

Agency ORI # FLD 130200	Agency Name CORAL GABLES POLICE DEPT	OFFENSE INCIDENT REPORT	Orig. 1 Supp. 2	Juvenile	Agency Report Number 00-262
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Reported Day THUR	Date 1-6-00	Time (M) 1104	Dispatch 1108	Arrival 1111	In Service 1203	Incident Day (From) THUR	Date 1-6-00	Time 1100	Day (To)	Date	Time
Incident Location (Street, Apt. City Zip) 1500 BLK S DIXIE HWY. CG # 33143				Business Name/Area Identifier STREET				Location Type 26	Forecast Entry 01	Occupancy 01	Grid 209

Offense #1 3	Type BATTERY/S	Description	Attempted & Committed EC	Statute # 784.03 (1A)	NCIC/UCR Code 130B	Weapon Type 07	No. Offenses 021	No. Victims 01
Offense #2 3	Type CRIM. MISCHIEF	Description	Attempted & Committed C	Statute # 806.13	NCIC/UCR Code	Weapon Type	No. Offenses 01	No. Victims 01

Offense Indicator 3	V/W Code # U-1	V. Type 3	Name (Last, First, Middle, Business) ALMUTARRO, KHALID	Race W	Sex M	D.O.B./Age 1-24-67	Residence Phone
Address (Street, Apt. City State Zip) MAYN. H. 33143				Other Contact Info. (Time Available, Interpreter, Etc.)			Business Phone 351 475-7112
Res. Type 02	Res. Status 01	Injury Extent 01	Injury Type(s) 03/09	Relationship 02	Ethnicity INDIAN	(Synopsis of Involvement)	

Offense Indicator 3	V/W Code # W-1	V. Type 3	Name (Last, First, Middle, Business) CAKNAME, NAKESHA	Race B	Sex F	D.O.B./Age 12-24-76	Residence Phone
Address (Street, Apt. City State Zip) MAYN. H. 33143				Other Contact Info. (Time Available, Interpreter, Etc.)			Business Phone
Res. Type 01	Res. Status 01	Injury Extent 00	Injury Type(s) 05	Relationship 07	Ethnicity	(Synopsis of Involvement)	

Offense Indicator 3	Suspect Code # S-1	Juvenile	Name (Last, First, Middle) UNKNOWN	Maiden Name	Nickname/Streetname	Residence Phone
Place of Birth			Last Known Address (Street, Apt. City State Zip)			
Race W	Sex M	Occupation	Employer/School		Address	

D.O.B./Age 25'	Height 5'8"	Weight 160	Eye Color	Hair Color BLK	Hair Length MED	Hair Style STR	Build MUSC	Complexion MED	Facial Hair NONE	Teeth CLR	Speech/Voice
Special Identifiers POSS HISPANIC			Clothing (Describe) BLK-SHORTS / SHIRT SLU-SHIRT / HAT			Scars, Marks, Tattoos (Location, Describe)					

Person Code # V	Veh. # 1	Status 9	Damage 2	Type 1	Year 99	Make HONDA	Model CIVIL	Style 4-002	Tag Reg./Doc. # B32-EWV	Reg. State FL	Reg. Year 00	Decal # 013001990
Tag Type VW/HULFAA	Description (Characteristics, Damage, Etc.) 1H6E19642X L00G310		Condition	Vessel Name	Color (Top/Bottom) AQUA	Length	Hull Material	Propulsion				

Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
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Serial Number	Owner Applied No.	Description	Value \$	Value Recovered \$	Date Recovered	FCIC/NCIC
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Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
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Serial Number	Owner Applied No.	Description	Value \$	Value Recovered \$	Date Recovered	FCIC/NCIC
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ON THE ABOVE TIMES AND DATE THE VICTIM STATES THAT THE PERSON DRIVING VEH #2 WAS TRAVELLING NORTHBOUND ON US #1 AS HE (V-1) WAS MAKING A RIGHT TURN FROM ROAD TO US #1. AS THE TWO VEHICLES CAME CLOSE TO COLLIDING VERBAL INSULTS WERE EXCHANGED BETWEEN V-1 AND THE UNKNOWN S-1. AS V-1 WAS FORCED OFF THE ROADWAY BY S-1, S-1 EXITED HIS VEHICLE (V#2) AND PUNCHED V-1 IN THE FACIAL AREA NUMEROUS TIMES CAUSING SWOLLEN WELTS ABOVE THE EYE-LINE AND ON HIS FOREHEAD. S-1 FURTHER KICKED V-1'S VEHICLE ACCORDING TO BOTH W-1 AND W-2 WHO WITNESSED THE INCIDENT. ALL PARTIES CLAIM THAT THEY CAN I.D. THE SUSPECT. A BOLD WAS ISSUED, THE AREA WAS CHECKED WITH NEGATIVE RESULT EST. DAMAGE TO VICTIM'S VEHICLE WAS \$500.00, PHOTOS OF THE VICTIM'S INJURIES AND DAMAGE TO HIS VEHICLE ARE ATTACHED TO THIS REPORT. N-02

