



1100748919

COMPLAINT/ARREST AFFIDAVIT										POLICE CASE NO. 2500494			
OBTS NUMBER	ARMED FORCES NO		BWC NO										
SPECIAL OPERATION:	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> MISD	<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> JUV	<input type="checkbox"/> DV	<input type="checkbox"/> MOVES	<input type="checkbox"/> CIV INF	JAIL NO.	PMHD NO	COURT CASE NO.			
FUGITIVE WARRANT:		<input type="checkbox"/> In State		<input type="checkbox"/> Out State									
IDS NO.	AGENCY CODE 005	MUNICIPAL P.D. DEF. ID NO.		MDPD RECORDS AND ID NO.		STUDENT ID NO.		GANG RELATED NO	FRAUD RELATED NO				
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) ARRIETA, JANDIER MOLINA						ALIAS and / or STREET NAME			SIGNAL:				
DOB (MM/DD/YYYY) 12/10/1993	AGE 31	RACE W	SEX M	HISPANIC: YES ETHNICITY: CUB	HEIGHT 5'10	WEIGHT 180	HAIR COLOR BLK	HAIR LENGTH ATE	HAIR STYLE LOW	EYES BRO	GLASSES NO	FACIAL HAIR CLN	TEETH NOR
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description)									PLACE OF BIRTH (City, State/Country) CC				
LOCAL ADDRESS								PHONE		CITIZENSHIP CC			
PERMANENT ADDRESS (Street, Apt. Number) 155 W 25TH ST				(City) HIALEAH	(State) FL	(Country) US	(Zip) 33010	PHONE		OCCUPATION			
SCHOOL OR BUSINESS ADDRESS (Street, Apt. Number)				(City)	(State)	(Country)	(Zip)	PHONE		ADDRESS SOURCE DL			
DRIVER'S LICENSE NUMBER/STATE FL-M236671342000		SOCIAL SECURITY NO. XXX-XX-XXXX		WEAPON SEIZED NO		Defendant/CONCEALED WEAPON PERMIT NONE		INDICATION OF: Alcohol Influence: N Drug Influence: N					
ARREST DATE 03/29/2025		ARREST TIME 11:03		ARREST LOCATION N ROYAL POINCIANA BLVD & HAMMOND DR MIAMI SPRINGS, FL 33166						GRID 0852			
CO-DEFENDANT NAME				DOB		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME				DOB		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME				DOB		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR			
JUV only	Relation	Name		Street		Zip		Phone		Contacted?			
CHARGES				CHARGE AS:	CNTS	FL STATUTE NUMBER	VIO OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION		
1. F/3-ASSAULT/AGGRAVATED/POL OFF/FIREFTR/INT OFF/ ATTEMPT				F.S.	1	784.07(2)(C)			0004130A	N			
2. F/2-DEADLY MISSILE/SHOOT, THROW				F.S.	2	790.19			0004130A	N			
3. F/3-BATTERY/POLICE OFF/CR/CORRECTIONS/FIREFGTER/ TRANSIT				F.S.	1	784.07(2)(B)			0010130B	N			
4. F/3-CRIMINAL MISCHIEF/\$1,000 OR MORE				F.S.	2	806.13(1)(B)3			00222900	N			
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 29 day of MARCH, 2025, at 08:56 at 1500 BLK NORTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL, 33166 WHILE CONDUCTING A ROUTINE PATROL IN THE 1500 BLOCK OF NORTH ROYAL POINCIANA, I OBSERVED THE DEFENDANT PICKING UP ROCKS FROM THE GROUND AND THROWING THEM AT THE CITY OF MIAMI SPRINGS WELCOME SIGN LOCATED AT THE INCIDENT LOCATION, DAMAGING THE SPOTLIGHT LOCATED UNDER THE SIGN. I IMMEDIATELY ACTIVATED MY PATROL VEHICLE #768'S EMERGENCY EQUIPMENT AND ATTEMPTED TO MAKE CONTACT WITH THE DEFENDANT.  UPON NOTICING MY PRESENCE, THE DEFENDANT FLED ON FOOT, HEADING EASTBOUND ON THE 1500 BLOCK OF NORTH ROYAL POINCIANA BLVD. AS HE RAN, THE DEFENDANT REACHED INTO HIS POCKET AND PULLED OUT TWO LARGE METAL ... [Continued on Next Page]													
HOLD FOR OTHER AGENCY 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 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 (Juvéniles notify 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.					
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.  BARRERAS, R: Court ID: 005-00229				SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 29 DAY OF MARCH, 2025  CASTILLO, J: Court ID: 005-00188									

