

**COMPLAINT/ARREST AFFIDAVIT**

OBTS NUMBER: \_\_\_\_\_ POLICE CASE NO. **2010-12803**

SPECIAL OPERATION: \_\_\_\_\_ FELONY  MISD  TRAFFIC  JUV  DV  MOVES  CIV INF  JAIL NO. \_\_\_\_\_ PMHD  COURT CASE NO. \_\_\_\_\_  
 WARRANT  FUGITIVE WARRANT:  In state  Out of state  Yes  No  Unknown

IDS NO. \_\_\_\_\_ 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) **Sapp, Warren** ALIAS and / or STREET NAME **37 YOA** SIGNAL:  100  150  200  300  400  500

DOB (MM/DD/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_ RACE **B** SEX **M**  Hispanic  Not Hispanic HEIGHT **6'2"** WEIGHT **280** HAIR COLOR **BLK** HAIR LENGTH **SH** HAIR STYLE **FAD** EYES **BRO** GLASSES  Yes  No FACIAL HAIR **GOT** TEETH **NOR**  
 ETHNICITY: **African-American**

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) **None Visible** PLACE OF BIRTH (City, State/Country) **Orlando, FL**

LOCAL ADDRESS (Street, Apt. Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ PHONE \_\_\_\_\_ CITIZENSHIP **U.S.**

PERMANENT ADDRESS (Street, Apt. Number)  HOMELESS  UNKNOWN \_\_\_\_\_ (City) \_\_\_\_\_ (State/Country) \_\_\_\_\_ (Zip) \_\_\_\_\_ PHONE \_\_\_\_\_ OCCUPATION **Broadcaster**

BUSINESS OR  SCHOOL NAME AND ADDRESS (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Country) \_\_\_\_\_ (Zip) \_\_\_\_\_ PHONE \_\_\_\_\_ ADDRESS SOURCE:  DL  Verbal

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

ARREST DATE (MM/DD/YYYY) **02/06/2010** ARREST TIME (H:MM) **1313** ARREST LOCATION (include name of business) **1901 Collins Ave #409** GRID \_\_\_\_\_

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

1. \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_  IN CUSTODY  FELONY  JUVENILE  AT LARGE  DV  MISDEMEANOR

2. **N. A.** DOB (MM/DD/YYYY) \_\_\_\_\_  IN CUSTODY  FELONY  JUVENILE  AT LARGE  DV  MISDEMEANOR

3. \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_  IN CUSTODY  FELONY  JUVENILE  AT LARGE  DV  MISDEMEANOR

JUV only  Parent (Name) \_\_\_\_\_ (Street, Apt. Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Country) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_ Contacted?  Yes  No  Guardian  Foster Care

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. <b>Battery (Simple Domestic)</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	<b>1</b>	<b>784.03</b>					<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 #:
2.	<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 #:
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"/> DWV <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"/> DWV <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 6 day of Feb, 2010 at 0500 (H:MM) at 1901 Collins Ave #409 (Location, include name of business) (Narrative, be specific)

*I responded to [redacted] ref a report of domestic battery. Upon my arrival Rescue 1 (Case # 2010-02142) was treating vol for a swollen right knee and bruises on the back of her neck. Vol stated that she was at the Shore Club (1901 Collins Ave) and was partying with some of her friends, with the def also in attendance. Vol stated that she and the def had been dating for two years. Vol then stated that she was tired and asked the def if she could have the*

HOLD FOR OTHER AGENCY \_\_\_\_\_ VERIFIED BY \_\_\_\_\_

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S/COMPLAINANT'S SIGNATURE **J. Rodriguez** COURT ID NUMBER/LOC. CODE **240 768 (02)**

NAME (Printed) **J. Rodriguez** AGENCY NAME **Kasack MBPD**

SWORN TO AND SUBSCRIBED BEFORE ME. THE UNDERSIGNED AUTHORITY THIS 6 DAY OF February, 2010  
 Deputy of the Court or Notary Public **Sgt. J. B. [redacted]**

HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).

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.

