BROWARD COUNTY

COMPLAINT AFFIDAVIT / ARREST FORM

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

FILING AGENCY	OFFENSE REPORT	LOCAL I.D. NO.	FCIC	ORI	SID NO.	BID NO.
Pomp. Bch	619731					

DEFENDANT'S LAST NAME	FIRST	MIDDLE	SUF	ALIAS/STREET NAME
Frazier	Gregory			

RACE	SEX	HGT.	WGT.	EYES	HAIR	COMP.	AGE	D.O.B.	BIRTH PLACE
B	M	5'11	150	Brn	Black	Dark	25	11-11-60	Ft Laud, Fla

PERMANENT ADDRESS	LOCAL ADDRESS
315 NW 14 street	Same

SCARS, MARKS, TT	PLACE OF EMPLOYMENT	LENGTH
	Unemployed	

HOW LONG DEFENDANT IN BROWARD COUNTY	BREATHALYZER BY	CCN	READING	PLACE OF ARREST
25 yrs				315 NW 14 street

DATE ARRESTED	TIME ARREST	ARRESTING OFFICERS	CCN	OFFICER INJURED	UNIT	ZONE	BEAT	SHIFT
3-31-86	0950	Brown	470	Y ☐ N ☒	LA43	LA53	Pt1	Day

UNIT TRANSPORTING PRISONER	TRANSPORTING OFFICER	CCN	PICK UP TIME	ARRIVAL TIME AT BSO

DEFENDANT VEHICLE MAKE _____ TYPE _____ YEAR _____ COLOR _____

ATTACH DRIVER'S LICENSE PHOTO HERE

LIC NO. _____ VIN NO. _____ VEHICLE TOWED TO _____

OTHER IDENTIFIERS _____

REMARKS _____

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORPORATION)	ADDRESS	PHONE
Revonia Williams	315 NW 14 street/State Of Fla	

COUNT NO.	OFFENSES CHARGED	F.S. NO. OR CAPIAS/WARRANT NO.
1	~~810.02~~ Burglary (Residence) () Bfy $500.--	810.02

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared Brown, Vernice (LAST, FIRST, MIDDLE) who being first duly sworn deposes and says that on the 31 day of March 19 86 at 315 NW 14 street Pomp. Bch Broward Fla (CRIME LOCATION) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

On 3-31-86 Ofc was dispatched to 315 NW 14 street inreference to a B&E(Res) upon arrival contact was made with the above Def. The Def was observed entering by wittness Jackson going through the front window of the Vic home. At which time the wittness contacted the comp who is Related to the Vic. The Comp then contacted the PD, upon arrival at the scene the Coup was there and advised Ofc that the Def was not wanted at the home. The Comp also advised Ofc that the Def was his Cousin and that he lived there up until 3-30-86 See Case# 619633. Ofc then spoke with the Vic via telephone who advised Ofc that the Def is her grandson and that she did not give him permission to enter her home, THIS Ofc did not ask the Def any questions, but the Def advised Ofc that he enter the Front window to the Home so he could somthing to eat. ID Tech was called to process the scene. The Vic stated that she wanted to Prosecute and signed a Victim Affivadit.

Sworn to and subscribed before me, the undersigned authority, this 31 day of March 86

DEPUTY CLERK OF THE COURT OR NOTARY PUBLIC OR ASS'T. ST. ATTY.

TITLE Police Officer

I swear the above statement is correct and true to the best of my knowledge and belief.

V. Brown 470

OFFICER'S/AFFIANT'S SIGNATURE/CCN

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
BSOD-B2

FIRST APPEARANCE/ARREST FORM

Orig. - Court
2nd - State Atty.
3rd. - Filing Agency
4th - Arresting Agency

COURT COPY

SSGM 0335

BROWARD COUNTY ☐ COMPLAINT AFFIDAVIT ☒ ARREST FORM

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

#0

OBTS NUMBER:

FILING AGENCY: Pompano P.D. | OFFENSE REPORT: 89-020174 | LOCAL ID NO.: PB89-3703 | FDLE: | FBI: | SS NO.: 262-59-5304

DEFENDANT'S LAST NAME: Frazier | FIRST: Gregory | MIDDLE: Tafryn | SUF: | ALIAS/STREET NAME: Clyde | CITIZENSHIP: U.S.A.

RACE: B | SEX: M | HGT: 5'11" | WGT: 150 | EYES: Bro | HAIR: Blk | COMP: Med | AGE: 28 | DOB: 11-11-60 | BIRTH PLACE: Ft. Laud, FL

PERMANENT ADDRESS: 315 NW 14 St, P.B. | LOCAL ADDRESS: Same | RESIDENCE TYPE: CITY / COUNTY / FLORIDA / OUT OF STATE

SCARS, MARKS, TT: Scar Above Both Eyebrows | PLACE OF EMPLOYMENT: Unem | LENGTH:

HOW LONG DEFENDANT IN BROWARD COUNTY: Life | BREATHALYZER BY: | CCN: | READING: | PLACE OF ARREST: 140 NW 14 St, P.B

DATE ARRESTED: 7-21-89 | TIME ARREST: 2226 | ARRESTING OFFICERS: VanHaitsma / Lettieri | CCN: 257/484 | OFFICER INJURED: Y ☐ N ☒ | UNIT: | ZONE: 735 | BEAT: TAC | SHIFT:

UNIT TRANSPORTING PRISONER: | TRANSPORTING OFFICER: | CCN: | PICK UP TIME: | ARRIVAL TIME AT BSO:

DRUG TYPE: C

ATTACH DEFENDANT'S PHOTO

DEFENDANT'S VEHICLE MAKE ______ TYPE ______ YEAR ______ COLOR ______

TAG NO ______ VIN NO ______ VEHICLE TOWED TO ______

OTHER IDENTIFIERS ______

OR REMARKS ______

NAME OF VICTIM (IF CORPORATION EXACT LEGAL NAME AND STATE OF INCORPORATION) ______ ADDRESS ______ PHONE ______

COUNT NO	OFFENSES CHARGED	F.S. NO. OR CAPIAS/WARRANT NO
1	Delivery Of Cocaine 2° Fel	FS 893.13
	Teletype 10-104	

