

SOUTHLAND BUSINESS FORMS (305) 888-3528

OFFENSE-INCIDENT REPORT

Form header with fields for Agency Code (50), Gang Selected, Date of Supplement, Agency Report Number (MIAMI-DADE POLICE DEPARTMENT), and Original/Supplement status.

Form header with Date of Supplement (TUE 02/12/08), Time Reported (11:35), Time Dispatched (1910), Time Arrived (1920), and Time Completed (2350).

Form header with Incident Type (1. Felony, 2. Traffic Felony), Location (1. Major Road, 2. Traffic, 3. Major Arterial, 4. Traffic, 5. Other), and Date/Time (02/12/08, 1035).

Form header with Offense Type (#1), Description (INFORMACION), Agency Violation Number (7), and NCIC/UCR Code.

Form header with Offense #2, District (K), Date (1-8-29-01), and Zone.

Form header with Business/Place/Address (SANTO SPIRIT HOSPITAL), Formed Easy (Yes/No), and Company (Occupancy).

Form header with Location Type (01-30) and Extent of Injury (0-9).

Form header with # Offense, # Victims, # Offenders, # Prem. Int., # V. In School, Type Weapon, # Pills, # Knife/Cutting Instrument, # Blunt Object, # Hand/Foot, # Fire/Incendary, # Threat/Intimidation, # Serialized Weapon, # Drugs, # Unknown, # Other.

Form header with I/W 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, 8-Other, Race (N-NA, W-White, O-Oriental/Asian, B-Black, I-American Indian, 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), and Extent of Injury (0-None, 1-Minor, 2-Serious, 3-Fatal).

Form header with Injury Type (01-10), 03-Laceration, 04-Uncrossed, 05-Pass, Broken Bones, 06-Pose, Internal Injury, 07-Loss of Teeth, 08-Burns, 09-Abuse/Strikes, 01-Undetermined, 02-Stranger, 03-Spouse, 04-Spouse, 05-Child, 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 Any/Other, 16-Boy/Girl Friend, 17-Friend, 18-Neighbor, 19-Sitter/Day Care, 20-Employee, 21-Employer, 22-Landlord/Tenant, 23-Acquaintance, 24-Other Known.

Form header with I/W Code (1-2-3-4-5), V. Type (PROV), Name (CHRISTIE), and Business Phone.

Form header with I/W Code (W, or P), Race (W), Sex (F), Date of Birth (04-29-1953), Res. Type (3), Res. Status (1), Extent of Injury (0), Injury Type(s) (00), and Will victim prefer emergency? (Yes/No).

Form header with I/W Code (W, or P), Race (W), Sex (F), Date of Birth (04-29-1953), Res. Type (3), Res. Status (1), Extent of Injury (0), Injury Type(s) (00), and Will victim prefer emergency? (Yes/No).

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(SEE NARR. CONT.)



SOUTHLAND BUSINESS FORMS (305) 886-3528

NARRATIVE CONTINUATION

Agency Code <b>50</b>	Case Related	MIAMI-DADE POLICE DEPARTMENT	Report Number <b>PD 080212074516</b>
Date of Supplicant	Original Primary Charge Description <b>INFORMATION</b>	Victim # 1 Name <b>NONE</b>	Original NCIC/UCR Code
Original Date Reported <b>02/12/08</b>	Primary Offense Charged To	A-Admitted C-Committed	New NCIC/UCR Code

ON YESTERDAY'S DATE 02/11/08 AT 1015 HRS FIRE RESCUE #9 RESPONDED TO SW 99 AV / SW 88 ST REFERENCE AN ANON. CALLER ADVISING OF A FEMALE THAT FELL (ALARM # 8030365) THE FEMALE (2#1) WAS TRANSPORTED TO BAPTIST ER WITH A SEVERE HEAD INJURY. POLICE WAS NEVER NOTIFIED. ON TODAY'S DATE THIS UNIT RESPONDED TO THE INTENSIVE CARE UNIT TO MAKE CONTACT WITH 2#1. WHILE THE STAFF AT BAPTIST WAS OBTAINING CLEARANCE FOR THIS OFFICER TO SPEAK TO 2#1 CONTACT WAS MADE WITH 2#2 WHO ADVISED THAT 2#1 AND 2#10 FLEW TO SAN ANTONIO FOR THE SUPERBOWL ON 02/01/08. 2#2 STATED THAT 2#1 AND 2#10 STAYED WITH 2#3 AND 2#4 FRIENDS OF THE FAMILY. 2#10 ADVISED THIS OFFICER THAT 2#1 WAS INTOXICATED AND ALWAYS FALLING DOWN DURING THE DURATION OF THEIR STAY IN SAN ANTONIO. 2#10 RETURNED TO MIAMI 02/04/08 IN WHICH 2#1 WAS UNABLE TO FLY BACK WITH 2#10 DUE TO BEING INTOXICATED AND HAVING A DOG ON THE FLIGHT. 2#1 FINALLY FLEW BACK IN TO MIAMI SUN 02/10/08 EVENING. 2#2 STATES MONDAY MORNING UNKNOWN TIME 02/11/08 2#1 WENT OUT FOR BREAD FAST ONLY TO BE FOUND LATER THAT DAY IN THE HOSPITAL