COMPLAINT/ARREST AFFIDAVIT - COURT COPY



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OBTs NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION				POLICE CASE NO. 2500494					
JAIL NO.				COURT CASE NO.							
SPECIAL OPERATION:		<input checked="" type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV		<input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF		JAIL NO.		PMHD NO		COURT CASE NO.	
<input type="checkbox"/> WARRANT		FUGITIVE WARRANT: <input type="checkbox"/> In State <input type="checkbox"/> Out State									
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) ARRIETA, JANDIER MOLINA								DOB (MM/DD/YYYY) 12/10/1993			
CO-DEFENDANT NAME				DOB		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR	
CO-DEFENDANT NAME				DOB		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR	
CHARGES			CHARGE AS:	CNTS	FL STATUTE NUMBER	VIOL OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION	
5. F/3-RESISTING OFFICER WITH VIOLENCE TO HIS PERSON			F.S.	1	843.01			0010130B	N		
6. M/1-CRIMINAL MISCHIEF/MORE THAN \$200 LESS THAN \$1,000			F.S.	1	806.13(1)(B)2			00222900	N		
7.											
8.											
<p>TRAIN TRACK SPIKES, WHICH HE THEN THREW AT PATROL VEHICLE #768, WHICH WAS OCCUPIED BY THIS OFFICER. THE IMPACT OF THE SPIKES SHATTERED THE REAR RIGHT PASSENGER WINDOW OF THE PATROL VEHICLE AND CAUSED DENTS TO THE REAR RIGHT PASSENGER DOOR.</p> <p>AFTER THROWING THE SPIKES, THE DEFENDANT RAN NORTHBOUND ON NORTH ROYAL POINCIANA AND JUMPED INTO THE OKEECHOBEE RD CANAL, SWIMMING NORTHBOUND TOWARD THE CITY OF HIALEAH JURISDICTION. I THEN REQUESTED BACK-UP OFFICERS FROM MSPD AND HIALEAH PD TO RESPOND TO THE AREA. WHILE AWAITING HIALEAH PD'S ARRIVAL, SGT. J. CASTILLO AND I LOCATED THE DEFENDANT ON THE CANAL BANK AT OKEECHOBEE RD/W 8TH AVE. THE DEFENDANT HAD A TENSE POSTURE, GRIPPING A LARGE ROCK IN EACH HAND. THE DEFENDANT THEN FORCEFULLY THREW THE ROCK IN HIS RIGHT HAND TOWARD THE DIRECTION OF SGT. J. CASTILLO (ID #0188), WHO WAS APPROXIMATELY 5 FEET EAST OF WHERE THE DEFENDANT WAS STANDING. THE ROCK DID NOT STRIKE SGT. J. CASTILLO.</p> <p>THE DEFENDANT THEN JUMPED INTO THE OKEECHOBEE CANAL, SWIMMING SOUTHBOUND BACK TOWARD MIAMI SPRINGS JURISDICTION. MIAMI-DADE SHERIFF'S OFFICE AVIATION UNIT WAS CONTACTED AND RESPONDED ON SCENE FOR AERIAL SUPPORT. MIAMI SPRINGS PD K-9 OFFICER M. GARCIA, ALONG WITH K-9 MANDO, WAS REQUESTED AND RESPONDED TO THE SCENE. A PERIMETER WAS SET WITH THE ASSISTANCE OF RESPONDING HIALEAH PD OFFICERS. THE DEFENDANT CONTINUED TO SWIM EAST AND WEST IN THE OKEECHOBEE CANAL, AVOIDING APPREHENSION BY POLICE.</p> <p>LT. VARGAS (ID #0197) AND OFC. BAAN (ID #0199) BOARDED A MOTORIZED SILVER JON BOAT AND LOCATED THE DEFENDANT IN THE OKEECHOBEE CANAL ACROSS FROM HAMMOND DR/N ROYAL POINCIANA BLVD. LT. VARGAS MADE CONTACT WITH THE DEFENDANT, WHO ENCOURAGED THE DEFENDANT TO EXIT THE CANAL. AFTER SEVERAL MINUTES, THE DEFENDANT EXITED THE CANAL AT HAMMOND DR/N ROYAL POINCIANA BLVD BUT WAS STILL IN POSSESSION OF A ROCK IN HIS HAND. UPON EXITING THE CANAL, THE DEFENDANT WAS ADVISED TO DROP THE ROCK SEVERAL TIMES BUT FAILED TO COMPLY WITH OFFICER DEMANDS. K-9 OFFICER GARCIA (#0183) THEN DEPLOYED K-9 MANDO, WHO SUCCESSFULLY APPREHENDED THE DEFENDANT. WHILE TAKING THE DEFENDANT INTO CUSTODY, THE DEFENDANT CONTINUED TO RESIST ARREST, CLENCHING HIS FISTS AND FLAILING HIS ARMS. AFTER A BRIEF STRUGGLE, THE DEFENDANT WAS TAKEN INTO CUSTODY. MIAMI-DADE FIRE RESCUE #35 (ALARM #50376976) RESPONDED ON SCENE AND TREATED THE DEFENDANT FOR BITE WOUNDS DUE TO K-9 APPREHENSION ON HIS LEFT FOREARM AND RIGHT THUMB. WHILE ATTEMPTING TO LOAD THE DEFENDANT ONTO THE MIAMI-DADE FIRE RESCUE GURNEY, THE DEFENDANT PROCEEDED TO SPIT AT OFC. AGUILA (ID #0220).</p> <p>THE DEFENDANT WAS TRANSPORTED TO JACKSON WEST HOSPITAL FOR FURTHER MEDICAL EVALUATION AND TREATMENT. WHILE IN CUSTODY, THE DEFENDANT REFUSED TO IDENTIFY HIMSELF. A PHOTO OF THE DEFENDANT WAS TAKEN, AND HIS IDENTITY WAS RETRIEVED VIA FACE RECOGNITION USING THE CLEARVIEW SOFTWARE ... [Continued on Next Page]</p>											

