OFFENSE-INCIDENT REPORT

Agency Code 30 | Gang Related | In Report | Juvenile Warn/Dismiss | 1. Original 2. Supplement

ADMIN. | Date of Supplement | MIAMI-DADE POLICE DEPARTMENT | Agency Report Number PD130605206994

EVENT DATA

Original Day Reported WED | Date 06052013 | Time (mil) 1437 | Time Dispatched (mil) 1439 | Time Arrived (mil) 1442 | Time Completed (mil) 1544

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other | Incident: Day From WED | Date 06052013 | Time (mil) 1430 | To Day / Date / Time (mil) / | NCIC/UCR Code

	Type	Description	A-Attempted C-Committed	Statute Violation Number
OFFINC # 1	3	THEFT (UNDER)	C	812-014
OFFINC # 2	3	SIMPLE BATTERY	C	784-011

Incident Location (Street, Apt. Number) 1750 NE 149 St. MIAMI Zip 33162 | District 06 | Grid 0399 | Area 02 | Zone

Business Name/Area Identifier "THE HIT FACTORY" | Forced Entry 0. N/A 1. Yes 2. No 0 | Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 0 | 26

Location Type
01. Residence-Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Govt/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other

# OFFINC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type Weapon
02	01	04	00	00	00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other 07

CODES

V/W Code: V-Victim, W-Witness, C-Reporting Person, P-Proprietor, Z-Other
Victim Type: 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other
Race: N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown
Sex: N-N/A M-Male F-Female U-Unknown
Residence Type: 0. N/A 1. City 2. County 3. Florida 4. Out-of-State
Residence Status: 0. N/A 1. Full Year 2. Part Year 3. Non-Resident
Extent of Injury: 0. None 1. Minor 2. Serious 3 Fatal
Injury Type: 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other
Victim Relationship To Offender: 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 08. Child 09 Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known

VICTIM/WITNESS

OFFINC Indicator 1. #1 2. #2 3. Both: 3 | V/W Code: V | V. Type: 1 | Name (Last, First, Middle or Business): BUNION JEFFERY DEAN | [redacted] | Business Phone

Address (Street, Apt. Number): [redacted] | [redacted] | Synopsis of Involvement: PHOTOGRAPHER/VICTIM

Other Contact Info. (Time Available, Interpreter, etc.)

If V/W Code V, W, or P	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges?
V	W	M	07251956	01	01	0	00	02		Yes X No

VICTIM/WITNESS

OFFINC Indicator 1. #1 2. #2 3. Both | V/W Code | V. Type | Name (Last, First, Middle or Business) | Residence Phone

Address (Street, Apt. Number) | City | State | Zip | Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement

If V/W Code V, W, or P	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges?
										Yes No

SUSPECT

OFFINC Indicator 1. #1 2. #2 3. Both: 2 | Suspect Code R-Suspect A-Arrestee C-Escapee Z-Other | Code: I | Juvenile | Name (Last, First, Middle): HESNY, HUGO ALCIDES

Maiden Name | Nickname/Street Name | Place of Birth: DOMINICAN REP. | Residence Phone

Last Known Address: [redacted] | [redacted] | [redacted] | Business Phone

Occupation: PERSONAL SECURITY | Employer/School: SELF | Social Security Number

Driver License Number, State, Expiration | Immigration and Naturalization Number | Other I.D. Number | OBTS Number (Arrested) | FCIC/NCIC

Clothing (Describe): BLACK SHIRT BLACK PANTS | Scars/Marks/Tattoos (Location/Describe) | Hair Style: SHR

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length
H	M	09291981	511	250	BRN	BLK	SHT

Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
MED	MUSC	NONE	NORM		

NARRATIVE

THE VICTIM, IDENTIFIED AS A PROFESSIONAL PHOTOGRAPHER, ADVISED THAT HE WAS STANDING ALONG THE ROADWAY OF N.E. 149 STREET JUST OUTSIDE OF "THE HIT FACTORY". HE STATED THAT HE WAS ATTEMPTING TO TAKE PHOTOS OF A MUSICAL ARTIST BY THE NAME OF JUSTIN BIEBER.

