

OFFENSE INCIDENT REPORT

Agency Code 96 Gang Related [] Juvenile In Report [] Juvenile Warn/Dismiss [] 1. Original Supplement 1

MIAMI-DADE POLICE DEPARTMENT Agency Report Number PD 071118620961

Original Date Reported SUN 11-18-2007 Time (mil) 0114 Time Dispatched (mil) 0120 Time Arrived (mil) 0129 Time Completed (mil) 0127

Incident Type 1. Felony Traffic 2. Traffic Misdemeanor 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Incident: Day Date From SAT 11-17-07 To SUN 11-18-07 Time (mil) 1900 TO 0000

OFF/INC #1 BURGLARY RES. (UNDC) A-Attempted C-Convicted 810102

Business Name/Area Identifier RESIDENCE District PB 124 Orig 763 Zone

Location Type 01. Residence-Single 06. Gas Station 11. Specialty Store 16. Storage 21. Airport 26. Highway/Roadway 89. Other 02. Apartment/Condo 07. Liquor Sales 12. Drug Store/Hospital 17. Govt Public Bldg. 22. Bus/Rail Terminal 27. Park/Woodlands/Field 03. Residence-Other 08. Bar/Nightclub 13. Bank/Financial Inst. 18. School/University 23. Construction Site 28. Lake/Waterway 04. Hotel/Motel 09. Supermarket 14. Commercial/Office Bldg. 19. Jail/Prison 24. Other Structure 29. Motor Vehicle 05. Convenience Store 10. Dept/Discount Store 15. Industrial/Mfg. 20. Religious Bldg. 25. Parking Lot/Garage 30. Other Mobile

OFF/INC 01 # Victims 01 # Offenders UK 01 # Prem. Ent. 01 # Veh. Stolen 00 Type Weapon 00. N/A 01. Handgun 02. Firearm 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Foot 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 89. Other 00

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 H-Hispanic Indian O-Other W/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. Pos. Broken Bones 06. Pos. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruiases 09. Other Violent Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-husband 05. Ex-girlfriend 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Neighbor 15. 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

OFF/INC indicator 1. #1 3. Both 2. #2 V-1 V-3 Name (Last, First, Middle or Business) TAYLOR SEAN Business Phone

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

II V/W Code B M Date of Birth or Age 2/4 Res. Type 2 Res. Status 1 Extent of Injury 0 Injury Type(s) 00 08 Relationship Ethnicity Will victim prefer charges? Yes No

OFF/INC indicator 1. #1 3. Both 2. #2 V-1 V-3 Name (Last, First, Middle or Business) JUNOR DONNA Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement MOTHER OF V-1

II V/W Code B F Date of Birth or Age 09/26/96 Res. Type 2 Res. Status 1 Extent of Injury 0 Injury Type(s) 00 00 Relationship Ethnicity Will victim prefer charges? Yes No

OFF/INC indicator 1. #1 3. Both 2. #2 Suspect Code 1 S-Suspect E-Escapee A-Apprehended Z-Other Code 311 Juvenile Name (Last, First, Middle) UNKNOWN

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

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

Complexion Build Facial Hair Teeth Speech/Voice B. or D. Ment/Were

PO ENTRY/P.O. EXIT - FRONT GLASS WINDOW (EAST SIDE) METHOD OF ENTRY - PAVED OPEN WINDOW PROPERTY TAKEN - UNKNOWN AT THIS TIME TRULAB - ROUTINE REQUEST AREA CANVASS - NOISE CONDUCTED DUE TO TIME OF NIGHT

Person/Unit Notified Time Related Report Number(s) C. MANNING 5773 71 PB 124 96

Administrative Reporting L.D. Number 4624 Routed To Referred To Assigned To Date

Case Status 1. Arrest 2. Exceptional 3. Unfounded 4. Open Panel A-Adult J-Juvenile Date Cleared Job Number Number Arrested

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. No Custody OBTS Number Page 11 of 14

Agency Code 96	Gang Related <input type="checkbox"/>	Date of Supplement	MIAMI-DADE POLICE DEPARTMENT	Agency Report Number P.D. 7. 21. 18. 62. 0. 9. 6. 1	Juvenile In Report <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement <input checked="" type="checkbox"/>
Original Date Reported 1-18-07	Original Primary Offense Description BURGLARY (RES) UNK	Victim & Sex SEAN TAYLOR	Original NCIC/UCR Code	A-Attempted	New Statute Violation Number	New NCIC/UCR Code	
Original OFFENSE Location	Primary Offense Changed To						

