

COMPLAINT/ARREST AFFIDAVIT -

COURT COPY

OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT		POLICE CASE NO. 110711-190202
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SPECIAL OPERATION:	<input checked="" type="checkbox"/> FELONY <input 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	COURT CASE NO.
	<input checked="" type="checkbox"/> WARRANT FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state			

IDS NO.	AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO.	MCPD 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) ARMENINTEROS RAUL	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) 02-02-1965	AGE 46	RACE W	SEX M	<input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	HEIGHT 5-7	WEIGHT 135	HAIR COLOR BRN	HAIR LENGTH SHH	HAIR STYLE UNC	EYES BRN	GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FACIAL HAIR CLN	TEETH NOR
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SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description)	PLACE OF BIRTH (City, State/Country) CUBA
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LOCAL ADDRESS (Street, Apt. Number) 10320 NW 30 AVE	(City) MIAMI	(State) FLA	(Zip) 33147	PHONE ()	CITIZENSHIP U.S.A.
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PERMANENT ADDRESS (Street, Apt. Number) SAME AS ABOVE	<input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN	(City) (State/Country) (Zip)	PHONE ()	OCCUPATION
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<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip)	PHONE ()	ADDRESS SOURCE: <input checked="" type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>
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DRIVER'S LICENSE NUMBER / STATE AG55-720-65-042-0	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: Y N UNK Alcohol influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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ARREST DATE (MM/DD/YYYY) 07-11-2011	ARREST TIME (HHMM)	ARREST LOCATION (include name of business) NW 37 AVE # 7 STREET	GRID PARKING LOT
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CO-DEFENDANT NAME (Last, First, Middle) 1. ARROYO JAMES	DOB (MM/DD/YYYY) 01-13-1967	<input checked="" 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
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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 (Name) <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care	(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
1. ANIMAL CRUELTY	<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"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
2.	<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"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
3.	<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"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
4.	<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"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
On the 11 day of JULY, 2011, at (HHMM) at NW 37 AVE # 7 ST. (Narrative, be specific)

DEF AND CO-DEF APPEARED AT THE PARKING LOT AND CO-DEF PARKED THE VAN THEY WERE DRIVING IN THE MIDDLE OF LOT. CO-DEF KEPT THE WINDOWS CLOSED AND THE ENGINE OFF. INSIDE THE VAN WERE 8 ROOSTERS, 1 DUCK, 4 BANANAS, 4 PEACOCKS AND 4 GOATS. THE TEMPERATURE ON TODAY'S DATE WAS 90°. WE WERE DISPATCHED RE: THE NOISE COMING FROM INSIDE THE VAN. WHEN I ARRIVED, I NOTICED THE FOUR GOATS

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 (Juv entities notify Juvenile Division) anytime that my address changes.
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I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT	SWORN TO AND SUBSCRIBED BEFORE ME	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
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OFFICER'S / COMPLAINANT'S SIGNATURE [Signature]	COURT ID NUMBER/LOC. CODE [Signature]	DATE OF 11 July 2011
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COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT CONTINUATION	POLICE CASE NO. 110711-190 202
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JAIL NO.	COURT CASE NO.
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IDS NO.	AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO.
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) ARMENTEROS, RAUL	DOB (MM/DD/YYYY) 02-02-1965
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4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<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 #:
6.	<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 #:
7.	<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 #:
8.	<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 #:

TIED UP INSIDE PLASTIC BAGS, AS I OPENED ONE OF THE BAGS IT WAS NOTED THAT ONE OF THE ~~BAGS~~ HAD PASSED. APPROXIMATELY 45 MINUTES LATER DZF AND CO DEF ARRIVED ON THE SCENE AND BOTH CLAIMED OWNERSHIP OF THE ANIMALS.

ALL THE ANIMALS IN THE VAN APPEARED TO BE IN DISTRESS AND LACKING OF WATER.

ANIMAL CONTROL RESPONDED AND RECOVERED THE ANIMALS.

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.
Name:			
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME.	
OFFICER'S / COMPLAINANT'S SIGNATURE	COURT ID NUMBER/LOC. CODE	THE UNDERSIGNED AUTHORITY THIS DAY OF July 2011	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
<i>[Signature]</i>	1511 (6)	2011	
<i>[Signature]</i>	0-11020	2011	
		Deputy of the Court or Notary Public	Signature of Defendant / Juvenile and Parent or Guardian