

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO 2011-00086197	
SPECIAL OPERATION		<input type="checkbox"/> FELONY <input checked="" 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 <input type="checkbox"/> 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 02		MUNICIPAL P.D. DEF ID NO		MDPD RECORDS AND ID NO STUDENT ID NO	
DEFENDANT'S NAME (LAST FIRST MIDDLE) BRYAN, EDWARD				ALIAS and / or STREET NAME		GANG ACTIVITY RELATED ARREST <input checked="" type="checkbox"/> FRAUD RELATED ARREST <input checked="" type="checkbox"/> 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)		AGE 71		RACE W		SEX M	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic ETHNICITY ANGLO		HEIGHT 56		WEIGHT 165	
		HAIR COLOR GRY		HAIR LENGTH SHT		HAIR STYLE WAV	
		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)						PLACE OF BIRTH (City State/Country) SYLMAR CALIFORNIA	
LOCAL ADDRESS (Street, Apt Number) 14952 LA MESA ST SYLMAR, CA 91342-				(City) (State) (Zip)		PHONE	
PERMANENT ADDRESS (Street, Apt Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN				(City) (State/Country) (Zip)		PHONE	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street)				(City) (State/Country) (Zip)		PHONE	
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NO		WEAPON SEIZED? Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Def has Concealed Weapons Permit PERMIT # W INDICATION OF Alcohol influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK Drug influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	
ARREST DATE (MM/DD/YYYY) 08/12/2011		ARREST TIME (H:MM) 14:28		ARREST LOCATION (include name of business) 1901 CONVENTION CENTER DR CITY OF MIAMI BEACH, FL 33139			
CO-DEFENDANT NAME (Last, First, Middle)		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			
1							
CO-DEFENDANT NAME (Last, First, Middle)		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			
2							
CO-DEFENDANT NAME (Last, First, Middle)		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			
3							
JUV only	(Name)		(Street, Apt. Number)		(City) (State/Country) (Zip)		(Phone) Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care							
CHARGES		CHARGE AS		COUNTS		FL. STATUTE NUMBER	
1 THEFT/UNDER		<input checked="" type="checkbox"/> F S <input type="checkbox"/> ORD		1		812.014	
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>12</u> day of <u>AUGUST</u> , 20 <u>11</u> at <u>14:08</u> (H:MM) at <u>1901 CONVENTION CENTER DR HALL-D</u> (Location, include name of business) <u>MIAMI BEACH, FL</u> (Narrative, be specific)							
I WAS DISPATCHED TO HALL-D OF THE MIAMI BEACH CONVENTION CENTER REFERENCE A THEFT. UPON ARRIVAL I WAS ADVISED BY CONVENTION CENTER SECURITY THAT THE DEF (BRYAN) HAS BEEN WARNED OF TRESPASSING A NUMBER OF TIMES OVER THE LAST FEW DAYS. TODAY THE DEF WENT INTO A TRASH CAN ON THE OUTSIDE OF THE BUILDING AND OBTAINED USED CREDENTIALS, ALLOWING HIM TO GAIN ENTRY INTO THE EVENT WITHOUT PAYING. DEF WAS DETAINED BY SECURITY UNTIL POLICE ARRIVAL. WHEN I MADE CONTACT WITH DEF HE ADVISED ME THAT HE DID IN FACT TAKE A USED CREDENTIAL PASS OUT OF THE TRASH SO THAT HE COULD ENTER THE EVENT TO HARASS AN UNKNOWN PERSON WHO HAS BEEN SPREADING UNTRUTHS ABOUT HIS CHURCH. DEF KNOWINGLY ENTERED THE FLORIDA INTERNATIONAL MEDICAL EXPO AT THE MIAMI BEACH CONVENTION CENTER WITHOUT PAYING THE \$79 ENTRY FEE. IN DOING SO HE KNOWINGLY DEFRAUDED THE VICTIM. DEF ARRESTED AND TRANSPORTED TO MBPD/DCJ WITHOUT INCIDENT.							
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 (Juvenges 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 _____ DAY OF _____		OFFICER'S / COMPLAINT'S SIGNATURE Fleischhauer NAME (Printed)		SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR GUARDIAN _____ Signature of Defendant / Juvenile and Parent or Guardian	
COURT ID NUMBER/LCC CODE 970 (02)		AGENCY NAME MIAMI BEACH		Deputy of the Court or Notary Public Dohler 533			

COMPLAINT/ARREST AFFIDAVIT

MIAMI BEACH

POLICE

OFFENSE INCIDENT CASE REPORT SUMMARY

CASE NO. AGENCY ORI # FLD130700

2011-00086197

FIELD MOBILE PRINT SUMMARY

REPORTING DISTRICT
AREA 2 - MIDDLE

EVENT DATA

OCCURRED LOCATION: **1901 CONVENTION CENTER DR MIAMI BEACH, FL 33139**
 OCCURRED INCIDENT TYPE: **THEFT BEACH** BUSINESS NAME **FLORIDA INTER MEDICAL EXP**
 LOCATION TYPE DISPATCH DATE and TIME **08/12/2011 14:00** ARRIVAL DATE and TIME **08/12/2011 14:03**
 DATE REPORTED: **08/12/2011** TIME: **14:08** SIGNIFICANT EVENT:
 OCC FROM DATE: **08/12/2011** TIME: **14:00** BIAS MOTIVATION: **NONE**
 THROUGH DATE: **08/12/2011** TIME: **14:03** CHILD ABUSE CODE: **N A**