ADMINISTRATIVE

Parent/Guardian Notified | Time | Related Report Number(s)

Officer(s) Reporting: A. MADRINO | I.D. Number/Locator Code: 221162 | Unit: I2201 | Agency Code: 30

Officer Reviewing (If Applicable) | I.D. Number | Routed To | Routed To | Assigned To | By | Date

Case Status | Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend. | A-Adult J-Juvenile | Date Cleared | Jail Number | Number Arrests

Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V/W Refused to Cooperate 5. Prosecution Declined 6. Juvenile/No Custody | OBTS Number | Page 1 of 16

NARRATIVE CONTINUATION

MIAMI-DADE POLICE DEPARTMENT

Agency Code 30 | Gang Related | Juvenile in Report | 1. Original 2. Supplement

Date of Supplement | Agency Report Number P.D.13.06052.0.6.994

Original Date Reported 06-05-2013 | Original Primary Offense Description THEFT (UNDER) | Victim #1 Name BINION | Original NCIC/UCR Code

Original Off/Inc Location | Primary Offense Changed To | A-Attempted C-Committed | New Statute Violation Number | New NCIC/UCR Code

NEXT, AS THE ARTIST WAS STANDING OUTSIDE OF OF THE BUILDING, THE VICTIM WAS APPROACHED BY FOUR INDIVIDUALS. THE VICTIM CONTINUED TO TAKE PHOTOGRAPHS OF THE ARTIST USING A PROFESSIONAL GRADE CAMERA.

SUDDENLY THE VICTIM WAS GRABBED BY THE THROAT AND PUSHED BACKWARDS AWAY FROM THE PROPERTY WHILE BEING INSTRUCTED THAT HE WAS TRESPASSING. THAT INDIVIDUAL WAS IDENTIFIED BY THE VICTIM AS S#1 (HESNEY). ONE OF THE OTHER THREE INDIVIDUALS REMOVED THE CAMERA FROM THE VICTIM'S POSSESSION UNTIL THE ARTIST WAS NO LONGER IN SIGHT. THE CAMERA WAS RETURNED TO THE VICTIM WITHOUT DAMAGE AND THE FOUR INDIVIDUALS WALKED BACK ON TO THE PRIVATE PROPERTY.

WHEN INSPECTING THE CAMERA THE VICTIM NOTICED THAT THE MEMORY CARD WAS MISSING. WHEN ASKED IF HE SAW ANY OF THE INDIVIDUALS REMOVE IT, HIS REPLY WAS THAT HE DID NOT KNOW WHICH ONE IT WAS. HE WAS ALSO ASKED IF THERE WAS ANY DEMAND FOR PROPERTY BY ANYONE. TO THIS HIS REPLY WAS "NO". LASTLY THE VICTIM WAS ASKED IF THERE WAS ANY DAMAGE TO HIS CAMERA, HIS REPLY WAS ONCE AGAIN "NO", IT WAS IN FULL WORKING ORDER.

Suspect Code: S - Suspect A - Arrestee | Code # | Offense Indicator: 1 #1 3 Both 2 #2 | Residence Type: 1 City 3 Florida 2 County 4 Out of State | Citizenship | Drug Indication: 1 Yes 8 Unknown 2 No | Alcohol Indication: 1 Yes 8 Unknown 2 No

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

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

JUVENILE SUSPECT: 1 Parent 2 Legal Custodian 3 Other | Name of Parent or Custodian (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified By: (Name) | Date | Time | Juvenile Disposition: 1. Handled / Processed Within Dept. and Released 2. Turned Over to HRS/CYF 3. Incarcerated (County Jail)

Released to: (Name) | Relationship | Date | Time

Person/Unit Identified | Time | Related Report Number(s)

Officer(s) Reporting: A. MAGRINO | ID Number/Location Code 221 62 | Unit D201 | Date 06013

Officer Reviewing (If Applicable) | ID Number | Routed To | Referred To | Assigned To | By | Date

ADMINISTRATIVE

Case Status | Clearance Type: 1 Arrest 2 Exceptional 3 Unfounded 4 Open Paid. | A-Adult J-Juvenile | Date Cleared | Jail Number | Number Arrested

Exception Type: 1 Extradition Declined 2 Arrest on Primary Offense Secondary Offense Without Prosecution 3 Death of Offender 4 Vict Refused to Cooperate 5 Prosecution Declined 6 Juvenile / No Custody | OBTS Number | Page 2 of 16

