

| OBTS NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | <b>COMPLAINT/ARREST AFFIDAVIT</b>                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | POLICE CASE NO<br><b>2014-00008582</b>                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                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| SPECIAL OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                      |         | PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                               |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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| IDS NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | AGENCY CODE<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                            |                   | MUNICIPAL P.D. DEF ID NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | MDPD RECORDS AND ID NO<br>STUDENT ID NO                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                                                                                                                                                                                                                                                                                      |       |                                                                         |   |         |  |  |  |  |                                                                                                                                                                                                                                                                                                    |                         |                                                                         |   |           |  |  |  |  |                                                                                                                                                                                                                                                                                                    |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| DEFENDANT'S NAME (LAST FIRST MIDDLE)<br><b>BIEBER, JUSTIN, DREW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| DOB (MM/DD/YYYY)<br><b>03/01/1994</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | AGE<br><b>19</b>                                                                                                                                                                                                                                                                                                                                                                                    |                   | RACE<br><b>W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | SEX<br><b>M</b>                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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| <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic<br>ETHNICITY <b>ANGLO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         | HEIGHT<br><b>59</b>                                                                                                                                                                                                                                                                                                                                                                                 |                   | WEIGHT<br><b>140</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | HAIR COLOR <b>BRO</b> HAIR LENGTH <b>SHT</b> HAIR STYLE <b>STR</b> EYES <b>BRO</b> GLASSES<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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| SCARS TATTOOS UNIQUE PHYSICAL FEATURES (Location Type Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | PLACE OF BIRTH (City State/Country)<br><b>TORONTO CANADA</b>                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | FACIAL HAIR <b>CLN</b> TEETH <b>NOR</b>                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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                                                                                 |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| LOCAL ADDRESS (Street Apt Number) (City) (State) (Zip)<br><b>25202 PRADO DEL GRANDISO CALABASAS, CA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| PERMANENT ADDRESS (Street Apt Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN (City) (State/Country) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| DRIVER'S LICENSE NUMBER / STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                     |                   | SOCIAL SECURITY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | WEAPON SEIZED? Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                 |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                                                                                                                                                                                                                                                                                      |       |                                                                         |   |         |  |  |  |  |                                                                                                                                                                                                                                                                                                    |                         |                                                                         |   |           |  |  |  |  |                                                                                                                                                                                                                                                                                                    |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| If Def has Concealed Weapons Permit PERMIT # W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| ARREST DATE (MM/DD/YYYY)<br><b>01/23/2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | ARREST TIME (H:M)<br><b>04:13</b>                                                                                                                                                                                                                                                                                                                                                                   |                   | ARREST LOCATION (include name of business)<br><b>300 41ST ST BLK CITY OF MIAMI BEACH, FL 33140</b>                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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| CO-DEFENDANT NAME (Last, First Middle)<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| CO-DEFENDANT NAME (Last, First Middle)<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| CO-DEFENDANT NAME (Last, First Middle)<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| JUV only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | (Name) (Street Apt Number) (City) (State/Country) (Zip) (Phone)                                                                                                                                                                                                                                                                                                                                     |                   | Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                                                                                                                                                                                                                                                                                      |       |                                                                         |   |         |  |  |  |  |                                                                                                                                                                                                                                                                                                    |                         |                                                                         |   |           |  |  |  |  |                                                                                                                                                                                                                                                                                                    |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CHARGES</th> <th>CHARGE AS</th> <th>COUNTS</th> <th>FL STATUTE NUMBER</th> <th>VIOL OF SECT</th> <th>CODE OF</th> <th>UCR</th> <th>DV</th> <th>WARRANT TYPE OR TRAFFIC CITATION</th> </tr> </thead> <tbody> <tr> <td>1 RESIST WITHOUT VIOLENCE</td> <td><input checked="" type="checkbox"/> F S<br/><input type="checkbox"/> ORD</td> <td>1</td> <td>843.02</td> <td></td> <td></td> <td></td> <td></td> <td> <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<br/> <input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br/>           CASE #:         </td> </tr> <tr> <td>2 DUI</td> <td><input checked="" type="checkbox"/> F S<br/><input type="checkbox"/> ORD</td> <td>1</td> <td>316.193</td> <td></td> <td></td> <td></td> <td></td> <td> <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<br/> <input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br/>           CASE # <b>A10S5SE</b> </td> </tr> <tr> <td>3 EXPIRED DL &gt; 6 MONTHS</td> <td><input checked="" type="checkbox"/> F S<br/><input type="checkbox"/> ORD</td> <td>1</td> <td>322.03(5)</td> <td></td> <td></td> <td></td> <td></td> <td> <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<br/> <input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br/>           CASE # <b>A10WN7E</b> </td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> F S<br/><input type="checkbox"/> ORD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <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<br/> <input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br/>           CASE #:         </td> </tr> </tbody> </table> |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                            |    | CHARGES                                                                                                                                                                                                                                                                                            | CHARGE AS | COUNTS | FL STATUTE NUMBER | VIOL OF SECT | CODE OF | UCR | DV | WARRANT TYPE OR TRAFFIC CITATION | 1 RESIST WITHOUT VIOLENCE | <input checked="" type="checkbox"/> F S<br><input type="checkbox"/> ORD | 1 | 843.02 |  |  |  |  | <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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE #: | 2 DUI | <input checked="" type="checkbox"/> F S<br><input type="checkbox"/> ORD | 1 | 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 PU <input type="checkbox"/> AW<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # <b>A10S5SE</b> | 3 EXPIRED DL > 6 MONTHS | <input checked="" type="checkbox"/> F S<br><input type="checkbox"/> ORD | 1 | 322.03(5) |  |  |  |  | <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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # <b>A10WN7E</b> | 4 | <input type="checkbox"/> F S<br><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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE #: |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                      | CODE OF | UCR                                                                                                                                                                                        | DV | WARRANT TYPE OR TRAFFIC CITATION                                                                                                                                                                                                                                                                   |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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| 1 RESIST WITHOUT VIOLENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 2 DUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> F S<br><input type="checkbox"/> ORD | 1                                                                                                                                                                                                                                                                                                                                                                                                   | 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 PU <input type="checkbox"/> AW<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # <b>A10S5SE</b> |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                                                                                                                                                                                                                                                                                      |       |                                                                         |   |         |  |  |  |  |                                                                                                                                                                                                                                                                                                    |                         |                                                                         |   |           |  |  |  |  |                                                                                                                                                                                                                                                                                                    |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| 3 EXPIRED DL > 6 MONTHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> F S<br><input type="checkbox"/> ORD | 1                                                                                                                                                                                                                                                                                                                                                                                                   | 322.03(5)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                            |    | <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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # <b>A10WN7E</b> |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                                                                                                                                                                                                                                                                                      |       |                                                                         |   |         |  |  |  |  |                                                                                                                                                                                                                                                                                                    |                         |                                                                         |   |           |  |  |  |  |                                                                                                                                                                                                                                                                                                    |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
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                                                                                 |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| 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 <b>SECTOR 6 - MIDDLE</b><br>On the <b>23</b> day of <b>JANUARY</b> , 20 <b>14</b> at <b>04:11</b> (H:M) at <b>300 W 41ST ST, BLK</b> (Location, include name of business) <b>MIAMI BEACH, FL</b> (Narrative be specific)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <p>OFC. COSNER #526 WAS TRAVELING SOUTHBOUND ON PINE TREE DRIVE AND OBSERVED TWO LAMBORGINIS (ONE YELLOW AND ONE RED) NORTHBOUND IN THE 2600 BLOCK OF PINE TREE DRIVE. OFC. COSNER STATES THAT HE OBSERVED TWO BLACK SUV'S BEHIND BOTH VEHICLES AS IF TO STOP TRAFFIC GOING NORTHBOUND. THIS FACILITATED AN OPEN ROAD FOR THE TWO LAMBORGINIS TO RACE. OFC. COSNER THEN MADE A U-TURN AND BEGAN TRAVELING NORTHBOUND TO CATCH UP TO THE VEHICLES. OFC. COSNER OBSERVED BOTH VEHICLES START A CONTEST OF SPEED (DRAG RACING) FROM A START. OFC. COSNER ESTIMATES THAT BOTH VEHICLES ATTAINED AN APPROXIMATE SPEED OF ABOUT 55-60 MPH. THE SPEED LIMIT IN THIS RESIDENTIAL AREA IS 30 MPH. OFC. COSNER VIA HIS RADIO ADVISED OTHER UNITS OF THE SPEEDING VEHICLES. I WAS AT 41ST AND PINETREE WHEN THE RADIO TRANSMISSION WAS MADE. I OBSERVED BOTH VEHICLES APPROACHING 41ST STREET. OFC. COSNER INITIATED A TRAFFIC STOP ON THE RED FERRARI AT 41ST AND PINETREE DR. THE YELLOW LAMBORGINI MADE A RIGHT TURN ONTO 41 ST AND</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                                                                                                                                                                                                                                                                                      |       |                                                                         |   |         |  |  |  |  |                                                                                                                                                                                                                                                                                                    |                         |                                                                         |   |           |  |  |  |  |                                                                                                                                                                                                                                                                                                    |   |                                                              |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                      |
| HOLD FOR OTHER AGENCY<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | VERIFIED BY<br><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. |         | <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<br><b>036 (02)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | SWORN TO AND SUBSCRIBED BEFORE ME<br>THE UNDERSIGNED AUTHORITY THIS _____<br>DAY OF _____                                                                                                                                                                                                                                                                                                           |                   | Signature of Defendant / Juvenile and Parent or Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | Deputy of the Court or Notary Public                                                                                                                                                       |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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| OFFICER'S / COMPLAINANT'S SIGNATURE<br><b>Medina</b><br>NAME (Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | COURT ID NUMBER/LOC CODE<br><b>MIAMI BEACH</b><br>AGENCY NAME                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                    |           |        |                   |              |         |     |    |                                  |                           |                                                                         |   |        |  |  |  |  |                  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COMPLAINT/ARREST AFFIDAVIT -

