

OFFENSE-INCIDENT REPORT

MIAMI-DADE POLICE DEPARTMENT

Agency Report Number **PD080824408108**

1. Original 2. Supplement 3. Other

Date of Supplement		Date Reported		Time (mi)		Time Dispatched (mi)		Time Arrived (mi)		Time Completed (mi)	
SUN 08/24/08		08/24/08		2139		2130		2143		2230	
OFF/INC #1		Type 9		Description		A Attempted		C Committed		Statute Violation Number	
#1		9		VERBAL DISPUTE		/		7		7	
OFF/INC #2											
Incident Location (Street, Apt. Number)		City		Zip		District		Grid		Area	
[REDACTED]		MIAMI		33176		K 1		9 2		5 0 2	
Business Name/Area Identifier		Forced Entry		Occupancy							
RESIDENCE		0. N/A 1. Yes		0. N/A 1. Occupied		2. No 2. Unoccupied		3. Abandoned		0	
Location Type 01. Residence-Single 05. Gas Station 11. Specialty Store 16. Storage 21. Airport 26 Highway/Roadway 30. Other Mobile 02. Apartment/Condo 07. Liquor Sales 12. Drug Store/Hospital 17. Govt/Public Bldg. 22. Bus/Rail Terminal 27. Park/Woodlands/Field 03. Residence-Other 08. Bar/Nightclub 13. Bank/Financial Inst. 18. School/University 23. Construction Site 28. Lake/Waterway 04. Hotel/Motel 09. Supermarket 14. Commercial/Office Bldg. 19. Jail/Prison 24. Other Structure 29. Motor Vehicle 05. Convenience Store 10. Dept/Discoutn Store 15. Industrial/Mfg. 20. Religious Bldg. 25. Parking Lot/Garage											
# OFF/INC. # Victims # Offenders # Perm. Est. # Veh. Stolen Type Weapon 02. Rifle 05. Knife/Cutting 07. Hands/Fist/Foot 10. Fire/Incendary 13. Drugs 00. N/A 03. Shotgun Instrument 08. Poison 11. Threat/Intimidation 09. Unknown 01. Handgun 04. Firearm 06. Blunt Object 09. Explosives 12. Simulated Weapon 09. Other											
V/W Code V-Victim P-Proprietor Z-Other C-Reporting Person Victim Type 0. N/A 1. Juvenile 2. L. E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other Race N-W/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown Sex N-N/A M-Male F-Female U-Unknown Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal											
Injury Type 03. Laceration 07. Loss of Teeth 08. Burns 09. Abrasions/Bruiess 99. Other 00. N/A 04. Unconscious 01. Gunshot 05. Poss. Broken Bones 06. Poss. Internal Injury Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family Friend 13. Student 14. Youcher 15. Child of Boy/Girl 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known											
OFF/INC Indicator 1. #1 2. Both 3. #2 V/W Code # V. Type Name (Last, First, Middle or Business) Residence Phone 1 Z 1 3 SIMPSON, ARNEALLE [REDACTED]											
Address (Street, Apt. Number) City State Zip Business Phone [REDACTED] MIAMI FL 33176 [REDACTED]											
Other Contact Info. (If Available, Interpreter, etc.) Synopsis of Involvement CELL INVOLVED IN ARGUMENT											
V. W. or P. Race Sex Date of Birth or Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will victim prefer charges? V, W, or P B F 1 2 0 4 1 9 6 8 0 2 01 00 00 99 Yes No											
OFF/INC Indicator 1. #1 2. Both 3. #2 V/W Code # V. Type Name (Last, First, Middle or Business) Residence Phone 1 Z 2 3 PROWDY, KRISTIE [REDACTED]											
Address (Street, Apt. Number) City State Zip Business Phone [REDACTED] MIAMI FL 33176 [REDACTED]											
Other Contact Info. (If Available, Interpreter, etc.) Synopsis of Involvement INVOLVED IN ARGUMENT											
V. W. or P. Race Sex Date of Birth or Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will victim prefer charges? V, W, or P W F 3 2 0 2 01 00 00 99 Yes No											
OFF/INC Indicator 1. #1 2. Both 3. #2 Suspect Code S-Suspect E-Escapee A-Arrestee Z-Other Name (Last, First, Middle) Place of Birth Residence Phone [REDACTED] [REDACTED] [REDACTED]											
Last Known Address (Street, Apt. Number) City State Zip Business Phone [REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Occupation Employer/Status Address Social Security Number [REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Driver's License (State/Number) Immigration and Naturalization Number Other I.D. Number OBTS Number (Arrested) PCIC/DCIC [REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Clothing (Describe) Scarf/Blouse/Tie/Dress (Location/Describe) Hair Style [REDACTED] [REDACTED] [REDACTED]											
Race Sex Date of Birth or Age Height Weight Eye Color Hair Color Hair Length [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Complexion Build Facial Hair Teeth Eyes/Hair Special Markings [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]											
DISPATCHED TO LISTED LOCATION IN EMERGENCY MODE REFERENCE TO Z1 CALLING 911 AND THEN HANGING UP THE PHONE. UPON ARRIVAL MADE CONTACT WITH BOTH PARTIES WHO ADVISED THEY WERE IN A VERBAL ARGUMENT. Z1 ADVISED SHE WAS LEAVING IN ORDER TO LET THINGS CALM DOWN. Z1 LEFT THE RESIDENCE WITH NO FURTHER INCIDENTS.											
C/C ISSUED											
Person/Unit Notified Title Related Report Number(s) [REDACTED] [REDACTED] [REDACTED]											
Offense(s) Reporting I.D. Number Routed To Referred To Assigned To Agency Code B.SORRELL 5603 K-3201 30											
Clearance Type 1. Arrest 2. Unfounded 3. Exceptional 4. Open Panel A-Adult J-Juvenile Date Cleared Jif Number Number Arrested [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Exception Type 1. Exclusion 2. Arrest on Primary Offense 3. Death of Offender 4. VAN Refused to Cooperate 5. Prosecution Declined 6. Available to Custody [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]											