NARRATIVE CONTINUATION

Agency Code | Gang Related | Juvenile in Report | 1. Original 2. Supplement

Date of Supplement

MIAMI-DADE POLICE DEPARTMENT

Agency Report Number: P D T 3 0 6 0 5 2 0 6 9 9 4

Original Date Reported	General Primary Offense Description	Victim # 1 Name	Original NCIC/UCR Code
06-05-2013	THEFT (UNDER)	BINION	
Original OFFINC Location	**Primary Offense Changed To**	**A-Attempted C-Committed**	**New NCIC/UCR Code**

ONLY THE SUBJECT OF THE BATTERY WAS IDENTIFIED WHILE ON THE SCENE (S#1 HESNY). THE OTHER THREE WERE NOT PRESENT.

THE VICTIM'S ACCUSATIONS WERE THAT HE WAS CHOKED BY S#1. AT THE TIME OF THIS REPORT, VICTIM HAD NO VISIBLE SIGN OF INJURY. A CASE CARD WAS PROVIDED AND THE VICTIM WAS REFERRED TO THE DADE COUNTY STATE ATTORNEY'S OFFICE TO PURSUE PROSECUTION FOR THESE OFFENSES.

NARRATIVE/CONTINUATION

Suspect Code (S - Suspect A - Arrestee)	Code #	Offense Indicator (1 #1 2 #2 3 Both)	Residence Type (1 City 2 County 3 Florida 4 Out of State)	Citizenship	Drug Indication (1 Yes 8 Unknown 2 No)	Alcohol Indication (1 Yes 8 Unknown 2 No)

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

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

JUVENILE SUSPECT

1 Parent 2 Legal Custodian 3 Other ____ Name of Parent or Custodian (Last, First, Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone ( )

Notified By: (Name) | Date | Time | Juvenile Disposition: 1 Handled / Processed Within Dept. and Released 2 Turned Over to HRS / CYF 3 Incarcerated (County Jail)

Released to: (Name) | Relationship | Date | Time

ADMINISTRATIVE

Person/Unit Notified | Time | Related Report Number(s)

Officer(s) Reporting | ID. Number(s)/Locator Code | Unit | Date

Officer Reviewing (If Applicable) | ID. Number | Routed To | Returned To | Assigned To | By | Date

Case Status	Clearance Type (1 Arrest 2 Exceptional 3 Unfounded 4 Open Pend.)	A-Adult J-Juvenile	Date Cleared	Jail Number	Number Arrested

Exception Type: 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. VW Refused to Cooperate 5. Prosecution Declined 6. Juvenile / No Custody

OBTS Number

Date 3/1/13 Page 6

32.02.09-2 Rev. 1/08

PERSON(S) REPORT

Agency Code 30

Juvenile in Report: [ ] 1. Original 2. Supplement: 1

Date of Supplement:

MIAMI-DADE POLICE DEPARTMENT

Agency Report Number: PD130605206994

Original Date Reported: 06/05/2013

Primary Offense Description: THEFT (UNDER)

Victim # 1 Name: BINION

ADM

CODES

V/W Code: V Victim, W-Witness, C-Reporting Person, P Proprietor, Z-Other

Victim Type: 0. N/A, 1. Juvenile, 2. L.E. Officer, 3. Adult, 4. Business, 5. Government, 6. Church, 9. Other

Race: N-N/A, I-American Indian, W-White, O-Oriental/Asian, B-Black, U-Unknown

Sex: N-N/A, M-Male, F-Female, U-Unknown

Residence Type: 0. N/A, 1. City, 2. County, 3. Florida, 4. Out-of-State

Residence Status: 0. N/A, 1. Full Year, 2. Part Year, 3. Non-Resident

Extent of Injury: 0. None, 1. Minor, 2. Serious, 3. Fatal

Injury Type: 00. N/A, 01. Gunshot, 02. Stabbed, 03. Lacerated, 04. Unconscious, 05. Poss. Broken Bones, 06. Poss. Internal Injury, 07. Loss of Teeth, 08. Burns, 09. Abrasions / Bruises, 99. Other

