

COMPLAINT/ARREST AFFIDAVIT

POLICE CASE NO.

2010-23835(R)

COMPLAINT/ARREST AFFIDAVIT

OBTS NUMBER: _____

SPECIAL OPERATION: FELONY MISD TRAFFIC JUV DV MOVES CIV INF

JAIL NO. _____ PMHD: Yes No Unknown

COURT CASE NO. _____

WARRANT: FUGITIVE WARRANT: In state Out of state

AGENCY CODE: 02 MUNICIPAL P.D. DEF. ID NO. _____ MDPD RECORDS AND ID NO. _____ STUDENT ID NO. _____

GANG ACTIVITY RELATED ARREST: FRAUD RELATED ARREST:

DEFENDANT'S NAME (LAST, FIRST, MIDDLE): WRIGHT, DORELL LAWRENCE

ALIAS and / or STREET NAME: _____

DOB (MM/DD/YYYY): 12/02/1985 AGE: 24 RACE: B SEX: M

HEIGHT: 6'08" WEIGHT: 200 HAIR COLOR: BRN HAIR LENGTH: SHO HAIR STYLE: NAT EYES: BRO

GLASSES: Yes No

FACIAL HAIR: MUS TEETH: IMP

ETHNICITY: OTH PLACE OF BIRTH (City, State/Country): CALIF.

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description): MULTIPLE! BOTH ARMS (SCARVES)

LOCAL ADDRESS (Street, Apt. Number): _____ (City): MIAMI (State): FL (Zip): 33133

PHONE: _____

CITIZENSHIP: U.S.A.

PERMANENT ADDRESS (Street, Apt. Number): S/A _____ (City): MIAMI (State/Country): FL (Zip): 33132

PHONE: _____

OCCUPATION: ATHLETE

ADDRESS SOURCE: Verbal DL

BUSINESS OR SCHOOL NAME AND ADDRESS (Street): 601 BISCAYNE BLVD (City): MIAMI (State/Country): FL (Zip): 33132

PHONE: _____

DRIVER'S LICENSE NUMBER / STATE: _____ SOCIAL SECURITY NO. _____ WEAPON SEIZED? Type: Yes No

If Def. has Concealed Weapons Permit: _____ PERMIT # W: _____

INDICATION OF: Y N UNK

Alcohol Influence: Drug Influence:

ARREST DATE (MM/DD/YYYY): 03/11/2010 ARREST TIME (HHMM): 0337

ARREST LOCATION (include name of business): 12 ST & ALTON ROAD

CO-DEFENDANT NAME (Last, First, Middle): 1. _____	DOB (MM/DD/YYYY): _____	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE
CO-DEFENDANT NAME (Last, First, Middle): 2. _____	DOB (MM/DD/YYYY): _____	<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: Parent Guardian Foster Care

(Name): _____ (Street, Apt. Number): _____ (City): _____ (State/Country): _____ (Zip): _____ (Phone): _____

Contacted? Yes No

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. DWLS w/ KNOWLEDGE	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD		320.34(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 <input type="checkbox"/> PU <input type="checkbox"/> AW
2. DWI (REFUSAL)	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD		316.193					<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
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 <input type="checkbox"/> PU <input type="checkbox"/> AW
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 <input type="checkbox"/> PU <input type="checkbox"/> AW

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. (Narrative, be specific)

On the 11 day of March, 2010 at 0321 (HHMM) at 500 BUL ALTON ROAD (Location, include name of business)

Defc N/B from traffic signal as Def turned N/B onto Alton Rd from S street. Red light. Def accelerated and straddled lane divider past G street, reaching @ 52 mph (35 zone). As Def - in 2005 white 2dr Bentley - passed Def, he moved from right lane to left w/out signaling; a taxi in left lane was made to brake as Def's veh was only @ 10 feet ahead, and move was abrupt. Def slowed for red light @ 12 st in left

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HOLD FOR OTHER AGENCY: _____ VERIFIED BY: _____

Name: _____

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S / COMPLAINANT'S SIGNATURE: SILVA, Gail

COURT ID NUMBER/LOC. CODE: MIAMI BCH

AGENCY NAME: MIAMI BCH

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS: 11 DAY OF: MARCH 2010

Signature of Defendant / Juvenile and Parent or Guardian: _____

Deputy of the Court or 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 (Juvéniles notify Juvenile Division) anytime that my address changes.

You need not appear in court, but must comply with the instructions on the reverse side hereof.

COURT COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION

OBTS NUMBER: _____ POLICE CASE NO. **2010-23835 (R)**

JAIL NO. _____ COURT CASE NO. _____

IDS NO. _____ AGENCY CODE **02** MUNICIPAL P.D. DEF. ID NO. _____ MDPD RECORDS AND ID NO. _____

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **WRIGHT, DORELL LAWRENCE** DOB (MM/DD/YYYY) **12 02 1985**

4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____

5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<input type="checkbox"/> F.S. <input checked="" 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 #:
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 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 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 PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

LANE, OFC MANEUVERED BEHIND; UPON CHANGE TO GREEN, OFC INITIATED T.S. DEF PULLED NEAR EAST CURB (10-12 INCHES AWAY) AND WAS STILL ROLLING FORWARD AS CAR'S TRANSMISSION WAS PLACED INTO PARK; CAR BUCKED FORWARD & BEK VIOLENTLY AND MADE A MESH "TICKING" SOUND. (LATER, WHEN TOWED, TRANSMISSION DID NOT MAKE SIMILAR NOISE/ABRUPT ENGAGEMENT.) OFC APPROACHED DEF'S OPEN DRIVER'S WINDOW AND EXPLAINED REASONS FOR STOP (SPEED, LANE STRADDLE, LANE CHANGE) AND ASKED FOR DEF'S DOCUMENTS. DURING OUR EXCHANGE, RED EATERY EYES, ODOR OF AN ICE BEVERAGE ON HIS BREATH, LOW & SLURRED SPEECH WERE NOTED. DEF COULD NOT PROVIDE CURRENT INSURANCE; GIVING CARD EXPIRED SEPT 2009. WHEN SHOWN, DEF PRODUCED LAST YEAR'S VEH REGISTRATION INSTEAD. DEF WAS ASKED FROM CAR & WAS OFFERED, AND ACCEPTED, SFSC's. SEE DUI TEST REPORT. DEF ARRESTED. DEF'S FLORIDA DL IS SUSPENDED FOR FAILURE TO PAY A CITATION (#2625 FVN) ON 02-17-10; DEF WAS AWARE OF HIS LIC-STATUS.

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.
Name: _____	_____	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS <u>11</u> DAY OF <u>MARCH</u> , 2010	Signature of Defendant / Juvenile and Parent or Guardian _____
OFFICER'S / COMPLAINANT'S SIGNATURE SILVANO	COURT ID NUMBER/LOC. CODE 434(02)	Deputy of the Court of Notary Public 597 [Signature]	
NAME (Printed)	AGENCY NAME MIAMI BCHA		