Subject Code 5 - Sexual A - Assault	Class #	Offense Indicator 1 A 2 B 3 C	Applicant Type 1 City 2 Florida 3 County 4 Out of State	Citizenship	Drug Infraction 1 Yes 2 Unknown 3 No	Alcohol Infraction 1 Yes 2 Unknown 3 No
Drug Activity 1. N/A 2. Cocaine 3. Heroin 4. Marijuana 5. Synthetic	Offense 1. Assault 2. Rape 3. Sexual Battery 4. Child Abuse 5. Child Neglect 6. Child Molestation 7. Child Abuse - Neglect 8. Child Abuse - Neglect - Sexual 9. Child Abuse - Neglect - Sexual - Non-Familial 10. Child Abuse - Neglect - Sexual - Familial 11. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery 12. Child Abuse - Neglect - Sexual - Familial - Sexual Battery 13. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial 14. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial 15. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial - Non-Familial 16. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial - Familial 17. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial - Non-Familial - Non-Familial 18. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial - Familial - Familial 19. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial - Non-Familial - Non-Familial - Non-Familial 20. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial - Familial - Familial - Familial	Offense 1. Assault 2. Rape 3. Sexual Battery 4. Child Abuse 5. Child Neglect 6. Child Molestation 7. Child Abuse - Neglect 8. Child Abuse - Neglect - Sexual 9. Child Abuse - Neglect - Sexual - Non-Familial 10. Child Abuse - Neglect - Sexual - Familial 11. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery 12. Child Abuse - Neglect - Sexual - Familial - Sexual Battery 13. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial 14. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial 15. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial - Non-Familial 16. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial - Familial 17. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial - Non-Familial - Non-Familial 18. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial - Familial - Familial 19. Child Abuse - Neglect - Sexual - Non-Familial - Sexual Battery - Non-Familial - Non-Familial - Non-Familial - Non-Familial 20. Child Abuse - Neglect - Sexual - Familial - Sexual Battery - Familial - Familial - Familial - Familial	Drug Type 1. Cocaine 2. Heroin 3. Marijuana 4. Synthetic 5. Other	Drug Type 1. Cocaine 2. Heroin 3. Marijuana 4. Synthetic 5. Other	Drug Type 1. Cocaine 2. Heroin 3. Marijuana 4. Synthetic 5. Other	Drug Type 1. Cocaine 2. Heroin 3. Marijuana 4. Synthetic 5. Other
1. Person 2. Legal Custodian 3. Other	Name of Parent or Guardian (Last, First, Middle)	(City)	(State)	(Zip)	Residence Phone	Business Phone
Invested By (Name)	Date	Time	Juvenile Disposition 1. Referred/Referred With Out and Releasee 2. Transferred to FPE/PA 3. Institutional (County Jail)	Date	Time	
Released to (Name)	Relationship	Date	Time			
Person/Unit Notified	Time	Related Report Number(s)				
Officer(s) Reporting <b>A. ARAGON, T. LUIGERA</b>	ID Number(s) <b>1180 / 5807</b>	Unit <b>5304</b>	Date <b>02/12/08</b>			
Officer Reviewing (if Applicable)	ID Number	Reviewed To	Reviewed To			



02/13/08 WED 15:30 FAX

005

SOUTHLAND BUSINESS FORMS (205) 888-3528

PERSON(S) REPORT

Agency Code 30, Date of Supplement, MIAMI-DADE POLICE DEPARTMENT, Agency Report Number P.O. 08 0212074516

Original Date Reported 0212008, Primary Offense Description INTENT TO KILL, Victim # 1 Name - [Redacted]

Victim Code, P-Perpetrator, Victim Type, Sex, Race, Residence Type, Residence Status, Extent of Injury

Injury Type, Offense Indicator, Victim Relationship To Offender, Victim's Marital Status, Victim's Employment Status

Other Contact Info, Synopsis of Incident, Victim Type, Race, Sex, Date of Birth or Age, Hair Type, Hair Status, Extent of Injury, Injury Type(s), Relationship, Ethnicity, Will Victim Prior Charge?

Offense Indicator, Suspect Code, Suspect Name, Address, City, State, Zip, Telephone Number

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SOUTHLAND BUSINESS FORMS (305) 890-0526

PERSON(S) REPORT

Case No. 30. Juvenile In Report [ ] 1. Original [ ] 2. Supplement [ ]

City of Supplement MIAMI-DADE POLICE DEPARTMENT Agency Report Number 1, 1, 0, 8, 0, 3, 1, 2, 0, 7, 4, 5, 1, 6

Original Date Reported 02/12/08 Primary Offense Description INFORMATION Victim's Name NONE

Victim Type, Race, Sex, Date of Birth or Age, Hair Type, Hair Color, Eye Color, Height, Weight, etc.

Offense Code, Offense Description, Injury Type, Relationship, Ethnicity, Will Victim Prior Charged?

Offense Indicator, VAW Code, V. Type, Name (Last, First, Middle or Initial), Address, City, State, Zip, Residence Phone

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