CODE	3 VIC #	4 QUAN.	5 DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	6 VALUE	2 PROP. CODE	3 VIC #	4 QUAN.	5 DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	6 VALUE
D	1	5	Window	500.00					
1 WEAPON TYPE USED 00 - N/A 01 - HANDGUN 02 - RIFLE 03 - SHOTGUN 04 - FIREARM 05 - KNIFE/ CUTTING INST. 06 - BLUNT OBJECT 07 - HANDS/FISTS/FEET 08 - POISON 09 - EXPLOSIVES 10 - FIRE/INCENDIARY 11 - THREAT/INTIMIDATION 12 - SIMULATED 13 - DRUGS 14 - UNKNOWN 15 - OTHER (NARR.)					2 WEAPON FEATURES 01 - CHROME/NICKEL 02 - BLUE STEEL 03 - AUTOMATIC 04 - REVOLVER 05 - SHORT BARREL 06 - LONG BARREL 07 - DOUBLE BARREL 08 - SINGLE BARREL 09 - SAWED OFF 10 - PUMP 11 - BOLT ACTION 12 - ALTERED STOCK 13 - LG. BORE 14 - SM. BORE 15 - OTHER DESCRIBE _____				
3 CALIBER/GAUGE	4 MAKE	5 SERIAL #	6 BARREL LENGTH	7 MODEL #	8 COLOR	9 TYPE OF GRIPS	10 BUTT #		
NARRATIVE:									



060921-279234

01

Anthony Michael Anthony 04 05 1986 M B 57 142 B Brn
503 NE 27 St. Miami FL 33137 202-584-6342
5846 7 Av. Washington DC 20019

215-29-5117

Washington

Arrest Date: 09/21/2006 Arrest Time: 4:25 P.M. Arrest Location: 503 NE 27 St

For Probation: Burglary, 1st Viol. Suspected History of drug involvement? Yes No

Probation of Crime: Yes No N/A Other

Probation of Misdemeanor: Yes No N/A Other

Residence: US Foreign Other

Signal: 100 150 200 250 300 400

CHARGE	Arrest	Type	Counts	STATUTE	D.V.	CRIM RECORD AS BIRTH OFFENSE	VIOLATION OF SENT
Criminal Mischief (Under)	N	N	1	806.13			

On 21 September 2006 at 5:40 P.M. at 503 NE 27th St.

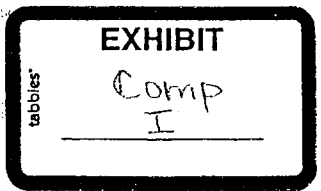
Victim (Ratichford) stated Def. was drunk and caused a disturbance at his residence. When the victim told def. to leave he became angry and started to argue w/ victim. Victim states that def. then proceeded to break several windows with rocks. Upon arrival def. was on scene and arrested.

PAGE 1 of 1

Michael Ali
M. Ali
2/66 MPD 27070 01

HOLD FOR BOND HEARING. DO NOT SEND OUT (Order Must Appear at Bond Hearing).

Signed: Michael Ali 21
Sept 22 2006
Sept 22 2006



Printed by: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 1 of 3

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 060921-279234

Incident Summary

Incident Type: VANDALISM
 Inc Occurred Address: 503 NE 27TH ST MIAMI, Report Type: ORIGINAL INCIDENT
 Inc Occurred Start: 09/21/2006 15:59 Inc Occurred End: 09/21/2006 15:59 Sector/Beat: 42/P423
 Domestic: N Bias Motivation: Gang Related: U Report Taken:
 Contact Nature: Substance: U
 Reporting Officer: VELAZQUEZ, RAFAEL Reported Date/Time: 09/21/2006 15:42
 Case Status: CLOSED/ZEROED Disposition: CLOSED BY ARREST - ADULT Primary Assigned Officer:
 Disposition Date: 09/21/2006 15:59

Offenses

Statute Code: 806.13(1b2) Enhancers:
 Statute Desc: DAMAGE PROP-CRIM MISCH OVER 200 DOLS UNDER 1000 DOLS
 Counts: 1 Statute Severity: MISDEMEANOR/FIRST DEGREE

Officers

Event Association	Emp#	Badge#	Name	Squad#
PRIMARY REPORTING OFFICER	07300	07300	VELAZQUEZ, RAFAEL	
Primary Responding Officer	07300	07300	VELAZQUEZ, RAFAEL	

Persons Involved

Person#: 0001 MNI: 132981 Can ID Suspect: No
 Event Association: VICTIM Contact Date/Time: 09/21/2006 15:59
 Name: RATCH FORD, RENOL LA MAR
 Height: DOB: 11/05/1975 Age: 30 - 30 Sex: MALE Race: BLACK
 Address: 503 NE 27TH ST MIAMI, Weight: Eye Color: Hair Color:
 Phone Type 1: HOME Phone# 1: (786) 512-2515 Ext 1: Sector/Beat: 42/P423
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: MANAGER Employer/School:

Person Offenses

Statute Code: 806.13(1b2) Enhancers:
 Statute Desc: DAMAGE PROP-CRIM MISCH OVER 200 DOLS UNDER 1000 DOLS
 Counts: 1

Printed by: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 2 of 3

CITY OF MIAMI POLICE DEPARTMENT
 400 NW 2 AVENUE
 MIAMI, FLORIDA 33128
 (305) 579-6111

Incident Number: 060921-279234

Persons Involved

Person#: 0002 MNI: 132990 Can ID Suspect: No
 Event Association: ARRESTEE Contact Date/Time: 09/21/2006 15:59
 Name: ANTHONY, MICHAEL ANGELO
 Height: 5' 7" - 5' 7" DOB: 04/05/1986 Age: 20 - 20 Sex: MALE Race: BLACK
 Address: 503 NE 27TH ST MIAMI, Weight: 142 - 142 lbs Eye Color: BROWN Hair Color: BLACK
 Phone Type 1: HOME Phone# 1: (202) 584-6342 Ext 1: Sector/Beat: 42/P423
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: Employer/School:

Characteristics

Characteristic Type:	Further Defined By:	Description:
CLOTHING		JEAN SHORTS, BLUE SHIRT
HAIR LENGTH	MEDIUM	
HAIR STYLE	BRAIDED	
FACIAL HAIR	CLEANSHAVEN	
COMPLEXION	DARK	
TEETH	OTHER	
APPEARANCE / DEMEANOR	NEAT	
SPEECH	SLOW	
R/L HANDED	RIGHT	
BUILD	LIGHT	

Person Offenses

Statute Code: 806.13(1b2) Enhancers:
 Statute Desc: DAMAGE PROP-CRIM MISCH OVER 200 DOLS UNDER 1000 DOLS
 Counts: 1

Property Involved

Property # 0001	Evidence: No
Event Assoc/Orig status: DAMAGE	Original Status Date: 9/21/2006 15:59:00 Original Value: \$500.00
Current Status: DAMAGE	Current Status Date: 9/21/2006 15:59:00 Current Value: \$500.00
Property Type:	
Description: WINDOW	
Make/Brand:	Model:
Color:	Quantity: 5
Serial/Lot#:	Owner Applied#:
NCIC Date:	NCIC Reported By:
NCIC#:	NCIC Cancelled:

Printed By: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 3 of 3

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 060921-279234

Narratives

ENTERED DATE/TIME: 10/11/2006 12:58:45

NARRATIVE TYPE: ARREST

SUBJECT: ANTHONY MICHAEL ANGELO

VICTIM (RATCH FORD) STATED DEFENDANT WAS DRUNK AND CAUSED A DISTURBANCE AT HIS RESIDENCE. WHEN THE VICTIM TOLD DEFENDANT TO LEAVE HE BECAME ANGRY AND STARTED TO ARGUE WITH VICTIM. VICTIM STATES THAT DEFENDANT THEN PROCEEDED TO BREAK SEVERAL WINDOWS WITH ROCKS. UPON ARRIVAL DEFENDANT WAS ON SCENE AND ARRESTED.

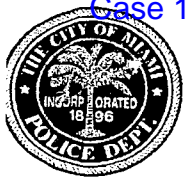
Signatures

Reporting Officer

Date

Supervisor

Date



**Miami Police Department
Calls for Service
503 NE 27th St
January 1, 2006 to June 30, 2007**



<u>Final Signal</u>	<u>Incident Type</u>	<u>Incident Date/Time</u>	<u>Address</u>	<u>Area</u>	<u>Incident Number</u>
3 13 1	SPECIAL INFORMATION	5/8/2007 10:42:59PM	503 NE 27TH ST	R121	LM1070508135840
11 141 1	INFORMATION REPORT	2/3/2007 10:45:19AM	503 NE 27TH ST	R121	LM1070203034456
3 28 1	VANDALISM	9/21/2006 3:42:12PM	503 NE 27TH ST	R121	LM1060921279234
2 32 1	SIMPLE ASSAULT OR BA	10/29/2006 6:16:26AM	503 NE 27TH ST	R121	LM1061029318341
1 34 1	DISTURBANCE	10/29/2006 7:10:57AM	503 NE 27TH ST	R121	LM1061029318368
5					

ITEM 11

EXHIBIT
comp.
J
other reports



Miami Police Department
Calls for Service
503 NE 27th St
January 1, 2007 to July 12, 2007



<u>Final Signal</u>	<u>Incident Type</u>	<u>Incident Date/Time</u>	<u>Address</u>	<u>Area</u>	<u>Incident Number</u>
13 1	SPECIAL INFORMATION	5/8/2007 10:42:59PM	503 NE 27TH ST	R121	LM1070508135840
141 1	INFORMATION REPORT	2/3/2007 10:45:19AM	503 NE 27TH ST	R121	LM1070203034456
2					

Printed by: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 1 of 3

CITY OF MIAMI POLICE DEPARTMENT
 400 NW 2 AVENUE
 MIAMI, FLORIDA 33128
 (305) 579-6111

Incident Number: 061029-318341

Incident Summary

Incident Type: SIMPLE ASSAULT OR BATTERY
 Inc Occurred Address: 503 NE 27TH ST MIAMI,
 Inc Occurred Start: 10/29/2006 06:40 Inc Occurred End: 10/29/2006 06:40
 Domestic: N Bias Motivation: Gang Related: U Substance: U
 Contact Nature: Reporting Officer: WILLIAMS, MICHELLE
 Case Status: CLOSED/ZEROED Disposition: PENDING
 Report Type: ORIGINAL INCIDENT
 Sector/Beat: 42/P423
 Report Taken: Reported Date/Time: 10/29/2006 06:18
 Primary Assigned Officer: Disposition Date: 10/29/2006 06:40

Offenses

Statute Code: 784.011 Enhancers:
 Statute Desc: SIMPLE ASSAULT
 Counts: 1 Statute Severity:

Officers

Event Association	Emp#	Badge#	Name	Squad#
PRIMARY REPORTING OFFICER	02689	02689	WILLIAMS, MICHELLE	
Primary Responding Officer	02689	02689	WILLIAMS, MICHELLE	

Persons Involved

Person#: 0001 MNI: 143287 Can ID Suspect: No
 Event Association: VICTIM Contact Date/Time: 10/29/2006 06:40
 Name: RATCHFORD, RENOL LAMMAR
 DOB: 11/05/1975 Age: 30 - 30 Sex: MALE Race: BLACK
 Height: Weight: Eye Color: Hair Color:
 Address: 503 NE 27TH ST MIAMI, Sector/Beat: 42/P423
 Phone Type 1: HOME Phone# 1: (786) 512-7515 Ext 1:
 Phone Type 2: WORK Phone# 2: (305) 438-9450 Ext 2:
 Occupation: MODELING AGENCY Employer/School: 2610 N MIAMI AVE. FLAVOR WORKS

