

Jan. 29. 2014 11:55AM

No. 1554 P. 1/12

MIAMI BEACH

POLICE DUI TEST REPORT

ARREST DATE: 01-23-14 ARREST TIME: 0126
 ARREST LOCATION: 41 ST. + PINETREE DR.
 MIAMI BEACH CASE NUMBER: 2014-8580(R)
 CITATION NUMBER: A10PCVE
 OTHER DEPT. CASE NUMBER: PD 140123029075

DUI DRE

Page 1 of 2

Arrestee's Name (Last, First, MI): SHARIEFF, KHALIL AMIR Age: 19 DOB: 11-22-94 Sex: M Race: B Weight: 130
 Arresting Officer (Name, Badg. Agency): COSEN, S. 526/02 Arrest Test Site: 41 ST. + PINETREE DR.
 Breath Test Site: MBPO.

OBSERVATIONS:

CLOTHING Describe: (Type & Color) BLACK + RED HOODIE, BLUE JEANS, RED SNEAKERS.
 Condition: DISORDERLY DISARRANGED SOILED MUSSED ORDERLY
 (DESCRIBE)

BREATH Odor of Breath: Alcoholic Beverage PRESENT NOT PRESENT
 OTHER MARIJUANA

ATTITUDE EXCITED HILARIOUS TALKATIVE CAREFREE SLEEPY PROFANITY
 COOPERATIVE UNCOOPERATIVE INDIFFERENT INSULTING COCKY POLITE

COLOR OF FACE PALE FLUSHED NORMAL OTHER

EYES BLOODSHOT WATERY NORMAL Corrective Lenses: None Glasses
 Contacts, if so Hard Soft

UNUSUAL ACTIONS HICCOUGHING BELCHING VOMITING FIGHTING CRYING LAUGHING NONE

SPEECH NOT UNDERSTANDABLE MUMBLED SLURRED MUSH MOUTHED CONFUSED
 THICK TONGUED STUTTERED ACCENT LOW RASPY FAIR GOOD

PUPILS NOT EQUAL SIZE CONSTRICTED DILATED NORMAL

PSYCHOPHYSICAL EVALUATIONS/PERFORMANCE TESTS: Performed at scene? YES NO By: COSEN, S. #526

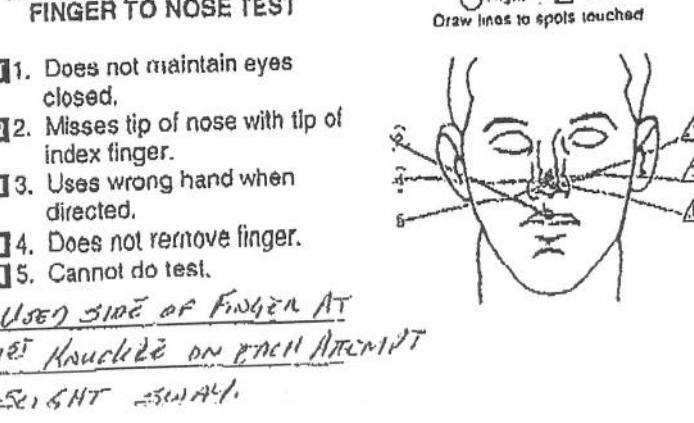
(only if certified to use)
HORIZONTAL NYSTAGMUS
LEFT
 1. Cannot smoothly follow a moving object.
 2. Distinct nystagmus at Maximum Deviation.
 3. Onset occurs before 45° degrees.
RIGHT
 1. Cannot smoothly follow a moving object.
 2. Distinct nystagmus at Maximum Deviation.
 3. Onset occurs before 45° degrees.
45° + LOC / NO VGN

ROMBERG BALANCE
 (Time Estimation)
 1. Does not maintain eyes closed.
 2. Sways in any direction or manner.
 3. Uses arm(s) for balance.
 4. Time estimation: 32 for 30 seconds.
 5. Cannot do test.

WALK AND TURN TEST
 1. Loses balance during instructions.
 2. Starts before told to do so.
 3. Stops walking or pauses to regain balance.
 4. Doesn't touch heel to toe. (Leaves more than 1/2 inch space)
 5. Stops off line one or two times (count this only once).
 6. Raises one or both arms six or more inches to maintain balance.
 7. Does not turn correctly or loses balance during turn.
 8. Takes more or less than nine steps in each direction.
 9. Cannot do test. (Steps off line three or more times or is in danger of falling and cannot do test.)

ONE LEG STAND
 1. Sways while balancing on one leg.
 2. Raises arm(s) more than six inches to maintain balance.
 3. Hops on one leg to maintain balance.
 4. Puts foot down one or two times during 30 sec. period.
 5. Cannot do test. (Puts foot down three or more times, or loses balance nearly falling.)

