**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 5/2/2017/10:59:25 AM.****



Broward County Sheriff's Office



Booking Report

CIS#	251700385	BCCN	# 141	095		Booking Sheet Control Date and Time		ime
OBTS	608242839	Print Clearand	ce 05/02/17	' 03 09 32 Prir	nts Yes	05/02/17 04 43 02		
Arrest #	SN 1700385	Offense Repo	rt # 4217	705024655		Agency SUN	IRISE	
Last Name First Middle	PORTAL. A	RIE		<u>.,.</u> ,		SSN#		
Race	Sex Height	Weight Eyes	Hair Coi	mp Age Admitte	ed DOB	Place of Birth	State	FDLE
w	M 507	160 BRO	BLK ME	D 48	9/8/1968		FLORIDA	3827446
Permanent Address	460 NW 87 TE PLA	NTATION FL 000	Months of Residence 36					
Arrest Date	05/02/17 00 57 00	Place of A	rrest 8201 V	V BROWARD BLV	D Arr	esting Officer 3564 TH	OMAS	
Inmate Log	ged Date 05/02/1	17 01 59 31	Inmate Log Ty	ype FULL INTA	KE .	Place Admitted	MAIN	
Intake Com	ments 29/DOWN SP/	CO/6162 WC/14	457		.65			

Alias Last name, First, Middle, DOB PORTAL, ARIE, ARIK,09/08/1968

Warrants Officer Id bs14457

Scars, Marks, Tattoos

Release Date/	Time	Release Reason			Release Authorize	d By
Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level M C	В Туре	Bond Amount
1	05/02/17 04 38	784 03-1a1(HG)		1M D	HOLD FOR MAG	\$0 00
Charges T	OUCH OR STRIKE/BATTERY	//DOMESTIC VIOL	Comments			
Booking Off	ID bs08044	County		Judge		

^{*} End of Report *



☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST'BE ANSWERED IF DEFENDANT NOT IN CUSTODY

ARREST FORM

ARREST# <i>SN#38</i>	5								OBTS#			
Filing Agency SUNRISE	PD	Offense Pe		£ocal3D#	F	XE		FBI		\$&.≉		
SUNRISE . Defendant's Last Name	ע	9 42-1705-02		First Middle SUF			Alias/Street Name			Citizenship		
PORTAL			ARIE	.,,,,,							Ciuze	
ace Sex	Hgt Wgt	Hair		Comp A	Age DC	В	Birth Plac	СВ				
W M	5'07	175 SA	NDY BROV	V OLIVE	48 0	0/08/1968						
ermanent Address							Scars Ma	arks TT				
							<u> </u>					
esidence Type (1) C			ocal Address					Employment			L.	ength
(3) F	orida (4) Ot	it of State					SEMII	NOLE CASINO,				
ow long defendant in	1 -	ser By/CCN	l Reading	= -			Date/Time Arrested			Arresting Officer(s) CCN		
oward County 20 Y				8201 W BRC				02/2017 00 57		THOMAS, I		·
ficer Injur≏d Y 🔲 N	<u>x</u>] Unit 2	Zone Be	at Shift	Trans Unit	PMD Y	ַ צוא ר	Fransporti	ing Officer/CCN	P	ick-up Time	Time Arriv	ved/BS0
	<u> </u>			D. Carapharpaka/	ļ.,			Manufactural				
TYPE / ACTIVITY	Type N-N/A		eroin allucinogen	P-Paraphernalia/ Equipment	Activity N-N/A	T-Tra	affic nuggle	M-Manufacture/ Produce/Cu	ltıvate	indication Alcohol Ir		N UI
,	A-Amphetam	ine M-Ma	ianjuana	S-Synthetic	Synthetic P-Possess D-Delive			liver K-Dispense/			Jence 🗆	
	B-Barbiturate C-Conaine	, U-Op	•	U-Unknown Z-Other	S-Sell B-Buy	E-Us	e	Distribute Z-Other		Drug Inili		
	Defear -	Day 33 adaptive Fr		.,,,						1.4		
Attach	Derendan	S A SUICIG	Make:		ype,	**************************************		Color	AH	* #		
Defendant's	Vehicle '	Towed To					Tag#.		Offic	er identifiers	or remarks	
Photo	1											
												
