

OBS NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO. 2009-09174	
SPECIAL OPERATION		<input type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state		JAIL NO.		PAID <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown COURT CARE NO.	
IDS NO.		AGENCY CODE MUNICIPAL P.D. DEF. ID. NO.		MORIS RECORDS AND ID NO. HR-09-2827		STUDENT ID NO.	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) STRICKLAND, HAROLD LEE						ALIAS AND / OR STREET NAME	
DOB (MM/DD/YYYY) 09/26/1964		AGE 44		RACE W M		SEX M	
<input type="checkbox"/> Non-Hispanic <input checked="" type="checkbox"/> Hispanic ETHNICITY: ANG		HEIGHT 59		WEIGHT 150		HAIR COLOR BLK	
HAIR LENGTH SHT NAW		HAIR STYLE BPO		EYES BRN		CLASSES <input type="checkbox"/> Yes <input type="checkbox"/> No FACIAL HAIR <input type="checkbox"/> Yes <input type="checkbox"/> No TECTH <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) DEVIL ON BUTTUCKS - (CHINESE SYMBOL) ON CAIF						PLACE OF BIRTH (City, State/Country) DENVER, CO	
LOCAL ADDRESS (Street, Apt. Number) 935 WESTBOURNE DR. WEST HOLLYWOOD, CA 90069						PHONE	
PERMANENT ADDRESS (Street, Apt. Number)						PHONE	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip)						PHONE	
DRIVER'S LICENSE NUMBER / STATE				SOCIAL SECURITY NO.		WEAPON SEIZED? Type	
ARREST DATE (MM/DD/YYYY) 03/13/2009				ARREST TIME (HH:MM) 0140		ARREST LOCATION (Includes name of business) 1435 MICHIGAN AVE. MIA. BCH, FL PLANNING PARK	
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		<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	
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		<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	
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		<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	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care (Name) (Street, Apt. Number) (City) (State/Country) (Zip) (Phone)		<input type="checkbox"/> Yes <input type="checkbox"/> No Contacted?					
CHARGES CHARGE AS: COUNTS FL STATUTE NUMBER VIOL. OF SECT CODE OF DCR DV WARRANT TYPE OR TRAFFIC CITATION							
1. LOITERING AND PAWING		M.V.S. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD <input type="checkbox"/>		1 856.021		28	
2.		M.V.S. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD <input type="checkbox"/>					
3.		M.V.S. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD <input type="checkbox"/>					
4.		M.V.S. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD <input type="checkbox"/>					
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 13 day of MAR 20 09 at 0130 (HH:MM) at 1435 MICHIGAN AVE, MIA. BCH, FL (PLANNING PARK) (NATIVE, to be spelled)							
WHILE ASSIGNED TO A U/C DETAIL CAPACITY AT ABOVE LOCATION, MYSELF AND OFC HAZZI # 887 OBSERVED THE DEF. WALKING NORTH-BOUND IN THE 1400 BLK OF MICHIGAN AVE. FURTHER OBSERVATION REVEALED THE DEF. WALKING UP TO PARKED VEHICLES (APPROX. 6) AND ATTEMPTING TO OPEN THE DOORS. UPON APPROACHING THE DEF AND IDENTIFYING OURSELVES AS POLICE OFFICERS FROM MDPD WITH BADGE, RADIO AND MDPD I.D DEF. ATTEMPTED TO							
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 voluntarily 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 (Juvenile notifi Juvenile Division) anytime that my address changes.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS 13 DAY OF MAR 09		<input type="checkbox"/> You must not appear in court, but must comply with the instructions on the reverse side hereof.		SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR GUARDIAN	
OFFICER'S / COMPLAINANT'S SIGNATURE R FORTE		COURT ID NUMBER/LOC. CODE 888-(02) MBPD		NAME (PRINTED) AGENCY NAME		Deputy of the Court-Clerkary Public	

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

EXHIBIT

38 2/21/9

PHENAD 300-651-6389

OBS NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION				POLICE CASE NO. 2009-09174	
JAIL NO.		COURT CASE NO.					
IDS NO.		AGENCY CODE 02	MUNICIPAL P.D. DEF. ID NO.	MBPD RECORDS AND ID NO.			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) STRICKLAND, HAROLD, LEE						DOB (MM/DD/YYYY) 09/26/1964	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)						DOB (MM/DD/YYYY)	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)						DOB (MM/DD/YYYY)	
ADDITIONAL CHARGES		CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR
5.		<input type="checkbox"/> F.A. <input type="checkbox"/> ORD					
6.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
7.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

~~GENERAL~~ (DEHIND)
 HIMSELF A SILVER TOYOTA TARDOMA WHICH WAS PARKED ON THE PARKING LOT OF ABOVE LOCATION. UPON MAKING CONTACT WITH DEF. I READ HIM MIRANDA RIGHTS PER CARD. DEF. POS. MIRANDA ADVISED HE WAS VISITING A FRIEND IN THE AREA BUT WAS UNABLE TO PROVIDE A NAME OR ADDRESS. DUE TO DEF. CONFLICTING STORIES HE COULD NOT DISPER OFFICER'S ALARM AND FOR THE SAFETY OF PROPERTY AND PERSONS IN THE AREA. DEF. ARRESTED AND TRANSPORTED TO MBPD FOR PROCESSING.

HOLD FOR OTHER AGENCY	VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer, Trial, Appraiser or Bond Hearing)	<input type="checkbox"/> I understand that should I willingly 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.
NAME:			<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME.	
OFFICER'S / COMPLAINTANT'S SIGNATURE	COURT ID NUMBER/LOC. CODE	THE UNDERSIGNED AUTHORITY THIS	
<i>[Signature]</i>	888 (02)	13	
NAME (Printed)	AGENCY NAME	DAY OF	
<i>[Signature]</i>	MBPD	09	
		Deputy of the Court or Notary Public	Signature of Defendant / Juvenile and Parent or Guardian