

Broward County Sheriff's Office

MP 21-6553 MM 10A

Booking Report



Prints Yes 10/31/21 01 29 45 Agency SEMINOLE
Agency SEMINOLE
Admitted DOB Place of Birth State FDLE
2/6/1994 NEW 0 JERSEY
Months of Residence 0
E FORT Arresting Officer 10991 PESANTES

Alias Last name, First, Middle, DOB

Warrants Officer Id bs18499

Scars, Marks, Tattoos

Release Date/Time		Release Reason		Release Authorized By			
Charge No	Charge Initiation Date 10/31/21 01 18	Statute 893 13-6b	Warrant/Capias	Level 1M	M C Y	B Type BOND	Bond Amount \$100 00
J	POSS CANNABIS 20 GRAMS GMS LESS	S LESS/ SYNTH CANN 3	Comments				
Booking Off	ID bs14505	County		Judge			
Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level	мс	В Туре	Bond Amount
2	10/31/21 01 19	810 09-2b		1M	Υ	NO CHARGE	\$0 00
	TRESPASS FAIL LEAVE PRO BY OWNER	OPERTY UPON ORDER	Comments				
Booking Off	ID bs14505	County		Judge	!		22 25
		* 1	End of Report '				

☐ COMPLAINT AFFIDAVIT

BROWARD COUNTY

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☑ ARREST FORM

ARREST # OBTS # Offense Report Filing Agency Local ID# SEMINOLE PD 2021-04642 Defendant's Last Name Mıddle SU First Alias/Street Name **MIGIROV** ARNELLA US Wqt DOB Race Hgt Hair Eyes Comp Age Birth Place W BROW 5'06 146 BLACK LIGHT 27 02/06/1994 Permanent Address Scars Marks TT 13A 16TH AVE, ELMWOOD, NJ 07407 Residence Type (1) City Local Address 13A 16TH AVE, ELMWOOD, Place of Employment Length (2) County (3) Florida (4) Out of State NJ 07407 How long defendant in Breathalyser By/CCN Reading Place of Arrest Date/Time Arrested Arresting Officer(s) CCN Broward County I SEMINOLE WAY 10/30/2021 22 13 PESANTES, JUAN (10991) Unit PMD Y N X Officer Injured Y N X Zone Beat Shift Trans Unit Transporting Officer/CCN Pick-up Time Time Arrived/BSO PLHW1 A Paraphernalia/ M Manufacture/ TYPE / ACTIVITY E Heroin T Traffic UK Indication of H Hallucinogen Equipment Produce/Cultivate A Smuggle Alcahal Influence | X | | A Amphetamine M Marijuana S Synthetic P Possess D Deliver K Dispense/ Drug Influence M / PB Barbiturate O Opium/Deriv U Unknown S Sell Distribute Defendant's Vehicle Make Year Color VIN# Type _ Attach Other identifiers or remarks Defendant's Vehicle Towed To Photo Name of victim(s) (if corporation exact legal name and state of incorporation) HARD ROČK 1 SEMINOLE WAY, HOLLYWOOD, FL 33314 (954) 967-8900 State Of Florida Offenses Charged WC# / Citation # (if applicable) FS or Capias/Warrant # Count # CANNABIS POSS NOT MORE THAN 20 GMS [893 03(1)(C)(7)] 893 13(6)(B) 810 09(HB, JP TRESPASS ON PROPERTY AFTER WARNING Probable Cause Affidavit Before me this date personally appeared __PESANTES, JUAN_(10991) who being first duly sworn deposes and says that on 2021 at I SEMINOLE WAY, HOLLYWOOD, FL 33021 October_ (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 On October 30, 2021, at approximately 2032 hours, I responded to Hard Rock Hotel and Casino located at 1 Seminole Way Hollywood, FL 33314 in reference to a Trespass. Upon arrival, I met with Hard Rock Security Supervisor advised that a white female later identified by name and date of birth as Arnella Magirov (W/F/ DOB 02/06/1994) was issued a 24hr Trespass and refused to * * * Continued * * clare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief : Operations PESANTES, JUAN (10991) Officer's Name/CCN Officer's Division Office Affiant's Signature (Po STATE OF FLORIDA COUNTY OF BROWARD (or affirmed) and subscribed before me this ____ __ day of ___ October | PESANTES, JUAN _ (name and title), who is personally known to me or has produced POLICE OFFICER / 9169 erk of the Court or Assistant State Attorney Title/Rank and CCN REGINALD C Print Type or Stamp Commissioned Name of Notary Public (SEAL) Seventeenth Judicial Circuit FIRST APPEARANCE/ARREST FORM Orig Court **Broward County** State Attorney 2nd State of Florida Filing Agency (SHOULD ADDITIONAL SPACE BE NEEDED USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a)) Arresting Agency BSO DB #2 (Revised 05/00)

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S\$/co/29/54-11107 WC-18499

**** FILED: BROWARD COUNTY FL Brenda D. Forman CLERK 11/1/2021 3:39:23 PM.**** □ COMPLAINT AFFIDAVIT PROBABLE CAUSE AFFIDAVIT CONTINUATION BROWARD COUNTY ☑ ARREST FORM ARREST # OBTS # Filing Agency
SEIMINOLE PD Offense Report 2021-04642 Local ID # FDI F FRI SS# Defendant's Last Name Middle First SLIE Alias/Street Name Citizenship **MIGIROV** ARNELLA US Name of victim(s) (if corporation exact legal name and state of incorporation) Offenses Charged Count # WC# / Citation # (if applicable) FS or Capias/Warrant # SEE PAGE Probable Cause Affidavit Before me this date personally appeared __PESANTES, JUAN (10991) who being first duly sworn deposes and says that on 30 day of October, (year) 2021 at 1 SEMINOLE WAY, HOLLYWOOD, FL 33021 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows leave property. I then made contact with Migirov. I then explained to Migirov the reason why I was making contact with her. Williams than issued another 24hr Trespass in my presence. Migirov understood and started walking towards the front of the Casino. Migirov then attempted to go back inside the Hard Rock through a different entrance. During a search incident to arrest, I located a clear bag inside her luggage that contained mariquana. I then tested using my department-issued drug test kit and came back positive for marijuana (pre package weight 19.54g, post package weight 29.36g). Migirov was then placed under arrest for Trespass after warning, and possession of cannabis under 20 grams. My department issued AXON body worn camera was activated during this incident. swear the above statement is correct and true to the best of my knowledge and belief PESANTES, JUAN (10991) **Operations** Officer's Division Officer/Affiant's Signature Officer's Name/CCN STATE OF FLORIDA COUNTY OF BROWARD ____ day of ____ October Sworn to (or afirmed) and subscribed before me this ____ PESANTES, JUAN (name and title) who is personally known to me or has produced as identification POLICE OFFICER / 9169 Title/Rank and CCN or Assistant State Attorney JACOBS,\REGINALD C (SEAL) mmissioned Name of Notary Public Print Type or Stamp Co

FIRST APPEARANCE/ARREST FORM

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Oria

2nd

Court

State Attorney

Filing Agency

Arresting Agency

Seventeenth Judicial Circuit

BSO DB #2a (Revised 05/00)

Broward County

State of Florida