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared VanHaitsma, Dennis / Lettieri, Timothy who being first duly sworn deposes and says that on the 21st day of July 1989 at 140 NW 14 St the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

On the above date & time Officers Lettieri & Faircloth posed as illicit "crack" cocaine buyers cruising through areas notorious for drug sales making themselves available to prospective sellers. As they drove through the area of 140 NW 14 St the def. flagged them down & [illegible] what they needed. Officer Lettieri then responded "A Rock". The def. [illegible] a small plastic baggie containing 12 small "crack" cocaine [illegible]. Ofc Lettieri told the def. that he wanted larger rocks. At which point he turned to co-def [illegible] Williams who gave him 2 larger crack cocaine rocks to give to Ofc Lettieri. After he handed them to Ofc Lettieri a takedown signal was given and backup officers moved in and arrested the suspects. The crack cocaine was retained by Ofc Lettieri & placed in evidence after a Valtox test with positive results was conducted.

Sworn to and subscribed before me the undersigned authority this 22nd day of July 1989

I swear the above statement is correct and true to the best of my knowledge and belief

[signature] Sworn Police Officer — OFFICER'S / AFFIANT'S SIGNATURE: Ofc [signature] T. Lettieri

DEPUTY CLERK OF THE COURT / NOTARY PUBLIC / OFFICER'S STATE ATTY

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA

COURT COPY

Clerk / State Atty / Filing Agency / Arresting Agency

BROWARD COUNTY

COMPLAINT AFFIDAVIT / ARREST FORM

89 SEP 20

OBTS NUMBER 0000

PBSO AGENCY POMPDMO | CRIMINAL REPORT 89-027067

DEFENDANT'S LAST NAME Williams | FIRST Gregory | MIDDLE T | SUF

RACE B | SEX M | HGT 511 | WGT 150 | EYES Brn | HAIR Blk/Bald | COMP | AGE 28

PERMANENT ADDRESS 315 NW 14 ST Pompano

SCARS, MARKS, TT None

HOW LONG DEFENDANT IN BROWARD COUNTY Life | BREATHALYZER BY | CCN | READING

DATE ARRESTED 09-27-89 | TIME ARRESTED 2010 | ARRESTING OFFICERS Ofc D. VanHaitsma | CCN 257

UNIT TRANSPORTING PRISONER 205 | TRANSPORTING OFFICER | CCN 667

ALIAS/STREET NAME Crazy Drawer Clyde | CITIZENSHIP U.S.

DOB 11/11/(illegible) | BIRTHPLACE Ft. Lauderdale

LOCAL ADDRESS Same | RESIDENCE TYPE CITY / COUNTY / FLORIDA / OUT OF STATE

PLACE OF EMPLOYMENT Unemployed | LENGTH

PLACE OF ARREST 330 NW 15 CT

OFFICER INJURED Y N | UNIT | ZONE 185 | BEAT PAC | SHIFT

PICK UP TIME | ARRIVAL TIME AT BSO

ACTIVITY S | ALLEGATION OF ALCOHOL INFLUENCE / DRUG INFLUENCE

VEHICLE TOWED TO

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORPORATION) | ADDRESS | PHONE

STATE OF FLORIDA

COUNT NO.	OFFENSES CHARGED	F.S. NO. OR CAPIAS/WARRANT NO.
1	Sale Of A Counterfeit Controlled Substance Fel 3°	FS 817.564
2	Resisting Arrest W/O Violence 1° Misd	FS 843.02
	No Wants/Warrants	

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared VanHaitsma, Dennis L. (LAST, FIRST, MIDDLE) who being first duly sworn deposes and says that on the 27th day of Sept. 1989 at 300 NW 14 St (CRIME LOCATION)

the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

On The Above Date And Time Officers Of The Pompano Bch P.D. Tactical Unit Conducted An Operation Aimed At Reducing Street Level Drug Sales. Officers J.D. Gill & J. McCabe Posed As "Crack" Cocaine Buyers Driving Through Known Drug Sales Areas Until A Suspect Offered To Sell Them Drugs. At 300 NW 14 St The Arrest Waved The U.C. Officers Over And Asked, "What Do You Need?" Officer Gill Replied - "A Twenty". The Dlr Then Produced A Small, White, Crack Cocaine-Looking Pebble And Said "Here". He Then Grabbed The Twenty Dollar Bill From Officer Gill's Hand And Began Running. Backup Officers Moved In And Took Up Chase Identifying Themselves As Police Officers And Ordering Him To Stop. The Chase Continued For Approx. 4 Minutes Until The Subject Was Caught. Even Then He Continued To Struggle With Officers Until He Was Handcuffed. A Voltol Test Of The Substance Was Negative For The Presence Of Cocaine.

Sworn to and subscribed before me, the undersigned authority, this 27th day of Sept. 19 89

I swear the above statement is correct and true to the best of my knowledge and belief.

Sgt. D. Hunt — TITLE Cert Leo — Ofc D. VanHaitsma 257

DEPUTY CLERK OF THE COURT OR NOTARY PUBLIC OR ASST. ST. ATTY. | OFFICER'S/AFFIANT'S SIGNATURE/CCN

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
BSO0-B2 REV. 6/86

OFFICER'S NAME _____ DIV. _____

FIRST APPEARANCE/ARREST FORM
COURT COPY

Orig. - Court
2nd - State Atty.
3rd - Filing Agency
4th - Arresting Agency

...AFFIDAVIT ...ARREST FORM

BROWARD COUNTY ARREST NO. _____ SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY OBTS. NO. 0005204771

FILING AGENT	OFFENSE REPORT	LOCAL I.D. NO.		FBI	SS NO.
Pomp Bch	92-020081	PB92-4151			262-59-5304

DEFENDANT'S LAST NAME	FIRST	MIDDLE	SUF	ALIAS/STREET NAME	CITIZENSHIP
Frazier	Gregory	Taforya		Gregory Williams	US