C-1 REQUESTED THE POLICE RE: THE LISTED RESIDENCE HAD BEEN BROKEN INTO. UPON ARRIVAL C-2 ADVISED THAT BETWEEN THE LISTED DATE AND TIME AN UNKNOWN SUBJECT(S) ENTERED THE LISTED RESIDENCE, BY PLYING OPEN THE EAST-SIDE GLASS WINDOW. AT THIS TIME IT'S UNKNOWN WHAT PROPERTY WAS TAKEN, V-1 WAS NOT ON SCENE.

S-1 ENTERED SEVERAL ROOMS IN THE RESIDENCE AND WENT THROUGH SEVERAL DRAWERS AND A SAFE IN V-1'S BEDROOM C-2 ALSO ADVISED THAT A KITCHEN KNIFE WAS LEFT ON HER BED. DAMAGE WAS OBSERVED TO THE AC VENT IN V-1'S BATHROOM.

A ROUTINE LAB REQUEST WAS SUBMITTED THE KNIFE AND WINDOW WAS SECURED ON SCENE. A PROPERTY LOSS FORM WAS ALSO LEFT ON SCENE ALONG WITH CASE CARD.
NOTE: THE LISTED RESIDENCE IS ENCLOSED BY A GATE WITH CODE BOX AT ENTRANCE.

Suspect Code	Code #	Offense Indicator	Residence Type	Citizenship	Drug Indication	Alcohol Indication
S - Suspect A - Arrestee	1 #1 2 #2	1 #1 3 Both	1 City 2 County 3 Florida 4 Out of State		1 Yes 2 No 8 Unknown	1 Yes 2 No 8 Unknown
Drug Activity	H. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Drug Type	H. Hallucinogen	P. Paraphernalia/Equipment
N. N/A S. Sell B. Buy P. Possess T. Traffic	D. Deliver E. Use		2. Other	N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	M. Marijuana O. Opium/Op	Q. Synthetic U. Unknown Z. Other
Name of Parent or Custodian (Last, First, Middle)		(City)		(State)	(Zip)	Residence Phone
Address (Street, Apt. Number)						Business Phone
Notified By: (Name)	Relationship	Date	Juvenile Disposition	2. Turned Over to HRS/CVF 3. Incarcerated (County Jail)		
Released to: (Name)	Relationship	Date	1. Handled/Processed Within Dept. and Released			
Personnel Notified	Related Report Number(s)					
Officer Reporting W. MANNING	ID. Number 4721 71	Assigned To	by PB124	Date 1-17-07		
Officer Reporting (if Applicable)	ID. Number 4107	Routed To	Referred To			
Case Status	Clearance Type	3. Unfounded	A. Adult	Jail Number	Number Arrested	
1. Arrest	1. Arrest 2. Exceptional 4. Open Pand.		J. Juvenile		Page 2 of 4	
Exception Type	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	

NARRATIVE CONTINUATION

JUVENILE SUSPECT ADMINISTRATIVE

PERSON(S) REPORT

Agency Code 96	Date of Supplement		MIAMI-DADE POLICE DEPARTMENT		Agency Report Number P.D. 07-1118620961	Juvenile in Report <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement <input checked="" type="checkbox"/>
Original Date Reported 11/18/07	Primary Offense Description Burglary (Res)			Victim's Name SEAN TAYLOR				

V/W Code 00. N/A 01. Witness 02. Reporting Person	P-Proprietor 2-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 7. Other	Race 00. N/A W-White B-Black O-Other	Sex 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
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Injury Type 00. N/A 01. Gash/Cut 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Brui/ses 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Parent	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Skip-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Friend 17. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sister/Daughter 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known
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OFF/INC Indicator 1. #1 2. #2	V.W. Code 1. C 2. 3	V. Type 3	Name (Last, First, Middle or Business) JOHNSON SASHA	Business Phone ()
Other Contact Info. (Time Available, Interpreter, etc.)				