Report Contains 01 PERSONS VEH-	Related Report Number(s)				
Officer(s) Reporting HUNAK	ID. Number(s) 6260	Unit 207	Date 1-6-00	Officer Reviewing (If Applicable) SGT. PAVEL	ID. Number 5229
Routed To	Referred To	Assigned To	By	Date	Case Status

EVENT	Agency ORI # FLO 130200	Agency Name CORAL GABLES POLICE DEPT.	VEHICLE/PROPERTY REPORT						Orig. 1 Supp. 2	Agency Report Number 00-262			
	Original Date Reported 1-6-00		Case Reference BATTERY/CRIM. MISC.										
VEHICLE/VESSEL	Person Code #	Veh. #	Status	Damage	Type	Year	Make	Model	Style	Tag Reg./Doc. #	Reg. State	Reg. Year	Decal #
	S-1	2	9	0	2	87	AMC	ST. WAG	2-DOOR	FLEXX	FL	00	01212186
	Tag Type	VIN/Hull/FAA			Condition	Vessel Name			Color (Top/Bottom)	Length	Hull Material	Propulsion	
	REG	2BCLL81KXHB51874							BLUE				
	Boat Type	Description (Characteristics, Damage, Etc.)					Insurance Company			Lien Holder		Estimated Value	
												\$ 1-	
VEHICLE/VESSEL	Recovery Date	Recovery Address/Zone			Recovery Loc.	Recov. Code	Original Reporting Agency			Report No.		Recovered Value	
												\$	
	Hold YES	Reason/Authority		Method Of Theft	Component Stripped	Towed By			Storage Location		FCIC/NCIC		
	NO												
	Person Code #	Veh. #	Status	Damage	Type	Year	Make	Model	Style	Tag Reg./Doc. #	Reg. State	Reg. Year	Decal #
PROPERTY	Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number	Owner Applied No.		Description			Value	Value Recovered		Date Recovered	FCIC/NCIC		
							\$	\$					
	Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
PROPERTY	Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number	Owner Applied No.		Description			Value	Value Recovered		Date Recovered	FCIC/NCIC		
							\$	\$					
	Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
PROPERTY	Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number	Owner Applied No.		Description			Value	Value Recovered		Date Recovered	FCIC/NCIC		
							\$	\$					
	Type Theft	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
DRUGS	Activity	Type	Description					Quantity	Unit	Estimated Street Value			
										\$			
	Activity	Type	Description					Quantity	Unit	Estimated Street Value			
										\$			
	Activity	Type	Description					Quantity	Unit	Estimated Street Value			
										\$			
VEHICLE INVENTORY													
ADMIN.	Officer(s) Reporting HUSAK					ID Number(s) 6060	Unit 207	Date 1-6-00					
	Officer Reviewing (If Applicable) SGT. [Signature]					ID Number 5229	Routed To	Referred To	Assigned To	By	Date	Pg. 2 of 3	

PERSON(S) REPORT

FLO 130200 CORAL GABLES POLICE DEPT Supp 2 00-262

VICTIM/WITNESS

Original Date Reported: 1-6-00 Case Reference: BATTERY/CRIM. MISCHIEF

Offense Indicator: 3 V/W Code: W-X V. Type: 3 Name (Last, First, Middle/Business): BUNELLE STEVEN Race: W Sex: M D.O.B./Age: 3-1-60 Ethnicity: AMER Residence Phone: [REDACTED]

Address (Street, Apt., City, State, Zip): [REDACTED] FE 33146 Other Contact Info (Time Available Interpreter, Etc.): DAYTIME AT WORK Business Phone: 305 1608-8414

Res. Type: 01 Res. Status: 01 Injury Extent: 00 Injury Type(s): 00 Relationship: 02 Synopsis Of Involvement: OBSERVED BATTERY.

