

CITY OF MIAMI POLICE DEPARTMENT - INCIDENT REPORT

Incident Summary:

Incident Number: 160207-038546		ORI Number: FL0130600		Report Type: ORIGINAL INCIDENT	
Incident Type: 32					
Incident/Offense Location: [REDACTED]				Building No:	County: MIAMI - DADE
Location Type: APARTMENT / CONDO				Channel/Area: 7	Beat: P761
Incident Occurred Date (Start): 02072016	Time: 2120	Incident Occurred Date (End): 02072016	Time: 2120	Report Taken: 02072016	Time: 2230
Domestic: NO	Bias Motivation:	Gang Related:	Substance:	Senior Involved:	
Contact Nature: DISPATCHED				Date Originally Reported: 02072016	Time: 2330
Offense Description: BATTERY TOUCH OR STRIKE			Statute Number: 784.03 (1a1)	Classification: MISDEMEANOR / FIRST DEGREE	
Reporting Officer: 42449 QUINTANA MICHAEL			Supervisor Approving: 04952 MUINA, RAFAEL		
Assisting Officer:	Unit No:	Assisting Officer:	Unit No:	Assisting Officer:	Unit No:
Investigating Officer:	Unit No:	CIS Person Contacted:			Unit No:

Victim / Person Reporting Summary:

Person No: V1	MNI:	Event Association:	Victim Type:	Can ID Suspect:	Contact Date: 02072016	Time:
Name: [REDACTED]		Alias:			Prefix:	
Social Security No:	Date of Birth:	Age (Range):	Infant Type:	Sex:	Race:	Ethnicity:
Height (Range): 5 - 07	Weight (Range): 150	Eye Color: BLK	Hair Color: BLK	Victim/Suspect Relationship: OTHER		Susp Person No: S1
Address 1: [REDACTED]				Building No:	County: MIAMI - DADE	
Phone Type: MOBILE	Phone Number: [REDACTED]	Ext:	Phone Type:	Phone Number:	Ext:	
Bus Person Association:						
DL State: FL	DL Number:	Exp Date:	Occupation: VALET ATTENDANT	Employer / School Name:		
Address 2:				Building No:	County: MIAMI - DADE	
Gang Name:		Means of Attack:		Agg Assault/Homicide:		
<input type="checkbox"/> Death <input type="checkbox"/> Injury	Nature/Cause:					
EMS Notified Date:	EMS Notified Time:	EMS Arrived Date:	EMS Arrived Time:	EMS Attendants Number:		
Transported To:	Transported By:	Medical Attendant Type:		Medical Attendant Name:		
Death Pronounced Date:	Death Pronounced Time:	<input type="checkbox"/> Coroner notified <input type="checkbox"/> Next of kin notified		Notified By:		
Injuries:						
Medical Condition:						
Medications:						
<input type="checkbox"/> Medical clearance required	Medical Clearance By:					

Business Information:

Connected to Incident as:					
Business Name:				Business Type:	
Address:				Building No:	County: MIAMI - DADE
Business Phone:	Victim Type:	Bus Offense (1):	Bus Offense (2):		

CAD Information:

Caller Name: [REDACTED]			Caller Location: TOWER 1-15TH FLR		
[REDACTED]				Building No:	County: MIAMI - DADE
Phone Type:	Phone Number: [REDACTED]	Ext:	Phone Type:	Phone Number:	Ext:
Date Dispatched:	Time: 2131	Date Arrived:	Time:	Geo Code:	Local Geo Code:

CITY OF MIAMI POLICE DEPARTMENT - PERSONS SUMMARY

Incident Number: 160207-038546				Incident Type: 32							
Person No: S1		MNI:		Event Association: ARRESTEE		Victim Type: INDIVIDUAL		Can ID Suspect:	Contact Date:	Time:	
Name: YOUNG, DELMON DEMARCUS						Alias:		Prefix:			
Social Security No:		Date of Birth: 09141985		Age (Range): 30	Infant Type:	Sex: Male	Race: Black	Ethnicity: N	Juvenile:		
Height (Range): 6 - 02	Weight (Range): 250	Eye Color: BLK	Hair Color: BLK		Victim/Suspect Relationship: OTHER			Susp. Person No: S1			
Address 1: [REDACTED]							Building No:	County: MIAMI - DADE			
Phone Type: MOBILE		Phone Number: [REDACTED]		Ext:		Phone Type:		Phone Number:		Ext:	
Business Name:								Bus. Person Association:			
DL State: FL	DI Number:		Exp. Date:		Occupation: UNEMPLOYED		Employer / School Name:				
Address 2:							Building No:	County: MIAMI - DADE			
SMTI Code:				SMTI Description:							
SMTI Code:				SMTI Description:							
Hair Length	Hair Style	Facial Hair	Complexion	Teeth	App/Demeanor	Speech	R/L Handed				
<input type="checkbox"/> Long	<input checked="" type="checkbox"/> Afro/Natural	<input type="checkbox"/> Clean shaven	<input type="checkbox"/> Light	<input type="checkbox"/> Broken	<input type="checkbox"/> Dirty	<input type="checkbox"/> Accent	<input type="checkbox"/> Right				
<input type="checkbox"/> Medium	<input type="checkbox"/> Braided	<input type="checkbox"/> Full Beard	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Buck Teeth	<input type="checkbox"/> Flashy	<input type="checkbox"/> Rapid	<input type="checkbox"/> Left				
<input checked="" type="checkbox"/> Short	<input type="checkbox"/> Bushy	<input type="checkbox"/> Fu Manchu	<input type="checkbox"/> Dark	<input type="checkbox"/> Decayed	<input type="checkbox"/> Neat	<input type="checkbox"/> Slow	<input type="checkbox"/> Unknown				
<input type="checkbox"/> Receding	<input type="checkbox"/> Dirty/Greasy	<input type="checkbox"/> Fuzz	<input type="checkbox"/> Ruddy	<input type="checkbox"/> Dirty	<input type="checkbox"/> Angry	<input type="checkbox"/> Loud					
<input type="checkbox"/> Balding	<input type="checkbox"/> Dreadlocks	<input checked="" type="checkbox"/> Goatee	<input type="checkbox"/> Tanned	<input type="checkbox"/> Gold	<input type="checkbox"/> Calm	<input type="checkbox"/> Soft					
<input type="checkbox"/> Bald	<input type="checkbox"/> Processed	<input type="checkbox"/> Lower lip	<input type="checkbox"/> Mulatto	<input type="checkbox"/> Gold lined	<input type="checkbox"/> Cocky	<input type="checkbox"/> Lips					
	<input type="checkbox"/> Styled	<input type="checkbox"/> Mustache	<input type="checkbox"/> Albino	<input type="checkbox"/> Gold design	<input type="checkbox"/> Drunk	<input type="checkbox"/> Nasal					
	<input type="checkbox"/> Uncombed	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Acne	<input type="checkbox"/> Missing	<input type="checkbox"/> Nervous	<input type="checkbox"/> Raspy					
	<input type="checkbox"/> Wavy/Curly	<input type="checkbox"/> Unshaven	<input type="checkbox"/> Freckled	<input type="checkbox"/> Very white	<input type="checkbox"/> Violent	<input type="checkbox"/> Stutter					
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other					
Build											
<input type="checkbox"/> Light											
<input checked="" type="checkbox"/> Medium											
<input type="checkbox"/> Heavy											
Clothing Description:											
Gang Name:			Means of Attack:			Agg Assault/Homicide:					

<input type="checkbox"/> Death	<input type="checkbox"/> Injury	Nature/Cause:									
EMS Notified Date:		EMS Notified Time:		EMS Arrived Date:		EMS Arrived Time:		EMS Attendants Number:			
Transported To:			Transported By:			Medical Attendant Type:		Medical Attendant Name:			
Death Pronounced Date:			Death Pronounced Time:			<input type="checkbox"/> Coroner notified		<input type="checkbox"/> Next of kin notified		Notified By:	
Injuries:											
Medical Condition:											
Medications:											
<input type="checkbox"/> Medical clearance required		Medical Clearance By:									
LEOKA Injury Type:			LEOKA Officer Activity:			LEOKA Assign Type:		LEOKA Type Weapon:			
Wearing Body Armor:			Body Armor Prevent Injury:			Offender Used Officer Weapon:		Officer Aware Offender had Weapon:			
Offender Fired Weapon:			Offender Distance From Officer:			Officer Fired Weapon:		Years of Experience:			

Missing Person

Last Seen By:				Last Seen With:			
Last Seen Location:				Last Seen Date:		Time:	
Probable Destination:				Disappearance Type:			
<input type="checkbox"/> Missing before	<input type="checkbox"/> Fingerprints available	<input type="checkbox"/> Footprints available	<input type="checkbox"/> X-rays available		<input type="checkbox"/> Dental available	<input type="checkbox"/> Photo available	
Medical Info Location:				Corrected Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Circumcised: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