Person Offenses

Statute Code: 784.011 Enhancers:
 Statute Desc: SIMPLE ASSAULT
 Counts: 1

Person#: 0002 MNI: 143290 Can ID Suspect: No
 Event Association: WITNESS Contact Date/Time: 10/29/2006 06:40
 Name: TURNER, DARIEN VASEAS LOUIS
 DOB: 08/24/1973 Age: 33 - 33 Sex: MALE Race: BLACK
 Height: Weight: Eye Color: Hair Color:
 Address: 503 NE 27TH ST MIAMI, Sector/Beat: 42/P423
 Phone Type 1: HOME Phone# 1: (310) 400-4023 Ext 1:
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: Employer/School:

Person Offenses

Statute Code: 784.011 Enhancers:
 Statute Desc: SIMPLE ASSAULT
 Counts: 1

Printed by: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 2 of 3

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 061029-318341

Persons Involved

Person#: 0003	MNI: 143295	Can ID Suspect: No
Event Association: SUSPECT	Contact Date/Time: 10/29/2006 06:40	
Name: UNKNOWN, UNKNOWN		
DOB: 10/29/1986	Age: 20 - 20 Sex: MALE	Race: BLACK
Height: 5' 9" - 5' 9"	Weight: 165 - 165 lbs	Hair Color: BLACK
Address:	Eye Color: BROWN	Sector/Beat:
Phone Type 1:	Phone# 1:	Ext 1:
Phone Type 2:	Phone# 2:	Ext 2:
Occupation:	Employer/School:	

Person aliases (in last, first middle name format)

TWERK,

Characteristics

Characteristic Type:	Further Defined By:	Description:
CLOTHING		BOXER SHORT CAMAFLAUGE PANTS, BLACK SHIRT
HAIR LENGTH	SHORT	
HAIR STYLE	AFRON/NATURAL	
FACIAL HAIR	GOATEE	
COMPLEXION	DARK	
APPEARANCE / DEMEANOR	OTHER	
BUILD	MEDIUM	

Person Offenses

Statute Code: 784.011	Enhancers:
Statute Desc: SIMPLE ASSAULT	
Counts: 1	

Printed by: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 3 of 3

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 061029-318341

Narratives

ENTERED DATE/TIME: 11/14/2006 11:25:26

NARRATIVE TYPE: ORIGINAL INCIDENT

AUTHOR: WILLIAMS, MICHELLE

THE VICTIM AND OFFENDANR LIVE IN THE SAME HOUSE. THERE ARE RULES TO LIVING IN THE HOUSE AND ONE RULE IS NO TWO PEOPLE LIVING IN THE HOUSE CAN SLEEP TOGETHER IN THE SAME ROOM . THE OFFENDER WAS UP\SET WHEN THE VICTIM REMINDED HIM, THE SUSUPECT, THAT HE COULD NOT SLEEP WITH ANOTHER ROOMMATE WHO RECENTLY CAME INTO THE HOUSE. THE OFFENDER BECAME LOUD AND STRUCK THE VICTIM IN THE FACE SEVERAL TIMES LEAVING SCRATCHES AND RED MARKS IN THE VICTIM'S FACE.

Signatures

Reporting Officer

Date

Supervisor

Date

Printed by: 04353
 Printed date/time: 7/11/07 12:36

Incident Report

Page 1 of 2

CITY OF MIAMI POLICE DEPARTMENT
 400 NW 2 AVENUE
 MIAMI, FLORIDA 33128
 (305) 579-6111

Incident Number: 070203-034456

Incident Summary

Incident Type: INFORMATION REPORT
 Report Type: ORIGINAL INCIDENT
 Inc Occurred Address: 503 NE 27TH ST MIAMI, FLORIDA
 Sector/Beat: 42/P423
 Inc Occurred Start: 02/02/2007 17:45
 Inc Occurred End: 02/02/2007 17:45
 Report Taken:
 Domestic: N Bias Motivation: Gang Related: U Substance: U
 Contact Nature: Reported Date/Time: 02/03/2007 10:45
 Reporting Officer: MCGRUDER, MARY Primary Assigned Officer:
 Case Status: Disposition: PENDING Disposition Date: 02/02/2007 17:45

Offenses

Statute Code: 777.7777 Enhancers:
 Statute Desc: POLICE INFORMATION
 Counts: 1 Statute Severity:

Officers

Event Association	Emp#	Badge#	Name	Squad#
PRIMARY REPORTING OFFICER	03351	03351	MCGRUDER, MARY	
Primary Responding Officer	03351	03351	MCGRUDER, MARY	

Persons Involved

Person#: 0001 MNI: 166615 Can ID Suspect: No
 Event Association: VICTIM Contact Date/Time: 02/02/2007 17:45
 Name: MERRIT, KATIE
 DOB: 09/26/1983 Age: 23 - 23 Sex: FEMALE Race: WHITE
 Height: Weight: Eye Color: Hair Color:
 Address: 500 NE 26TH ST MIAMI, FLORIDA Sector/Beat: /P423
 Phone Type 1: Phone# 1: Ext 1:
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: Employer/School:

Person Offenses

Statute Code: 777.7777 Enhancers:
 Statute Desc: POLICE INFORMATION
 Counts: 1

Person#: 0002 MNI: 166616 Can ID Suspect: No
 Event Association: WITNESS Contact Date/Time: 02/02/2007 17:45
 Name: SCHMADER, JANE
 DOB: 01/08/1957 Age: 50 - 50 Sex: FEMALE Race: WHITE
 Height: Weight: Eye Color: Hair Color:
 Address: 3647 KIRK RD YOUNGSTOWN, OHIO Sector/Beat:
 Phone Type 1: Phone# 1: Ext 1:
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: Employer/School:

