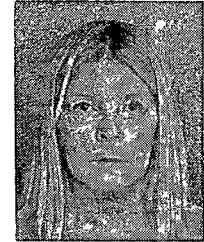


# Broward County Sheriff's Office

22-007246 MUIA

## Booking Report

MT



|          |            |                  |                   |                                     |
|----------|------------|------------------|-------------------|-------------------------------------|
| CIS #    | 232201079  | BCCN #           | 867464            | Booking Sheet Control Date and Time |
| OBTS     | 607307098  | Print Clearance  | 05/25/22 00 23 57 | Prints Yes                          |
| Arrest # | PB 2201079 | Offense Report # | 11-2205008001     | Agency POMPANO BEACH                |

|                              |                       |       |            |
|------------------------------|-----------------------|-------|------------|
| Last Name<br>First<br>Middle | TURNER, MARLIX SELENA | SSN # | [REDACTED] |
|------------------------------|-----------------------|-------|------------|

|      |     |        |        |      |      |      |     |          |           |                |          |         |
|------|-----|--------|--------|------|------|------|-----|----------|-----------|----------------|----------|---------|
| Race | Sex | Height | Weight | Eyes | Hair | Comp | Age | Admitted | DOB       | Place of Birth | State    | FDLE    |
| W    | F   | 501    | 150    | BLU  | BLN  | FAR  | 58  |          | 11/4/1963 |                | HONDURAS | 8327147 |

|                   |                                                       |                     |     |
|-------------------|-------------------------------------------------------|---------------------|-----|
| Permanent Address | 545 OAKS LANE APT 206 Apt# 206 POMPANO BEACH FL 33069 | Months of Residence | 156 |
|-------------------|-------------------------------------------------------|---------------------|-----|

|             |                   |                 |                                                 |                   |                |
|-------------|-------------------|-----------------|-------------------------------------------------|-------------------|----------------|
| Arrest Date | 05/24/22 21 00 00 | Place of Arrest | SW 15TH AVE/SW 26TH AVE POMPANO BEACH, FL 33069 | Arresting Officer | 9446 D FACCINI |
|-------------|-------------------|-----------------|-------------------------------------------------|-------------------|----------------|

|                    |                   |                 |             |                |      |
|--------------------|-------------------|-----------------|-------------|----------------|------|
| Inmate Logged Date | 05/24/22 23 55 59 | Inmate Log Type | FULL INTAKE | Place Admitted | MAIN |
|--------------------|-------------------|-----------------|-------------|----------------|------|

Intake Comments SP/CO/29/54-18043 WC-17834

Alias Last name, First, Middle, DOB

Warrants Officer Id bs17834

Scars, Marks, Tattoos

Tattoos Back PICTURE OF A SUN

|                   |                |                       |
|-------------------|----------------|-----------------------|
| Release Date/Time | Release Reason | Release Authorized By |
|-------------------|----------------|-----------------------|

| Charge No      | Charge Initiation Date | Statute                                | Warrant/Capias | Level | M C   | B Type       | Bond Amount |
|----------------|------------------------|----------------------------------------|----------------|-------|-------|--------------|-------------|
| 1              | 05/25/22 01 36         | 316 193-2a2b                           |                | 4M    | Y     | HOLD FOR MAG | \$0 00      |
| Charges        |                        | DUI ALCOHOL OR DRUGS 2ND OFFENSE       | Comments       |       |       |              |             |
| Booking Off ID |                        | bs18901                                | County         |       | Judge |              |             |
| Charge No      | Charge Initiation Date | Statute                                | Warrant/Capias | Level | M C   | B Type       | Bond Amount |
| 2              | 05/25/22 01 37         | 316 193-3c1                            |                | 4M    | Y     | HOLD FOR MAG | \$0 00      |
| Charges        |                        | DUI W/DAM TO PROP OR PERSON OF ANOTHER | Comments       |       |       |              |             |
| Booking Off ID |                        | bs18901                                | County         |       | Judge |              |             |
| Charge No      | Charge Initiation Date | Statute                                | Warrant/Capias | Level | M C   | B Type       | Bond Amount |
| 3              | 05/25/22 01 37         | 316 193-3c1                            |                | 4M    | Y     | HOLD FOR MAG | \$0 00      |
| Charges        |                        | DUI W/DAM TO PROP OR PERSON OF ANOTHER | Comments       |       |       |              |             |
| Booking Off ID |                        | bs18901                                | County         |       | Judge |              |             |
| Charge No      | Charge Initiation Date | Statute                                | Warrant/Capias | Level | M C   | B Type       | Bond Amount |
| 4              | 05/25/22 01 38         | 316 193-4b1                            |                | 4M    | Y     | HOLD FOR MAG | \$0 00      |
| Charges        |                        | DUI UBAL> 15 OR ACCOM BY PERS < 18YOA  | Comments       |       |       |              |             |
| Booking Off ID |                        | bs18901                                | County         |       | Judge |              |             |