OFFENSES

1	<input type="checkbox"/> ATT	COUNTS: 1	OFFENSE DESCRIPTION: THEFT/UNDER	WEAPON TYPE: N A	UCR CODE: 1200
	<input checked="" type="checkbox"/> COM	STATUTE NO: 812.014			
2	<input type="checkbox"/> ATT	COUNTS:	OFFENSE DESCRIPTION:	WEAPON TYPE:	UCR CODE:
	<input checked="" type="checkbox"/> COM	STATUTE NO:			
3	<input type="checkbox"/> ATT	COUNTS:	OFFENSE DESCRIPTION:	WEAPON TYPE:	UCR CODE:
	<input type="checkbox"/> COM	STATUTE NO:			
4	<input type="checkbox"/> ATT	COUNTS:	OFFENSE DESCRIPTION:	WEAPON TYPE:	UCR CODE:
	<input type="checkbox"/> COM	STATUTE NO:			

VICTIM / MISSING

NAME (LAST, FIRST, MIDDLE): **FL INTER MEDICAL EXPO**
 LAST KNOWN ADDRESS: **3348 SEVENTEETH ST SARASOTA FL 34235-**
 DOB: EYES: PRIMARY PHONE: **(941)685-5858** TYPE: **CELL**
 AGE: HAIR: OTHER PHONE: TYPE:
 RACE: HEIGHT: OTHER CONTACT INFO
 SEX: WEIGHT: CASE SUBJECT TYPE **VICTIM** **BUSINESS**
 SYNOPSIS OF INVOLVEMENT:

VICTIM / MISSING

NAME (LAST, FIRST, MIDDLE):
 LAST KNOWN ADDRESS:
 DOB: EYES: PRIMARY PHONE: TYPE:
 AGE: HAIR: OTHER PHONE: TYPE:
 RACE: HEIGHT: OTHER CONTACT INFO
 SEX: WEIGHT: CASE SUBJECT TYPE
 SYNOPSIS OF INVOLVEMENT:

SUSPECT

NAME (LAST, FIRST, MIDDLE): **BRYAN, EDWARD**
 PRIMARY SUSPECT: UNKNOWN / PARTIAL: UNKNOWN: **ARRESTEE**
 LAST KNOWN ADDRESS: **14952 LA MESA ST SYLMAR CA 91342-**
 DOB: **[REDACTED]** EYES: **BROWN** PRIMARY PHONE: TYPE:
 AGE OR RANGE: **71 /** HAIR: **GREY OR PARTIALLY GREY** OTHER PHONE: TYPE:
 RACE: **WHITE** HEIGHT RANGE (FROM/TO): **5 6 /** PLACE OF BIRTH: **CALIFORNIA**
 SEX: **MALE** WEIGHT RANGE (FROM/TO): **165 /** CITIZENSHIP: **Uzbekistan**
 ALIAS/NICKNAME / MAIDEN NAME:
 SOCIAL SECURITY NUMBER: **--** ETHNICITY: **ANGLO**
 DRIVER'S LICENSE NUMBER: **[REDACTED]** SCARS / MARKS / TATOOS:
 DL STATE: **CA** DISTINCTIVE FEATURES:
 OCCUPATION: **UNEMPLOYED**
 EMPLOYER/SCHOOL NAME:
 EMPLOYER/SCHOOL ADDRESS:
 STATEMENT TYPE: OTHER CONTACT INFO
 SYNOPSIS OF INVOLVEMENT:

NARRATIVE

I WAS DISPATCHED TO HALL-D OF THE MIAMI BEACH CONVENTION CENTER REFERENCE A THEFT. UPON ARRIVAL I WAS ADVISED BY CONVENTION CENTER SECURITY THAT THE DEF (BRYAN) HAS BEEN WARNED OF TRESPASSING A NUMBER OF TIMES OVER THE LAST FEW DAYS. TODAY THE DEF WENT INTO A TRASH CAN ON THE OUTSIDE OF THE BUILDING AND OBTAINED USED CREDENTIALS, ALLOWING HIM TO GAIN ENTRY INTO THE EVENT WITHOUT PAYING. DEF WAS DETAINED BY SECURITY UNTIL POLICE ARRIVAL. WHEN I MADE CONTACT WITH DEF HE ADVISED ME THAT HE DID IN FACT TAKE A USED CREDENTIAL PASS OUT OF THE TRASH SO THAT HE COULD ENTER THE EVENT TO HARASS AN UNKNOWN PERSON WHO HAS BEEN SPREADING UNTRUTHS ABOUT HIS

ADMIN

REPORTING OFFICER (LAST, FIRST) **Fleischhauer Thomas 970** DATE **08/12/2011**
 REVIEWING SUPERVISOR (LAST, FIRST) **Dohler Andrew 533** DATE **8/13/2011**
 CASE STATUS **PENDING** CASE DISPOSITION

CHURCH. DEF KNOWINGLY ENTERED THE FLORIDA INTERNATIONAL MEDICAL EXPO AT THE MIAMI BEACH CONVENTION CENTER WITHOUT PAYING THE \$79 ENTRY FEE. IN DOING SO HE KNOWINGLY DEFRAUDED THE VICTIM. DEF ARRESTED AND TRANSPORTED TO MBPD/DCJ WITHOUT INCIDENT.

ADMIN

REPORTING OFFICER (LAST, FIRST)

Fleischhauer

Thomas

970

DATE: **08/12/2011**

REVIEWING SUPERVISOR (LAST, FIRST)

Dohler

Andrew

533

DATE: **8/13/2011**