

753

COMPLAINT/ARREST AFFIDAVIT

0879 NUMBER: _____ POLICE CASE NO.: **FILE 10 OFF 043326**

SPECIAL OPERATION: FELONY MISD TRAFFIC JUV DV MOVES CIV INF WARRANT FUGITIVE WARRANT: In state Out of state

JAIL NO.: **10-64553** RMHD: Yes No Unknown COURT CASE NO.: **10-23884**

IDS NO.: _____ AGENCY CODE: **31** MUNICIPAL P.D. DEF. ID NO.: _____ MPD RECORDS AND ID NO.: _____ STUDENT ID NO.: _____ GANG ACTIVITY: YES NO FRAUD: YES NO

DEFENDANT'S NAME (LAST, FIRST, MIDDLE): **HASLEM, WIDNES J** ALIAS and / or STREET NAME: **NA** SIGNAL: 100 150 200 300 400 500

DOB (MM/DD/YYYY): **06/09/1980** AGE: **30** RACE: **B** SEX: **M** Hispanic Not Hispanic ETHNICITY: **AMERICAN** HEIGHT: **6'7"** WEIGHT: **230** HAIR COLOR: **BLK** HAIR LENGTH: **MED** HAIR STYLE: **BOB** EYES: **BRO** GLASSES: Yes No FACIAL HAIR: **OTH** TEETH: **WDR**

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description): **LEFT ARM, RIGHT ARM, + BACK TATTOOS** PLACE OF BIRTH (City, State/Country): **MEANS FL**

LOCAL ADDRESS (Street, Apt. Number) (City) (State) (Zip): _____ PHONE: () () () CITIZENSHIP: **US**

PERMANENT ADDRESS (Street, Apt. Number) (City) (State/Country) (Zip): _____ PHONE: () () () OCCUPATION: **N/A**

BUSINESS OR SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip): _____ PHONE: () () () ADDRESS SOURCE: XOL Verbal _____

DRIVER'S LICENSE NUMBER / STATE: _____ SOCIAL SECURITY NO.: _____ WEAPON SEIZED? Type: Yes No If Def. has Concealed Weapons Permit PERMIT # W-**273982** INDICATION OF: Y N UNK Alcohol Influence: Drug Influence:

ARREST DATE (MM/DD/YYYY): **08/15/2010** ARREST TIME (H:MM): **16:13** ARREST LOCATION (include name of business): **EB SR924/E OF SR823** GRID: _____

CO-DEFENDANT NAME (Last, First, Middle) DOB (MM/DD/YYYY) IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

1. _____ DOB _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

2. _____ DOB _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

3. _____ DOB _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

JUV only	Parent (Name)	(Street, Apt. Number)	(City)	(State/Country)	(Zip)	(Phone)	Contacted?
<input type="checkbox"/>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>							<input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	LCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. CANNABIS OVER 20G	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	893.13.6.A					<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"/> DVW <input type="checkbox"/> WRIT CASE #:
2. DRUG PARAPHERNALIA	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	4	893.147.1					<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"/> 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"/> AW <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"/> AW <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 **15** day of **Aug** 20 **10** at **15:06** (H:MM) at **EB SR924/E OF SR823** (Narrative, be specific)

ON THE ABOVE DATE & TIME I WAS PARKED ON THE RIGHT SHOULDER OF SR924/SR823 USING REAR STATIONARY RADAR. I OBSERVED A BLK MERZ FL TAG 429HEZ TRAVELING AT AN ESTIMATED SPEED OF 27MPH. I CONFIRMED THE SPEED BY THE AUDIO DOPPLER PITCH & DIGITAL DISPLAY OF MY RADAR OF 27MPH IN A 60MPH SPEED ZONE. I CONDUCTED A TRAFFIC STOP ON THIS VEHICLE. I BEGAN TO APPROACH THE PASSENGER SIDE OF THE VEHICLE & STOPPED

HOLD FOR OTHER AGENCY: _____ VERIFIED BY: _____

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S / COMPLAINT'S SIGNATURE: **M. MORGAN** COURT ID NUMBER/LOC. CODE: **2725 (31)**

NAME (Printed): _____ AGENCY NAME: **FAP**

SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS **15** DAY OF **AUG** 2010

Deputy of the Court's Notary Public

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 notly Juvenile Division) anytime that my address changes.

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

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