FINGER TO NOSE TEST
 1. Does not maintain eyes closed.
 2. Misses tip of nose with tip of index finger.
 3. Uses wrong hand when directed.
 4. Does not remove finger.
 5. Cannot do test.
USED SIDE OF FINGER AT 1ST KNUCKLE ON EACH ATTEMPT
SLIGHT SWAY.



MBPD CASE # 2014-8580 (R)

TIMES:
 Transporting Officer(s): COSNER, S. #526 Transportation Time: 0413 Arrival Time: 0419
 Time Of First Observation: 0455 Time/DRE/DART Notified: 0605 Time Of Completed Examination: _____
 If DRE/DART Not Notified, Why?: N/A

INTERVIEW (Quote Answers):
 Subject Advised Of Miranda Warnings: Date: 01-23-14 Time: 0757 By: Millan
 Are you ill? YES NO, Nature of illness? N/A Taking medicine? YES NO What kind? N/A
 Last taken? N/A Taking illegal drugs? YES NO What kind? N/A
 Last taken? N/A Any physical disabilities? YES NO What kind? N/A Are you injured? YES NO
 Type of injury? N/A Do you have false teeth? YES NO A glass eye? YES NO
 NO Artificial limb? YES NO Under the care of a Doctor or Dentist? YES NO Name: N/A
 Are you diabetic or epileptic? YES NO Take insulin? YES NO Are there signs of physical injury? YES NO
 Type: N/A Any previous head injury? YES NO When? several yrs ago from skateboarding Allergies? YES NO
 Type: cats & pollen MEDIC ALERT ID present? YES NO Type: N/A
 Time of last meal? 5-6 PM What was eaten? chicken fingers When did you last sleep? last night
 How long? 3 hrs What were you doing in the three hours prior to your arrest? skateboarding & p/v Ferrari
 Have you been drinking? YES NO What? N/A How much? N/A Size of drink? N/A
 Time started? N/A Time finished last drink? N/A Time now? 0730 Actual Time: 0802
 Where were you drinking? club (VIR) Last three to four hours before that? N/A
 Were you operating a vehicle (or vessel) at the time of the stop (accident)? YES NO Coming from? club (VIR)
 Going to? home Were you involved in an accident today? YES NO Where? N/A
 Do you feel the effects of the alcohol? YES NO Drugs? YES NO At the time you were driving? YES NO
 If yes, how did it affect you? N/A Do you feel impaired, high, or buzzed? YES NO
 Describe this feeling? N/A Have you had anything to eat or drink since the arrest (accident)? YES NO
 NO If yes, what? N/A When? N/A How much? N/A

SPECIMEN COLLECTED: Breath Time: 00010559 Breath Time: 00010602 Breath Time: N/A, N/A
 Blood Time: N/A Blood Time: N/A Urine Time: 0658 Unable YES Explain: N/A
 Refusal: Breath YES NO N/A Urine YES NO N/A Blood YES NO N/A
 Reason for refusal: Breath N/A Urine N/A Blood N/A
 PM Date: 12.02.13 Instrument S/N: 80-003224 Operator: P. SOCARAS Badge #: 501

PASSENGERS IN VEHICLE:

NAME	ADDRESS	PHONE	CONDITION

Did the subject request an independent blood test, as outlined in the Implied Consent? YES NO
 If yes, what arrangements were made for the subject to obtain the independent test? N/A

REMARKS:

CONCLUSION: DEF. IMPAIRED TO DRIVE.
 EXAMINER'S NAME (Print): P. SOCARAS SIGNATURE: [Signature]
 ID or BADGE NUMBER: 501 DATE OF EXAMINATION: 01/23/14

OFFICER NAME <i>Cosman, S.</i>	Evidence Confiscated (Y/N) <i>N</i>	Dist/Section <i>02</i>	I.D. No. <i>526</i>	Phone <i>M385</i>	Cell	Pager	Shift (Days Off/Duty Hrs.) <i>55W 10-8</i>
<input checked="" type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input checked="" type="checkbox"/> TRANSPORTING	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"/> (CW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DR) <input type="checkbox"/> (20MINORS)						
OFFICER NAME <i>Lisover, R.</i>	Evidence Confiscated (Y/N) <i>N</i>	Dist/Section <i>07</i>	I.D. No. <i>753</i>	Phone <i>M385</i>	Cell	Pager	Shift (Days Off/Duty Hrs.) <i>55W 2P-12A</i>
<input type="checkbox"/> LEAD <input checked="" type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING	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"/> (CW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DR) <input type="checkbox"/> (20MINORS)						
OFFICER NAME <i>Socarras, I.</i>	Evidence Confiscated (Y/N) <i>N</i>	Dist/Section <i>02</i>	I.D. No. <i>526</i>	Phone <i>M385</i>	Cell	Pager	Shift (Days Off/Duty Hrs.) <i>55W 10-8</i>
<input type="checkbox"/> LEAD <input checked="" type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING	DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input checked="" type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (CW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DR) <input type="checkbox"/> (20MINORS)						
OFFICER NAME <i>Moran, L.</i>	Evidence Confiscated (Y/N) <i>N</i>	Dist/Section <i>02</i>	I.D. No. <i>14</i>	Phone <i>M385</i>	Cell	Pager	Shift (Days Off/Duty Hrs.) <i>55W 7P-5P</i>
<input type="checkbox"/> LEAD <input checked="" type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING	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"/> (CW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input checked="" type="checkbox"/> (DR) <input type="checkbox"/> (20MINORS)						