RC.	SEX	HGT.	EYES	HAIR	WGT.	COMP	AGE	D.O.B.	BIRTHPLACE	SCARS, MARKS, TT
b	m	511	brn	blk	150	drk	31	11/11/60	Ft Laud	

PERMANENT ADDRESS: 242 NW 14 St #3, Pomp Bch Fla

LOCAL ADDRESS: _____ PLACE OF EMPLOYMENT: _____ LENGTH: _____

RESIDENCE TYPE: (1) CITY (2) COUNTY (3) FLORIDA (4) OUT-OF-STATE

HOW LONG DEFENDANT IN BROWARD COUNTY	BREATHALYZER BY/CCN	READING	PLACE OF ARREST	DATE/TIME ARRESTED	ARRESTING OFFICER(S) CCN
31 yrs			242 NW 14 St #3, PB	7/20/92 1323 hrs	Kleiss 363

OFFICER INJURED Y ☐ N ☒	UNIT	ZONE	BEAT	SHIFT	UNIT TRANSPORTING PRISONER	TRANSPORTING OFFICER/CCN	PICK-UP TIME	DRUG TYPE
	1K32		DB		A58	Gill 673	430 PM	

TIME ARRIVED AT BSO: _____

TYPE: N/A, A AMPHETAMINE, B BARBITURATE, C COCAINE, E HEROIN, H HALLUCINOGEN, M MARIJUANA, O OPIUM, P PARAPHERNALIA, EQUIPMENT, S SYNTHETIC, U UNKNOWN, Z OTHER

ACTIVITY: N/A, P POSSESS, S SELL, B BUY, T TRAFFIC, A SMUGGLE, D DELIVER, F USE, M MANUFACTURE, PRODUCE, CULTIVATE, K DISPENSE, DISTRIBUTE, Z OTHER

INDICATION OF ALCOHOL, INFLUENCE, DRUG INFLUENCE: Y YES, N NO, U UNK

ATTACH DEFENDANT'S PHOTO

DEFENDANT'S VEHICLE-MAKE _____ TYPE _____ YEAR _____ COLOR _____ VIN. NO. _____

VEHICLE TOWED TO _____ TAG NO. _____ OTHER IDENTIFIERS OR REMARKS _____

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP.)	ADDRESS	PHONE #
Debra Kendrick	242 NW 14 St #3, Pomp Bch Fla	

COUNT NO.	OFFENSES CHARGED	CITATION #, IF APPLICABLE	F.S.# OR CAPIAS/WARRANT #
1	Grand Theft 3F Bond $1,000.00	JFY 2359	812.014
	No wants or warrants		

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared Kenneth Kleiss who being first duly sworn deposes and says that on 24 day June, 19 92 at 242 NW 14 St #3, Pomp Bch Fla (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

On 6/24/92 the above victim reported that her brother Gregory Frazier stole her jewelry that is valued at approx $635.00. After the victim discovered the theft she comfronted her brother and he admitted that he took the jewelry and sold the jewelry. The victim's grandmother witnesses this conversation. On 7/20/92 this Det placed the subj under arrest for grand theft. This det took statements from the victim and her grandmother. Once at our PD this det gave Frazier his rights from a rights form which he stated and signed that he understood. Frazier waived his rights to this det and stated he did take the jewelry and sold the jewelry for $70.00 He stated he did this because he felt the jewelry was his deceased mother's and that his sister owed him. Note that when this det took statements from the subj grandmother and sister they both stated that the victim bought this jewelry. In fact the grandmother stated that the subj's mother did not own any jewelry.

I swear the above statement is correct and true to the best of my knowledge and belief.

OFFICER/AFFIANT'S SIGNATURE: _____ Det Ken Kleiss 363 OFFICER'S NAME/CCN: _____ DB OFFICER'S DIVISION: _____

STATE OF Fla COUNTY OF Broward

The foregoing instrument was acknowledged before me this 20 day of July, 1994, who is personally known to me or who has produced (ID Type) police as identification and who did (DID OR DID NOT) take an oath.

(SEAL OR STAMP)

DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY _____ TITLE OR RANK/CCN: _____

SEVENTEENTH JUDICIAL CIRCUIT BROWARD COUNTY STATE OF FLORIDA 85008 #2 (Rev 9/91)

FIRST APPEARANCE / ARREST FORM

SHOULD ADDITIONAL SPACE BE NEEDED, USE PROBABLE CAUSE AFFIDAVIT CONTINUATION.

COURT COPY

Orig. - Court
2nd - State Atty.
3rd - Filing Agency
4th - Arresting Agency

☐ COMPLAINT AFFIDAVIT ☒ ARREST FORM

BROWARD COUNTY ARREST NO. PB93 1508 SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY OBTS. NO. 000 5490262

FILING AGENT	OFFENSE REPORT	LOCAL I.D. NO.	ARREST DATE	FBI -	SS NO.
POMPANO P.D.	93-012426	PB93-1508	APR 93 20	11	262-50-5304

DEFENDANT'S LAST NAME	FIRST	MIDDLE	SUF	ALIAS/STREET NAME	CITIZENSHIP
FRAZIER	GREGORY	TAFORYE		CLYDE	US

RC.	SEX	HGT.	EYES	HAIR	WGT.	COMP.	AGE	D.O.B.	BIRTHPLACE	SCARS, MARKS, TT
B	M	5'11	BRN	BLK	148	MED	31	11-11-60	LAUDERDALE FL.	SCAR RT. FOREARM/LT LEG

PERMANENT ADDRESS: 242 N.W. 14th STR. POMPANO BCH FLA.

