\*\*\*\* FILED: BROWARD COUNTY, FL Brench D. Forman, CLERK 5/13/2022 11:45:46 AM.\*\*\*\*



## **Broward County Sheriff's Office**

## **Booking Report**

CIS#	302200152		BCCN # 951430						Booking Sheet Control Date and Time					
OBTS	607306593 Print Clearance 05/13/22 03 27 52 Prints Yes							Yes	05/13/22 04 51 01					
Arrest #	SP 2200152 Offense Report # 202202032							Agency SEMINOLE						
Last Name First Middle	PARI	EM, A	LLA						SSN#		Ale			
Race	Sex	Height	Weight	Eyes	Haır	Comp	Age Admitted	DOB	Place of Birth	State	FDLE			
w	F	507	175	BLU	BLK	LGT	30	10/19/1991			0			
Permanent Address	2609 CLIFFS	SIDE LN	NW Apt#	L301 (	GIG HAF		Months of Residence							
Arrest Date	05/13/22 0	1 42 00	Р	lace of A			E WAY FORT ALE FL 33314	Arresti	ng Officer 11272 J	CIMINO				
Inmate Logo	ged Date	05/13/2	22 02 38 5	9	Inmate	Log Type	FULL INTAKE	P	lace Admitted	MAIN				

Intake Comments SP/CO/29/54-11107 WC-18599

Alias Last name, First, Middle, DOB

Warrants Officer Id bs18599

Scars, Marks, Tattoos

Release Date/Time		Release Reason		Release Authorized By						
Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level M C	B Type HOLD FOR MAG	Bond Amount				
Charges	TRESPASSING UNOCCUPIED	810 08-2a STRUCTURE OR	Comments	2M Y	HOLD FOR MAG	\$0 00				
Booking Of	f ID bs15339	County		Judge						

\* End of Report \*

☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

BROWARD COUNTY

ARREST FORM

ARREST #											OE	BTS#					
Filing Agency Offense Report 2022-020.						Local ID #	Š.	FDLE	ì	FBI	` .	,,,,	SS#		<u> </u>		
Defendant's Last Name					First Middle SUF				Alias	/Street Name	**	-W-		~~~~~~	Citizenship		
- PARTEM				ALLA					- MESIGNIP								
Race S	Sex Hg	1 -	H	laır	Eyes	Comp	Age	DOB	Birth	Place							
W		5'07	175   E	BLACK	BLUI	E LIGHT	30	10/19/199	_								
Permanent Addres		ININIWI	301 6	eic hai	DRAD.	WA 98335			Scars	s Marks TT							
Residence Typ	e (1) City	(2) Co					SIDE I	N NW 130	, Place	e of Employmen	t				Length		
	(3) Flori		t of State		ddress 2609 CLIFFSIDE LN NW L301, GIG HARBOR, WA 98335					FUSE,							
How long defend	Breathalyser By/CCN F			Reading Place of Arrest				Date	Date/Time Arrested Arresting Officer(s) CCN					1			
Broward County	N/A					I SEMINOLE WAY HWD FL				•			CIMINO, JOSEPH (11272)				
Officer Injured Y	∐ N⊠		one (i	Beat	Shift A	Trans Unit 1209	PMD	Y N X	Transp	porting Officer		Pı	ck-up Time	Time	e Arrived/BSO		
TYPE / ACT	IVITY	Type		Heroin		P Paraphernalia/	Activ	ritv T	Traffic	CIMIN M Ma	O nufacture/		Indicate		Y N UK		
111 27 735	····	N N/A A Amphetam		l Hallucinos I-Marijuana	en Equipment N N/A A Si					nuggle Produce/Cultivate Alcohol Infl					fluence 🖾 🔲 🖺		
N	<i>N</i>	B-Barbiturate		Opium/De	eriv	U Unknown S Sell E Use				Ċ	Distribute	Drug Influence 🔲 🔲 🛚					
<u> </u>		C Cocaine	*	1 1	×	Z Other	B Bu	<u> </u>	3	Z Oth	er	35.	<u> </u>		» \\		
Attacl	ո	Defendant's Vehicle Make Type Year Color VIN #															
Defenda	nt's	Vehicle Towed To Tag # Other ident											identifiers	or rema	rks		
Photo	·	L				· · · · · · · · · · · · · · · · · · ·	Ġ	*	<b>_</b>	**	* m	*		Manua.	,		
C		8	*	> 4	<b>&gt;</b>			*				ξ	3 7				
Name of victim(s) HARD ROCK		ion exact leg	gal name a	and state o	of incorpora		OLE W	AY, HOLLY	wood,	FL 33314			(954)	967-89	900		
				<del></del>						~ /		○	``				
Count #	1			Off	enses Ch	narged		. 0	WC# / Citation # (if applicable)				FS or Capias/Warrant #				
1	TRESPA	SS/ STRUC	TURE/C	ONVEYA	NCE AFTER WARNING								810 08N) 247/1				
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							_	177									
								3	55Y								
						Prot	able C	ause Affida	avit								
Before me this o	date persor	ally appear	red <i>CI</i>	IMINO, .	<u>JOSEPH</u>	(11272)				wh	o being first	duly sw	orn deposes	s and sa	ys that on		
13 day of	May	, (year) _	202	2 at _	1 SEM	INOLE WAY,	HOLL	YWOOD, FL	33314					(crime	e location)		
the above name					- V									_			
						oximatel o, locat											
						g to lea				-	ottamod	oa, i		rere	rence		
to an in	ILOXIC	ateu 1	- ema I	.6 161	.us.iii	g to rea	ve c	ne brob	егсу	•							
Upon ar	rıval.	I spc	oke w	nth F	otel	Securit	v mai	nager						<b>.</b>	, who		
						B 10/19/			off	from b	eing se	erve	d drink	cs ar			
	$\sim$														ed * * *		
Under penalties	of perjury,	I declare th	at I have	e read the	foregoin	g and that the f	acts stat	ed therein are	true and	d correct to th	e best of my	knowle	dge and bel	ef			
OPE, If C						CIMINO, JOS		(11272)				0"		erations	<u>s</u>		
Officer/ friant's						Officer's Name	e/CCN					Officers	s Division				
STATE OF FLO																	
Sworn to (or aff		cubecabec	i hefore i	ma this	13	day of		May		2022	(year),						
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Notary Bublic De	puty clerk of	the Court o	r Assistan	nt State Atto	orney			_		Rank and Co		÷	// a h¥ j	⊃ nwiX	The state of the s		
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FERRAZ, H.		noned Name	of Not	Dublic						(CEAL)				( ` ` `			
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Broward County		ant				FIRST AF	PPEARA	NCE/ARRES	T FORM	1		٠	. '-	Orig	Court State Attorney		
State of Florida		(9	SHOULD	ADDITION	IAL SPACI	E BE NEEDED, U	SE THE I	PROBABLE CA	USE AFF	IDAVIT CONTI	NUATION (BS	O DB#2	a))	2nd 3rd	State Attorney Filing Agency		
BSO DB-#2 (Revi	sed 05/00)	,						TCODY			. ,	_	" v: "	4th	Arresting Agency		
						_	יוורי	T (CON)									

