

OFFENSE-INCIDENT REPORT

MIAMI-DADE POLICE DEPARTMENT

Agency Report Number **PD080824408108**

Date of Supplement		Original Day Reported		Date		Time (mi)		Time Dispatched (mi)		Time Arrived (mi)		Time Completed (mi)	
		SUN		08/24/08		2139		2130		2143		2230	
Offense Type		Offense Description		Incident Day		Date		Time (mi)		Day		Date	
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		SUN		08/24/08		2130					
OFF/INC #1		9		A Attempted C Committed		7		7				NCIC/UCR Code	
OFF/INC #2													
Incident Location (Street, Apt. Number)		City		Zip		District		Grid		Area		Zone	
RESIDENCE		MIAMI		33176		K 1		9 2		5 0		2	
Business Name/Area Identifier		Residence		Forced Entry		Occupancy							
				0. N/A 1. Yes		0. N/A 1. Occupied						0	
Location Type		01. Residence-Single		05. Gas Station		11. Specialty Store		16. Storage		21. Airport		26 Highway/Roadway	
		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		30. Other Mobile	
												0 1	
# OFF/INC.		# Victims		# Offenders		# Perm. Est.		# Veh. Stolen		Type Weapon		02. Rifle	
01		00		00		00		00		00. N/A		03. Shotgun	
										01. Handgun		04. Firearm	
										05. Knife/Cutting Instrument		07. Hands/Fist/Foot	
										06. Poison		10. Fire/Incendary	
										08. Explosives		11. Threat/Intimidation	
										09. Other		13. Drugs	
										12. Simulated Weapon		09. Other	
												0 0	
VWV Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury	
V-Victim		0. N/A		N-W/A		N-N/A		0. N/A		0. N/A		0. None	
W-Witness		1. Juvenile		W-White		M-Male		1. City		1. Full Year		1. Minor	
C-Reporting Person		2. L. E. Officer		B-Black		F-Female		2. County		2. Part Year		2. Serious	
		3. Adult		U-Unknown		U-Unknown				3. Non-Resident		3. Fatal	
Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Step-Child		14. Youcher		17. Friend	
00. N/A		04. Unconscious		08 Burns		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruiess		08. Child		12. Other Family Friend		19. Sitter/Day Care		22. Landlord/Tenant	
02. Stabbed		06. Poss. Internal Injury		99 Other		02. Stranger		13. Student		16. Boy/Girl Friend		23. Acquaintance	
						05. Co-Habitant		08. Step-Parent		20. Employee		99. Other Known	
OFF/INC Indicator		VWV Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone					
1. #1 3. Both 2. #2		1 Z 1 3		3		SIMPSON, ARNEALLE							
Address (Street, Apt. Number)		City		State		Zip		Business Phone					
		MIAMI		FL		33176							
Other Contact Info. (If Available, Interpreter, etc.)		Synopsis of Involvement											
CELL		INVOLVED IN ARGUMENT											
VWV Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury	
V, W, or P		B		F		1 2 0 4 1 9 6 8		0 2		01		00	
												99	
												Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		VWV Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone					
1. #1 3. Both 2. #2		1 Z 2 3		3		PROWDY, KRISTIE							
Address (Street, Apt. Number)		City		State		Zip		Business Phone					
		MIAMI		FL		33176							
Other Contact Info. (If Available, Interpreter, etc.)		Synopsis of Involvement											
		INVOLVED IN ARGUMENT											
VWV Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury	
V, W, or P		W		F		3 2		0 2		01		00	
												99	
												Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code #		Arrests		Name (Last, First, Middle)		Place of Birth		Residence Phone	
1. #1 3. Both 2. #2		S-Suspect E-Escapee A-Arrestee Z-Other											
Mugshot Name		Photograph/Draw Name		Place of Birth		Residence Phone							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone					
Occupation		Employer/Status		Address		Social Security Number							
Driver's License (State/Number)		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		PCIC/DCIC					
Clothing (Describe)		Scars/Scuffs/Tattoos (Location/Describe)		Hair Style									
Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Markings			
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)									
B.SORRELL													
Offense Reporting		I.O. Number/Leader Code		Unit		Agency Code							
B.SORRELL		5603		K-3201		30							
Offense Reporting (If Applicable)		L.D. Number		Routed To		Referred To		Assigned To		By		Date	
Clearance Status		Clearance Type		A-Adult		Date Cleared		Jef Number		Number Arrested			
		1. Arrest 2. Exceptional 3. Unfounded 4. Open Panel		J-Juvenile						0			
Exception Type		2. Arrest on Primary		3. Death of Offender		5. Prosecution Declined		6. Available to Custody		Page		Page	
		Offense Secondary Offense 4. VAN Refused to Without Prosecution		Cooperate						1		1	