Signature of Defendant / Juvenile and Parent or Guardian \_\_\_\_\_

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

### COMPLAINT/ARREST AFFIDAVIT CONTINUATION

POLICE CASE NO. **2010-12803**

OBTS NUM	JAIL NO.			COURT CASE NO.				
IDS NO.	AGENCY CODE <b>02</b>	MUNICIPAL P.D. DEF. ID NO.	MOPD RECORDS AND ID NO.					
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) <b>Sapp, Warren</b>						DOB (MM/DD/YYYY) [REDACTED]		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) <del>4. [REDACTED]</del>				DOB (MM/DD/YYYY) <del>[REDACTED]</del>		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input checked="" type="checkbox"/> MISDEMEANOR		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) <del>5. [REDACTED]</del>				DOB (MM/DD/YYYY) <del>[REDACTED]</del>		<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		
ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
<del>5. [REDACTED]</del>	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:
<del>6. [REDACTED]</del>	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:
<del>7. [REDACTED]</del>	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:
<del>8. [REDACTED]</del>	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:

key to his room, so that she could go to sleep. The def agreed and gave her the key to his room. After a few hours voi said that the def came into the room and pulled her out of bed. The def then attempted to remove her from the room. The victim then moved away from him and began to get dressed. The def then started arguing with her in ref. to some guys that she was hanging out with earlier. Voi then stated that the def. grabbed her and began to choke her. The def then pushed her down on the couch and started arguing with her again. The def grabbed the victims phone and questioned her about guys that she had listed on her phone. The argument again became heated and the def picked voi up, by the shirt and neck, and then threw her back down. Voi landed on her leg and felt a sharp pain. The def helped voi up and then told her to leave and pushed voi out the room. Voi sought assistance from someone in the hallway and upon seeing this the def texted her "You whore". Voi then went to stay with a friend and then later called police to report the incident. Units were

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I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	SWORN TO AND SUBSCRIBED BEFORE ME	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
OFFICER'S / COMPLAINANT'S SIGNATURE <b>S. Rodriguez-Casas</b>	COURT ID NUMBER/LOC. CODE <b>768 (62)</b>	THE UNDERSIGNED AUTHORITY THIS DAY OF <b>February</b> 2010 <b>Sgt. [Signature]</b> Deputy of the Court of Probation	Signature of Defendant / Juvenile and Parent or Guardian
NAME (Printed)	AGENCY NAME <b>mBPD</b>		

**COMPLAINT/ARREST AFFIDAVIT CONTINUATION**

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JAIL NO. [ ] COURT CASE NO. [ ]

IDS NO. [ ] AGENCY CODE **02** MUNICIPAL P.D. DEF. ID NO. [ ] MPD RECORDS AND ID NO. [ ]

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **Sapp, Warren** DOB (MM/DD/YYYY) [ ]

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

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 AT LARGE  DV  MISDEMEANOR

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 type="checkbox"/> CRD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

sent to the def's location and he was transported to the MBPD station.

When asked what happened the det stated that he allowed voi to stay in his room, but then a few hours later came to the room and asked her to leave, because he was expecting company. He stated that he tried to help her get off the couch, but she fell backwards and fell on her leg.

Def later invoked his right to an attorney to Det G. Sanchez #240

Def was transported to DCJ for processing

Voi was transported to Mt. Sinai Hospital

M.O.V.E.S. Notified - responded to MBPD of MT SINAI el

HOLD FOR OTHER AGENCY Name: [ ] VERIFIED BY I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. OFFICER'S / COMPLAINANT'S SIGNATURE: <b>[Signature]</b> NAME (Printed): <b>Det G. Sanchez MRP</b> AGENCY NAME: <b>MBPD</b>	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing). SWORN TO AND SUBSCRIBED BEFORE ME. THE UNDERSIGNED AUTHORITY THIS <b>6</b> DAY OF <b>February</b> 2010 <b>[Signature]</b> Deputy of the Court or Notary Public	<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 (Juvies Juvenile Division) anytime that my address changes. <input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
	Signature of Delendant / Juvenile and Parent or Guardian	