VICTIM WITNESS OWNER FOR DV ONLY: (1) Relationship to defendant: _____; (2) DCF contacted; (3) ***list all child witnesses

Name (Last) _____ (First) _____ (Middle) _____ (Race) _____ (Sex) _____ (Date of Birth) _____

Home Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____ OTHER PHONE #'S _____ Cell _____ Pgr _____ Wrk _____

Business or Other Address _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____

Address Source: Verbal Driver's License Voter's I.D. Other _____ D.L.# _____

Synopsis of Testimony: _____

VICTIM WITNESS OWNER FOR DV ONLY: (1) Relationship to defendant: _____; (2) DCF contacted; (3) ***list all child witnesses

Name (Last) _____ (First) _____ (Middle) _____ (Race) _____ (Sex) _____ (Date of Birth) _____

Home Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____ OTHER PHONE #'S _____ Cell _____ Pgr _____ Wrk _____

Business or Other Address _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____

Address Source: Verbal Driver's License Voter's I.D. Other _____ D.L.# _____

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VICTIM WITNESS OWNER FOR DV ONLY: (1) Relationship to defendant: _____; (2) DCF contacted; (3) ***list all child witnesses

Name (Last) _____ (First) _____ (Middle) _____ (Race) _____ (Sex) _____ (Date of Birth) _____

Home Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____ OTHER PHONE #'S _____ Cell _____ Pgr _____ Wrk _____

Business or Other Address _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____

Address Source: Verbal Driver's License Voter's I.D. Other _____ D.L.# _____

Synopsis of Testimony: _____

VICTIM WITNESS OWNER FOR DV ONLY: (1) Relationship to defendant: _____; (2) DCF contacted; (3) ***list all child witnesses

Name (Last) _____ (First) _____ (Middle) _____ (Race) _____ (Sex) _____ (Date of Birth) _____

Home Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____ OTHER PHONE #'S _____ Cell _____ Pgr _____ Wrk _____

Business or Other Address _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____

Address Source: Verbal Driver's License Voter's I.D. Other _____ D.L.# _____

Synopsis of Testimony: _____

Jan. 29. 2014 11:56AM

COMPLAINT / ARREST AFFIDAVIT - MDPD RECORDS COPY - REVERSE

Transport Officer (s) CASNER / ID# 526 - Dept# 02 Taken To MBPS

Transport Officer (s) _____ ID# _____ Dept# _____ Taken To _____

Transport Officer (s) _____ ID# _____ Dept# _____ Taken To _____

Does defendant have any signs/complaints of injury? YES NO Indicate any signs or complaints of injury regardless whether they happened prior to, during, or after arrest, or whether they have any connection to the arrest at all.

(If Yes, complete below data/notify supervisor)

Explain: _____

Name and Rank of Supervisor Notified: AL

Defendants Vehicle

YEAR	MAKE	MODEL	TAG	STATE	VIN	COLOR

OWNER/DRIVER/DESIGNEE RELEASE FORM & 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: _____ / _____ Left on Scene? YES NO

(Print Name - Signature) D/L # State

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 # _____



Miranda Warning Derechos Miranda

A10PCVE

MDPD Case Number: <i>PD 140123029075</i>	Citation Number: <i>PD 140123029075 (SW)</i>	Other Department Case Number: <i>MBPD 2014 - 8580 (R.)</i>
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English/Ingles

Before you are asked any questions, you must understand the following rights:	YES	NO
1. You have the right to remain silent and you do not have to talk to me if you do not wish to do so. You do not have to answer any of my questions. Do you understand that right?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Should you talk to me, anything which you might say may be introduced into evidence in court against you. Do you understand that right?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. If you want a lawyer to be present during questioning, at this time or any time hereafter, you are entitled to have the lawyer present. Do you understand that right?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. If you cannot afford to hire a lawyer, one will be provided for you at no cost if you want one. Do you understand that right?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knowing these rights, are you now willing to answer my questions without having a lawyer present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This statement is signed of my own free will without any threats or promises having been made to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Subject (Print): <i>KHALIL AMIR SHARIEFF</i>	Signature: <i>[Signature]</i>	Date: <i>01/23/14</i>	Time: <i>0757</i>
Advising Officer (Print): <i>K. Millan</i>	Signature: <i>[Signature]</i>	Badge: <i>111</i>	Date: <i>01/23/14</i>
Witness (Print): <i>S. PAVEN</i>	Signature: <i>[Signature]</i>	Badge: <i>526</i>	Date: <i>01/23/14</i>