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| OBTS NUMBER                                                        |                                                               | <b>COMPLAINT/ARREST AFFIDAVIT CONTINUATION</b> |                         |                        | POLICE CASE NO<br><b>2014-00008582</b>                                                                                                                                                                      |     |    |                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------|-------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JAIL NO                                                            |                                                               |                                                | COURT CASE NO           |                        |                                                                                                                                                                                                             |     |    |                                                                                                                                                                                                                                                                                     |
| IDS NO                                                             |                                                               | AGENCY CODE<br><b>02</b>                       | MUNICIPAL P D DEF ID NO | MDPD RECORDS AND ID NO |                                                                                                                                                                                                             |     |    |                                                                                                                                                                                                                                                                                     |
| DEFENDANT'S NAME (LAST FIRST MIDDLE)<br><b>BIEBER, JUSTIN DREW</b> |                                                               |                                                |                         |                        | DOB (MM/DD/YYYY)<br><b>03/01/1994</b>                                                                                                                                                                       |     |    |                                                                                                                                                                                                                                                                                     |
| ADDITIONAL CO-DEFENDANT NAME (Last, First Middle)<br>4             |                                                               |                                                | DOB (MM/DD/YYYY)        |                        | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE<br><input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR |     |    |                                                                                                                                                                                                                                                                                     |
| ADDITIONAL CO-DEFENDANT NAME (Last, First Middle)<br>5             |                                                               |                                                | DOB (MM/DD/YYYY)        |                        | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE<br><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                                                                                                                                                                                                                                                    |
| 5                                                                  | <input type="checkbox"/> F.S.<br><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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # |
| 6                                                                  | <input type="checkbox"/> F.S.<br><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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # |
| 7                                                                  | <input type="checkbox"/> F.S.<br><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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # |
| 8                                                                  | <input type="checkbox"/> F.S.<br><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<br><input type="checkbox"/> DWV <input type="checkbox"/> WRIT<br>CASE # |