con of material (of some	retion overthe	[a] 2000 a 4 d	otate of concentration									
	—											
Count #			Offenses Ch	narged		~\	W	C# / Citation # (if ap)	plicable)	FS or	Capias/Warr	rant#
1 TOUG	H OR STRIK	E/B 4TTER	Y/DOMESTIC VI	OL						7	84 03-141(H	G)
								<u> </u>				
<u> </u>										 		
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.ong)						•				+ ~+		. .
der penalties of perju	vul declare #	at I have re	ad the foregoing	and that the fact	ts stated the	rein are true	and corre	ect to the best of my	knowled		inued	-
11.W.	02/12	AC ->				\ _	ر ک	5 . F.	· Ca-	200	B, ,	
icer/Affiant's Signati	re			THOMAS, MA Officer's Name	. <u> </u>	564) \0		5 Dory	207 3	S Division	Tres 1	
1	10			Officer 5 Ivaine.	CON		A	la-matina f	*	C Single 3		S
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<u>OFFIC</u>	ER THOM	<u>1AS, MA.</u>	KK A	(name an	d title) who	is personally	known to	me or has produce	37.5	9 \$		Ø.*
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Us.)						SERG	EANT / 3606	5 7		78	تخو
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nt Type or Stamp Comr		of Notary Put	blic				((SEAL)				f'
venteenth Judicial C	rcuit			FIRST 45	DEAD **!	- (A D D = C = 1	-con-					
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O DB-#2 (Revised 05/00		SHOULD AD	ODITIONAL SPACE	BE NEEDED US	E THE PRO	BABLE CAUS	E AFFIDA\	VIT CONTINUATION (E	3SO DB#2	a))	3rd - Filing	Attorn

29/Down

BROWARD COUNTY



WY 14457

☐ COMPLAINT AFFIDAVIT

PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY

ARREST# SN#385					OBTS#	•
Filing Agency SUNRISE PD	Ottense Report 42-1705-024655	Eoca(BD#	FOLE		FB)	95.≱
Defendant's Last Name	First	Middle	SUF	Alias	/Street Name	Citizenship
PORTAL	ARII					
Name of victim(s) (if corporation	exact legal name and state of incorpor	auon)				
Count#	Offenses (Charged			WC# / Citation # (if applicable)	FS or Capias/Warrant #
	•			· -		
	<u>*</u>	* * <i>SEI</i>	E PAG	i L	1 * * *	
			-			
		Dyaha	ible Cause Affi	****	1	
. د د د	THOMAS STATE	<u> </u>	SON CAUSE WITH	uavit		
efore me this date personal day of	ly appeared $\underline{THOM4S, M4R}$. (year) $\underline{2017}$ at	.n A (3304)			who being first duly	y sworn deposes and says that on
	, (year)at committed the above offenses ch	arged and the facts s	howing probable	cause to	believe the same are as follows	(crime location
		_			domestic nature nsported to the I	
	GAL GIRY	Pille			THE LUMBER OF THE PARTY OF THE	CLERK CECEIVED COURT
swear the these statement is	correct and true to the best of my	>		E	Bras coo	
fficer Affiant's Signature	To les D	THOMAS, M. Officer's Name/Co		$0 \bigcirc 2$	_ 	's Division
TATE OF FLORIDA	1	Cincol Citamore		, +	しています。ことのころの	
yorn to (or affirmed) and sul	oscribed before me this	2 day of	Ma ₃		(year)	
,	THOMAS, MARK A			nally know	vn to me or has produced	
180/F	8		.=		as identification	
(U)"			_	SER	GEANT / 3606 @	
otary Public Deputy Clerk of the	Court or Assistant State Attorney		_	Title	e/Rank and CCN	
HTTAUER, DAVIDP					(CEAL)	
int Type or Stamp Commission	ed Name of Notary Public				(SEAL)	
eventeenth Judicial Circuit		FIRST APPE	ARANCE/ARRES	ST FORM	1	Orig - Court

COURT COPY

2nd - State Attorney 3rd - Filing Agency 4th - Arresting Agency

State of Florida