Printed by: 04353

Printed date/time: 7/11/07 12:36

Incident Report

Page 2 of 2

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 070203-034456

Narratives

ENTERED DATE/TIME: 2/14/2007 17:43:26

NARRATIVE TYPE: ORIGINAL INCIDENT

SUBJECT: MERRIT, KATIE

AUTHOR: MCGRUDER, MARY

PERSON REPORTING/VICTIM MS. KATIE MERRITT AND WITNESS MS. JANE SCHMADER CAME TO CENTRAL FRONT DESK TO FILE THIS REPORT. MS. MERRITT STATED THAT ON THE ABOVE DATE AND TIME WHILE WALKING HER DOG A WHITE AND TAN PIT BULL ATTACKED HER DOG IN FRONT OF THE ABOVE LOCATION. MS. MERRITT STATED THAT DURING THE ATTACK THE PIT ULL SCRATCHED THE INSIDE OF HER RIGHT KNEE AND HER DOG WAS BITTEN.

Signatures

Reporting Officer

Date

Supervisor

Date

061029

MIAMI POLICE DEPARTMENT										INCIDENT NUMBER			
1 REPORT SIGNAL	2 INC. DATE / TIME / DAY		3 LOCATION OF INCIDENT			APT. #		31 2341					
32	10-29-06 0640 SUN		503 NE 27										
4 DATE OF DISPATCH	5 TIME DISP.	6 ON SCENE	7 IN SERVICE	8 UNIT #	9 PIN #	OFFICER	10 PIN #	REVIEWED BY	11 OFFICER ASSAULTED				
10-29-06	0643	0653	0836	4215	2689	Williams			YES NO				
12 TYPE OF OFFENSE/INCIDENT	13 COPY TO	14 CROSS REF INC. #	15 INV. PIN #	16 24 DESK PIN #	17 TIME	18 ATTEMPTED	19 FORCED ENTRY (structure only)	20 NO. OF STRUCTURES ENTERED					
Assault						- V11	YES NO	7 7 7 7 7 7 7 7 7 7 7 7					
21 STATUTE #1	22 STATUTE #2	23 STATUTE #3	24 LOCATION TYPE	25 PARK LOT/GARAGE	26 HIGHWAY/ROADWAY	27 PARK/FIELD WOODLANDS	28 LAKE/WATERWAY	29 MOTOR VEHICLE	30 OTHER MOBILE	31 OTHER KNOWN			
784-03			1: RESIDENCE--SINGLE 2: APARTMENT/CONDO 3: RESIDENCE--OTHER 4: HOTEL/MOTEL 5: CONVENIENCE STORE 6: GAS STATION 7: LIQUOR SALES 8: BAR/NIGHTCLUB 9: SUPERMARKET 10: DEPT./DISCOUNT STORE 11: SPECIALTY STORE 12: DRUG STORE/HOSPITAL 13: BANK/FINANCIAL INST. 14: COMMERCIAL/ OFFICE BLDG. 15: INDUSTRIAL/MFG. 16: STORAGE 17: GOVT/PUBLIC BLDG. 18: SCHOOL/UNIVERSITY 19: JAIL/PRISON 20: RELIGIOUS BLDG. 21: AIRPORT 22: BUS/RAIL TERMINAL 23: CONSTRUCTION SITE 24: OTHER STRUCTURE										
1 VICTIM TYPE	2 TOTAL NUMBER OF VICTIMS	3 VICTIM'S RELATIONSHIP TO OFFENDER	4 VICT. P.R.	5 LAST NAME, FIRST, MIDDLE / BUSINESS	6 SS#	7 RESIDENCE ADDRESS	8 VICTIM OF STATUTE	9 RESIDENCE STATUS	10 BUSINESS ADDRESS	11 DAYTIME AVAIL.	12 OCCUPATION/TITLE	13 RES. PHONE	14 BUS. PHONE
VICTIM #1 VICTIM #2 VICTIM #3	01 01	NA UNCLE MIND STRAWKISS SPOUSE SPOUSE PARTNER PARENT BROTHER SISTER CHILD STEP-PARENT STEP-CHILD IN-LAW OTHER FAMILY	0 0 0	BATCHFORD, RENOL Lamar	[]-[]-[]-[]	503 NE 27 ST Miami, FL 33132/842 PERALTA ST OAKLAND, CA 9460	0 0 0	01 FULL YEAR 02 PART YEAR 03 NON-RESIDENT	2610 N Miami Ave FLAVOR WORKS DAYS		MODELING AGENCY	786512-7515	3051438-9450
VICTIM #1 VICTIM #2 VICTIM #3	01 01	CHILD OF BOYFRIEND CHILD OF FRIEND FRIEND NEIGHBOR SITTER DAY CARE EM. FLOREE EM. EMPLOYEE LANDLORD TENANT ACQUAINTANCE OTHER	0 0 0	TURNER, DARIEN VASEAS Louis	[]-[]-[]-[]	503 NE 27 ST Miami, FL 33132/349 E CENTERVIEW DR. CARSON, CA 90746	0 0 0	01 FULL YEAR 02 PART YEAR 03 NON-RESIDENT				B101400-4023	
1 EXTENT OF INJURY	2 LOCATION ON BODY	3 HOSPITAL/CLINIC	4 VICT. P.R.	5 LAST NAME, FIRST, MIDDLE / BUSINESS	6 SS#	7 RESIDENCE ADDRESS	8 VICTIM OF STATUTE	9 RESIDENCE STATUS	10 BUSINESS ADDRESS	11 DAYTIME AVAIL.	12 OCCUPATION/TITLE	13 RES. PHONE	14 BUS. PHONE
VICTIM #1 VICTIM #2 VICTIM #3	VI. #1 VI. #2 VI. #3	N/A N/A N/A	0 0 0	TURNER, DARIEN VASEAS Louis	[]-[]-[]-[]	503 NE 27 ST Miami, FL 33132/349 E CENTERVIEW DR. CARSON, CA 90746	0 0 0	01 FULL YEAR 02 PART YEAR 03 NON-RESIDENT				B101400-4023	
2 INJURY TYPE	1 PERSON INTERVIEWED	2 AJJ	3 AGE	4 RES. ADDRESS	CITY	APT. #	5 BUS. ADDRESS	RES. PHONE	BUS. PHONE				
VICTIM #1 VICTIM #2 VICTIM #3	1 1 1												
1 PERSON INTERVIEWED	2 AJJ	3 AGE	4 RES. ADDRESS	CITY	APT. #	5 BUS. ADDRESS	RES. PHONE	BUS. PHONE					
1													