LOCAL ADDRESS: SAME

PLACE OF EMPLOYMENT: UNEMPLOYED — LENGTH:

RESIDENCE TYPE: (1) CITY (2) COUNTY (3) FLORIDA (4) OUT-OF-STATE

HOW LONG DEFENDANT IN BROWARD COUNTY	BREATHALYZER BY/CCN	READING	PLACE OF ARREST	DATE/TIME ARRESTED	ARRESTING OFFICER(S) CCN
31YRS			242 N.W. 14th STR #3	4-19-93/1820	A. JOHNSON #572

OFFICER INJURED	UNIT	ZONE	BEAT	SHIFT	UNIT TRANSPORTING PRISONER	TRANSPORTING OFFICER/CCN	PICK-UP TIME-	DRUG TYPE
Y ☐ N ☐	1A58	53	PTL	D		HANKS	TIME ARRIVED AT BSO	N/A

TYPE: N-N/A, A-AMPHETAMINE, B-BARBITURATE, C-COCAINE, E-HEROIN, H-HALLUCINOGEN, M-MARIJUANA, O-OPIUM, P-PARAPHERNALIA/EQUIPMENT, S-SYNTHETIC, U-UNKNOWN, Z-OTHER

ACTIVITY: N-N/A, P-POSSESS, S-SELL, B-BUY, T-TRAFFIC, A-SMUGGLE, D-DELIVER, C-USE, M-MANUFACTURE/PRODUCE/CULTIVATE, X-DISPENSE/DISTRIBUTE, Z-OTHER

INDICATION OF ALCOHOL INFLUENCE / DRUG INFLUENCE: Y ☐ N ☐ UK ☐

ATTACH DEFENDANT'S PHOTO

DEFENDANT'S VEHICLE-MAKE _____ TYPE _____ YEAR _____ COLOR _____ VIN NO. _____

VEHICLE TOWED TO _____ TAG NO. _____ OTHER IDENTIFIERS OR REMARKS _____

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP.)	ADDRESS	PHONE #
STATE OF FLA.		

COUNT NO.	OFFENSES CHARGED J/Zeidwig	CITATION #, IF APPLICABLE	F.S.# OR CAPIAS/WARRANT #
1.	VOCC ORIGINAL CHARGE GRAND THEFT NO BOND,		92-14148CF
	WC93-7422		

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared JOHNSON, ALAN B who being first duly sworn deposes and says that on 19 day APRIL, 19 93 at 242 N.W. 14th STR. POMPANO BCH, FL. (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

ON THE ABOVE TIME AND DATE THIS OFFICER WENT TO THE ABOVE ADDRESS IN REF TO LOCATING THE LISTED SUBJ. IN REF. TO, A VOP. WARRANT. UPON CHECKING WITH TELETYPE THEY ADVISED OF THE WARRANT BEING ACTIVE. THE SUBJ. WAS PLACED UNDER ARREST AND TOT CITY JAIL FOR BOOKING WITHOUT INCIDENT.

I swear the above statement is correct and true to the best of my knowledge and belief.

H. Johnson — OFFICER/AFFIANT'S SIGNATURE

ALAN JOHNSON #572 — OFFICER'S NAME/CCN

Road Patrol — OFFICER'S DIVISION

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this 19 day of APRIL, 19 93, who is personally known to me or who has produced (ID Type) _____ as identification and who (DID OR DID NOT) _____ take an oath.

(SEAL OR STAMP)

Sgt. J. Brown — DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

Sgt/407 — TITLE OR RANK/CCN

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
83008 #2 (Rev 9/91)

FIRST APPEARANCE / ARREST FORM

SHOULD ADDITIONAL SPACE BE NEEDED, USE PROBABLE CAUSE AFFIDAVIT CONTINUATION.

COURT COPY

Orig. - Court
2nd - State Atty.
3rd - Filing Agency
4th - Arresting Agency

ARREST NO. _____ SHADED FIELDS MUST Be ANSWERED IF DEFENDANT NOT IN CUSTODY OBTS. NO. 0001542178

FILING AGENT	OFFENSE REPORT	LOCAL I.D. NO.		FBI	SS NO.
Pompano Beach	92-025218	PB92-4713			262-59-5304

DEFENDANT'S LAST NAME	FIRST	MIDDLE	SUF	ALIAS/STREET NAME	CITIZENSHIP
FRAZIER	GREGORY	T.		last name: Williams	US

RC	SEX	HGT.	EYES	HAIR	WGT.	COMP	AGE	D.O.B.	BIRTHPLACE	SCARS, MARKS, TT
B	M	5'11"	brn	blk	150	med	31	11/11/60	Ft. Lauderdale, FL	SCARS ON BOTH ARMS

PERMANENT ADDRESS	LOCAL ADDRESS
244 NW 14 ST #3 Pompano Beach, FL 33060	SAME

RESIDENCE TYPE: (1) CITY (2) COUNTY (3) FLORIDA (4) OUT-OF-STATE	PLACE OF EMPLOYMENT	LENGTH
	N/A	

HOW LONG DEFENDANT IN BROWARD COUNTY	BREATHALYZER BY/CCN	READING	PLACE OF ARREST	DATE/TIME ARRESTED	ARRESTING OFFICER(S) CCN
31 yr			2171 N. Dixie Hwy	08-18-92 0343	LARSON 794

OFFICER INJURED	UNIT	ZONE	BEAT	SHIFT	UNIT TRANSPORTING PRISONER	TRANSPORTING OFFICER/CCN	PICK-UP TIME / TIME ARRIVED AT BSO	DRUG TYPE
Y ☐ N ☒	2207	51	51	IN	221	Gomez		N

TYPE: N N.A. A AMPHETAMINE B BARBITURATE C COCAINE E HEROIN H HALLUCINOGEN M MARIJUANA O OPIUM P PARAPHERNALIA/EQUIPMENT S SYNTHETIC U UNKNOWN Z OTHER

ACTIVITY: N N.A. P POSSESS S SELL B BUY T TRAFFIC A SMUGGLE D DELIVER E USE M MANUFACTURE PRODUCE CULTIVATE K DISPENSE/DISTRIBUTE Z OTHER