Espanol/Spanish

Antes de que se le haga cualquier pregunta, usted debera comprender los siguientes derechos:	SI	NO
1. Usted tiene el derecho de permanecer en silencio y no tiene que hablar conmigo si usted no quiere. Usted no tiene que contestar ningunas de mis preguntas. ?Comprende este derecho?	<input type="checkbox"/>	<input type="checkbox"/>
2. Si usted habla conmigo, cualquier cosa que usted pudiera decir podra ser presentado como evidencia en corte en contra suya. ?Comprende este derecho?	<input type="checkbox"/>	<input type="checkbox"/>
3. Si usted desea que un abogado este presente, en este momento o de aqui en adelante, usted tiene el derecho de tener un abogado presente. ?Comprende este derecho?	<input type="checkbox"/>	<input type="checkbox"/>
4. Si usted no tiene los medios para pagar por un abogado, uno le sera provisto sin costo a usted, si quiere uno. ?Comprende este derecho?	<input type="checkbox"/>	<input type="checkbox"/>
?Con conocimientos de estos derechos, esta usted dispuesto a contestar mis preguntas sin tener un abogado presente?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Esta declaración esta firmada por mi voluntariamente, sin que se me hayan hecho amenazas o promesas algunas.

Sujeto (Escriba):	Firma:	Fecha:	Hora:
Official (Escriba):	Firma:	Badge:	Fecha:
Testigo (Escriba):	Firma:	Badge:	Hora:

MIAMIBEACH

POLICE

Implied Consent Law - Ley del Consentimiento Implicito

MBPD Cnso No: 2014-8580(R)	Citation No: A10 PC VE	Other Department Case No: PD 140123029075
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English/Ingles

You are under arrest for driving under the influence of alcohol and/or a chemical substance and/or a controlled substance. You will be offered a Breath Test for determining the alcohol content of your breath and/or a Urine Test for detecting the presence of a chemical and/or controlled substance. Should you refuse to take either of the tests, the Department of Highway Safety and Motor Vehicles will suspend your privilege to operate a motor vehicle for a period of twelve (12) months, or for a period of eighteen (18) months, if it was previously suspended for your refusal to submit to a Breath and/or Urine Test. Your refusal to submit to a breath and/or urine test upon request of a law enforcement official shall be admissible into evidence in any criminal proceeding. You may, at your own expense, have other Chemical or Physical Tests performed to determine the alcohol content of your blood or breath, or to detect the presence of a chemical and/or controlled substance.

Pursuant to Fla. Stat. § 316.1939(1), it is a misdemeanor for any person to refuse to submit to breath, blood, and/or urine test upon the request of a law enforcement official, if your privilege to operate a motor vehicle has been previously suspended for refusal to submit to a breath, blood, or urine test.

- 1) Will you take the Breath test? Yes No If the subject's response is negative, ask questions 3, 4 & 5 below:
- 2) Will you take the Urine test? Yes No (Read only if Breath sample is under .080)
- 3) Do you understand that refusing to take the breath and/or urine test will cause the suspension of your driving privilege for a minimum of twelve (12) months? Yes No
- 4) Do you understand that if you have previously refused to take the breath and/or urine test, you will be additionally charged with a misdemeanor for refusing to take the breath and/or urine test? Yes No
- 5) Do you still refuse to take the test: Yes No

Date: 01/23/14	Time: 05:55	Signature of Advising Officer: <i>[Signature]</i>	I.D.#: 501
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Name of Subject (Print): KHALIL AMIR SHARIEFF	Signature of Subject: <i>[Signature]</i>
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Spanish/Spanish

Usted ha sido arrestado por manejar bajo la influencia de alcohol y/o una sustancia química y/o una sustancia controlada. Se le ofrecerá un análisis de aliento para determinar el contenido de alcohol en su aliento y/o un análisis de orina para detectar la presencia de una sustancia química y/o controlada. Si usted se niega a someterse a estos análisis, el Departamento de Seguridad de Carreteras y Vehículos Motorizados le suspenderá su privilegio de operar un vehículo motorizado por un periodo de doce (12) meses, o por un periodo de dieciocho (18) meses, si ya fue suspendido anteriormente por rechazar a someterse a un análisis de aliento y/o de orina. Su negativa a someterse a un análisis de aliento y/o de orina cuando un agente de la ley se lo pida, será admisible como evidencia en cualquier procedimiento criminal en contra suya. Usted podrá, a costa propia, hacerse otras pruebas químicas o físicas para determinar el contenido de alcohol en su sangre o aliento, o para detectar la presencia de alguna sustancia química y/o sustancia controlada.

