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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|----------------------------------------------------|----------------------|----------------------------------------------------------|---------------------------------------|----------------------------------------|------------------------------------|------------------------|
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T<br><br>D<br>A<br>T<br>A                                                                                                                       | Agency Name<br><b>Village Of Pinecrest Police Dept.</b>                                                                                             |                                                                                 | <b>INCIDENT REPORT<br/>PUBLIC COPY</b>    |                                                         |                                                    |                      | Case#<br><b>18-01096</b>                                 |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | ORI<br><b>FL 0139200</b>                                                                                                                            |                                                                                 |                                           |                                                         |                                                    |                      | Date / Time Reported<br><b>03/30/2018 17:55 Fri</b>      |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | Location of Incident<br><b>12840 Sw 82nd Ct, Village Of Pinecrest FL 33156-</b>                                                                     |                                                                                 | Premise Type<br><b>Home Of Vic-single</b> |                                                         | Zone/Tract<br><b>3, 1995</b>                       |                      | Last Known Secure<br><b>03/30/2018 17:55 Fri</b>         |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      | At Found<br><b>03/30/2018 17:55 Fri</b>                  |                                       |                                        |                                    |                        |
| D<br>E<br>T<br>A<br>I<br>L<br>S                                                                                                                                                    | #1                                                                                                                                                  | Crime Incident(s) (Com)<br><b>Simple Battery/domestic Violence<br/>SBDV</b>     |                                           | Weapon / Tools<br><b>PERSONAL WEAPONS (HANDS, FEET,</b> |                                                    | Activity             |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     | M                                                                               |                                           | Entry                                                   |                                                    | Exit                 |                                                          | Security                              |                                        |                                    |                        |
|                                                                                                                                                                                    | #2                                                                                                                                                  | Crime Incident ( )                                                              |                                           | Weapon / Tools                                          |                                                    | Activity             |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           | Entry                                                   |                                                    | Exit                 |                                                          | Security                              |                                        |                                    |                        |
|                                                                                                                                                                                    | #3                                                                                                                                                  | Crime Incident ( )                                                              |                                           | Weapon / Tools                                          |                                                    | Activity             |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           | Entry                                                   |                                                    | Exit                 |                                                          | Security                              |                                        |                                    |                        |
| MO                                                                                                                                                                                 |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                         | # of Victims <b>2</b>                                                                                                                               |                                                                                 | Type: INDIVIDUAL (NOT A LE OFFICER)       |                                                         | Injury: Minor Injuries, Apparent                   |                      | Domestic: Y                                              |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | V1                                                                                                                                                  | Victim/Business Name (Last, First, Middle)<br><b>JEAN-PIERRE, PHILIPPE HANS</b> |                                           |                                                         | Victim of Crime #<br><b>1,</b>                     | DOB<br><b>Age 22</b> | Race<br><b>B</b>                                         | Sex<br><b>M</b>                       | Relationship To Offender<br><b>*OF</b> | Resident Status<br><b>Resident</b> | Military Branch/Status |
|                                                                                                                                                                                    |                                                                                                                                                     | Home Address<br><b>12840 SW 82ND CT , Village Of Pinecrest, FL 33156-</b>       |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        | Home Phone<br><b>305-963-8590</b>  |                        |
|                                                                                                                                                                                    | Employer Name/Address<br><b>(COLLEGE STUDENT)</b>                                                                                                   |                                                                                 |                                           |                                                         |                                                    |                      | Business Phone<br><b>305- -</b>                          |                                       | Mobile Phone<br><b>305- -</b>          |                                    |                        |
|                                                                                                                                                                                    | VYR                                                                                                                                                 | Make                                                                            | Model                                     | Style                                                   | Color                                              | Lic/Lis              | VIN                                                      |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
| O<br>T<br>H<br>E<br>R<br><br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D                                                                                                                  | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)                                       |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | Type: INDIVIDUAL (NOT A LE OFFICER)                                                                                                                 |                                                                                 |                                           |                                                         | Injury: None                                       |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | Code<br><b>V2</b>                                                                                                                                   | Name (Last, First, Middle)<br><b>JEAN-PIERRE, MARIE CHANTAL</b>                 |                                           |                                                         | Victim of Crime #<br><b>1,</b>                     | DOB<br><b>Age 56</b> | Race<br><b>B</b>                                         | Sex<br><b>F</b>                       | Relationship To Offender<br><b>*PA</b> | Resident Status<br><b>Resident</b> | Military Branch/Status |
|                                                                                                                                                                                    | Home Address<br><b>12840 Sw 82nd Ct Miami, FL 33156</b>                                                                                             |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       | Home Phone<br><b>305-256-8152</b>      |                                    |                        |
|                                                                                                                                                                                    | Employer Name/Address                                                                                                                               |                                                                                 |                                           |                                                         |                                                    |                      | Business Phone                                           |                                       | Mobile Phone                           |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y                                                                                                                                               | Type: Injury:                                                                                                                                       |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | Code                                                                                                                                                | Name (Last, First, Middle)                                                      |                                           |                                                         | Victim of Crime #                                  | DOB<br><b>Age</b>    | Race                                                     | Sex                                   | Relationship To Offender               | Resident Status                    | Military Branch/Status |
|                                                                                                                                                                                    | Home Address                                                                                                                                        |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       | Home Phone                             |                                    |                        |
|                                                                                                                                                                                    | Employer Name/Address                                                                                                                               |                                                                                 |                                           |                                                         |                                                    |                      | Business Phone                                           |                                       | Mobile Phone                           |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y                                                                                                                                               | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found<br>("OJ" = Recovered for Other Jurisdiction) |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    | VI #                                                                                                                                                | Code                                                                            | Status<br>Frm/To                          | Value                                                   | OJ                                                 | QTY                  | Property Description                                     |                                       | Make/Model                             |                                    | Serial Number          |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
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|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
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|                                                                                                                                                                                    |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
| Officer/ID# <b>GIZ, G. (GG1440)</b>                                                                                                                                                |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |
| Invest ID# <b>WEINTRAUB, E. (EW1516)</b>                                                                                                                                           |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          | Supervisor <b>GUERRA, J. (JG1556)</b> |                                        |                                    |                        |
| Status                                                                                                                                                                             | Complainant Signature                                                                                                                               |                                                                                 |                                           |                                                         | Case Status<br>Cleared By Arrest <b>03/30/2018</b> |                      | Case Disposition:<br><b>Cleared By Arrest 04/12/2018</b> |                                       |                                        | Page 1                             |                        |
| <div style="display: flex; justify-content: space-between;"> <span>R_CS1IBR</span> <span>Printed By: GG1440,</span> <span>Sys#: 107853</span> <span>05/03/2018 20:48</span> </div> |                                                                                                                                                     |                                                                                 |                                           |                                                         |                                                    |                      |                                                          |                                       |                                        |                                    |                        |