INDICATION OF ALCOHOL INFLUENCE ☐ DRUG INFLUENCE ☐ Y ☐ N ☐ UK ☐

ATTACH DEFENDANT'S PHOTO

DEFENDANT'S VEHICLE-MAKE _____ TYPE _____ YEAR _____ COLOR _____ VIN. NO. _____

VEHICLE TOWED TO _____ TAG NO. _____ OTHER IDENTIFIERS OR REMARKS _____

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP.)	ADDRESS	PHONE #
AUTHORIZED APPEARANCE CENTER	2171 N. Dixie Hwy Pompano Beach, FL 33060	305-941-2038

COUNT NO.	OFFENSES CHARGED	CITATION #, IF APPLICABLE	F.S.# OR CAPIAS/WARRANT #
1	Burglary Structure 3 FY Bond: $1,000.00		810.02
2	Grand Theft 3FY Bond: $1,000.00		812.014 (2)(B)
3	Possession of Burglary Tools 3FY Bond: $500.00		810.06
	No Warrants		

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared ROBIN LARSON who being first duly sworn deposes and says that on 18 day August, 19 92 at 2171 N. Dixie Highway (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

I (Ofc. Larson) observed the listed defendant, FRAZIER, walking southbound on N. Dixie Hwy in the 1900 block. FRAZIER was carrying a box, and I became concerned as the area has been beseiged by burglaries in the early morning hours. As I approached FRAZIER, I noticed that the box contained several bags (packages) of new vacuum bags, as well as a security lamp, still in its box.

FRAZIER said that he had gotten the box of vacuum bags from "off a pile" on the side of the road. He went

I swear the above statement is correct and true to the best of my knowledge and belief.

Robin Larson
OFFICER/AFFIANT'S SIGNATURE

ROBIN LARSON 794
OFFICER'S NAME/CCN

Patrol IN
OFFICER'S DIVISION

STATE OF Florida COUNTY OF Broward

The foregoing instrument was acknowledged before me this 18 day of 08, 19 92, who is personally known to me or who has produced (ID Type) _____ as identification and who (DID OR DID NOT) take an oath.

Sgt [illegible]
DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

Sgt 427
TITLE OR BANK/DCN

(SEAL OR STAMP)

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
BSODB #2 (Rev 8/91)

FIRST APPEARANCE / ARREST FORM

SHOULD ADDITIONAL SPACE BE NEEDED, USE PROBABLE CAUSE AFFIDAVIT CONTINUATION.

COURT COPY

Orig. - Court
2nd - State Atty.
3rd - Filing Agency
4th - Arresting Agency

BROWARD COUNTY

PROBABLE CAUSE AFFIDAVIT CONTINUATIO

ARREST NO

OTS NO 0001542178

DEFENDANT'S LAST NAME	FIRST	MIDL	SUF	HGT	WGT	RC	SEX	D.O.B.	OF. .SE REPORT	ARRESTING OFFICER (S)/CCN
FRAZIER	GREGORY	T.		5'11"	150	B	M	11/11/60	92-025218	LARSON 794

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP.)	ADDRESS	PHONE #

COUNT NO	OFFENSES CHARGED	CITATION #, IF APPLICABLE	F.S. # OR CAPIAS/WARRANT #

Before me this date personally appeared ROBIN LARSON who being first duly sworn deposes and says that on 18 day August, 19 92 at 2171 N. Dixie Hwy (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

on to say that he would like to show me where the "pile" was. I, instead, asked another Officer to go to the area before taking FRAZIER to the "pile".

Sgt. Flynn, looking for where the vacuum bags could have been obtained, discovered that at the rear of Authorized Appliance Center (2171 N. Dixie Hwy Pompano Beach, Broward County, FL), the fenced-in area had been forcibly entered, and recently since pieces of the fence area cut were strewn on the ground next to the fence.

At FRAZIER's insistance, I took him to where he said he found the vaccum bags. He took me to a dumpster on North Dixie Hwy near a shopping center that had nothing to do with appliances or vacuums.

Contact was made with Authorized Appliance Center owner Shedler, and she was able to identify the vacuum bags and the security light as coming from inside the fenced area of her business at 2171 N. Dixie Hwy. The box FRAZIER had contained 40 packages of vacuum bags (total value of bags: $80.00), the security light (value: $30.00), and a pair of old, rusty pliers that Shedler said did not belong to the business.

Outside the fenced area were three vacuums, (total value: $357.00) which had been taken out of the fenced area of the business and identified by Shedler.

FRAZIER ~~was read Miranda~~ was read Miranda from a prepared card, would not answer questions, and would only talk about getting "violated" (FRAZIER said he is currently on probation for Grand Theft).

Frazier was placed into custody and transported to the station.

I swear the above statement is correct and true to the best of my knowledge and belief.

Robin Larson
OFFICER/AFFIANT'S SIGNATURE

ROBIN LARSON 794
OFFICER'S NAME/CCN

Patrol IN
OFFICER'S DIVISION

STATE OF Florida COUNTY OF Broward

The foregoing instrument was acknowledged before me this 18 day of 08, 19 92 who is personally known to me or who has produced (ID Type) _____ as identification and who _____ (DID OR DID NOT) take an oath.

Sgt Flynn
DEPUTY CLERK OF THE COURT/NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

Sgt 4124
TITLE OR RANK/CCN

(SEAL OR STAMP)

SEVENTEENTH JUDICAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
850DB 2A (REV. 9-91)

FIRST APPEARANCE/ARREST FORM

COURT COPY

Orig. - Court
2nd - State Atty
3rd - Filing Agency
4th - Arresting Agency

BROWARD COUNTY ARREST NO. ____ SHADED FIE[illegible] MUST BE ANSWERED IF DEFENDANT NOT IN CUST[illegible] OBTS. NO. ____

FILING AGENT	OFFENS[illegible]PORT	LOCAL I.D. NO.		FBI	SS NO
[illegible]	[illegible]	[illegible]			[illegible]