Según el estatuto Fla. Stat. § 316.1939(1), si una persona rehúsa someterse a un análisis de aliento, sangre y/o orina que haya solicitado un agente de la autoridad, ello constituye un delito de menor cuantía, si su privilegio de conducir un vehículo de motor había sido suspendido con anterioridad a consecuencia de una negativa de someterse a análisis de aliento, sangre o orina.

- 1) ¿Tomará la prueba de aliento? SI No Si la respuesta del sujeto es negativo, hacer preguntas 3, 4 y 5 abajo:
- 2) ¿Tomará la prueba de Orina? SI No (Solo leer si la muestra de Aliento está bajo .080)
- 3) Entiende usted que el rechazar a someterse al análisis de aliento y/o orina resultara en la suspensión de su privilegio de manejar por un mínimo de doce (12) meses? Si No
- 4) Entiendo usted que el rechazar a someterse al análisis de aliento y/o orina anteriormente, el rechazar a someterse al análisis de aliento y/o orina en este momento resultara en un cargo criminal adicional en contra suya? Si No
- 5) Persiste usted en rechazar a tomar la prueba? Si No

Fecha:	Hora:	Firma del Oficial:	I.D.#
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Sujeto (Escriba):	Sujeto (Firma):
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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

2014-8580 (P)

Instrument Type: Intoxilyzer '8000
Instrument Registered To: MIAMI BEACH PD
Instrument Serial Number: 80-003224 Software: 8100.27,
Date of Test: 01/23/2014

Date of Last Agency Inspection: 12/02/2013
Observation Period Began: 04:55
Subject's Name: KHALIL A SHARIFF

DOB: 11/22/1994 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	05:57
	Air Blank	0.000	05:57
	Control Test	0.080	05:58
	Air Blank	0:000	05:58
	Subject Sample #1	0.000	05:59
	Air Blank	0.000	05:59
	Air Blank	0.000	06:01
	Subject Sample #2	0.000	06:02
	Air Blank	0.000	06:02
	Control Test	0.080	06:03
	Air Blank	0.000	06:03
	Diagnostics Check	OK	06:03

Cylinder Lot: 1351445
Exp: 07/11/2015

State of Florida, County of MIAMI-DADE,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I, P. SOCARAS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: P. SOCARAS #1501 Date: 01/23/14
Signature

Sworn to (or affirmed) before me this 23 day of JAN, 2014
[Signature] ROSENE, S. #526
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

MIAMI BEACH POLICE VEHICLE STORAGE RECEIPT

M.B.P.D. CASE #

2014 5580

YEAR: 2009 MAKE: FERR MODEL: S430 BODY: 2DR COLOR: RED

DATE OF TOW: 1/23/14 TIME OF TOW: 0500

VIN NUMBER: 2FFKW66A990169636

LOCATION TOWED FROM: 41st Pine Tree

LICENSE YEAR: 2014 STATE: FL TAG NUMBER: QCG1586

WRECKER SERVICE: Beach Tow

REGISTERED OWNER: LOU LA VIE Inc

REASON FOR TOW: ACCIDENT DRIVER ARRESTED RECOV. STOLEN VEHICLE ABANDONED PARKING OTHER

ADDRESS: 1444 BISCAYNE BLVD #113

MESSAGE CENTER INFORMATION: NCIC OPERATOR

DRIVER OF VEHICLE: KHALIL A. SHARIF

FCIC DATE TIME

ADDRESS: 5190 CARRETT CAJALARA CA

VEHICLE PROPERTY INVENTORY

TRUNK LOCKED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Spare TIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RADIO IN CAR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	C-B RADIO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TAPE PLAYER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TELEPHONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	KEY IN IGNITION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REGISTRATION PAPERS IN CAR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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PROPERTY FROM VEHICLE IMPOUNDED YES NO

MISCELLANEOUS PROPERTY LEFT IN VEHICLE:

VEHICLE DAMAGE/MISSING PARTS

(ENTER # OF ITEMS VISIBLY DAMAGED/MISSING)

Standard Parts		Misling	Damaged	Missing		Damaged	Missing		Damaged
1	2	3	4	5	6	7	8	9	10
REAR 13	FRONT 15	WHEELS	UNDER CARRIAGE	ENGINE	HOOD	REAR END	WINDOW(S)	FENDER(S)	ROOF(S)
		A/O COMP.	DOOR(S)						
		LIGHTS	SEAT(S)						
		ALTERNATOR	TIRE(S)						
		BATTERY	Other Visible Damage: MINOR SCRATCHES						

VEHICLE HOLDS

OFFICER: _____ I.D. # _____
 PLACING: _____
 HOLD: _____ SIGNATURE _____ DATE _____
 SUPERVISOR: _____ I.D. # _____
 HOLD APPROVAL: _____ SIGNATURE _____ DATE _____