Off/Inc Indicator 1. #1 2. #2	V.W. Code 1. C 2. 3	V. Type 3	Name (Last, First, Middle or Business) JOHNSON SASHA	Business Phone ()
Other Contact Info. (Time Available, Interpreter, etc.)				

Off/Inc Indicator 1. #1 2. #2	Suspect Code 0-Suspect A-Arrestee	E-Escaped M-Missing	R-Recovered Missing	Z-Other	Code #	Juv. #	Name (Last, First, Middle)	Residence Phone ()
Maiden Name								Residence Phone ()
Last Known Address (Street, Apt. Number)								Business Phone ()
Occupation								Social Security Number
Driver's License State/Number								FC/INC/NC

Off/Inc Indicator 1. #1 2. #2	Suspect Code 0-Suspect A-Arrestee	E-Escaped M-Missing	R-Recovered Missing	Z-Other	Code #	Juv. #	Name (Last, First, Middle)	Residence Phone ()
Maiden Name								Residence Phone ()
Last Known Address (Street, Apt. Number)								Business Phone ()
Occupation								Social Security Number
Driver's License State/Number								FC/INC/NC

Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Intoxicated	6. Disaster Victim 7. Voluntary Adm 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 3. Unknown	Fingerprints Available? 1. Yes 2. No 3. Unknown	Photo Available? 1. Yes 2. No 3. Unknown	Dental Record Available? 1. Yes 2. No 3. Unknown	MORC 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 Seized	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. HRIS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other		

Officer Reporting C. MANNING	ID Number 1624	Routed To	Referred To 5-173171	Assigned To	By PB104	Date 11/18/07
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MIAMI-DADE POLICE DEPARTMENT

Agency Report Number P.D. 07.11.18.620961

Date of Supplement: Original Date Reported: 11-18-07 Primary Offense Description: BURGLARY (RES) UNOCC. Victim # Name: SEAN TAYLOR

Type Theft: 00. N/A Burglary 01. Robbery 02. Robbery - Shoplifting 03. Robbery - Vehicle 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Public Agency 08. From Public Agency - Burg 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other 101

Person Code: V-11-1-9-2-7 Status: 1-2-7 Damage: 7 Property Type: 7 Name: WINDOW Brand: Description: (Size, Color, Caliber, Barrel Length, Etc.)

Value: \$250.00 Value Recovered: \$ Date Recovered: Model Name/Number: FCID/NCIC

Person Code: V-11-2-9-2-7 Status: 1-2-7 Damage: 7 Property Type: 7 Name: VENTILATOR Brand: Description: (Size, Color, Caliber, Barrel Length, Etc.)

Value: \$10.00 Value Recovered: \$ Date Recovered: Model Name/Number: FCID/NCIC

Person Code: # Item # Status Damage Property Type Quantity Name Brand Description: (Size, Color, Caliber, Barrel Length, Etc.)

Value: \$ Value Recovered: \$ Date Recovered: Model Name/Number: FCID/NCIC

Person Code: # Item # Status Damage Property Type Quantity Name Brand Description: (Size, Color, Caliber, Barrel Length, Etc.)

Value: \$ Value Recovered: \$ Date Recovered: Model Name/Number: FCID/NCIC

Person Code: # Item # Status Damage Property Type Quantity Name Brand Description: (Size, Color, Caliber, Barrel Length, Etc.)

Value: \$ Value Recovered: \$ Date Recovered: Model Name/Number: FCID/NCIC

Property Stolen: \$ Change in Property Stolen Value: \$ Property Recovered: \$ Change in Property Recovered Value: \$

Activity: P. Possess D. Deliver Z. Other Type: A. Amphetamine B. Barbiturate M. Marijuana O. Opium/Derivative U. Unknown 1. Gram 6. Ton 2. Milligram 7. Liter 3. Kilogram 8. Milliliter 4. Cubic 9. Dose Unit/Vol 5. Curie 8. Pound

Activity: Type Description Quantity Unit Estimated Street Value

Activity: Type Description Quantity Unit Estimated Street Value

Activity: Type Description Quantity Unit Estimated Street Value

Activity: Type Description Quantity Unit Estimated Street Value

Administrative: Officer Reporting: C. MANNING ID Number: 4624 Rptd To: 773771 Referred To: PBI24 Assigned To: By: Date: 11-18-07