CONTINUED EAST BOUND. I CAUGHT UP TO THE YELLOW LAMBORGINI AND INITIATED A TRAFFIC STOP AT THE 300 BLK OF 41ST. I APPROACHED THE VEHICLE ON THE DRIVER SIDE. I ASKED THE DRIVER TO PLACE THE VEHICLE IN PARK. AT THIS TIME, THE DRIVER. BEGAN TO STATE:"WHY DID YOU STOP ME". I EXPLAINED TO THE DRIVER THAT HE WAS STOPPED BECAUSE HE WAS DRAG RACING WITH THE OTHER LAMBORGINI. I IMMEDIATELY SMELLED AN ODOR OF ALCOHOL EMINATING FROM THE DRIVERS BREATH AND BLOODSHOT EYES. THE DRIVER HAD SLOW DELIBERATE MOVEMENTS AND A STUPER LOOK ON HIS FACE. THESE ARE ALL INDICATORS OF AN IMPAIRED DRIVER. I ASKED THE DRIVER TO EXIT THE VEHICLE TO CONTINUE MY INVESTIGATION OF A POSSIBLE IMPAIRED DRIVER. THE DRIVER STATED:" WHY THE FUCK ARE YOU DOING THIS"? FINALLY, THE DRIVER EXITED THE VEHICLE AS HE KEPT GOING INTO HIS PANTS POCKETS. I ASKED THE DRIVER TO NOT GO INTO HIS POCKETS FOR MY SAFETY AND HIS. FEARING THAT THE DRIVER MIGHT HAVE A WEAPON OR CONTRABAND. I ASKED THE DRIVER TO PLACE HIS HANDS ON HIS VEHICLE IN ORDER TO FACILITATE A CURSORY PATDOWN FOR WEAPONS. THE DRIVER STATED:"WHAT THE FUCK DID I DO, WHY DID YOU STOP ME." AGAIN I ASKED THE DRIVER TO PLACE HIS HANDS ON HIS VEHICLE. THE DRIVER COMPLIED BUT TOOK HIS HANDS OFF THE VEHICLE SOON AFTER AND TURNED AROUND TO FACE ME. AGAIN I ASKED THE DRIVER TO NOT TAKE HIS HANDS OFF HIS CAR AND TO LOOK FORWARD BECAUSE I WAS GOING TO PERFORM A CURSORY PATDOWN. THE DRIVER STATED:" I AINT GOT NO FUCKING WEAPONS, WHY DO YOU HAVE TO SEARCH ME,""WHAT THE FUCK IS THIS ABOUT?" I ADVISED THE DRIVER THAT IF HE CONTINUED TO TAKE HIS HANDS OFF HIS VEHICLE, HE WOULD BE SUBJECT TO ARREST. THE DRIVER AGAIN TURNED AROUND TO FACE ME. AT THIS TIME, I GRABBED HIS RIGHT HAND AND STATED TO HIM THAT HE WAS UNDER ARREST. THE DRIVER BEGAN TO RESIST ME BY PULLING HIS RIGHT ARM AWAY AS HE STATED:"WHAT THE FUCK ARE YOU DOING". I ADVISED THE DRIVER NOT TO RESIST AND WITH THE ASSISTANCE OF OFC. MOLINA ID# 064 AND OFC. SOCARRAS#501, WE PLACED HIM INTO CUSTODY WITH NO

|                                                                        |                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOLD FOR OTHER AGENCY<br>Name                                          | 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 (Juvleniles notly Juvenile Division) anytime that my address changes. |
| 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<br><b>Medina</b><br>NAME (Printed) | <b>036 (02)</b><br>COURT ID NUMBER/LOC CODE | THE UNDERSIGNED AUTHORITY THIS _____<br>DAY OF _____, _____<br>Deputy of the Court or Notary Public  | Signature of Defendant / Juvenile and Parent or Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                        | <b>MIAMI BEACH</b><br>AGENCY NAME           |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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COMPLAINT/ARREST AFFIDAVIT CONTINUATION -