DEFENDANT'S LAST NAME | FIRST | MIDDLE | SUF | ALIAS/STREET NAME | CITIZENSHIP

RC. | SEX | HGT. | EYES | HAIR | WGT. | COMP | AGE | D.O.B. | BIRTHPLACE | SCARS, MARKS, TT

PERMANENT ADDRESS | LOCAL ADDRESS

PLACE OF EMPLOYMENT | LENGTH

RESIDENCE TYPE: (1) CITY (2) COUNTY (3) FLORIDA (4) OUT-OF-STATE

HOW LONG DEFENDANT IN BROWARD COUNTY | BREATHALYZER BY/CCN | READING | PLACE OF ARREST | DATE/TIME ARRESTED | ARRESTING OFFICER(S) CCN

OFFICER INJURED Y ☐ N ☐ | UNIT | ZONE | BEAT | SHIFT | UNIT TRANSPORTING PRISONER | TRANSPORTING OFFICER/CCN | PICK-UP TIME | TIME ARRIVED AT BSO | DRUG TYPE

TYPE: N N/A, A AMPHETAMINE, B BARBITURATE, C COCAINE, E HEROIN, H HALLUCINOGEN, M MARIJUANA, O OPIUM, P PARAPHERNALIA/EQUIPMENT, S SYNTHETIC, U UNKNOWN, Z OTHER | ACTIVITY

DEFENDANT'S VEHICLE MAKE ____ TYPE ____ YEAR ____ COLOR ____ VIN. NO. ____

ATTACH DEFENDANT'S PHOTO

VEHICLE TOWED TO ____ TAG NO. ____ OTHER IDENTIFIERS OR REMARKS ____

NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP.)	ADDRESS	PHONE #
[illegible]		

COUNT NO.	OFFENSES CHARGED	CITATION #, IF APPLICABLE	F.S.# OR CAPIAS WARRANT #
[illegible]	[illegible]		[illegible]
[illegible]	[illegible]		[illegible]
	NO WANTS OR WARRANTS		

97 JAN 24 [illegible]

PROBABLE CAUSE AFFIDAVIT

Before me this date personally appeared [illegible] who being first duly sworn deposes and says that on [illegible] day [illegible], 19 [illegible] at [illegible] (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

[illegible]

I swear the above statement is correct and true to the best of my knowledge and belief.

OFFICER/AFFIANT'S SIGNATURE | OFFICER'S NAME/CCN | OFFICER'S DIVISION

STATE OF [illegible] COUNTY OF [illegible]

The foregoing instrument was acknowledged before me this 24 day of January 19 97, who is personally known to me or who has produced (ID Type) [illegible] as identification and who DID (DID OR DID NOT) take an oath.

(SEAL OR STAMP)

DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY | TITLE OR RANK/CCN

Orig - Court
2nd - State Atty.
3rd - Filing Agency
4th - Arresting Agency

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
BSO DB #2 (Rev. 2/91)

FIRST APPEARANCE / ARREST FORM

SHOULD ADDITIONAL SPACE BE NEEDED, USE PROBABLE CAUSE AFFIDAVIT CONTINUATION.

COURT COPY

COMPLAINT AFFIDAVIT

SHALL FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

BROWARD COUNTY

ARREST FORM

ARREST #

OBTS #

Filing Agency	Offense Report	Local ID #	FDLE	FBI	SS #
BSO DI	[illegible]				[illegible]

Defendant's Last Name	First	Middle	SUF	Alias/Street Name	Citizenship
[illegible]	[illegible]	[illegible]		N/A	US

Race	Sex	Hgt	Eyes	Hair	Wgt	Comp	Age	DOB	Birthplace	Scars, marks, TT
B	M	5'11	BRO	BLK	192	DK	31	[illegible]	FLORIDA	SCAR L ARM

Permanent Address	Local Address:
AT LARGE	SAME

Residence Type:	Place of Employment	Length
(1) City (2) County (3) Florida (4) Out of State	UNEMPLOYED	3 YRS

How long defendant in Broward County:	Breathalyser by/CCN	Reading	Place of arrest	Date/time arrested	Arresting officer(s) CCN
3 YRS			[illegible]	[illegible]	[illegible]

Officer injured	Unit	Zone	Beat	Shift	Trans. Unit	PMD	Transporting officer/CCN	Pick up time: / Time arrived at BSO:	Drug Type:
Y N X	[illegible]	[illegible]	[illegible]	[illegible]		Y N X			

Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

Activity: N-N/A P-Possession S-Sell B-Buy F-Fight S-Smuggle D-Deliver E-Exist M-Manufacture Produce Cultivate D-Dispense/Distribute Z-Other

Indication of: Alcohol Influence / Drug Influence — Y N UK

Defendant's Vehicle Make: ____ Type: ____ Year: ____ Color: ____ VIN #: ____

Attach Defendant's Photo

Vehicle towed to: ____ Tag # ____ Other identifiers or remarks: ____

Name of victim(s) (if corporation, exact legal name and state of incorporation):

STATE OF FLORIDA

Count #	Offenses Charged	Citation # if Applicable	FS or Capias/Warrant #
1	MIC DRINKING IN THE CITY		MC 133.11(A)
2	POSSESSION OF COCAINE 5F		FS 893.13
	NO OTHER CHARGES		

Probable Cause Affidavit

Before me this date personally appeared T. RUSSIN 9536 who being first duly sworn deposes and says that on 14 day of NOV, (year) 22 at HOLLYWOOD BEACH, FLORIDA (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

On the above date and time I observed the def. drinking a 16oz Miche Lite Alcoholic Beverage behind the vendor building at Hollywood Bch. The def was placed into custody. Subsequent to arrest pieces of suspected crack cocaine (field tested positive) were discovered in the def's left front pocket. The def was transported to BSO for booking. The crack cocaine was placed into evidence.

I swear the above statement is correct and true to the best of my knowledge and belief.

OFFICER/AFFIANT'S SIGNATURE — OFFICER'S NAME/CCN: T. RUSSIN 9536 — OFFICER'S DIVISION: ORGANIZED CRIME

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 14 day of NOV, (year) 22, who is personally known to me or who has produced (ID type) FLDL as identification and who DID (did or did not) take an oath. (SEAL OR STAMP IF APPLICABLE)

DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY — TITLE OR RANK/CCN: DEPUTY 5409

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
BSO DB #2 (Revised 6/92)

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION.)