CITY OF MIAMI POLICE DEPARTMENT - NARRATIVE SUPPLEMENT

Incident Number: 160207-038546	Incident Type: 32
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Narrative Report:

Date: 02072016	Time: 2230	Narrative Report Type: ORIGINAL INCIDENT	Incident/Offense Location: 485 BRICKELL AV FL
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Reporting Officer/ID: 42449 QUINTANA MICHAEL	Supervisor Approving: 04952 MUINA, RAFAEL
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Narrative:

SEE A-FROM



1100092594

OBTs NUMBER 1307307054	COMPLAINT/ARREST AFFIDAVIT	POLICE CASE NO. 160207038546
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SPECIAL OPERATION: <input type="checkbox"/> FELONY <input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC	<input type="checkbox"/> JUV FUGITIVE WARRANT:	<input type="checkbox"/> DV <input type="checkbox"/> In State	<input type="checkbox"/> MOVES <input type="checkbox"/> Out State	<input type="checkbox"/> CIV INF	JAIL NO. 160125461	PMHD UNK	COURT CASE NO. M16003482
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IDS NO. 3042334	AGENCY CODE 001	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO. 1159355	STUDENT ID NO.	GANG RELATED NO	FRAUD RELATED NO
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) YOUNG, DELMON DEMARCUS	ALIAS and / or STREET NAME	SIGNAL:
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DOB (MM/DD/YYYY) 09/14/1985	AGE 30	RACE B	SEX M	HISPANIC: NO ETHNICITY: AFR	HEIGHT 6'02	WEIGHT 250	HAIR COLOR BLK	HAIR LENGTH SHT	HAIR STYLE FAD	EYES BLK	GLASSES NO	FACIAL HAIR GOT	TEETH NOR
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SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) TATTOO: RIGHT ARM, FLAME	PLACE OF BIRTH (City, State/Country) MONTGOMERY AL US
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LOCAL ADDRESS	PHONE	CITIZENSHIP US
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PERMANENT ADDRESS (Street, Apt. Number) [REDACTED]	(City) MIAMI	(State) FL	(Zip) 33131	PHONE [REDACTED]	OCCUPATION UNEMPLOYED
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SCHOOL OR BUSINESS ADDRESS (Street, Apt. Number)	(City)	(State)	(Zip)	PHONE	ADDRESS SOURCE DL
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DRIVER'S LICENSE NUMBER/STATE	SOCIAL SECURITY NO.	WEAPON SEIZED YES: HANDS/FIST/FEET	Defendant/CONCEALED WEAPON PERMIT NONE	INDICATION OF: Alcohol Influence: Y Drug Influence: U
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ARREST DATE 02/07/2016	ARREST TIME 22:15	ARREST LOCATION [REDACTED]	GRID 1369
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CO-DEFENDANT NAME	DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE	<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR
CO-DEFENDANT NAME	DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE	<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR
CO-DEFENDANT NAME	DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE	<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR

JUV only	Relation	Name	Street	Zip	Phone	Contacted?
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CHARGES	CHARGE AS:	CNTS	FL STATUTE NUMBER	VIOL OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. M/1-BATTERY	F.S.	1	784.03				N	
2.								
3.								
4.								

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
On the 07 day of FEBRUARY, 2016, at 21:20 at (VICEROY CONDOMINIUM) 485 BRICKELL AVE. MIAMI, FL, 33131

MR. DE LA VEGA (VICTIM) IS A VALET ATTENDANT AT INCIDENT LOCATION (VICEROY HOTEL). THE DEFENDANT IS A RESIDENT IN THE REAR TOWER OF INCIDENT LOCATION.

AT APPROXIMATELY 2150 HRS. THIS DATE I RESPONDED TO INCIDENT LOCATION IN REFERENCE TO A BATTERY. UPON MY ARRIVAL, I MET WITH MR. DE LA VEGA (VICTIM) WHO STATED THAT AT APPROXIMATELY 2120 HRS. THIS DATE, THE DEFENDANT GRABBED HIM BY THE NECK. MR. DE LA VEGA STATED THAT THE DEFENDANT HAD APPROACHED HIM AND TOLD HIM TO OPEN THE ACCESS DOOR TO THE ELEVATOR OF CLUB 50. MR. DE LA VEGA ADVISED THE DEFENDANT THAT THE ELEVATOR WAS... [Continued on Next Page]

