

OBTS NUMBER		<b>COMPLAINT/ARREST AFFIDAVIT</b>				POLICE CASE NO. <b>PD130808291623</b>			
SPECIAL OPERATION		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV/INF		JAIL NO.		PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		COURT CASE NO.	
IDS NO.		AGENCY CODE <b>30</b>		MUNICIPAL P.D. DEF ID NO.		MDPD RECORDS AND ID NO.		STUDENT ID NO.	
DEFENDANT'S NAME LAST, FIRST, MIDDLE <b>MEDINA, DEREK VERNON</b>		ALIAS and / or STREET NAME				SIGNAL: <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500			
DOB (MMDDYYYY) <b>03/23/1982</b>		AGE <b>30</b>		RACE <b>W</b>		SEX <b>M</b>		<input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
HEIGHT <b>6'02</b>		WEIGHT <b>200</b>		HAIR COLOR <b>BRO</b>		HAIR LENGTH <b>SHORT</b>		HAIR STYLE <b>SHORT</b>	
EYES <b>BRO</b>		GLASSES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FACIAL HAIR <b>BEARD</b>		TEETH <b>NORM</b>			
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) <b>MULTIPLE TATTOOS: ARMS AND CHEST</b>								PLACE OF BIRTH (City, State/Country) <b>FLORIDA</b>	
LOCAL ADDRESS (Street, Apt. Number) <b>5555 SW 67 AVE #105</b>						CITY <b>MIAMI</b>		STATE <b>FLORIDA</b>	
ZIP <b>33155</b>						PHONE ( )		CITIZENSHIP <b>USA</b>	
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN						PHONE ( )		OCCUPATION <b>PROPERTY MGR</b>	
<b>SAME AS LOCAL</b>						ADDRESS SOURCE <input checked="" type="checkbox"/> DL			
BUSINESS OR SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (zip) <b>10 EDGEWATER DRIVE CORAL GABLES, FLORIDA 33134</b>						PHONE ( )		ADDRESS SOURCE <input type="checkbox"/> Verbal <input type="checkbox"/>	
DRIVERS LICENSE NUMBER / STATE <b>FLORIDA DL #M350-178-82-103-0</b>				SOCIAL SECURITY NO.		WEAPON SEIZED? Type <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>GUN</b>		If Def. has Concealed Weapons Permit PERMIT # W- <b>W26190</b> <b>43</b>	
ARREST DATE (MMDDYYYY) <b>08/08/2013</b>		ARREST TIME (H:MM) <b>1145</b>		ARREST LOCATION (include name of business) <b>9105 NW 25 STREET (MDPD HEADQUARTERS)</b>				GRID	
CO-DEFENDANT NAME (Last, First, Middle) 1.				DOB (MMDDYYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME (Last, First, Middle) 2.				DOB (MMDDYYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME (Last, First, Middle) 3.				DOB (MMDDYYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
JUV only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name)		(Street, Apt. Number)		(City)		(State/Country)	
								(Phone) ( )	
CONTACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No									
CHARGES		CHARGE AS:		COUNTS		FIL STATUTE NUMBER		VIOL OF SECT	
1. <b>MURDER (FIRST DEGREE)</b>		<input type="checkbox"/> F.S. <input type="checkbox"/> CRD				<b>782.04</b>			
2.		<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							
3.		<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							
4.		<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							
WARRANT TYPE OR TRAFFIC CITATION		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BN <input type="checkbox"/> FW <input type="checkbox"/> RW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> JW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #							
		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> JW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #							
		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> JW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #							
		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> JW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #							
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: On the <b>08</b> day of <b>AUGUST</b> , 20 <b>13</b> at <b>1145</b> (H:MM) at <b>5555 SW 67 AVE #105</b> (Location, include name of business) (Narrative, be specific)									
<b>THE DEFENDANT VOLUNTARILY RESPONDED TO THE SOUTH MIAMI POLICE STATION AND ADVISED THE DESK OPERATOR THAT HE COMMITTED A MURDER BY SHOOTING HIS WIFE (VICTIM). MDPD AND SOUTH MIAMI POLICE OFFICERS TOOK THE DEFENDANT INTO CUSTODY AND RESPONDED TO THE ADDRESS THE DEFENDANT PROVIDED WHERE THEY DISCOVERED THE VICTIM DECEASED ON THE FLOOR IN THE KITCHEN AREA SUFFERING FROM MULTIPLE GUNSHOT WOUNDS. THIS INVESTIGATOR RESPONDED TO THE SCENE TO INITIATE THE DEATH INVESTIGATION. THE DEFENDANT WAS SUBSEQUENTLY TRANSPORTED TO THE MDPD HEADQUARTERS HOMICIDE BUREAU OFFICE WHERE HE PROVIDED A POST MIRANDA STATEMENT.</b>									
PAGE <b>1</b> OF <b>1</b>									
HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing).		<input type="checkbox"/> I understand that should I <i>willfully</i> 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 (Juveniles notify Juvenile Division) anytime that my address changes.			
Name:						<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.			
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO A SUBSCRIBER BEFORE ME		THE UNDERSIGNED AUTHORITY THIS <b>2013</b>					
OFFICER'S/COMPLAINANT'S SIGNATURE <b>J. GROSSMAN</b>		COURT NO NUMBER/LOC. CODE <b>7518 30</b>		DAY OF <b>AUGUST</b> , <b>08</b>					
NAME (Printed)		AGENCY NAME <b>MDPD</b>		Deputy of the Court or Notary Public <i>[Signature]</i>		Signature of Defendant / Juvenile and Parent or Guardian			

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

OBTS NUMBER	<b>COMPLAINT/ARREST AFFIDAVIT CONTINUATION</b>	POLICE CASE NO. <b>PD130808291623</b>
JAIL NO.	COURT CASE NO.	