PLEASE DO NOT WRITE IN THIS AREA

416820

1 LAST NAME, FIRST, MIDDLE		2 RESIDENCE ADDRESS / APT. # / CITY / ZIP CODE			3 RES. PHONE		4 BUS. PHONE																								
5 BUSINESS ADDRESS / CITY / ZIP CODE			6 USUAL OCCUPATION		7 INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FATAL		8 CITIZENSHIP																								
9 NICKNAME		10 A/J	11 DOB/AGE	12 RACE/SEX	13 HGT.	14 WGT.	15 EYE COLOR	16 HAIR COLOR																							
17 CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS				18 SCARS, MARKS, TATTOOS, DEFORMITIES: DESCRIBE & LOCATION OF BODY																											
1 LAST NAME, FIRST, MIDDLE		2 RESIDENCE ADDRESS / APT. # / CITY / ZIP CODE			3 RES. PHONE		4 BUS. PHONE																								
5 BUSINESS ADDRESS / CITY / ZIP CODE			6 USUAL OCCUPATION		7 INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FATAL		8 CITIZENSHIP																								
9 NICKNAME		10 A/J	11 DOB/AGE	12 RACE/SEX	13 HGT.	14 WGT.	15 EYE COLOR	16 HAIR COLOR																							
17 CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS				18 SCARS, MARKS, TATTOOS, DEFORMITIES: DESCRIBE & LOCATION OF BODY																											
1 HAIR LENGTH	2 HAIR STYLE	3 FACIAL HAIR	4 COMPLEXION	5 TEETH	6 APP/DEMEANOR	7 SPEECH	8 R/L HANDED	9 BUILD																							
1. 1-LONG 2. 2-MEDIUM 3. 3-SHORT 4. 4-RECEDING 5. 5-BALDING 6. 6-BALD	1. 1-AFRICAN/AFRICAN 2. 2-BRAIDED 3. 3-BUSHY 4. 4-DIRTY/GREASY 5. 5-DREADLOCKS 6. 6-PROCESSED 7. 7-STYLED 8. 8-UNCOMBED 9. 9-WAY/OURLY 0. 0-OTHER	1. 1-CLEAN/SHAVEN 2. 2-FULL BEARD 3. 3-FU/MACHU 4. 4-FUZZ 5. 5-GOATEE 6. 6-LOWER LIP 7. 7-MUSTACHE 8. 8-SIDEBURNS 9. 9-UNSHAVEN 0. 0-OTHER	1. 1-LIGHT 2. 2-MEDIUM 3. 3-DARK 4. 4-RUDDY 5. 5-TANNED 6. 6-MULATED 7. 7-ALBINO 8. 8-ACNE 9. 9-FRECKLED 0. 0-OTHER	1. 1-BROKEN 2. 2-BUCK TEETH 3. 3-DECAYED 4. 4-DIRTY 5. 5-GOLD 6. 6-GOLD LINED 7. 7-GOLD DESIGN 8. 8-MISSING 9. 9-VERY WHITE 0. 0-OTHER	1. 1-DIRTY 2. 2-FLASHY 3. 3-NEAT 4. 4-ANGRY 5. 5-CALM 6. 6-COCKY 7. 7-DRUNK 8. 8-NERVOUS 9. 9-VIOLENT 0. 0-OTHER	1. 1-ACCENT 2. 2-RAPID 3. 3-SLOW 4. 4-LOUD 5. 5-SOFT 6. 6-USPS 7. 7-NASAL 8. 8-RASPY 9. 9-STUTTER 0. 0-OTHER	1. 1-RIGHT 2. 2-LEFT 3. 3-UNKNOWN	1. 1-LIGHT 2. 2-MEDIUM 3. 3-HEAVY																							
1 MISSING PERSON CODE 1. 1-MISSING 2. 2-RECOVER OOT MISSING 3. 3-MISSING AND RECOVERED		2 TYPE MISSING 1. 1-RUNAWAY 2. 2-PARENTAL 3. 3-INVOLUNTARY 4. 4-DISABLED		3 RECOVERY INFORMATION 1. 1-ENGENDERED 2. 2-DISASTER VICTIM 3. 3-VOLUNTARY ADULT 4. 4-UNKNOWN		4 FOUL PLAY SUSPECTED? 1. 1-YES 2. 2-NO			5 PERSON MISSING PREVIOUSLY? 1. 1-YES 2. 2-NO 3. 3-UNKNOWN			6 RECOVERY INFORMATION 1. 1-N/A 2. 2-VOLUNTARY 3. 3-LOCATED--NOT RETURNED 4. 4-HOSPITALIZED 5. 5-HRS CUSTODY 6. 6-LAW ENFORCEMENT CUSTODY 7. 7-RETURNED TO PARENT/GUARDIAN 8. 8-DECEASED 9. 9-OTHER																			
