

COMPLAINT/ARREST AFFIDAVIT

OBTS NUMBER _____ **COMPLAINT/ARREST AFFIDAVIT** CASE NO. **14-005267**

SPECIAL OPERATION: FELONY MISD TRAFFIC JUV DV MOVES CIV INF WARRANT FUGITIVE WARRANT: In state Out of state
 JAIL NO. _____ PMHD Yes No Unknown COURT CASE NO. _____
 IDS NO. _____ AGENCY CODE **03** MUNICIPAL P.D. DEF. ID NO. _____ MDPD RECORDS AND ID NO. _____ STUDENT ID NO. _____
 GANG ACTIVITY RELATED ARREST FRAUD RELATED ARREST

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **FIGUEROA, ALEXANDER MILES** ALIAS and / or STREET NAME _____ SIGNAL: 100 150 200 300 400 500

DOB (MM/DD/YYYY) **07/08/1994** AGE **19** RACE **B** SEX **M** Hispanic Not Hispanic ETHNICITY: **AFR** HEIGHT **6'03** WEIGHT **225** HAIR COLOR **BLK** HAIR LENGTH **MED** HAIR STYLE **FUM** EYES **BRO** GLASSES Yes No FACIAL HAIR **FUZ** TEETH **NOR**
 SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) _____ PLACE OF BIRTH (City, State/Country) _____

LOCAL ADDRESS (Street, Apt. Number) **307 LAKEVIEW CT, STAFFORD, VA 22554** (City) _____ (State) _____ (Zip) _____ PHONE _____ CITIZENSHIP **US**

PERMANENT ADDRESS (Street, Apt. Number) **307 LAKEVIEW CT, STAFFORD, VA 22554** (City) _____ (State/Country) _____ (Zip) _____ PHONE _____ OCCUPATION **Um Student**

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

DRIVER'S LICENSE NUMBER / STATE **A67302986 / VA** SOCIAL SECURITY NO. _____ WEAPON SEIZED? Yes No Type _____ If Def. has Concealed Weapons Permit. PERMIT # W- _____ INDICATION OF: Y N UNK Alcohol Influence Drug Influence

ARREST DATE (MM/DD/YYYY) **07/08/2014** ARREST TIME (HHMM) **03:30** ARREST LOCATION (include name of business) **2801 SALZEDO STREET** GRID _____

CO-DEFENDANT NAME (Last, First, Middle) **1. BLUE, JAWAND** DOB (MM/DD/YYYY) **09/02/1993** IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR
 2. _____ DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR
 3. _____ DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

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

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
SEX ASSLT-SEX BATTERY VICT OVER 12 YOA SPECIAL CONDITIONS	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	794.011 (4)				N	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
UNAUTHORIZED POSSESSION BLANK / FORGED / STOLEN DL	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	322.212(1)(A)				N	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law:
 On the **5** day of **July**, **2014** at **03:21** (HHMM) at **5185 PONCE DE LEON BLVD 612, CORAL GABLES, FL** (Narrative, be specific)
 (Location, include name of business)

The Victim is 17 years of age.
 The Defendant and Co-defendant, without prior knowledge or consent of (victim), administered or had knowledge of someone else administering to (victim) a narcotic, anesthetic, or other intoxicating substance that mentally or physically incapacitated (victim).
 The Defendant and Co-defendant then committed an act upon victim in which the sexual organ of the (defendant`s) penetrated and had union with the anus, vagina, and mouth of the victim. The Victim was physically helpless to resist.
 On 07/08/2014, the defendant`s came into the Coral Gables Police Station and post Miranda, admitted to buying and administering several alcoholic beverages for the victim and bringing the victim back

HOLD FOR OTHER AGENCY _____ VERIFIED BY _____ HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing). I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.
 I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. SWORN TO AND SUBSCRIBED BEFORE ME **8th**
 OFFICER'S / COMPLAINANT'S SIGNATURE **BROWN, ROBERT L.** COURT ID NUMBER/LOC. CODE **6716 (03)** THE UNDERSIGNED AUTHORITY THIS **8th**
NAME (Printed) **CORAL GABLES PD** DAY OF **JULY** **2014**
AGENCY NAME Deputy of the Court of Notary Public **7063**
 Signature of Defendant / Juvenile and Parent or Guardian _____

COMPLAINT/ARREST AFFIDAVIT CONTINUATION COURT COPY

OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT CONTINUATION	CASE NO 14-005267
-------------	--	-----------------------------

JAIL NO.	COURT CASE NO.
----------	----------------

IDS NO.	AGENCY CODE 03	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO.
---------	--------------------------	----------------------------	-------------------------

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) FIGUEROA, ALEXANDER MILES	DOB (MM/DD/YYYY) 07/08/1994
--	---------------------------------------

ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
--	------------------	---

ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
--	------------------	---

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD				Coral Gables			<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

to defendant (1) room on the University of Miami campus. The defendants then admitted to performing sexual acts on the victim without her consent. The defendants were then placed under arrest, processed at Coral Gables Police Department and transported to TKG.

