

COURT DOCKET NO.

USE SEPARATE FORMS FOR EACH DEFENDANT AND FOR MULTIPLE OFFENSES OCCURRING AT DIFFERENT TIME, DATE OR LOCATION

1. _____
2. _____

ARREST AFFIDAVIT

FBI NO. _____ FDLE NO. _____

Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> Criminal	By <input type="checkbox"/> AFIS	<input checked="" type="checkbox"/> CHECK TRUE NAME	DEFENDANT NAME (LAST, FIRST, MIDDLE) QUERCIOLO, PATRICK	ARR. AGENCY ORI. NO.
BOOKING OFFICER	JAIL NUMBER	A.K.A.	FLO	OBTS NO.

LOCAL CASE NO. **94301-0947** DATE OF ARREST _____ PERMANENT ADDRESS (STREET NO. STREET NAME CITY) PHONE _____ STATE **FL** ZIP CODE **3419152** CNTY **SL**

DEFENDANT REQUIRED TO APPEAR IN CIRCUIT COURT

SEX <input checked="" type="checkbox"/> M	HEIGHT 602	WEIGHT 240	RACE <input checked="" type="checkbox"/> O	EYE COLOR BLK <input checked="" type="checkbox"/> GRN MAR (UNK) BLU <input checked="" type="checkbox"/> GRN HAZ PNK	HAIR COLOR BAL <input checked="" type="checkbox"/> BLN GRY RED (UNK) BLK <input checked="" type="checkbox"/> WHI SYN
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ON _____ AT _____ AM/PM DEFENDANT REQUIRED TO APPEAR IN COUNTY COURT

SOCIAL SECURITY NUMBER _____ OCCUPATION OR EMPLOYER **MARTIN COUNTY SHERIFF DEPT.** DISTINGUISHING MARKS **None**

ARREST DATA	DATE 1/29/94	MILITARY TIME 16140	SECTOR	STREET ADDRESS SLC JAIL	CITY	STATE FL	CNTY SL
OFFENSE DATA	DATE 1/29/94	MILITARY TIME 01020	SECTOR	STREET ADDRESS	CITY DC	STATE	CNTY FL SL

Weapons Seized/Type
1. Yes 2. No

Residence Type
1. City 2. County 3. Florida 4. Out-of-State

Activity
S Sell N N/A P Possess
B Buy T Traffic
R Smuggle D Deliver E Use
K Dispense/Distribute
M Manufacture/Produce/Cultivate
Z Other

CHARGE STATUS
 PC CAPAS BW FW PW Juv PU Citation

Indication of: Alcohol Influence Drug Influence

Citizenship **US**

Type
N N/A A Amphetamine
B Barbiturate C Cocaine E Heroin
H Hallucinogen M Marijuana O Opium/Deriv
P Paraphernalia/Equipment S Synthetic
U Unknown Z Other

CHARGE/STATUTE NO. _____ IF DRUGS

SEC NO.	FELONY	FEL TRAF	MISD	MISD TRAF	ORD	OTHER	ACTIVITY	TYPE
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possession Controlled Substance; TC-w/lt;	P Z
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anabolic Steroids ic; Testosterone	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	893.13(1)(e)2	

CLERK COURT COPY

PRINCIPAL ARRESTING OFFICER / AGENCY (PRINT)
FRANK BENNETT

OFFICER ID NO. **1116117**

BONDSMAN / SURETY NAME _____ BOND AMOUNT _____

CO-DEFENDANT'S (LAST NAME, FIRST, MIDDLE) _____ VICTIM'S NAME **STATE OF FLORIDA**

SUMMARY OF OFFENSES AND PROBABLE CAUSE AFFIDAVIT:
The above named defendant was arrested for the following reasons;

PROBABLE CAUSE

ON JANUARY 28, 1994 AFTER RECEIVING INFORMATION ALLEGING THE DEF. INVOLVED IN THE SALE OF STEROIDS I INTERVIEWED SEVERAL INDIVIDUALS. AFTER RECEIVING ADDITIONAL INFORMATION I WENT TO THE DEF. HOME TO QUESTION HIM. ON JANUARY 29, 1994 AT APPROX. 0020 HRS I MET WITH THE DEF. AT HIS HOME. AFTER MIRANDA THE DEF. ADVISED HE HAD AN OCCASION TO BE INVOLVED WITH STEROIDS RECENTLY. I REQUESTED A CONSENT TO SEARCH WHICH WAS GRANTED. THE SEARCH REVEALED (5) FIVE BOTTLES ON TESTOSTERONE IN THE RESIDENCE. THE FIVE BOTTLES WERE TURNED OVER TO YOUR AFFAVIT BY THE DEF. THE BOTTLES CONSISTED OF 5 VIALS IN INDIVIDUAL MARKED BOXES.

The preceding is true to the best of my present knowledge or belief.

Signature: FRANK BENNETT

Sworn & Subscribed before me this 29 day of Jan 1994
NOTARY / ASA: [Signature]

*Sequence number taken from fingerprint card containing

My commission expires _____