SA/CO/2954-11107 WC-18599

\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 5/13/2022 11:45:46 AM.\*\*\*\* ☐ COMPLAINT AFFIDAVIT PROBABLE CAUSE AFFIDAVIT CONTINUATION ☑ ARREST FORM **BROWARD COUNTY** ARREST # OBTS# Offense Report 2022-02032 Filing Agency Local ID # FDLE SÉMINOLE PD 1 Defendant's Last Name Fırst Middle SUF Alias/Street Name Citizenship **PARTEM** ALLA Name of victim(s) (if corporation exact legal name and state of incorporation) Count # Offenses Charged WC# / Citation # (if applicable) FS or Capias/Warrant # **Probable Cause Affidavit** Before me this date personally appeared \_\_\_CIMINO, JOSEPH (11272) who being first duly sworn deposes and says that on 2022 at 1 SEMINOLE WAY, HOLLYWOOD, FL 33314 \_\_\_\_\_\_, (year) \_ (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows being asked to leave due to her disorderly conduct. I then met with Partem who was yelling at security and unable to stand on her own and used a chair to hold herself upright. In my presence, explained to Partem that she had to leave the property due to her conduct or she would be arrested, Partem then stated that she was not leaving and she wanted to be arrested. I then placed Partem under arrest charged her accordingly and transported her to Broward Main Jail for further processing. I swear the above statement is correct and true to the best of my knowledge and belief CIMINO, JOSEPH (11272) Operations Officer/Affiant's Signature Officer's Division Officer's Name/CCN STATE OF FLORIDA COUNTY OF BROWARD \_\_\_\_\_ day of \_\_ May 2022 (year), Sworn to (or affirmed) and subscribed before me this \_ QEFICER CIMINO, JOSEPH \_\_ (name and title), who is personally known to me or has produced SERGEANT / 5562 Title/Rank and CCN Notary Public Deputy Clerk of the Court or Assistant State Attorney FERRAZ, HERMEN (SEAL) Print Type or Stamp Commissioned Name of Notary Public Seventeenth Judicial Circuit

FIRST APPEARANCE/ARREST FORM

COURT COPY

Orig Court
2nd State Attorney
3rd Filing Agency
4th Afresting Agency

**Broward County** 

State of Florida