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| OBTS NUMBER                                                        |                                                               | <b>COMPLAINT/ARREST AFFIDAVIT<br/>CONTINUATION</b> |                         |                        | POLICE CASE NO<br><b>2014-00008582</b>                                                                                                                                                                      |     |    |                                                                                                                                                                                                                                                                                          |
| JAIL NO                                                            |                                                               |                                                    | COURT CASE NO           |                        |                                                                                                                                                                                                             |     |    |                                                                                                                                                                                                                                                                                          |
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| DEFENDANT'S NAME (LAST FIRST MIDDLE)<br><b>BIEBER, JUSTIN DREW</b> |                                                               |                                                    |                         |                        | DOB (MM/DD/YYYY)<br><b>03/01/1994</b>                                                                                                                                                                       |     |    |                                                                                                                                                                                                                                                                                          |
| ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)<br>4            |                                                               |                                                    | DOB (MM/DD/YYYY)        |                        | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE<br><input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR |     |    |                                                                                                                                                                                                                                                                                          |
| ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)<br>5            |                                                               |                                                    | DOB (MM/DD/YYYY)        |                        | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE<br><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                                                                                                                                                                                                                                                         |
| 5                                                                  | <input type="checkbox"/> F.S.<br><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 PJ <input type="checkbox"/> AW<br><input type="checkbox"/> DVW <input type="checkbox"/> WRIT<br>CASE #:<br> |
| 6                                                                  | <input type="checkbox"/> F.S.<br><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 PJ <input type="checkbox"/> AW<br><input type="checkbox"/> DVW <input type="checkbox"/> WRIT<br>CASE #:<br> |
| 7                                                                  | <input type="checkbox"/> F.S.<br><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 PJ <input type="checkbox"/> AW<br><input type="checkbox"/> DVW <input type="checkbox"/> WRIT<br>CASE #:<br> |
| 8                                                                  | <input type="checkbox"/> F.S.<br><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 PJ <input type="checkbox"/> AW<br><input type="checkbox"/> DVW <input type="checkbox"/> WRIT<br>CASE #:<br> |

FURTHER INCIDENT. THE DEF. WAS TRANSPORTED TO THE MIAMI BEACH POLICE DEPARTMENT BY OFFICER DIONNE. WHILE EN ROUTE TO THE STATION, DEF INQUIRED AS TO WHY HE'D BEEN ARRESTED. OFFICER DIONNE ADVISED HIM THAT HE BELIEVED HE WAS IMPAIRED. DEF ADVISED THAT HE WAS NOT DRUNK, AND THAT HE WAS COMING BACK FROM RECORDING MUSIC AT A STUDIO. ONCE AT THE MBPD HOLDING FACILITY, OFFICER DIONNE OBSERVED DEF TO HAVE A FLUSHED FACE, BLOODSHOT EYES, AND THE ODOR OF AN ALC. BEV. ON HIS BREATH. DEF WAS OFFERED SFSTs ON A FLAT, DRY, SMOOTH, AND WELL LIT SURFACE (SEE DUI TEST REPORT FOR RESULTS). DEF DID NOT PERFORM TO STANDARDS. DEF LATER AGREED TO A BREATH TEST AS WELL AS A DRUG EVALUATION. IT WAS ALSO LEARNED THAT THE DEF. HAS AN EXPIRED GEORGIA DRIVERS LICENSE (06/24/2013). CHARGE ADDED.

|                                                                        |                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOLD FOR OTHER AGENCY<br>Name                                          | 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 (Juvies nifty Juvenile Division) anytime that my address changes. |
| 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<br><b>Medina</b><br>NAME (Printed) | <b>036 (02)</b><br>COURT ID NUMBER/LOC CODE | THE UNDERSIGNED AUTHORITY THIS _____<br>DAY OF _____                                                 | Signature of Defendant / Juvenile and Parent or Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                        | <b>MIAMI BEACH</b><br>AGENCY NAME           | Deputy of the Court or Notary Public                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

COMPLAINT/ARREST AFFIDAVIT CONTINUATION -

COURT COPY