**** FILED: BROWARD OOUNTY, FL Brenda D. Forman, CLERK 10/31/2021 3:25:04 PM.****



Warrants Officer Id bs18499

Scars, Marks, Tattoos

Broward County Sheriff's Office

Booking Report

CIS#	3021	0034	0		BCCN	#	945776	6		Booking Sheet Control Date and Time					
OBTS	60926	2575		Print	Clearan	ce 10	0/30/21 23	59 15 Prints	Yes	10/31/21 01 2	10/31/21 01 29 38				
Arrest #	SP 21	00340		Offen	se Repo	ort#	2021-046	642	•	Agency SEMINOLE					
Last Name First Middle	: 1	MAR	KO, ID	A				-		SSN#	.<	. IAI			
Race		Sex	Height	Weight	Eyes	Haır	Comp	Age Admitted	DOB	Place of Birth	State	FDLE			
w		F	505	135	GRN	BLK	LGT	26	6/19/1995		FLORIDA	7728156			
Permanent Address	6540 SABLE RD LJ NAPLES FL 34109									Months of Residence					
Arrest Date	e 10/30/21 21 47 00 Place of Arrest 1 SEMINOLE WAY, Arresting Officer 10991 PESANTES, JUAN HOLLYWOOD FL										1				
Inmate Log	ged Dat	е	10/30/2	21 23 15 4	7	Inmate	Log Type	FULL INTAKE	255	Place Admitted	MAIN				
Intake Com	ments	SP/C	D/29/54	11107 W	C/ 1849	99			3						
Alias Last	name, F	ırst, Mı	ddle, DO	В				r. 114							

Release Date/Time Release Reason Release Authorized By Charge No **Charge Initiation Date** Statute Warrant/Capias Level M C B Type **Bond Amount** 810 09-2b BOND \$25 00 10/31/21 01 23 1M TRESPASS FAIL LEAVE PROPERTY UPON ORDER Comments Charges BY OWNER Booking Off ID bs17720 County Judge