1 VEHICLE CODES A. ABANDONED B. IMPOUNDED C. USED IN CRIME		2 STOLEN X. SEIZED R. RECVD FOR OTHER AGENCY H. RETURNED TO OWNER Y. VICTIM/LARC OR ATT-ATT 22 (IF DAMAGED, USE "D")		3 FAILED TO RETURN Y. MPD STOLEN AND/OR RECVD O. OTHER (ARSON/DAMAGE)		4 VEHICLE/VESSEL TYPE 1. 1-AUTO 2. 2-TRUCK/VAN 3. 3-MOTORCYCLE			5 HOW WAS VIN/HULL ACQUIRED? 4. 4-CAMPER/RV 5. 5-BUS 6. 6-TRAILER 7. 7-BOAT 8. 8-AIRCRAFT 9. 9-OTHER																						
3 VIN # / HULL #		4 DECAL #		6 MAKE		7 MODEL		8 YR.		9 BODY STYLE		10 LIC. #/TAG #/VESSEL REG.		11 YR.		12 STATE															
13 VEHICLE COLOR COLOR RANGE TOP BOTTOM 1. 1-BLACK 2. 2-DARK BLUE 3. 3-LT. BLUE/AQUA/TURQUOISE 4. 4-DARK BROWN 5. 5-LT. BROWN/BRONZE/COPPER 6. 6-PURPLE 7. 7-DARK GREEN 8. 8-LT. GREEN/LIME/OLIVE 9. 9-GRAY/SILVER				14 SPECIAL VEHICLE FEATURES CODE FEATURE 1. 1-LEVEL ALTERED 2. 2-STICKER/DECAL ON BODY/BUMPER 3. 3-STICKER/DECAL ON WINDOW 4. 4-RUST OR PRIMER SPOTS 5. 5-PAINTED INSCRIPTION ON BODY 6. 6-DECORATIVE PAINT 7. 7-MISSING PARTS 8. 8-WINDOW BROKEN 9. 9-DAMAGE TO FRONT				10 DAMAGE TO REAR 11. 11-DAMAGE TO SIDE 12. 12-BODY PART(S) DIFFERENT COLORS 13. 13-VINYL TOP 14. 14-EXTRA ANTENNA(S) OR MIRROR 15. 15-SPECIAL RIMS/STRES 16. 16-LOUD MUFFLER 17. 17-OTHER/DESCRIBE BELOW				18 TOTAL # OF VEHICLES 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7 8. 8 9. 9																			
15 ADDITIONAL DESCRIPTION																16 TAG COMES BACK TO: NAME, ADDRESS, STATE, ETC.															
17 DOORS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		18 WINDOWS CLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		19 KEY IN IGNITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		20 FINANCED BY		21 DATE OF LAST PAYMENT		22 INSURANCE COMPANY																					
23 PERSON LAST DRIVING VEH.				24 R/S		25 DOB/AGE		26 RESIDENCE ADDRESS (ZIP)		PHONE		27 BUSINESS ADDRESS (ZIP)		PHONE																	
28 LOCATION OF RECOVERY OF M.V.								29 RECOVERY MILEAGE		30 STRIPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO		31 DISPOSITION OF VEHICLE 1. 1-TOWED 2. 2-OWNER																			
32 CONDITION (G. GOOD P. POOR I. FAIR S. STRIPPED)				33 VEHICLE TOWED BY/WHERE?				34 IF OOT RECOVERY - MSG. #				AUTHORITY																			
1 ID REQUESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2 SCENE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		3 WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
4 LATENTS <input type="checkbox"/> YES <input type="checkbox"/> NO		5 PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6 EVIDENCE TO PROPERTY UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		7 ID TECHNICIAN PIN # / UNIT #		8 FIRST OFFICER ON SCENE PIN # / UNIT #																							
1 DRUG ACTIVITY A. BUY B. DELIVER C. USE K. DISPENSE/DISTRIBUTE M. MANUFACTURE/PRODUCE/CULTIVATE P. POSSESS R. SMUGGLE				2 DRUG TYPE A. AMPHETAMINE B. BARBITURATE C. COCAINE D. HEROIN E. HALLUCINOGEN F. MARIJUANA G. OPIUM DERIVATIVE H. PARAPHERNALIA EQUIPMENT I. SYNTHETIC J. UNKNOWN K. OTHER																											