Distribution:
Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

23020461F

☐ COMPLAINT AFFIDAVIT
ALL FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☒ ARREST FOR

BROWARD COUNTY ARREST # PB02-11-1893 OBTS #

Filing Agency	Offense Report	Local ID #	FDLE	FBI	SS#
BSO DIST XI	PB02-11-1893				262-89-5304

Defendant's Last Name: FRAZIER First: GREGORY Middle: T. SUF

Alias/Street Name

Citizenship

Race	Sex	Hgt	Eyes	Hair	Wgt	Comp	Age	DOB	Birthplace	Scars, marks, TT
B	M	5-11	BRN	BLK	160	DRK	41	11-11-60	FT. LAUD, FL	NONE VISIBLE

Permanent Address: 337 HAMMONDVILLE RD POMPANO BCH, FL

Local Address:

Residence Type: (1) ~~City~~ (2) County (3) Florida (4) Out of State

Place of Employment: FAMILY CYCLE LAUNDRY Length: 3 YRS

How long defendant in Broward County: 41 YRS

Breathalyser by/CCN: —

Reading:

Place of arrest: 300 HAMMONDVILLE

Date/time arrested: 11-5-02 / 2010

Arresting officer(s) CCN: J. SINKS 9453

Officer injured	Unit	Zone	Beat	Shift	Trans. Unit	PMD	Transporting officer/CCN	Pick-up time: / Time arrived at BSO:	Drug Type:
Y ☐ N ☒	5517	1112	SET	C		Y ☐ N ☒			C

Type: N-NA, A-Amphetamine, B-Barbiturate, C-Cocaine, E-Heroin, H-Hallucinogen, M-Marijuana, O-Opium, P-Paraphernalia Equipment, S-Synthetic, U-Unknown, Z-Other

Activity: P

Activity: N-NA, P-Possess, S-Sell, B-Buy, T-Traffic, A-Smuggle, D-Deliver, E-Use, M-Manufacture/Produce/Cultivate, K-Dispense/Distribute, Z-Other

Indication of: Alcohol Influence: Y ☐ N ☐ UK ☐; Drug Influence: Y ☐ N ☐ UK ☐

Defendant's Vehicle Make: _____ Type: _____ Year: _____ Color: _____ VIN # _____

Attach Defendant's Photo

Vehicle towed to: _____ Tag # _____ Other identifiers or remarks: _____

2918105 WCI 11208

Name of victim(s) (if corporation, exact legal name and state of incorporation):

STATE OF FLORIDA

Count #	Offenses Charged	Citation # if Applicable	FS or Capias/Warrant #
1.	POSS OF COCAINE		863-13
	* NO WANT/WARRANT *		

FILED IN OPEN COURT 2002 NOV -6 PM 2:33

Probable Cause Affidavit

Before me this date personally appeared SINKS, JOHN who being first duly sworn deposes and says that on 3rd day of NOV, (year) 2002 at 425 NW 6TH AVE, POMPANO BCH, FL (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

TO WIT: ON THE ABOVE DATE/TIME MYSELF AND OTHER DETECTIVES WERE CONDUCTING SURVEILLANCE AT THE LISTED LOCATION. THIS AREA IS WELL KNOWN FOR THE SALE/DISTRIBUTION OF ILLICIT NARCOTICS. IT WAS AT THIS TIME THAT DET. PRUSINOWSKI OBSERVED THE DEF MAKE A HAND TO HAND TRANSACTION WITH AN UNKNOWN B/M IN FRONT OF THIS LOCATION. DET. PRUSINOWSKI OBSERVED THE DEF HAND THE B/M US CURRENCY IN EXCHANGE FOR WHAT HE BELIEVED TO BE ILLICIT NARCOTICS. MYSELF

I swear the above statement is correct and true to the best of my knowledge and belief.

OFFICER/AFFIANT'S SIGNATURE — J. SINKS 9453 OFFICER'S NAME/CCN — BSO OFST XI SO OFFICER'S DIVISION

STATE OF FL COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 5th day of NOV, (year) 2002, who is personally known to me or who has produced (ID type) KNOWN as identification and who DID (did or did not) take an oath.

(SEAL OR STAMP IF APPLICABLE)

SHARON LEO — DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY — #9496 — DS TITLE OR RANK/CCN

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA
BSO DB-42 (Rev-sed b #7)

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION.)

Distribution:
Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

☐ COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

BROWARD COUNTY

☒ ARREST FORM

ARREST# OBTS#

Filing Agency	Offense Report #	Arresting Officer	CCN	FBI	SS#
BSO DIST XI	02-11-1643	SINKS	9493		260-57-5347

Defendant's Last Name	First	Middle	SUF	Alias/Street Name	Citizenship
FRAZIER	GREGORY				

Name of victim(s) (if corporation, exact legal name and state of incorporation):
S.O.F.

Count#	Offenses Charged	WC# / Citation #, (if applicable)	FS or Capias/Warrant #
	SEE PAGE 02		

Probable Cause Affidavit

Before me this date personally appeared SINKS, JOHN who being first duly sworn deposes and says that on 5th day of NOV, (year) 2002 at 421 N 6TH AVE (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

AND OFF. CONFIRMED SUBSEQUENTLY MADE CONTACT WITH DEF AT THE 300 BLK OF HARMONDVILLE RD. IT WAS AT THIS TIME THAT HE WAS READ HIS MIRANDA WARNINGS VIA A PRE-PRINTED CARD BY ME, DET. J. SINKS.
DEF. ACKNOWLEDGED THAT HE KNEW AND UNDERSTOOD HIS RIGHTS AND AGREED TO VOLUNTARILY SPEAK TO US. WHEN QUESTIONED IF HE HAD ANY ILLICIT NARCOTICS HE INITIALLY STATED "NO". HE THEN RECANTED HIS STATEMENT AND STATED THAT HE PURCHASED "TEN" DOLLARS OF CRACK COCAINE. THE SUSPECT COCAINE WAS LOCATED IN A SMALL PLASTIC BAG WHICH HE GAVE US PERMISSION TO SEARCH.
THE CRACK COCAINE WAS RETRIEVED AND TESTED POSITIVE FOR THE PRESENCE OF COCAINE.
THE DEF WAS TAKEN INTO PHYSICAL CUSTODY W/O INCIDENT

I swear the above statement is correct and true to the best of my knowledge and belief.

