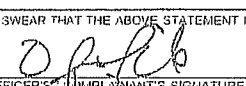
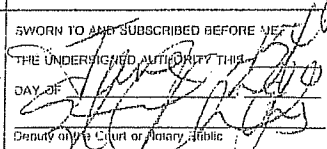


OBT'S NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO. 100615-179654																			
SPECIAL OPERATION: <input type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT		JAIL NO.		PMID <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		COURT CASE NO.																			
FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state		MDDP RECORDS AND ID NO.		STUDENT ID NO.		SANG ACTIVITY RELATED ARREST <input type="checkbox"/> FRAUD RELATED ARREST <input type="checkbox"/>																			
AGENCY CODE 01		MUNICIPAL P.D. DEF. ID NO.		MDDP RECORDS AND ID NO.		STUDENT ID NO.																			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) YOUNG, ASHAUNDRRA				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																			
DOB (MM/DD/YYYY) 11/2/89		AGE 20	RACE B	SEX F	Hispanic <input type="checkbox"/> Not Hispanic <input checked="" type="checkbox"/>	HEIGHT 5'5"	WEIGHT 115	HAIR COLOR BRN	HAIR LENGTH MED	HAIR STYLE PONY	EYES BRN	GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FACIAL HAIR CLN	TEETH CLN											
SCARS / TATTOOS / UNIQUE PHYSICAL FEATURES (Location, Type, Description) RGT ARM BUTTERFLY w/ "SHAUNIE"											PLACE OF BIRTH (City, State/Country) MIAMI, FL USA														
LOCAL ADDRESS (Street, Apt. Number) 820 NW 70 ST #20				(City) MIAMI, FL		(State) FL		(Zip) 33150		PHONE (786) 728-4255		CITIZENSHIP US													
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN				(City)		(State/Country)		(Zip)		PHONE ()		OCCUPATION UNEMPLOYED													
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS				(Street)		(City)		(State/Country)		(Zip)		PHONE ()		ADDRESS SOURCE: <input type="checkbox"/> OL <input type="checkbox"/> Verbal <input type="checkbox"/>											
DRIVER'S LICENSE NUMBER / STATE 1520-007-89-9020				SOCIAL SECURITY NO.				WEAPON SEIZED? Type Yes		If Def. has Concealed Weapons Permit, PERMIT # W-			INDICATION OF: Alcohol influence: <input type="checkbox"/> <input checked="" type="checkbox"/> UNK Drug influence: <input type="checkbox"/> <input checked="" type="checkbox"/>												
ARREST DATE (MM/DD/YYYY) 6/15/2010		ARREST TIME (HH:MM) 11:40		ARREST LOCATION (include name of business) 820 NW 70 ST								GRID													
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																	
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																	
JUV only	<input type="checkbox"/> Parent (Name)	(Street, Apt. Number)	(City)	(State/Country)	(Zip)	(Phone)	Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
CHARGES													CHARGE AS:		COUNTS		FL STATUTE NUMBER		VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION		
1. ARRAYS and riots													F.S. <input checked="" type="checkbox"/> ORD		1		870.01(2)						<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 #:		
2. FACILITATING A RIOT													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 #:		
3.													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 #:		
4.													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, and does believe that the above named Defendant committed the following violation of law: On the 15 day of JUNE 20 11:15 (HH:MM) at 820 NW 70 ST (Location, include name of business) (Narrative, be specific)																									
I, OFFICER PILE WAS AT THE LISTED LOCATION TO ASSIST MIAMI-DADE PD WITH A COUNTY EVICTION AND PROTESTERS WERE ON THE SCENE. THE DEFENDANT AND OTHERS IN THE CROWD WERE ASKED TO MOVE BACK BY OFFICER PILE AT THAT TIME THE DEFENDANT STATED "DON'T LISTEN TO HER SHE IS ONE OF THEM" THE DEFENDANT BEGAN WALKING BACK AND FORTH WITH A PROTEST SIGN AND YELLING A PROTEST CHANT AND MOVED FORWARD AGAIN TOWARDS THE APARTMENT THAT THE EVICTION WAS TAKING PLACE. I ASKED THE DEFENDANT																									
HOLD FOR OTHER AGENCY Name:				VERIFIED BY Name:				<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 (Juvendes notify Juvenile Division) anytime that my address changes.													
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 parent.																	
OFFICER'S SIGNATURE Dfc. PILE				COURT ID NUMBER/CC. CODE 27437 (02) MPD				DATE 6/15/2010				SIGNATURE OF DEFENDANT: Juvenile and Parent or Guardian													
NAME (Printed)				AGENCY NAME				Date of the Court or Notary Public:																	

DCTS NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION				POLICE CASE NO. 100615-179654		
JAIL NO.				COURT CASE NO.				
IOS NO.		AGENCY CODE 01		MUNICIPAL P.D. DEF ID NO.		HMPOD RECORDS AND ID NO.		
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) YOUNG, ASHAUNDRA						DOB (MM/DD/YYYY) 11/2/1989		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 4.				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		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 5.				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		
ADDITIONAL CHARGES		CHARGE AS:	COUNTS	FL. STATUTE NUMBER	ICL. CP 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
<p>AND A FANOTHER UNKNOWN FEMALE STANDING NEXT TO HER TO STEP BACK. THE UNKNOWN FEMALE ASKED ME A QUESTION AND AS I WAS ANSWERING THE DEFENDANT PLACED HER PROTEST SIGN IN FRONT OF THE FEMALE'S FACE TO BLOCK ME OFFICER FILE FROM SPEAKING WITH THE FEMALE. I WALKED AWAY FROM THE DEFENDANT TO STAND IN FRONT OF APT 4 IN THE SAME BLDG WHERE THE SECOND EVICTION WAS TAKING PLACE. THE DEFENDANT MOVED IN FRONT OF APT. 4 AND I ASKED HER TO STEP BACK FROM THE LOCATION AND SHE BEGAN TALKING LOUD AND SCREAMING OBSCENITIES ONE STATEMENT WAS " FUCK THEM WE DONT HAVE NO WHERE TO GO WE GOT KIDS" IN AN ATTEMPT TO GET THE CROWD TO JOIN IN WITH HER AND BECOME DEFIANT. I ASKED THE DEFENDANT TO SETTLE DOWN AND SHE YELLED " FUCK YOU I DONT GIVE A FUCK ABOUT GOING TO JAIL". DEFENDANT WAS ARRESTED.</p>								
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 (Juvoniles only Juvenile Division) anytime that my address changes.		
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		OFFICER'S SIGNATURE  NAME (Printed) DC. FILE		COURT ID NUMBER/LOC. CODE 27437(02) AGENCY NAME MRD		SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS DAY OF  Deputy of the Court or 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		