CRIMES AGAINST PROPERTIES INFO

1 ENTRY 19 FRONT 19 20 REAR 20 30 SIDE 30		2 PROPERTY TARGETS 1 BUSINESS MACHINES 2 BEER/LIQUOR 3 CIGARETTES 4 CASH/CHECK MACHINES 5 CLOTHING 6 ELECTRONICS 7 FIREARMS 8 FOOD 9 JEWELRY 10 TOOLS 99 OTHERS		3 METHOD OF BREAKING 1 BREAK OUT GLASS 2 BREAK REMOVE DOOR PANEL 3 CUT/BREAK LOCK 4 CHOP/DASH 5 CUT/BREAK SCREEN 6 H/D IN BUILDING 7 KICK/PUSH 8 PICK LOCK 9 PRY/JIMMY 10 REMOVE JALOUSIE 11 REMOVE AIR COND./FAN 12 REMOVE WINDOW/DOOR 13 SMASH GLASS--TAKE MERCHANDISE 14 UNLOCKED/NO FORCE 99 OTHER		4 INSTRUMENT USED 1 BOLT CUTTER 2 BRICK/ROCK 3 CHANNEL LOCKS WIRE GRIPS 4 CHOPPING TOOL 5 CUTTING TOOL 6 CUTTING TORCH 7 FEET 8 HAMMER 9 KEY 10 PRYING TOOL 11 SAW/DRILL 12 SCREWDRIVER 13 TAPE 14 VEHICLE 99 OTHER		5 PREMISES SECURED DATE: TIME: 6 TYPE OF PROTECTION 1 LOCKS 2 BARS 3 SILENT ALARM 4 AUDIBLE ALARM 5 LISTENING DEVICE 6 MOTION DETECTOR 9 OTHER	
7 BURGLARY ELEMENTS 1 ALARM INOPERATIVE 2 BURGLARIZED DURING LAST 12 MONTHS 3 ADMITTED STRANGER OR TRADESMAN DURING PAST 7 DAYS (RES. BURGLARY) 4 TELEPHONE SURVEY, UNUSUAL CALLS, WRONG NUMBER, HANG-UPS DURING PAST 7 DAYS 5 TENTED UNDER CONSTRUCTION 6 SAFE OPENED/ATTEMPTED 9 OTHER			7 BURGLARY ELEMENTS 1 ATE/DRANK ON PREMISES 2 BROKE INTO COIN OPERATED MACHINE 3 BURGLARY NOT COMPLETED 4 DEFEATED/ATTEMPTED TO DEFEAT ALARM 5 DEFEATED 6 DISTRACTED VICTIM 7 IMPERSONATION 8 KNEW LOCATION OF HIDDEN CASH 9 LEFT TOOLS ON SCENE 10 MALICIOUS DESTRUCTION 11 NEATLY SEARCHED			9 CRIME SCENE INFO. 10 REQUESTED? YES NO IF NO EXPLAIN WHY 1 SCENE WET 2 ALREADY CLEANED BY VICTIM 3 SURFACE NOT CONDUCTIVE TO PRINTS 4 CONTAMINATION EXPLAIN IN NARR. 10 VICTIM WAS 1 HOME 3 VACATION 2 WORK 4 GONE			

CRIMES AGAINST PERSONS INFO

1 TELEPHONE 1 CALLED VICTIM (BEFORE/AFTER) 2 PULLED OUT CORD 3 SUSPECT USED VICTIM'S PHONE 4 USED CORD TO TIE VICTIM 9 OTHER		2 SUSPECT'S ACTION (ROBBERY ONLY) 1 ASSAULTED VICTIM 2 ASK FOR OR BUYS MERCHANDISE 3 APOLOGETIC 4 DEMANDED JEWELRY 5 MADE THREATS 6 OTHER THEFT INVOLVED 7 PROSTITUTION INVOLVED 8 PURSE SNATCH 9 PUT MONEY IN BAG		3 VICTIM IS (WAS) 1 ABOUT TO ENTER HOME 2 ALONE 3 ELDERLY 4 GAMBLING 5 GOING TO BANK 6 HANDICAPPED 7 INTOXICATED 8 OPENING/CLOSING BUSINESS 9 RETARDED 99 OTHER			
4 FORCED VICTIMS TO 1 DISROBE 2 ENTER CAR TRUNK 3 ENTER RESTROOM 4 GET MONEY FROM BANK, FAMILY, ETC. 5 GO TO ANOTHER LOCATION 6 LIE DOWN 7 OPEN SAFE 8 PUT PROPERTY IN SACK 9 REAR OF BUILDING			5 FORCE USED ON VICTIMS 1 ABDUCTS 2 BLINDFOLD VICTIM 3 BOUND VICTIM 4 BIT VICTIM 5 COVERED VICTIM'S FACE 6 CHOKED VICTIM 7 CUT/STABED VICTIM 8 GAG VICTIM 9 HIT VICTIM 10 SHOT VICTIM 11 THREATS ONLY 99 OTHER		6 IMPERSONATED 1 CUSTOMER 2 DELIVERY PERSON 3 DISABLED MOTORIST 4 DRUNK 5 EMPLOYEE/EMPLOYER 6 FRIEND 7 INJURED 8 POLICE/LAW 9 RELATIVE 10 RENTER 11 REPAIRMAN 12 SALESMAN 13 SEEKING AID 14 SOLICITING 15 SURVEYING 99 OTHER		
7 SOLICITED, OFFERED 1 AID FOR CAR 2 ASSISTANCE/INFORMATION 3 CIGARETTE 4 CON GAME 5 DRUGS 6 FOOD, DRINKS, CANDY		7 GIFT/PRIZE 8 MONEY 9 PROSTITUTION/SEX 10 RICE 11 USE OF PHONE 99 OTHER		8 CHARACTERISTIC OF SUSPECT (SEX CRIMES ONLY) 1 ANAL SEX 2 APOLOGETIC 3 CHILD MOLEST 4 EJACULATED 5 FOUL LANGUAGE 6 GENTLE 7 MAKES THREATS 8 ORAL SEX 9 MASTERBATED 10 RAPED MORE THAN ONCE 11 RIPPED/OUT CLOTHES 12 UNABLE TO ACHIEVE ERECTION 13 UNUSUAL ODOR (BODY ODOR, SMELLED GOOD, ETC.) 14 USED LUBRICANT 15 USED VICTIM'S NAME 16 VIOLENT 99 OTHER			

STATUS TYPE 1 FORGED 2 CHECK 3 CREDIT CARD		3 COUNTERFEIT 4 MONEY ORDER 5 BOND/CERTIFICATE		7 FORGED AND UTTERED 8 COUNTERFEIT AND UTTERED 9 OTHER	
TYPE 1 CHECK 2 CREDIT CARD		3 MONEY ORDER 4 BOND/CERTIFICATE		5 ATM/DEBIT CARD 6 IDENTIFICATION 7 TRAVELERS CHECKS	
1 CHECK NO.		2 AMOUNT		CRIME SCENE SPECIFICS 1. CAN OFFENDER BE IDENTIFIED? YES NO 2. OWNER OF CHECK NOTIFIED? YES NO IF YES, NAME 3. THEFT VERIFIED? YES NO IF YES, CASE NUMBER P.D. 4. WAS OFFENDER ENDORSEMENT OBSERVED? YES NO 5. WAS OFFENDER(S) PHOTOGRAPHED? YES NO 6. FORGERY AFFIDAVIT OBTAINED? YES NO 7. HAVE THE ORIGINAL DOCUMENTS BEEN PROTECTED FOR EVIDENTS? YES NO WHERE?	
3 CHECK PAYABLE TO		4 DATE OF DOCUMENT		11 OTHER I.D. (DESCRIBE, INCLUDE #'S, PHOTO I.D. ETC.)	
5 BANK DRAWN ON		6 SIGNATURE ON FACE (MAKER)		12 COMPANY NAME	
7 ACCOUNT NUMBER		8 OWNER OF CHECK (PERSON OR COMPANY)		13 CARD NUMBER	
9 DRIVERS LICENSE #		10 STATE		14 ISSUED TO	