HOLD VEHICLE UNDER AUTHORITY OF:
 FLORIDA FORFEITURE ACT EVIDENTIARY MATERIAL CURRENT INVESTIGATION

HOLD FOR:
 IMPOUNDS UNIT — REF CONFISCATION
 ACCIDENT INVESTIGATION UNIT
 C.I.D. INVESTIGATION — DET. _____
 S.I.U. INVESTIGATION — DET. _____
 MARINE PATROL UNIT
 AUTO THEFT UNIT
 FOR INFORMATION CALL MBPD IMPOUNDS UNIT — 673-7816
 SPECIAL VEHICLE STORAGE: YES NO

SPECIFIC LEGAL JUSTIFICATION TO HOLD VEHICLE (narrative):

ANY VEHICLE HOLD REQUIRES DETAILED JUSTIFICATION AND SUPERVISOR'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFY THAT THE ABOVE LISTED PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

RELEASSED TO:

V. SILOT 529 **GM**
 PRINT NAME I.D. # PRINT NAME
 SIGNATURE SIGNATURE
 IMPOUNDING OFFICER TOW TRUCK DRIVER

PRINT NAME PHONE NO.
 SIGNATURE

IMPOUND UNIT VERIFICATION:
 TAG: _____ YR _____ STATE _____
 VIN: _____
 CONDITION: _____
 COMMENTS: _____ VERIFIED BY: _____

OWNERSHIP PROOF # RECEIVED DOCUMENT TYPE
 I.D. USED JAN 23 2014 I.D. #
 DATE/TIME RELEASED P.E.U. PRINT NAME

Jan. 29. 2014 11:58AM

No. 1554 P. 9/12

PROPERTY RECEIPT

MIAMI-DADE POLICE DEPT.

MIAMI-DADE POLICE CASE NO. PO140123029075
FOR PROPERTY AND EVIDENCE BUREAU USE ONLY

Page 1 of 1

PEB INVENTORY NO.	Agency Code 02	9111 N.W. 25th Street Miami, Florida 33172 (305) 471-2900
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DATE-TIME IMPOUNDED 1/23/14 0658	PROPERTY BUREAU LOCATOR CODE
OTHER DEPT. CASE NO. 2014-8580	OTHER DEPT. PROPERTY LOCATION AND INVENTORY NO.

ADDRESS WHERE PROPERTY IMPOUNDED (Give exact location where property was located.)
Miami Beach P.D.

TYPE OF CASE
DUI

DISCOVERED BY (Name) Smith, Dwayne	ADDRESS 1100 Washington Ave	CITY MB	STATE FL	TEL # ()
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> VICTIM	ADDRESS Same	CITY	STATE	TEL # ()

<input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> SUSPECT	RACE B	SEX M	DOB 11/22/94	INCARCERATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WARRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> LOST PROPERTY <input type="checkbox"/> ABANDONED PROPERTY <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/> PRISONER PROPERTY					

Check one if applicable to EVIDENCE only:
 FORFEITURE/SEE BACK
 FINGERPRINT CARD
 LAB REQUEST

ITEM NO.	QUANTITY	DESCRIPTION (Article - Brand - Model - Serial No. - Size - Color - Caliber - Barrel - Itemize currency by denomination)	Currency Only Total Face Value	PROPERTY BUREAU ONLY
01	1	DUI Urine Kit		
Last Item				

I HEREBY ACKNOWLEDGE THAT THE ABOVE LIST REPRESENTS ALL PROPERTY TAKEN FROM MY POSSESSION AND THAT I HAVE RECEIVED A COPY OF THIS RECEIPT.

I HEREBY ACKNOWLEDGE THAT THE ABOVE LIST REPRESENTS ALL PROPERTY IMPOUNDED BY ME IN THE OFFICIAL PERFORMANCE OF DUTY AS A DEPUTY SHERIFF / LAW ENFORCEMENT OFFICER.

(PRINT AND SIGN) _____

Willan Kroll 141
LEAD INVESTIGATOR PRINT/SIGN SECTION/UNIT BADGE#

Sayegh 783
IMPOUNDING OFFICER PRINT/SIGN DISTRICT BADGE#

For Property and Evidence Bureau Use Only

RECEIVED	PRINT NAME	SIGNATURE AND BADGE NO.	REASON	DATE AND TIME RECEIVED
RECEIVED	PRINT NAME		REASON	DATE AND TIME RECEIVED
RECEIVED	PRINT NAME		REASON	DATE AND TIME RECEIVED
RECEIVED	PRINT NAME		REASON	DATE AND TIME RECEIVED
RECEIVED	PRINT NAME		REASON	DATE AND TIME RECEIVED
RECEIVED	PRINT NAME		REASON	DATE AND TIME RECEIVED