VICTIM/WITNESS

Offense Indicator: 3 V/W Code: Z-L V. Type: 3 Name (Last, First, Middle/Business): ADERCIOLI PATRICK Race: W Sex: M D.O.B./Age: 4-6-64 Ethnicity: [REDACTED] Residence Phone: () UMC

Address (Street, Apt., City, State, Zip): [REDACTED] Other Contact Info (Time Available Interpreter, Etc.): [REDACTED] Business Phone: ()

Res. Type: 02 Res. Status: 1 Injury Extent: 00 Injury Type(s): 00 Relationship: 00 Synopsis Of Involvement: OWNER OF SUBJECT VEHICLE (PER GAT NOT ON SCENE)

VICTIM/WITNESS

Offense Indicator: [REDACTED] V/W Code: [REDACTED] V. Type: [REDACTED] Name (Last, First, Middle/Business): [REDACTED] Race: [REDACTED] Sex: [REDACTED] D.O.B./Age: [REDACTED] Ethnicity: [REDACTED] Residence Phone: ()

Address (Street, Apt., City, State, Zip): [REDACTED] Other Contact Info (Time Available Interpreter, Etc.): [REDACTED] Business Phone: ()

Res. Type: [REDACTED] Res. Status: [REDACTED] Injury Extent: [REDACTED] Injury Type(s): [REDACTED] Relationship: [REDACTED] Synopsis Of Involvement: [REDACTED]

SUSPECT/MISSING PERSON

Offense Indicator: [REDACTED] Suspect Code #: [REDACTED] Juvenile: [REDACTED] Name (Last, First Middle): [REDACTED] Maiden Name: [REDACTED] Nickname Streetname: [REDACTED] Residence Phone: ()

Place Of Birth: [REDACTED] Last Known Address (Street, Apt., City, State, Zip): [REDACTED] Business Phone: ()

Race: [REDACTED] Sex: [REDACTED] Occupation: [REDACTED] Employer/School: [REDACTED] Address: [REDACTED]

Social Security #: [REDACTED] Driver License State #: [REDACTED] Immigration/Naturalization #: [REDACTED] Other I.D. #: [REDACTED] OBTS # (Arrested): [REDACTED] FCIC/NCIC #: [REDACTED]

D.O.B./Age: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED] Hair Length: [REDACTED] Hair Style: [REDACTED] Build: [REDACTED] Complexion: [REDACTED] Facial Hair: [REDACTED] Teeth: [REDACTED] Speech/Voice: [REDACTED]

Special Identifiers: [REDACTED] Clothing (Describe): [REDACTED] Scars, Marks, Tattoos (Location, Describe): [REDACTED]

SUSPECT/MISSING PERSON

Offense Indicator: [REDACTED] Suspect Code #: [REDACTED] Juvenile: [REDACTED] Name (Last, First Middle): [REDACTED] Maiden Name: [REDACTED] Nickname/Streetname: [REDACTED] Residence Phone: ()

Place Of Birth: [REDACTED] Last Known Address (Street, Apt., City, State, Zip): [REDACTED] Business Phone: ()

Race: [REDACTED] Sex: [REDACTED] Occupation: [REDACTED] Employer/School: [REDACTED] Address: [REDACTED]

Social Security #: [REDACTED] Driver License State #: [REDACTED] Immigration Naturalization #: [REDACTED] Other I.D. #: [REDACTED] OBTS # (Arrested): [REDACTED] FCIC/NCIC #: [REDACTED]

D.O.B./Age: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED] Hair Length: [REDACTED] Hair Style: [REDACTED] Build: [REDACTED] Complexion: [REDACTED] Facial Hair: [REDACTED] Teeth: [REDACTED] Speech/Voice: [REDACTED]

Special Identifiers: [REDACTED] Clothing (Describe): [REDACTED] Scars, Marks, Tattoos (Location, Describe): [REDACTED]

MISSING PERSON(S)

Incident Type	Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dents/Record Available?	MCIC Form Provided?	Date Last Seen	Time Last Seen
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Location Last Seen (Address, City, State): [REDACTED] Accompanied By: [REDACTED] Mental/Physical Condition: [REDACTED] Medication Required/Type: [REDACTED]

Doctor/Dentist (Name, Phone #): [REDACTED] Property Carried: [REDACTED] ID Type/Number: [REDACTED] ID Type/Number: [REDACTED]

Probable Destination: [REDACTED] Name Address: [REDACTED] Transportation Mode: [REDACTED] Recovery Information: [REDACTED]

NARRATIVE

Remarks: [REDACTED]

ADMIN.