COMPLAINT/ARREST AFFIDAVIT CONT.

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I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 29 DAY OF MARCH, 2025	
BARRERAS, R: Court ID: 005-00229		CASTILLO, J: Court ID: 005-00188	



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SPECIAL OPERATION:		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> WARRANT		<input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC		<input type="checkbox"/> JUV <input type="checkbox"/> DV		<input type="checkbox"/> MOVES FUGITIVE WARRANT: <input type="checkbox"/> In State <input type="checkbox"/> Out State		JAIL NO.		PMHD NO		COURT CASE NO.	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) ARRIETA, JANDIER MOLINA												DOB (MM/DD/YYYY) 12/10/1993			
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CO-DEFENDANT NAME						DOB		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR			
CHARGES				CHARGE AS:	CNTS	FL STATUTE NUMBER	VIO OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION				
9.															
10.															
11.															
12.															
BY DET. QUIROGA (ID #0211).															
AFTER BEING CLEARED BY JACKSON WEST HOSPITAL STAFF, THE DEFENDANT WAS TRANSPORTED TO TKG FOR BOOKING.															
6 PHOTOS OF THE DEF WERE TAKEN WITH THE SGT'S CELL PHONE.															
9 PHOTOS OF PATROL VEHICLE# 768'S DAMAGE WAS TAKEN WITH THE SGT'S CELLPHONE.															
4 PHOTOS OF THE DAMAGE TO THE MIAMI SPRINGS WELCOME SIGN WERE SENT TO THE SGT'S CELLPHONE.															
SAO PRE-FILE CONFERENCE INFORMATION															
DATE:															
TIME:															
CONTACT:															
NOTES: MESSAGE LEFT															

COMPLAINT/ARREST AFFIDAVIT CONT.

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BARRERAS, R: Court ID: 005-00229		CASTILLO, J: Court ID: 005-00188			

**Miami-Dade Corrections & Rehabilitation Department  
Agency Advisory Form**

Arrestee's Name: ARRIETA, JANDIER MOLINA

D.O.B: 12/10/1993

Date: 03/29/2025

Time: 11:03

**This form must be completed by arresting agency prior to the arrestee  
being accepted by the Miami-Dade Corrections & Rehabilitation Department.**

1. Do you have any information or observations which would indicate that the arrestee has/had any of the following symptoms/problems during the contact that resulted in his/her arrest?

**Please check a box for each of the listed symptoms/problems below.**

	Yes	No
a. Loss of Consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Seizure Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Respiratory problem/Difficulty	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Alcohol or Drug Intoxication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Bizarre or Aggressive Behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric/Mental Health History/Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Any Physical Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Known of Reported Injury/Illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Involved in a Traffic Collision	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Disabilities, i.e. Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Pacemaker or Internal Defibrillator	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other: \_\_\_\_\_

2. Was any of the following used on the arrestee prior to or during the arrest?

	Yes	No
a. Chemical Agents (O.C., Mace, Etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. T.A.R.P. (Total Appendage Restraint Procedure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Taser (Any Electronic Control/Stun Device)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Baton (If yes, what part of the body was hit?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Prone Position During Handcuffing. Approximate Duration: 2 min.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Was there any physical resistance by the arrestee during the arrest?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

**Approximate Duration of Resistance:** 5 (Minutes)

Arresting Officer: BARRERAS

Badge #: 00229

Agency #: 005

Any affirmative answers will be referred to the Booking and Release Center Triage Nurse for clearance prior to acceptance of any inmate.