PROPERTY RECEIPT

**MIAMIBEACH
POLICE**

Date: Time Impounded:
1-23-14 0658

CASE #
2014-8580

(For Evidence and Property Unit Only)

Type of Case:
DRE / DUI

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> I. A. Evidence | <input type="checkbox"/> Capital Crimes Evidence | <input type="checkbox"/> Investigatory Evidence | <input type="checkbox"/> Decedents Property |
| <input type="checkbox"/> Homicide Evidence | <input checked="" type="checkbox"/> Arrest / Trial Evidence | <input type="checkbox"/> Found Property | <input type="checkbox"/> Safekeeping Property |

ADDRESS WHERE PROPERTY IMPOUNDED (GIVE EXACT LOCATION WHERE PROPERTY WAS LOCATED.)

DISCOVERED BY (NAME) <u>Millan, K.</u>	ADDRESS <u>4380</u>	CITY	STATE-ZIP	TEL # <u>305 673-7888</u>
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<input type="checkbox"/> OWNER	<input type="checkbox"/> VICTIM	NAME	ADDRESS	CITY	STATE-ZIP	TEL # ()
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<input type="checkbox"/> SUBJECT	<input type="checkbox"/> SUSPECT	NAME <u>Khalil Sharieff</u>	ADDRESS	CITY	STATE-ZIP	D.O.B <u>11/22/94</u>	INCARCERATED <input type="checkbox"/> YES <input type="checkbox"/> NO
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ITEM NO	QUANTITY	LIST ONLY ONE ARTICLE ON A LINE DESCRIPTION - (ARTICLE-BRAND-MODEL-SERIAL NUMBER-SIZE-COLOR-CALIBER-BARREL) ITEMIZE CURRENCY BY DENOMINATION			CURRENCY ONLY TOTAL FACE VALUE	
					\$\$	¢¢
<u>1</u>	<u>1</u>	<u>DUI Urine Kit</u>				

I hereby acknowledge that the above list represents all property taken from my possession and I have received a copy of this receipt.

I hereby acknowledge that the above list represents all property impounded by me in the performance of duty as a Miami Beach Police Officer

PRINT NAME _____ SIGNATURE _____

Millan 141
LEAD INVESTIGATOR PRINT UNIT METRO ID
Sawiegh [Signature] 783
IMPOUNDING OFFICER PRINT/SIGN METRO ID

REMARKS: BRIEFLY EXPLAIN WHY THE PROPERTY WAS TAKEN INTO CUSTODY. (See Instructions On Back Of white Copy)

RECEIVED	PRINT NAME	SIGNATURE AND ID#	REASON	DATE AND TIME RECEIVED

MIAMI-DADE POLICE DEPARTMENT,
LABORATORY ANALYSIS REQUEST

M.D.P.D Case # PD140123029075

FORENSIC BIOLOGY/DNA:

Blood, semen, other body fluids, hair, fingernail scrapings,
and bloodstain pattern analysis.

TRACE EVIDENCE:

Gunshot Residue, accelerants, fire debris, paint, glass,
fibers, and miscellaneous materials

FORENSIC IDENTIFICATION:

Firearms, ammunition, toolmarks, tire & footwear
impressions, and gunshot powder patterns

CHEMISTRY:

Drug analysis and alcoholic beverage analysis

TOXICOLOGY:

Blood and urine for alcoholic beverage and controlled
substance analysis

I.D. LATENT UNIT:

Latent processing and fingerprint comparison

- For Trial
- Not for Trial
- Found Property

Type of Case DRE / OUT
 Victim _____
 Subject Khalil Shariff
 Lead Investigator Millan

OTHER POLICE AGENCY

Agency Case # 2014 - 8580
 Agency Name MBPD 02
 Lead Investigator Officer Millan
 Investigator's Phone # 305 673-7888

Summary of Case:

Analysis Requested (Be Specific):

Additional Evidence to Follow (Specify type of evidence and where it was routed): YES NO

Standards for Analysis submitted: YES NO WILL FOLLOW

Submitter's Name (print): M. Sauegh I.D. # 783

Date Submitted: 1-23-14 UNIT 783

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options within 30 calendar days of the date of this citation. If you fail to comply within 30 calendar days, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

Option 1: You may pay the civil penalty listed on the front of this citation to the Clerk of Court. You

must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk does not accept personal checks. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. Proof of compliance in the form of driver license or registration certificate, whichever is applicable, is required in addition to payment if you were cited for driver license expired less than six months, expired tag less than six months, failure to display a valid driver license, and failure to display a valid registration. You will be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

Option 2: If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

Option 3: If you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended [see s. 322.34(10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may make only one such election per year and no more than three such elections in your lifetime. You must pay court costs and adjudication will be withheld.