061029

INCIDENT NUMBER 318841	1 INCIDENT TYPE 1 OFFICER KILLED FELONIOUS 2 OFFICER KILLED ACCIDENT OR NEGLIGENCE 3 OFFICER ASSAULTED, NO INJURY 4 OFFICER ASSAULTED, MINOR INJURY 5 OFFICER ASSAULTED, SERIOUS INJURY	OFFICER/ASSAULTED/KILLED 2 OFFICER ACTIVITY 1 RESPONDING TO DISTURBANCE 2 BREAKING AND ENTERING IN PROGRESS OR PURSUING B AND E SUSPECT 3 ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT 4 ATTEMPTING OTHER ARREST 5 CIVIL DISORDER 6 DOMESTIC DISTURBANCE 7 HANDLING, TRANSPORTING, CUSTODY OF PRISONERS 8 INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES 9 AMBUSH, NO WARNING 10 ASSAILANT MENTALLY DERANGED 11 TRAFFIC PURSUIT OR STOP 12 OTHER	PIN #
3 TYPE OF ASSIGNMENT: 1 ONE PERSON, VEHICLE ALONE 2 ONE PERSON, VEHICLE, ASSISTED 3 TWO PERSON, VEHICLE 4 DETECTIVE OR SPECIAL ASSIGNMENT, ALONE 5 DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED 6 TRAFFIC/MOTORCYCLE OFFICER 7 OTHER, ALONE 8 OTHER, ASSISTED	4 (ANSWER ALL QUESTIONS) WAS OFFICER WEARING BODY ARMOR? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK <input type="radio"/> N/A DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> WAS OFFICER AWARE OFFENDER HAD WEAPON? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> DID OFFENDER USE OFFICER'S WEAPON? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> WAS A FIREARM DISCHARGED BY OFFENDER? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> DISTANCE FROM OFFICER IN FEET (ESTIMATE) _____ WAS A FIREARM DISCHARGED BY THE OFFICER? <input type="radio"/> <input type="radio"/> <input type="radio"/>		
5 WAS OFFENDER INJURED? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK EXTENT OF INJURIES TO OFFENDER 00 N/A 02 MODERATE 03 FATAL 01 MINOR 03 SERIOUS		6 OFFICER EXPERIENCE (IN YEARS): _____ AGE _____	
7 OFFICER ASSAULTED BY OFFENDER/SUSPECT # _____			
PROP. CODE S - STOLEN R - REC'D FOR OTHER AGENCY H - RETURNED TO OWNER E - EVIDENCE/SEIZED 1 PROPERTY RECEIPT # F - FOUND K - PHOTOS TAKEN PROPERTY K - PHOTOS TAKEN PROPERTY Y - MPD STOLEN & REC. D - DAMAGE (INC. VALUE) P - PERSONAL A - ARSON (INC. VALUE)			

2 PROP. CODE	3 VIC #	4 QUAN.	5 DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	6 VALUE	2 PROP. CODE	3 VIC #	4 QUAN.	5 DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	6 VALUE

1 WEAPON TYPE USED: 00 - N/A 06 - BLUNT OBJECT 12 - SIMULATED 01 - HANDGUN 07 - HANDS/FISTS/FEET 13 - DRUGS 02 - RIFLE 08 - POISON 14 - UNKNOWN 03 - SHOTGUN 09 - EXPLOSIVES 15 - OTHER (NARR.) 04 - FIREARM 10 - FIRE/INCENDIARY 05 - KNIFE/ CUTTING INST. 11 - THREAT/INTIMIDATION	2 WEAPON FEATURES 01 - CHROME/NICKEL 07 - DOUBLE BARREL 13 - LG. BORE 02 - BLUE STEEL 08 - SINGLE BARREL 14 - SM. BORE 03 - AUTOMATIC 09 - SAWED OFF 15 - OTHER 04 - REVOLVER 10 - PUMP DESCRIBE 05 - SHORT BARREL 11 - BOLT ACTION 06 - LONG BARREL 12 - ALTERED STOCK
--	---

3 CALIBER/GAUGE	4 MAKE	5 SERIAL #	6 BARREL LENGTH	7 MODEL #	8 COLOR	9 TYPE OF GRIPS	10 BUTT #

NARRATIVE:
 THE VICTIM & OFFENDER LIVE IN THE SAME HOUSE. THERE ARE RULES TO LIVING IN THE HOUSE AND ONE RULE IS NO TWO PEOPLE LIVING IN THE HOUSE CAN SLEEP TOGETHER IN THE SAME ROOM. THE OFFENDER WAS UPSET WHEN THE VICTIM REMINDED HIM, THE SUSPECT, THAT HE COULD NOT SLEEP WITH ANOTHER ROOMMATE WHO RECENTLY CAME INTO THE HOUSE. THE OFFENDER BECAME LOUD AND STRUCK THE VICTIM IN THE FACE SEVERAL TIMES LEAVING SCRATCHES AND RED MARKS IN THE VICTIM'S FACE.