Officer(s) Reporting: HUDAK ID Number(s): 6260 Unit: 207 Date: 1-6-00

Officer Reviewing (If Applicable): Sgt. Smith ID Number: [REDACTED] Routed To: [REDACTED] Referred To: [REDACTED] Assigned To: [REDACTED] By: [REDACTED] Date: [REDACTED] Pg 3 of 3

Mr. [] W. [] J. [] F. []
Circle One

[] A. [] B. [] C. [] D. [] E. []
Check One

REASON: _____

1. SUBJECT'S NAME: _____
2. DATE OF INCIDENT: _____
3. ADDRESS: _____

ALL INFORMATION FURNISHED IS FOR YOUR INFORMATION.

NAME OF BUSINESS: R. Pedrosa 03-6856
WITNESS: J. Simpson 03-5781

THESE ARE YOUR CONTACT APPOINTMENT NUMBERS:
OWNER: ALMUJARREB, KHALIB 305- [REDACTED]
WITNESS: [REDACTED] MIAMI FL 33143

SYNOPSIS OF TESTIMONY: he was beat up while sitting in his car by the det.
 Driver's License
 Voter's ID
 Other

VICTIM: CARNAGE, NAKESHA (305) [REDACTED]
WITNESS: [REDACTED] Miami FL 33133

SYNOPSIS OF TESTIMONY: witnessed beating
 Driver's License
 Voter's ID
 Other

VICTIM: BRUNELLE, STEVEN [REDACTED]
WITNESS: [REDACTED] Coral Gables FL 33146

SYNOPSIS OF TESTIMONY: witnessed beating
 Driver's License
 Voter's ID
 Other

VICTIM: _____
WITNESS: _____

SYNOPSIS OF TESTIMONY: _____
 Driver's License
 Voter's ID
 Other

VICTIM: _____
WITNESS: _____

SYNOPSIS OF TESTIMONY: _____
 Driver's License
 Voter's ID
 Other

VICTIM: _____
WITNESS: _____

SYNOPSIS OF TESTIMONY: _____
 Driver's License
 Voter's ID
 Other

NARRATIVE CONTINUATION

AGENCY ORI# AGENCY NAME ORIG: JUVENILE: CASE NO:00-262
FLO 130200 CORAL GABLES POLICE DEPT. SUPP: X

ORIGINAL DATE REPORTED: 01/06/00
CASE REFERENCE: Battery - Almujarreb

SUSPECT # 1 : QUERCIOLI, Patrick W/M dob: 06/06/64, 6'02"/240 lbs, BRO/BRO,
LKA: 7921 SW 50 CT., Miami, FL 33143, (305) 543-2535/(305) 665-2119

NARRATIVE: On January 11, 2000, I interviewed the victim who stated that while driving on the 1500 blk of S. Dixie Highway the subject and he got into a traffic confrontation. Following the incident the victim said the subject pulls in front of him forcing him off of the road. The subject allegedly leaned into the open driver's window of the victim's vehicle and proceeded to strike him across the face and body. The victim said he was hit over 20 times and the only reason the subject stopped was because he was able to get to his Club steering wheel locking device and hit the subject back. The victim said he never exited his vehicle and he felt defenseless while the subject continued to beat him. The victim and the witness observed the subject leave in a jeep bearing Florida personalized tag FLEXX. A records check revealed that the tag was issued to Patrick Quercioli. I attempted to locate the subject and left a business card at the address listed in his driver's license. Later that night his wife who is separated from him called the station inquiring as to the card that had been left on her door. I contacted her and she informed me that Patrick had told her that he had been involved in an incident of road rage and had been in a fight but she did not know the particulars. She gave me two phone numbers where Patrick could be reached. The next morning I called him and he agreed to come in for an interview.

On January 12, 2000, I interviewed the witness (Brunelle) who advised he watched the entire incident from inside the Papa Johns Restaurant where he worked. Mr. Brunelle verified what the victim stated and went on to describe the subject as dangerous and out of control.

Later that same day the subject responded to the station and post-Miranda, he stated that the victim had cut him off in traffic so he stopped to make sure there was no damage at which time the victim supposedly ran at him waving a Club steering wheel lock device. The subject said he confronted the victim to protect himself. After wrestling around with the Club he let go and walked back to his jeep. After that he said the victim entered his car and continued waving the Club (while sitting in his own car). The subject alleges that was deadly force on the part of the victim so he ran to the victim's car and leaned into the driver's seat area to try and get the Club away from the victim because it was evidence. At first he said he never punched the victim but later changed his story saying he probably did punch him but only in the chest area. He admitted that he left the scene and never attempted to call police or report the incident to the authorities.