Reviewed by Medical/Mental Health, Print Name and Sign Above

## Officer Information

1.LEAD	BWC?	Evid?	Dist	ID No.	Phone	Shift
BARRERAS, RAFAEL	NO	NO	005	00229	(305) 888-9711 (CELL)	1 THURS/FRI
<input checked="" type="checkbox"/> (HT)    DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
2.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
CASTILLO, JONATHAN	NO	NO	005/00000	00188	(305) 888-9711 (CELL)	4 TUES/WED
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
3.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
GARCIA, MICHAEL	NO	NO	005/00000	00183	(305) 888-9711 (CELL)	1 THURS/FRI/SAT
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
4.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
JORDAN, SETH	NO	NO	005/00000	00205	(305) 888-9711 (CELL)	1 WED/THUR/ FRIDAY OFF
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
5.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
AGUILA, CHRISTIAN	NO	NO	005/00000	00220	(305) 888-9711 (CELL)	1 WED/THUR OFF
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
6.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
VARGAS, ALBERT	NO	NO	005/00000	00197		1 SUN/MON
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
7.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
BAAN, CHRISTOPHER	NO	NO	005/00000	00199	(305) 888-9711 (CELL)	1 MON/TUES/WED
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
8.RESPONDING	BWC?	Evid?	Dist	ID No.	Phone	Shift
QUIROGA, CHRISTOPHER	NO	NO	005/00000	00211	(305) 888-9711 (CELL)	1 SAT/ SUN
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						

## Involved Persons

<input type="checkbox"/> Private Information (Marsy's Law) <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input type="checkbox"/> DCF Contacted    RELATIONSHIP						
Last Name	First	Middle	Race	Sex	Date Of Birth	
CITYOFMIAMISPRINGS						
HOME ADDRESS (Street, Apt. Number)			(City)	(State)	(Country)	(Zip)
201 WESTWARD DR			MIAMI SPRINGS	FL	US	33166
PHONE			CELL PHONE		PAGER	
(305) 888-9711						
ALT PHONE			WORK PHONE			
ADDRESS SOURCE:    DL #    EMAIL:						
Synopsis of Testimony: VICTIM OF DAMAGED PROPERTY						

<input checked="" type="checkbox"/> Private Information (Marsy's Law) <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input type="checkbox"/> DCF Contacted    RELATIONSHIP						
Last Name	First	Middle	Race	Sex	Date Of Birth	
CASTILLO    JONATHAN						
HOME ADDRESS (Street, Apt. Number)			(City)	(State)	(Country)	(Zip)
201 WESTWARD DR			MIAMI SPRINGS	FL	US	33166
PHONE			CELL PHONE		PAGER	
(305) 888-9711						
ALT PHONE			WORK PHONE			
ADDRESS SOURCE:    DL #    EMAIL: JCASTILLO@MIAMISPRINGS-FL.GOV						
Synopsis of Testimony: VICTIM OF AGGRAVATED ASSAULT/ ROCK THROW AT BY DEF						

<input type="checkbox"/> Private Information (Marsy's Law) <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input type="checkbox"/> DCF Contacted    RELATIONSHIP						
Last Name	First	Middle	Race	Sex	Date Of Birth	
AGUILA    CHRISTIAN						
HOME ADDRESS (Street, Apt. Number)			(City)	(State)	(Country)	(Zip)
201 WESTWARD DR			MIAMI SPRINGS	FL	US	33166
PHONE			CELL PHONE		PAGER	
(305) 888-9711						
ALT PHONE			WORK PHONE			
ADDRESS SOURCE:    DL #    EMAIL: CAGUILA@MSPD.US						
Synopsis of Testimony: VICTIM OF BATTERY						

## Transporting Officer(s)

1 JORDAN, SETH

ID#:00205

Dept#:005/00000

Taken To: TKG

Does defendant have any signs/complains of injury? YES

Supervisor Notified: SGT. J. CASTILLO

BITE WOUNDS FROM K-9 APPREHENSION TO THE LEFT FOREARM AND RIGHT THUMB.

## Defendants Vehicle

None

## OWNER/DESIGNEE RELEASE FORM &amp; DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released To: \_\_\_\_\_ (Print Name-Signature)

Drivers Lic: \_\_\_\_\_ State \_\_\_\_\_

Left on Scene?

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location, or removed, or released, the undersigned hereby releases and discharges Miami-Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

Signature of Owner/Driver/Designee: \_\_\_\_\_

Signature of Officer Witnessing: \_\_\_\_\_ ID# \_\_\_\_\_ (Print Name-Signature)

IF YOUR VEHICLE IS PARKED MORE THAN 48 HOURS, IT IS SUBJECT TO BE REMOVED