Victim Relationship To Offender: 00. N/A, 01. Undetermined, 02. Stranger, 03. Spouse, 04. Ex Spouse, 05. Co-Resident, 06. Parent, 07. Brother / Sister, 08. Child, 09. Step-Parent, 10. Step-Child, 11. In Law, 12. Other Family, 13. Roomer, 14. Teacher, 15. Child of Boy / Girl Friend, 16. Boy / Girl Friend, 17. Friend, 18. Neighbor, 19. Sitter / Day Care, 20. Employee, 21. Employer, 22. Landlord / Tenant, 23. Acquaintance, 99. Other Known

VICTIM/WITNESS

OFF/INC Indicator (1. #1 2. #2 3. Both) | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | Residence Phone

Address (Street, Apt. Number) | City | State | Zip | Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement

# Victim Type (1. 2 or 3)	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges? Yes ☐ No ☐

VICTIM/WITNESS

OFF/INC Indicator (1. #1 3. Both 2. #2) | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | Residence Phone

Address (Street, Apt. Number) | City | State | Zip | Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement

# Victim Type (1. 2 or 3)	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges? Yes ☐ No ☐

SUSPECT OR MISSING PERSON

OFF/INC Indicator (1. #1 3. Both 2. #2) | Suspect Code (S-Suspect, A-Arrestee, E-Escapee, M-Missing, F-Runaway Missing, Z-Other) | Code: S 2 | Juvenile | Name (Last, First, Middle): UK

Maiden Name | Nickname / Street Name | Place of Birth | Residence Phone

Last Known Address (Street, Apt. Number) | City | State | Zip | Business Phone

Occupation | Employer / School | Address | Social Security Number

Driver's License State / Number | Immigration and Naturalization Number | Other ID. Number | OBTS Number (Arrested) | FCIC/NCIC

Clothing (Describe): All Black Clothing | Scars / Marks / Tattoos (Location / Describe) | Hair Style

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length
	M						

Complexion	Build	Facial Hair	Teeth	Speech / Voice	Special Identifiers
					N.O.I.

SUSPECT OR MISSING PERSON

OFF/INC Indicator (1. #1 3. Both 2. #2) | Suspect Code (S-Suspect, A-Arrestee, E-Escapee, M-Missing, F-Runaway Missing, Z-Other) | Code: S 3 | Juvenile | Name (Last, First, Middle): UK

Maiden Name | Nickname / Street Name | Place of Birth | Residence Phone

Last Known Address (Street, Apt. Number) | City | State | Zip | Business Phone

Occupation | Employer / School | Address | Social Security Number

Driver's License State / Number | Immigration and Naturalization Number | Other ID. Number | OBTS Number (Arrested) | FCIC/NCIC

Clothing (Describe): All Black Clothing | Scars / Marks / Tattoos (Location / Describe) | Hair Style

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length
	M						

Complexion	Build	Facial Hair	Teeth	Speech / Voice	Special Identifiers
					N.O.I.

MISSING PERSON/RUNAWAY

Incident Type (1. Runaway, 2. Parental, 3. Involuntary, 4. Disabled, 5. Endangered, 6. Drowning Victim, 7. Voluntary Adult, 8. Unknown)	Foul Play Suspected? (1 Yes 2 No)	Missing Before? (1. Yes 2. No 6. Unknown)	Fingerprints Available? (1. Yes 2. No 6. Unknown)	Photo Available? (1. Yes 2. No 6. Unknown)	Dental Record Available? (1. Yes 2. No 6. Unknown)	MCIC Form Provided? (1 Yes 2. No)

Date Last Seen | Time Last Seen | Location Last Seen (Address, City, St.) | Accompanied By

Mental / Physical Condition | Medication Required / Type | Doctor / Dentist (Name, Phone Number)

Property Carried | ID Type / Number | ID Type / Number

Probable Destination | Name / Address | Transportation Mode

Recovery Information: 0. N/A, 1. Voluntary, 2. Located Not Returned, 3. Hospitalized, 4. MHS Custody, 5. Law Enforcement Custody, 6. Returned to Parent, 7. Deceased, 9. Other

ADMINISTRATIVE

Officer Reporting	ID Number(s)/Location Code	Unit	Date
R. MADDINO	221 62	I2201	06/05/13

Officer Reviewing (If Applicable)	ID. Number	Routed To	Returned To	Assigned To	By	Date

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32.02.09-3 REV. 1/05

PERSON(S) REPORT

Agency Code: 30

Juvenile In Report: | 1. Original 2. Supplement: 1

Date of Supplement:

MIAMI-DADE POLICE DEPARTMENT

Agency Report Number: DI 13 06052 06994

Original Date Reported: 06052017

Primary Offense Description: THEFT (UNDER)

Victim # 1 Name: BINION

CODES

V/W Code: V-Victim, W-Witness, C-Reporting Person, P-Proprietor, Z-Other

Victim Type: 0. N/A, 1. Juvenile, 2. LE Officer, 3. Adult, 4. Business, 5. Government, 6. Church, 9. Other

Race: N-N/A, W-White, B-Black, I-American Indian, O-Oriental / Asian, U-Unknown

Sex: N-N/A, M-Male, F-Female, U-Unknown

Residence Type: 0. N/A, 1. City, 2. County, 3. Florida, 4. Out-of-State

Residence Status: 0. N/A, 1. Full Year, 2. Part Year, 3. Non-Resident

Extent of Injury: 0. None, 1. Minor, 2. Serious, 3. Fatal

Injury Type: 00. N/A, 01. Cut/Cut, 02. Stabbed, 03. Laceration, 04. Unconscious, 05. Poss. Broken Bones, 06. Poss. Internal Injury, 07. Loss of Teeth, 08. Burns, 09. Abrasions / Bruises, 99. Other

Victim Relationship To Offender: 00. N/A, 01. Unidentified, 02. Stranger, 03. Spouse, 04. Ex-Spouse, 05. Co-Habitant, 06. Parent, 07. Brother / Sister, 08. Child, 09. Step-Parent, 10. Step Child, 11. In-Law, 12. Other Family, 13. Student, 14. Teacher, 15. Child of Boy / Girl Friend, 16. Boy / Girl Friend, 17. Friend, 18. Neighbor, 19. Sitter / Day Care, 20. Employee, 21. Employer, 22. Landlord / Tenant, 23. Acquaintance, 99. Other Known

VICTIM/WITNESS

OFF/INC Indicator: 1. #1 2. Both 2. #2 | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | Residence Phone

Address (Street, Apt. Number) | City | State | Zip | Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement

# Victim Type 1, 2 or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges? Yes ☐ No ☐

VICTIM/WITNESS

OFF/INC Indicator: 1. #1 2. Both 2. #2 | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | Residence Phone

Address (Street, Apt. Number) | City | State | Zip | Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement

# Victim Type 1, 2 or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges? Yes ☐ No ☐

SUSPECT OR MISSING PERSON

OFF/INC Indicator: 1. #1 2. Both 2. #2: 1 | Suspect Code: S-Suspect, A-Arrestee, E-Escape, M-Missing, R-Recovered, Missing, Z-Other | Code #: 54 | Juvenile | Name (Last, First, Middle): UK

Maiden Name | Nickname / Street Name | Place of Birth | Residence Phone

Last Known Address (Street, Apt. Number) | City | State | Zip | Business Phone

Occupation | Employer / School | Address | Social Security Number

Driver's License State / Number | Immigration and Naturalization Number | Other ID. Number | DBTS Number (Arrested) | FCIC/NCIC

Clothing (Describe): All Black Clothing | Scars / Marks / Tattoos (Location / Describe) | Hair Style

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length
	M						

Complexion	Build	Facial Hair	Teeth	Speech / Voice	Special Identifiers
					N.O.I.

SUSPECT OR MISSING PERSON

OFF/INC Indicator: 1. #1 2. Both 2. #2 | Suspect Code: S-Suspect, A-Arrestee, E-Escape, M-Missing, R-Recovered, Missing, Z-Other | Code # | Juvenile | Name (Last, First, Middle)

Maiden Name | Nickname / Street Name | Place of Birth | Residence Phone

Last Known Address (Street, Apt. Number) | City | State | Zip | Business Phone

Occupation | Employer / School | Address | Social Security Number

Driver's License State / Number | Immigration and Naturalization Number | Other ID. Number | DBTS Number (Arrested) | FCIC/NCIC

Clothing (Describe) | Scars / Marks / Tattoos (Location / Describe) | Hair Style

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length

Complexion	Build	Facial Hair	Teeth	Speech / Voice	Special Identifiers

MISSING PERSON/RUNAWAY

Incident Type: 1. Runaway, 2. Parental, 3. Involuntary, 4. Disabled, 5. Endangered, 6. Disaster Victim, 7. Voluntary Adult, 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available? 1. Yes 2. No 8. Unknown	NCIC Form Provided? 1. Yes 2. No

