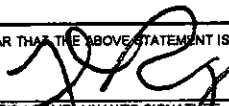
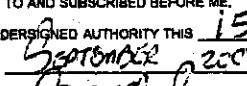


COMPLAINT/ARREST AFFIDAVIT -

COURT COPY

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO. PD090915409679	
SPECIAL OPERATION:		<input checked="" 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 FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state		JAIL NO.		PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown COURT CASE NO.	
IDS NO.		AGENCY CODE 30		MUNICIPAL P.D. DEF. ID NO.		MCPD RECORDS AND ID NO.	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) RODRIGUEZ, ANDY JESUS		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) 08/22/1992		AGE 17		RACE W		SEX M	
ETHNICITY: Cub		HEIGHT 5'9"		WEIGHT 160		HAIR COLOR BLK	
						HAIR LENGTH SHT	
						HAIR STYLE STY	
						EYES BRO	
						GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						FACIAL HAIR CLN	
						TEETH NOR	
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) Tattoos: Rear of both biceps - upper back - lower left abdomen - left wrist						PLACE OF BIRTH (City, State/Country) Havana, Cuba	
LOCAL ADDRESS (Street, Apt. Number) [REDACTED] Miami FL 33126				PHONE ()		CITIZENSHIP	
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN				PHONE ()		OCCUPATION	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS				PHONE ()		ADDRESS SOURCE: <input type="checkbox"/> DL <input type="checkbox"/> Verbal	
DRIVER'S LICENSE NUMBER / STATE				SOCIAL SECURITY NO.		WEAPON SEIZED? Type <input checked="" type="checkbox"/> Yes Knife <input type="checkbox"/> No If Def. has Concealed Weapons Permit PERMIT # W-	
ARREST DATE (MM/DD/YYYY) 09/15/2009		ARREST TIME (HHMM) 9:10 am		ARREST LOCATION (include name of business) 3610 Riviera Drive, Coral Gables			
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 <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name)		(Street, Apt. Number)		(City) (State/Country) (Zip) (Phone)	
CHARGES		CHARGE AS:		COUNTS		FL STATUTE NUMBER	
1. Second Degree Murder		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD				FSS 782.04 (2)	
2.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
3.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
4.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
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 <u>15</u> day of <u>September</u> , 20 <u>09</u> , at <u>9:05 am</u> (HHMM) at <u>450 Bird Road, Coral Gables Senior High School</u> (Narrative, be specific)							
The victim and the defendant are students that attend Coral Gables Senior High School. While at school, on the above date and at the above approximately time the defendant and the victim were walking in a hallway en route to their respective classes. As they passed each other, the victim and the defendant intentionally bumped into each other and engaged in a fist fight. The defendant and victim exchanged blows. During the fight, the defendant was observed to throw the victim to the floor. The defendant was then observed to withdraw a knife from his pants pocket and stab the victim multiple times. The defendant fled from the school grounds and was taken into custody where he was found to be in possession of a switchblade knife. The victim expired on the scene as a result of the wounds. The defendant was advised of his Constitutional Rights per Miranda which he fully understood. The defendant provided a statement self admitting to his involvement in the victim's death.							
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 (Juveniles notify Juvenile Division) anytime that my address changes.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.  OFFICER'S / COMPLAINANT'S SIGNATURE Detective T. Romagni		3490 (47) COURT ID NUMBER/LOC. CODE MDPD AGENCY NAME		SWORN TO AND SUBSCRIBED BEFORE ME. THE UNDERSIGNED AUTHORITY THIS <u>15th</u> DAY OF <u>September</u> 20 <u>09</u>  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	