

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

OBTS NUMBER: \_\_\_\_\_ COMPLAINT/ARREST AFFIDAVIT POLICE CASE NO. **PD100325127706**

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

IDS NO. \_\_\_\_\_ AGENCY CODE **30** MUNICIPAL P.D. DEF. ID NO. \_\_\_\_\_ MIDPD RECORDS AND ID NO. \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_ GANG ACTIVITY RELATED ARREST  FRAUD RELATED ARREST

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **WYCHE, QUENTIN RASHAD** ALIAS and / or STREET NAME \_\_\_\_\_ SIGNAL:  100  150  200  300  400  500

DOB (MM/DD/YYYY) **12/06/1987** AGE **23** RACE **B** SEX **M**  Hispanic  Not Hispanic ETHNICITY: \_\_\_\_\_ HEIGHT **6'0** WEIGHT **195** HAIR COLOR **BLK** HAIR LENGTH **LONG** HAIR STYLE **DRE** EYES **BRN** GLASSES  Yes  No FACIAL HAIR **YES** TEETH **NORM**

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) \_\_\_\_\_ PLACE OF BIRTH (City, State/Country) **FLORIDA**

LOCAL ADDRESS (Street, Apt. Number) (City) (State) (Zip) **2349 NW 14th St. Ft. Lauderdale 33311** PHONE ( ) ( ) CITIZENSHIP **US**

PERMANENT ADDRESS (Street, Apt. Number) (City) (State/Country) (Zip) **SAME** PHONE ( ) ( ) OCCUPATION **STUDENT**

BUSINESS OR  SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip) **N/A** PHONE ( ) ( ) ADDRESS SOURCE  Self  Verbal  \_\_\_\_\_

DRIVER'S LICENSE NUMBER / STATE **W200-716-87-446-0** SOCIAL SECURITY NO. \_\_\_\_\_ WEAPON SEIZED? Type  Yes  No If Def. has Concealed Weapons Permit PERMIT # W- **N/A** INDICATION OF: Alcohol influence  Y  N  UNK Drug influence:

ARREST DATE (MM/DD/YYYY) **03-26-2010** ARREST TIME (HHMM) **7:45AM** ARREST LOCATION (include name of business) **9805 NW 25th St.** GRID \_\_\_\_\_

CO-DEFENDANT NAME (Last, First, Middle) **1. N/A** DOB (MM/DD/YYYY) \_\_\_\_\_  IN CUSTODY  FELONY  JUVENILE  AT LARGE  DV  MISDEMEANOR

CO-DEFENDANT NAME (Last, First, Middle) **2. /A** 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
1. <b>A/W MURDER 2ND DEGREE WITH A DEADLY WEAPON</b>	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD		<b>NO BOND</b>					<input checked="" 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"/> DW <input type="checkbox"/> WRIT CASE #: <b>T10-57AD</b>
2. <b>03/26/2010</b>	<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"/> DW <input type="checkbox"/> WRIT CASE #:
3.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:
4.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:  
 On the **26** day of **MARCH**, 20 **10** at **7:45** (HHMM) at **9805 NW 25th St (MIDPD HQ OTRS)** (Location, include name of business) (Narrative, be specific)

**RECORDS CHECK OF A REVEALED ABOVE LISTED WARRANT**

**NO BOND**

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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 (Juv/Juveniles notify Juvenile Division) anytime that my address changes.  You need not appear in court, but must comply with the instructions on the reverse side hereof.

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. SWORN TO AND SUBSCRIBED BEFORE ME. **26**  
 OFFICER'S / COMPLAINT'S SIGNATURE **2158(47)** THE UNDERSIGNED AUTHORITY THIS **26**  
**DET. R. HONALEY** COURT ID NUMBER/LOC. CODE **MDPD** DAY OF **MARCH 2010**  
 NAME (Printed) AGENCY NAME **MDPD** Deputy of the Court or Notary Public **SGT. J. HONALEY 4567**  
 Signature of Defendant / Juvenile and Parent or Guardian \_\_\_\_\_