Date Last Seen | Time Last Seen | Location Last Seen (Address, City, St.) | Accompanied By

Mental / Physical Condition | Medication Required / Type | Doctor / Dentist (Name, Phone Number)

Property Carried | ID Type / Number | ID Type / Number

Probable Destination | Name / Address | Transportation Mode

Recovery Information: 0. N/A, 1. Voluntary, 2. Located - Not Returned, 3. Hospitalized, 4. HRS Custody, 5. Law Enforcement Custody, 6. Returned to Parent, 7. Deceased, 8. Other

ADMINISTRATIVE

Officer(s) Reporting	ID Number(s)/Locator Code	Unit	Date
MAGUNO, A.	221 62	I2201	060513

Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date

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32.02.09-3 REV 1/05

Agency Code: 30

PROPERTY REPORT
MIAMI-DADE POLICE DEPARTMENT

1. Original
2. Supplement: 1

Agency Report Number: PD 130605206994

ADM

Date of Supplement:

Original Date Reported: 06.05.2013

Primary Offense Description: THEFT (UNDER)

Victim #1 Name: BINION

THEFT

Type Theft: 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Bldg. 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other: 99

CODES

Person Code: V-Victim, B-Suspect, P-Proprietor, A-Arrestee, Z-Other

Status Code: 1. Stolen, 2. Recovered, 3. Stolen and Recovered, 4. Recovered for Other Jurisdiction, 5. Lost, 6. Found, 7. Safekeeping, 8. Evidence/Seized, 9. Other

Damage Code: 0. N/A, 1. Arson, 2. Criminal Mischief, 3. During other Offense, 9. Other

Property Type: A. Auto Accessory/Parts, B. Bicycle, C. Camera/Photo Equipment, D. Drug, E. Equipment/Tool, F. Food/Liquor/Consumable, G. Gun, H. Household Appliance/Goods, I. Misc/Other, J. Jewelry/Precious Metal, K. Clothing/Fur, L. Livestock, M. Musical Instrument, N. Construction Machinery, O. Office Equipment, P. Art/Collection, Q. Computer Equipment, R. Radio/Stereo, S. Sports Equipment, T. TV/Video/VCR, U. Currency/Negotiable, V. Credit Card/Non-Negotiable, W. Boat Motor, X. Structure, Y. Farm Equipment, Z. Miscellaneous

PROPERTY

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
V	1	1	0	Q	ONE	SD MEMORY CARD		

Serial Number: | Owner Applied Number: | Description (Size, Color, Caliber, Barrel Length, Etc.): | FCIC/NCIC:

Value: $80.00 | Value Recovered: | Date Recovered:

PROPERTY

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number

Serial Number: | Owner Applied Number: | Description (Size, Color, Caliber, Barrel Length, Etc.): | FCIC/NCIC:

Value: | Value Recovered: | Date Recovered:

PROPERTY

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number

Serial Number: | Owner Applied Number: | Description (Size, Color, Caliber, Barrel Length, Etc.): | FCIC/NCIC:

Value: | Value Recovered: | Date Recovered:

PROPERTY

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number

Serial Number: | Owner Applied Number: | Description (Size, Color, Caliber, Barrel Length, Etc.): | FCIC/NCIC:

Value: | Value Recovered: | Date Recovered:

PROPERTY

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Value: | Value Recovered: | Date Recovered:

TOTALS

Property Stolen: $80.00 | Change in Property Stolen Value:

Property Recovered: | Change in Property Recovered Value:

CODES

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

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

Unit: 1. Gram, 2. Milligram, 3. Kilogram, 4. Ounce, 5. Pound, 6. Ton, 7. Liter, 8. Milliliter, 9. Dose Unit/Item

DRUGS

Activity	Type	Description	Quantity	Unit	Estimated Street Value
					$ .00
					$ .00
					$ .00

PROPERTY DETAIL/NARRATIVE

ADMINISTRATIVE

Officers Reporting: R. MAGMINO | ID Number(s)/Locator Code: 224 62 | Unit: 12201 | Date: 06 05 13

Officer Reviewing (if applicable) | ID. Number | Routed To | Referred To | Assigned To | By | Date