IDS NO.	AGENCY CODE <b>30</b>	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO.
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) <b>MEDINA, DEREK VERNON</b>	DOB (MM/DD/YYYY) <b>03/23/1982</b>
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4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #: <input type="checkbox"/> AC <input type="checkbox"/> <input type="checkbox"/> Bn <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE III: <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE III: <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #.
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE III: <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #.
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE III: <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #.
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> Bw <input type="checkbox"/> Pw <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #.

THE DEFENDANT ADVISED THAT HE WAS INVOLVED IN A VERBAL DISPUTE WITH THE VICTIM AT AROUND 10:00 A.M. THE DEFENDANT ADVISED THAT HE WAS INSIDE THE UPSTAIRS BEDROOM WHEN HE WENT TO THE CLOSET AND ARMED HIMSELF WITH A FIREARM. THE DEFENDANT ADVISED THAT HE THEN POINTED THE FIREARM AT THE VICTIM. THE DEFENDANT ADVISED THAT THE VICTIM THEN LEFT THE BEDROOM BUT RETURNED SEVERAL MINUTES LATER TO SAY SHE WAS "LEAVING HIM". THE DEFENDANT ADVISED THAT HE THEN FOLLOWED THE VICTIM DOWNSTAIRS AND CONFRONTED HER IN THE KITCHEN. THE DEFENDANT ADVISED THAT THE VICTIM BEGAN PUNCHING HIM SEVERAL TIMES WITH A CLOSED FIST. THE DEFENDANT ADVISED THAT HE THEN RETURNED UPSTAIRS AND ONCE AGAIN ARMED HIMSELF AND WENT BACK DOWNSTAIRS TO CONFRONT THE VICTIM. THE DEFENDANT ADVISED THAT AS HE WENT DOWNSTAIRS THE FIREARM WAS IN HIS RIGHT HAND, AT WHICH POINT, THE VICTIM ARMED HERSELF WITH A KNIFE. DEFENDANT ADVISED THAT HE WAS ABLE TO DISARM THE VICTIM BY TAKING THE KNIFE FROM HER AND PLACE IT IN THE KITCHEN DRAWER. DEFENDANT ADVISED THAT THE VICTIM BEGAN PUNCHING HIM AGAIN AT WHICH POINT HE DISCHARGED HIS FIREARM MULTIPLE TIMES INTO THE VICTIM. THE DEFENDANT ADVISED THAT HE KNEW THE VICTIM WAS DEAD ON THE SCENE. DEFENDANT ADVISED THAT HE THEN WENT AND CHANGED CLOTHES AND LEFT THE RESIDENCE. DEFENDANT ADVISED THAT AT NO POINT DID HE ATTEMPT TO CALL 911. DEFENDANT THEN WENT TO HIS FAMILIES RESIDENCE CONFESSING TO WHAT HE HAD DONE AND LATER TURNED HIMSELF IN TO THE POLICE.


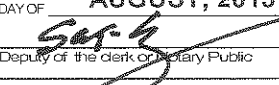
HOLD FOR OTHER AGENCY Name	VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt 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 Clark of the Court (Juvies notify Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	SWORN TO AND SUBSCRIBED BEFORE ME	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
OFFICER'S/COMPLAINANT'S SIGNATURE <b>J. GROSSMAN</b>	COURT ID NUMBER/LOC. CODE <b>7518 30</b>	THE UNDERSIGNED AUTHORITY THIS <b>08</b> DAY OF <b>AUGUST, 2013</b>	Signature of Defendant / Juvenile and Parent or Guardian
NAME (Printed)	AGENCY NAME <b>MDPD</b>	Deputy of the clerk of the court	

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ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 4.			DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 5.			DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
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6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE III:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE III:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV/PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

**DEFENDANT WAS ARRESTED AND TRANSPORTED TO THE TURNER GILFORD KNIGHT CENTER FOR PROCESSING.**

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HOLD FOR OTHER AGENCY Name:		VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	<input type="checkbox"/> 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 (Juvéniles notify Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		COURT ID NUMBER/LOC. CODE <b>7518 30</b>	SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS <b>08</b> DAY OF <b>AUGUST, 2013</b>	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
OFFICER'S/COMPLAINANT'S SIGNATURE  <b>J. GROSSMAN</b>		AGENCY NAME <b>MDPD</b>	Deputy of the clerk of the Court 	Signature of Defendant / Juvenile and Parent or Guardian