Officer/Affiant's Signature

J. SINKS 9493
Officer's Name/CCN

DIST XI SET
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 5th day of NOV, 2002 (year),
by J. SINKS (name and title), who is personally known to me or has produced _____ as identification.

Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

9496 DS
Title/Rank and CCN

G MOLAMPHY 9496
Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

Orig - Court
2nd - State Atty
3rd - Filing
4th - Arresting Agency

BSO DB#2a (Revised 05/00)

☐ PMD ☐ Military Veteran
☐ Defendant Desires Drug Treatment

IN THE COUNTY COURT, IN AND FOR BROWARD COUNTY, FLORIDA
NOTICE TO APPEAR & INITIAL DISCOVERY EXHIBIT

Incident Date	Agency	City	AGENCY CASE #
6/5/12	B.S.O	Pompano Bch	PB12-05-01255

Defendant Last Name	First	M.I.	Weight	Height	Hair	Eyes	Race/Sex
Frazier	Gregory	T	170	5'11	Black	Brown	B/M

Address (Street, City, State, Zip)	Date and Place of Birth	Aliases
1698 Blount Rd Pompano Bch	11/11/60 Ft. Lauderdale	—

Occupation	Place of Employment	Employment Phone	Phone
Unemployed	—	—	954-943-8946

Driver's License #	St/Exp. Date	Scars/Marks/Tattoos	Social Security # or other I.D.	Complexion
F626 286 60411 0		Scars on Both Forearms	[redacted]	Dark

Offenses	Counts	Statute/Rule/County/Municipal Ordinance	Prosecutor's Review/Action: File (F) or No Information (NI), Signature, I.D., Date
Open Container	1	133.11 (A)	
—	—	—	Prosecutor's Review/Action: File (F) or No Information (NI), Signature, I.D., Date

CO-DEFENDANT Last Name	First	DOB	Race/Sex	Offenses
—	—	—		—

In the name of Broward County, Florida: The undersigned certifies that he or she has just and reasonable grounds to believe, and does believe, that on (date) 6/5/12 at (time) 0810 ☒ AM ☐ PM Location: 300 NE 3rd St. in Broward County, FL, the above named defendant committed the above offenses charged, in that the defendant did:

Narrative and Defendant's Statements
(Narrative)(If traffic stop, include reasons for stop)(Include defendant's verbal statements)

THE ABOVE DEFENDANT WAS OBSERVED SITTING ON A PARK BENCH AT FOUNDERS PARK (300 NE 3rd ST) CONSUMING A BEVERAGE FROM A CLEAR "RAGU" CONTAINER. AS WE APPROACHED THE DEFENDANT, HE POURED THE REMAINS OF THE LIQUID ONTO THE FLOOR. THE LIQUID POURED ON THE FLOOR HAD A STRONG ODOR OF AN ALCOHOLIC BEVERAGE (BEER). DEFENDANT STATED THAT HE HAD POURED A 16oz OF NATURAL ICE INTO THE CONTAINER. THIS IS A VIOLATION OF POMPANO BEACH CITY ORDINANCE 133.11 (A).
nothing follows

☐ Released by undersigned attesting BOOKING OFFICER whose reasonable cause is derived from the attached probable cause affidavit incorporated by reference herein.

☐ CANNABIS presumptively tested POSITIVE / NEGATIVE for the presence of cannabis; amount ______

☐ For THEFT value of property ______ taken from ______ was $ ______

☐ TRESPASS warning given by ______ CCN/ID: ______ on ______ (Case No. ______)

Victim/Witness

Name (Last, First, Middle)	Street, City and State, Zip
City of Pompano Bch	100 W Atlantic Blvd
Phone (Business/Home): 954-786-4200	Email: —
Name (Last, First, Middle)	Street, City and State, Zip
Phone (Business/Home)	Email

Defendant

YOU MUST APPEAR on 7/12/12, at 11:00 AM at Room 4 at
☐ Broward County Courthouse, 201 S.E.6th Street, Fort Lauderdale, Florida 33301
☒ North Regional Satellite Courthouse, 1600 W. Hillsboro Boulevard, Deerfield Beach, Florida 33442
☐ West Regional Satellite Courthouse, 100 N. Pine Island Road, Plantation, Florida 33324
☐ South Regional Satellite Courthouse, 3550 Hollywood Boulevard, Hollywood, Florida 33021

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO THE LEFT TO ANSWER THE OFFENSE CHARGED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. I AM ALSO IN RECEIPT OF THIS INITIAL DISCOVERY EXHIBIT.

[signature] Refused
Signature of Defendant

Officer

I swear the above statements and any attached hereto are true and correct to the best of my knowledge and belief and contains a complete list of witnesses and evidence at this time.

[signature]
Signature of Officer

C. Sherlock
Print Name of Officer

Agency: B.S.O
CCN/ID: 15258

Sworn to and subscribed before me on 6/5/12 by the attesting officer who is personally known to me.
Eric Coznaguier
Stamp/Name of person administering oath
☐ Deputy Clerk ☐ Notary Public ☒ Law Enforcement Officer ☐ Corrections Officer

[signature] 10443
Signature of person administering oath

Victim

VICTIM AFFIDAVIT: I ______ swear that the above statements are true and correct to the best of my knowledge and belief and I ☐ DO ☐ DO NOT desire to prosecute.

Signature of victim

Sworn to and subscribed on ______ before me, the attesting law enforcement officer.

Signature of Law Enforcement Officer

Right Thumb Print/ Photo

REDACTED

☐ Continued on attached page(s) ☐ Attached statements/reports incorporated herein ☒ N.T.A. Only

Copies: White - Clerk Yellow - State Pink - Agency Gold - Defendant

NTA-IDE new 9/09