Officer Hudak took Polaroid pictures of the victim's injuries that reflect what the victim and the witness indicated. The photos showed facial bruises and swelling consistent with strikes to the face. Based on the statements obtained from all the involved parties along with the photographs of the injuries supporting the victim and witness accounts, the subject was arrested for battery and given a promise to appear.

U.C.R. Classification: Other Assaults (Simple) Part II Offense

REPORT CONTAINS: Supplement RELATED REPORT NUMBER(S):
OFFICER(S) REPORTING: Det. Raul Pedroso ID#: 6856 UNIT: 951 DATE: 01/12/00
OFFICER REVIEWING: Sgt. Mark Ginn ID#: 5227 UNIT: 950 DATE: 1/13/00
CASE STATUS: arrest CLEARANCE TYPE: 1 DATE CLEARED: 01/12/00 EXCEPTION TYPE:

COMPLAINT/ARREST AFFIDAVIT

P. I. A.

BTS Number: Felony Misdemeanor Traffic Juvenile Warrant Jail No. 41640 Police Case No. 00-262
 IS No. Agency Code: 03 Municipal P.D. Def ID No. (35) MDPD Records and ID No. Court Case No.

DEFENDANT'S NAME: QUERCIOLI, PATRICK LEE DOB: 04/06/64 M W Sex: M Race: W Ethnic: Height: 6'2 Weight: 240 Hair: Brn Eyes: Brn

LOCAL ADDRESS: 7921 SW SOCT MIAMI FL 33143 Phone: Alias:

PERMANENT ADDRESS: 1970 SW 33 AV MIAMI FL 33145 Address Source: Verbal Voter's ID Driver's License Other

BUSINESS ADDRESS: Brickell Gym Occupation: Personal Trainer Place of Birth: OHIO

RIVER'S LICENSE NO: Q62467264 1260 FL Social Security No. 294644123 Scars, Tattoos, Unique Physical Features:

Arrested? Type: No Yes Arrest Date: 01/12/00 155 Arrest Time: A.M. P.M. Arrest Location: 2801 Saludo St. GRID:

Def. has Concealed Weapons Permit: Yes No For Robbery, Burglary, F/A Viol: Suspected history of drug involvement? Yes No Unk No. Cases Cleared: Yes No Unk Influence of Drugs: Yes No Unk Influence of Alcohol: Yes No Unk Citizenship: USA Resid. Type: City State Out of State Florida Other

CO-DEFENDANTS: N/A

CO-DEFENDANTS: A

DRUG ACTIVITY: N N/A P Possess: S Sell B Buy T Traffic R. Smuggle D Deliver E. Use K. Dispense/ Distribute Z. Other M. Manufacture/ Produce/ Cultivate DRUG TYPE: N N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

SIGNAL: 100 150 200 250 300 400

CHARGES	Activity	Type	Counts	STATUTE	D.V.	DC	AC	CAPIAS	BW	QFW	PWD	CITE	VIOLATION OF SECT
Simple Battery	N	N	1	784.03	(1A)			130B					15-1

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant in the 6 day of JAN 2000 at 1100 A.M. P.M. 1500 BLK S. DIXIE HWY (Location, include name of business)

committed the following violation of law: Narrative: (Be specific) THE DEFENDANT APPROACHED THE VICTIM WHO WAS SITTING IN HIS VEHICLE. THE DEF WAS SEEN BY WITNESSES LEAN INTO THE OPEN DRIVERS WINDOW AND STRIKE THE VICTIM REPEATEDLY. AFTER PUNCHING THE VICTIM ABOUT THE FACE AND BODY THE DEFENDANT EXITED THE VICTIMS VEHICLE AND KICKED IT, CAUSING DAMAGE. THE WITNESSES STATED THE DEFENDANT WAS BEATING THE VICTIM SO HARD THAT HIS FEET LEFT THE GROUND AS HE WAS LEAVING INTO THE CARPAGE 1 of 1

Noted for Other Agency: _____ Verified by: _____
 I swear that the above Statement is correct and true to the best of my knowledge and belief. Sworn to and subscribed before me, the undersigned authority, this 12 day of JANUARY 2000. [Signature] Deputy of the Court or Notary Public
 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 (Juviles notify Family Division Juvenile Section) anytime that my address changes. You need not appear in court, but must comply with the instructions on the reverse side hereof. [Signature] Signature of Defendant / Juvenile and Parent or Guardian