Option 4: If you do not hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per year and no more than five elections in your lifetime. Please visit www.flhsmv.gov for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$_____ for this service. You may then mail or present this affidavit of compliance along with \$_____ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FLORIDA UNIFORM TRAFFIC CITATION

A10PCVE

CHECK DIST

Form fields including County of (1) MIAMI-DADE, City (88) MIAMI BEACH, Agency Name Miami Beach PD, Agency # FL0130700 - Case #: 2014-8580(R), Date of Violation 01/23/2014, Driver Name KHALIL AMIR SHARIEFF, Vehicle 2009 FERRARI, License # CG1886, and Offense Description DUI - Driving Under the Influence, .000/.000 (DRE).

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE (Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: _____ ASSIGNED DHSMV AGENCY #: _____

Signed _____ (Name, Title, ID#)

Bottom section of the citation form including Court Information (To Be Set), Arrest Date (DCJ/TGK), and Signatures of Violator (STEVEN COSNER) and Officer (STEVEN COSNER).

OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT	POLICE CASE NO. 13-009561
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SPECIAL OPERATION:	<input 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 <input type="checkbox"/> WARRANT FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state	JAIL NO.	PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	COURT CASE NO.
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IDS NO.	AGENCY CODE 03	MUNICIPAL P.D. DEF. ID NO.	MOPD RECORDS AND ID NO.	STUDENT ID NO.	GANG ACTIVITY RELATED ARREST <input type="checkbox"/>	FRAUD RELATED ARREST <input type="checkbox"/>
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) IGELKO, MITCHELL	ALIAS and / or STREET NAME	SIGNAL: <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500
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DOB (MM/DD/YYYY) 01/16/1964	AGE 49	RACE W	SEX M	ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	HEIGHT 5'11	WEIGHT 190	HAIR COLOR BLK	HAIR LENGTH BLD	HAIR STYLE STR	EYES BRO	GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FACIAL HAIR MUS	TEETH NOR
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SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) N/A	PLACE OF BIRTH (City, State/Country) HAVANA, Cuba
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LOCAL ADDRESS (Street, Apt. Number) (City) (State) (Zip) 707 ANASTASIA AV, CORAL GABLES, FL 33134	PHONE 305 271-8097	CITIZENSHIP US
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PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN (City) (State/Country) (Zip) 707 ANASTASIA AV, CORAL GABLES, FL 33134	PHONE 305 271-8097	OCCUPATION Self-employed
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BUSINESS OR SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip) MITCHELL'S LAWN MAINTENANCE, 15665 SW 117 AV, MIAMI, FL 33177	PHONE 395 233-9991	ADDRESS SOURCE: <input checked="" type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>
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DRIVER'S LICENSE NUMBER / STATE I242540640160 / FL	SOCIAL SECURITY NO.	WEAPON SEIZED? Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Def. has Concealed Weapons Permit. PERMIT # W-	INDICATION OF: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK
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ARREST DATE (MM/DD/YYYY) 01/27/2014	ARREST TIME (HHMM) 15:02	ARREST LOCATION (include name of business) 707 ANASTASIA AV	GRID
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CO-DEFENDANT NAME (Last, First, Middle) 1.	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
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CO-DEFENDANT NAME (Last, First, Middle) 2.	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
---	------------------	---

CO-DEFENDANT NAME (Last, First, Middle) 3.	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
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JUV only	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care	(Name) (Street, Apt. Number) (City) (State/Country) (Zip) (Phone)	Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
VIOLATION OF DOMESTIC VIOLENCE INJUNCTION	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	741.31(4)(a)				Y	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
STALKING	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	784.048(2)				Y	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law:
 On the **25** day of **November**, **2013**, at **17:10** (HHMM) at **90 EDGEWATER DR 121, CORAL GABLES, FL 33133** (Narrative, be specific)
 (Location, include name of business)

On February 8, 2013, The Defendant was issued a protection order, prohibiting him from communicating with the Victim.
 Between June 16, 2013, and January 24, 2014, records show that the Defendant called the Victim numerous times.
 On November 25, 2013, at approximately 5:10 P.M., The Defendant called the Victim and left her a voice message stating "think about what you are doing, you are being crazy."
 On January 24, 2014, at approximately 7:01 P.M. the Defendant called the Victim stating that he wanted to speak with her. The Victim advised him that there is a protection order and he was on probation. The Victim immediately hung up the phone and contacted the Coral Gables Police Department to document the incident (C.G.P.D. Case#14-000658).
 The Victim is in fear for her safety.
 On January 27, 2014, the Defendant was arrested and transported to T.G.K. via C.G.P.D. process.

HOLD FOR OTHER AGENCY Name:	VERIFIED BY 8019 (03)	<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 (Juvies notify Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. ZACCHEO, VELIER	COURT ID NUMBER/LOC. CODE CORAL GABLES PD	SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS DAY OF _____ Deputy of the Court of Notary Public	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof. Signature of Defendant / Juvenile and Parent or Guardian