HOLD FOR OTHER AGENCY VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	<input type="checkbox"/> I Understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.	
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I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. <i>M Quintana</i> 42449	SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 08 DAY OF FEBRUARY, 2016 <i>R Muina</i>	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
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COMPLAINT/ARREST AFFIDAVIT - COURT COPY



1100092594

OBTS NUMBER 1307307054	COMPLAINT/ARREST AFFIDAVIT CONTINUATION	POLICE CASE NO. 160207038546
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JAIL NO. 160125461	COURT CASE NO. M16003482
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SPECIAL OPERATION:	<input type="checkbox"/> FELONY <input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC	<input type="checkbox"/> JUV <input type="checkbox"/> DV	<input type="checkbox"/> MOVES <input type="checkbox"/> In State	<input type="checkbox"/> CIV INF <input type="checkbox"/> Out State	JAIL NO. 160125461	PMHD UNK	COURT CASE NO. M16003482
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) YOUNG, DELMON DEMARCUS	DOB (MM/DD/YYYY) 09/14/1985
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CO-DEFENDANT NAME	DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE	<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR
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CO-DEFENDANT NAME	DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE	<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR
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CHARGES	CHARGE AS:	CNTS	FL STATUTE NUMBER	VIOL OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.								
6.								
7.								
8.								

CLOSED SINCE THE CLUB WAS CLOSED. THE DEFENDANT BECAME IRATE AND TOLD HIM, "STUPID CUBAN. OPEN THE FUCKING DOOR. I'M HERE. NOW WHAT?" MR. DE LA VEGA REPEATED THAT THE DOOR CAN NOT BE OPENED. THE DEFENDANT THEN WALKED AWAY AND RETURNED MOMENTS LATER. HE CONFRONTED MR. DE LA VEGA AGAIN AND TOLD HIM TO OPEN THE DOOR AGAIN. MR. DE LA VEGA AGAIN TOLD HIM HE COULD NOT OPEN THE DOOR AND THE DEFENDANT RESPONDED, "I'M GONNA FUCKING KILL YOU YOU LATIN PIECE OF SHIT." THE DEFENDANT THEN REACHED OVER THE VALET PODIUM WHERE MR. DE LA VEGA WAS STANDING AND GRABBED HIM AROUND HIS NECK WITH BOTH HANDS. MR. DE LA VEGA STATED THAT HE CONTINUED TO STRANGLE HIM FOR APPROXIMATELY 5 TO 6 SECONDS BEFORE MR. DE LA VEGA WAS ABLE TO PEEL THE DEFENDANT'S FINGERS FROM HIS NECK. THE DEFENDANT THEN FLED THE AREA TOWARDS THE REAR TOWER WHERE HE RESIDES. HOTEL SECURITY STAFF WAS ABLE TO PROVIDE THE CONDOMINIUM WHICH THE DEFENDANT RESIDES. OFC. ABBOD (0156) AND I RESPONDED TO THE DEFENDANT'S CONDOMINIUM. I KNOCKED ON THE DOOR AND THE DEFENDANT RESPONDED NAKED FROM HIS WAIST DOWN. I ASKED THE DEFENDANT TO CLOTHE HIMSELF AND PROVIDE IDENTIFICATION. THE DEFENDANT WAS UNSTEADY ON HIS FEET AND SPOKE WITH SLURRED SPEECH. POST MIRANDA PER CARD THE DEFENDANT STATED THAT HE DID NOT KNOW ANYTHING OF THE INCIDENT. THE DEFENDANT IS KNOWN TO HOTEL SECURITY AND WAS IDENTIFIED BY MR. DE LA VEGA ON SCENE AS THE SUBJECT WHO CHOKED HIM. WHILE ON SCENE THE DEFENDANT WAS BELLIGERENT. HE STATED TO ME, "I'LL SLAP YOU IN THE FACE WITH MONEY YOU FUCKING CUBAN." THE DEFENDANT WAS PLACED UNDER ARREST AND TRANSPORTED TO TKG VIA MIAMI PD PROCESSING.

THE INCIDENT WAS CAPTURED ON SECURITY SURVEILLANCE CAMERAS THAT RECORDS THE VALET AREA.

CRIME SCENE WAS REQUESTED TO PHOTOGRAPH THE SCENE.

HOLD FOR OTHER AGENCY VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	<input type="checkbox"/> I Understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvenciles notify Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. 42449 QUINTANA, M: Court ID: 001-42449	SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 08 DAY OF FEBRUARY, 2016 MUIA, R: Court ID: 001-04952	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.

COMPLAINT/ARREST AFFIDAVIT CONT.