* End of Report *



☐ COMPLAINT AFFIDAVIT

BROWARD COUNTY

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

ARREST FORM

ARREST #								, "1				OBTS	#			
Filing Agency SEMING	OLE P)	Offen	se Report 2021-04	642	Local ID #	773			FBI	加以中国	MAN.	\$\frac{1}{2} \ss^*#	\$\$55# d. 34		
Defendant's Last Name					First Middle SUF					Alias/Street Name						
MARKO					IDA										Miscromp	
Race Sex	Hg	ı Wç	gt	Hair	Eyes	Comp	Age	DOB	E	Birth Place						
$W \qquad F$	5 5	'05	135	BLACK	BRO	W	26	06/19/19	95							
Permanent Address				56 FF 2					S	Scars Marks T	Т					
6540 SABLE Residence Type										Place of Employ	mont				Thomash	
	(1) City (3) Florid		ounty out of Sta		·	6540 SABL		,		lace of Employ	mem				Length	
How long defendant	ın	Breathal	vser Bv/	CCN T	Reading	VAPLES, F		109	<u> </u>	Date/Time Ari	ested	1.	Arresting Officer(e) CCN		
Broward County		Broatha	your by		ricading	I SEMINO				10/30/20			PESANTES		i (10991)	
Officer Injured Y	NX	Unit PL	Zone <i>HWI</i>	Beat	Shift A	Trans Unit	Pf	MD Y N X	Tra	ansporting Of			Pick-up Time		Arnved/BSO	
TYPE / ACTIVIT		уре		E Heroin	l	P Paraphernali		ctivity	T Traffi	c N	Manufacture/		Indication	of	Y N UK	
		N N/A N Amphetar		H Hallucino M Marijuan		Equipment S Synthetic			A Smug D Deliv		Produce/C Dispense/	ultivate		nfluence [
N / N		Barbitura Cocaine		O Opium/D		U Unknown Z Other		C-II	E Use		Distribute Other		Drug Influ	ience [
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Attach		Detendan	τ's Veh	ıcle Make		1. 14 V	Туре	Y	ear _	· · · · · Co	lor -	۱۱۷ <u> *</u> کراند	N # <u>#4-2</u>			
Defendant'	s	Vehicle	Towed	То					_ '	Tag #	~ / ~	Otl	ner identifiers o	r remari	KS	
Photo		<u> </u>			4			-			•		7 7 7		- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	
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Count #		 		0	ffenses C	harged				WC#/C	itation # (if a	nnlicable	e) ES 01	Capiacy	Warrant #	
	DECDA	SC ON DD	ODEDT	YAFTER		enses Charged					nanon # (n a	ррпсаві		810 09(1)		
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				DEC (AIT)	ee maa		Juanie	Cause Ainu	iavil							
efore me this date	•				23, <i>[UA</i>	V (10991)					who being t	tirst duly	sworn deposes	•		
day of ne above named d					nses char	ged and the fa	acts sho	wing probable o	cause	to believe the	same are a	s follows	S	_ (crime i	location)	
On Octobe	r 30	, 202	1, a	t app	roxım	ately 2	032	hours, I	I re	sponde	d to Ha	ard R	lock Hote	l and	đ	
Casino lo										_						
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Upon arrı	val,	I me	t wı	th Ha	rd Ro	ck Secu	rity	Supervi	sor	-				1		
				advı	sed t	hat a w	hite	female	lat	er ide	ntified	l by	name and	date	e of	
bırth as	Ida	Marko	/W/	F/ DO	B 06/	19/1996) wa	s issued	i a	24hr T	respass	and	refused	to I	leave	
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Officer/Affiant's Sig	noturo	PESANTES, JUAN (10991) Officer's Name/CCN								Officer's Division						
		11				Officer's Ivar	me/CCr	V				Onic	er's Division			
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Publid Deputy	Plerk of	tne Court	or Assist	ant State At	torney				1	Title/Rank and	I CCN	"21	DO ON PLAN	J	7	
ACOBS, REGI	<u>INAL</u> L	O C										***		チ・エ共	5	
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roward County tate of Florida										**			:	2nd S	State Attorney	
	05/00)		(SHOUL	D ADDITIO	NAL SPAC	E BE NEEDED,	USE TH	IE PROBABLE C	AUSE	AFFIDAVIT CO	NOITAUNITN	(BSO DE			Filing Agency Arresting Agency	
SO DB #2 (Revised	05/00)															

COURT COPY

SP10/24/54-11107 WC-18499

PROBABLE CAUSE AFFIDAVIT CONTINUATION ☑ ARREST FORM BROWARD COUNTY ARREST # OBTS # Filing Agency
SEMINOLE PD Offense Report 2021-04642 Local ID # EOI E CDI SS# Defendant s Last Name First Middle Alias/Street Name Citizenship MARKO IDA 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 __PESANTES, JUAN_(10991) who being first duly sworn deposes and says that on 30 day of _______October__, (year) _______2021 ____ at ____ _ (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows property. I then made contact with Marko. I then explained to Marko the reason why I was making contact with her. Issued another 24hr Trespass in my presence. Marko understood and started walking towards the front of the Casino. Marko then attempted to go back inside the Hard Rock through a different entrance. Marko was then placed under arrest for Trespass after warning. T & TI CHIRAL My department issued AXON body worn camera was activated during this incident. Marko did walk inside the casino through the main entrance. PA - BIRILLI I swear the above statement is correct and true to the best of my knowledge and belief PESANTES, JUAN (10991) Operations Officer/Afriant's Signature Officer's Name/CCN Officer's Division STATE OF FLORIDA COUNTY OF BROWARD 2021 (year) October ___ day of __ Sworn to (or affirmed) and subscribed before me this ___ PESANTES, JUAN (name and title) who is personally known to me or has produced _ as identification POLICE OFFICER / 9169 ty Clerk of the Court or Assistant State Attorney Title/Rank and CCN JACOBS, REGINALD C (SEAL) Print Type or Stamp Commissioned Name of Notary Public Seventeenth Judicial Circuit FIRST APPEARANCE/ARREST FORM Orig Court **Broward County** State Attorney State of Florida 3rd Filing Agency **COURT COPY** Arresting Agency BSO DB #2a (Revised 05/00)

**** FILED: BROWARD COUNTY, FL. Brenda D. Forman, CLERK 10/31/2021 3:25:04 PM.****