HOLD FOR OTHER AGENCY 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 (Juvéniles notify Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT		SWORN TO AND SUBSCRIBED BEFORE ME	
OFFICER'S / COMPLAINANT'S SIGNATURE BROWN, ROBERT L. <small>NAME (Printed)</small>	COURT ID NUMBER/LOC. CODE 6716 (03) <small>CORAL GABLES PD</small> <small>AGENCY NAME</small>	THE UNDERSIGNED AUTHORITY THIS DAY OF <u>July</u> <u>2014</u> <small>Deputy of the Court or Notary Public</small>	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
			Signature of Defendant / Juvenile and Parent or Guardian

SPECIAL OPERATION: FELONY MISD TRAFFIC JUV DV MOVES CIV INF
 WARRANT FUGITIVE WARRANT: In state Out of state
 JAIL NO. _____ PMHD Yes No Unknown COURT CASE NO. _____
 IDS NO. _____ AGENCY CODE **03** MUNICIPAL P.D. DEF. ID NO. _____ MDPD RECORDS AND ID NO. _____ STUDENT ID NO. _____
 GANG ACTIVITY RELATED ARREST FRAUD RELATED ARREST

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **BLUE, JAWAND** ALIAS and / or STREET NAME _____ SIGNAL: 100 150 200 300 400 500

DOB (MM/DD/YYYY) **09/02/1993** AGE **20** RACE **B** SEX **M** Hispanic Not Hispanic ETHNICITY: **AFR** HEIGHT **6'00** WEIGHT **230** HAIR COLOR **BLK** HAIR LENGTH **MED** HAIR STYLE **FUM** EYES **BRO** GLASSES Yes No FACIAL HAIR **FUZ** TEETH **NOR**

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) **SCAR L WRIST / 2 INCH SCAR** PLACE OF BIRTH (City, State/Country) **BROWARD, FL, United States Of America**

LOCAL ADDRESS (Street, Apt. Number) (City) (State) (Zip) PHONE CITIZENSHIP
544 LAWRENCE RD, DELRAY BEACH, FL 33445 (City) (State) (Zip) _____ (City) (State) (Zip) _____ **US**

PERMANENT ADDRESS (Street, Apt. Number) HOMELESS UNKNOWN (City) (State/Country) (Zip) PHONE OCCUPATION
544 LAWRENCE RD, DELRAY BEACH, FL 33445 (City) (State/Country) (Zip) _____ (City) (State/Country) (Zip) _____ **Um Student**

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

DRIVER'S LICENSE NUMBER / STATE **B400420933220 / FL** SOCIAL SECURITY NO. _____ WEAPON SEIZED? Type Yes No If Def. has Concealed Weapons Permit. PERMIT # W- _____ INDICATION OF: Alcohol Influence Yes No Drug Influence Yes No

ARREST DATE (MM/DD/YYYY) **07/08/2014** ARREST TIME (HHMM) **05:34** ARREST LOCATION (include name of business) **2801 SALZEDO STREET** GRID _____

CO-DEFENDANT NAME (Last, First, Middle) **1. FIGUEROA, ALEXANDER MILES** DOB (MM/DD/YYYY) **07/08/1994** IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

CO-DEFENDANT NAME (Last, First, Middle) **2.** DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

CO-DEFENDANT NAME (Last, First, Middle) **3.** DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

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

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
SEX ASSLT-SEX BATTERY VICT OVR 12 YOA SPECIAL CONDITIONS	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	794.011.4				N	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law:
 On the **5** day of **July**, **2014**, at **03:21** (HHMM) at **5185 PONCE DE LEON BLVD 612, CORAL GABLES, FL** (Location, include name of business) (Narrative, be specific)

The Victim is 17 years of age.

The Defendant and Co-defendant, without prior knowledge or consent of (victim), administered or had knowledge of someone else administering to (victim) a narcotic, anesthetic, or other intoxicating substance that mentally or physically incapacitated (victim).

The Defendant and Co-defendant then committed an act upon victim in which the sexual organ of the (defendant`s) penetrated and had union with the anus, vagina, and mouth of the victim. The Victim was physically helpless to resist.

On 07/08/2014, the defendant`s came into the Coral Gables Police Station and post Miranda, admitted to buying and administering several alcoholic beverages for the victim and bringing the victim back

HOLD FOR OTHER AGENCY VERIFIED BY HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing) I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvéniles notify Juvenile Division) anytime that my address changes.

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. SWORN TO AND SUBSCRIBED BEFORE ME. You need not appear in court, but must comply with the instructions on the reverse side hereof.

OFFICER'S / COMPLAINANT'S SIGNATURE **BROWN, ROBERT L.** COURT ID NUMBER/LOC CODE **6716 (03)** THE UNDERSIGNED AUTHORITY THIS **8th** DAY OF **July** **2014**
 NAME (Printed) **BROWN, ROBERT L.** AGENCY NAME **CORAL GABLES PD** Deputy of the Court of Notary Public **7063** Signature of Defendant / Juvenile and Parent or Guardian _____

COMPLAINT/ARREST AFFIDAVIT CONTINUATION COURT COPY

BOOKS NUMBER COMPLAINT/ARREST AFFIDAVIT CONTINUATION CASE NO. 14-005267

AIR NO. COURT CASE NO.

OS NO. AGENCY CODE 03 MUNICIPAL P.D. DEF. ID NO. MDPD RECORDS AND ID NO.

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) BLUE, JAWAND DOB (MM/DD/YYYY) 09/02/1993

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

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

Table with columns: CHARGE AS, COUNTS, FL STATUTE NUMBER, VIOL. OF SECT, CODE OF, UCR, DV, WARRANT TYPE OR TRAFFIC CITATION. Includes options for F.S., ORD, AC, CAPIAS, BW, FW, PW, JUV PU, AW, DW, WRIT.

to defendant (1) room on the University of Miami campus. The defendants then admitted to performing sexual acts on the victim without her consent. The defendants were then placed under arrest, processed at Coral Gables Police Department and transported to TKG.

Signature and verification section. Includes fields for Name, Court ID Number/Loc Code (6716 (03)), Agency Name (CORAL GABLES PD), and Officer's Signature (BROWN, ROBERT L.).