☐ **COMPLAINT AFFIDAVIT**

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

BROWARD COUNTY

☒ **ARREST FORM**

ARREST #

OBTS #

|                                                                                  |                 |                                                                  |                   |                                                           |                      |                                                                      |                                                                      |                                                   |                                |                                                                                                                                                                                                                                         |                  |
|----------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------|-------------------|-----------------------------------------------------------|----------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                        |                 | Offense Report<br><b>11-2205-008001</b>                          |                   | Local ID #                                                |                      | FDLE                                                                 |                                                                      | FBI                                               |                                | SS #                                                                                                                                                                                                                                    |                  |
| Defendant's Last Name<br><b>TURNER</b>                                           |                 |                                                                  |                   | First<br><b>MARLIX SELENA</b>                             |                      | Middle<br><b>SUF</b>                                                 |                                                                      | Alias/Street Name                                 |                                | Citizenship                                                                                                                                                                                                                             |                  |
| Race<br><b>W</b>                                                                 | Sex<br><b>F</b> | Hgt<br><b>5'01</b>                                               | Wgt<br><b>125</b> | Hair<br><b>BROW</b>                                       | Eyes<br><b>BLUE</b>  | Comp<br><b>FAIR</b>                                                  | Age<br><b>58</b>                                                     | DOB<br><b>11/04/1963</b>                          | Birth Place<br><b>Honduras</b> |                                                                                                                                                                                                                                         |                  |
| Permanent Address<br><b>545 OAKS LN 206, POMPANO BEACH, FL 33069</b>             |                 |                                                                  |                   |                                                           |                      |                                                                      |                                                                      |                                                   | Scars Marks TT                 |                                                                                                                                                                                                                                         |                  |
| Residence Type<br>(1) City (2) County (3) Florida (4) Out of State               |                 | Local Address<br><b>545 OAKS LN 206, POMPANO BEACH, FL 33069</b> |                   | Place of Employment                                       |                      |                                                                      |                                                                      |                                                   | Length                         |                                                                                                                                                                                                                                         |                  |
| How long defendant in Broward County                                             |                 | Breathalyzer By/CCN<br><b>GRAY</b>                               |                   | Reading<br><b>271/265</b>                                 |                      | Place of Arrest<br><b>SW 15TH ST/SW 26TH AV</b>                      |                                                                      | Date/Time Arrested<br><b>05/24/2022 21 00</b>     |                                | Arresting Officer(s) CCN<br><b>FACCINI, DAVID R (9446)</b>                                                                                                                                                                              |                  |
| Officer Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |                 | Unit<br><b>DUI</b>                                               | Zone              | Beat                                                      | Shift<br><b>ALPH</b> | Trans Unit                                                           | PMD Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Transporting Officer/CCN<br><b>BEJENARU</b>       |                                | Pick-up Time                                                                                                                                                                                                                            | Time Arrived/BSO |
| <b>TYPE / ACTIVITY</b><br><b>N / N</b>                                           |                 | Type<br>N-N/A<br>A-Amphetamine<br>B-Barbiturate<br>C-Cocaine     |                   | E-Heroin<br>H-Hallucinogen<br>M-Marijuana<br>O-Opium/Derv |                      | P-Paraphernalia/<br>Equipment<br>S-Synthetic<br>U-Unknown<br>Z-Other |                                                                      | Activity<br>N-N/A<br>P-Possess<br>S-Sell<br>B-Buy |                                | T-Traffic<br>A-Smuggle<br>D-Deliver<br>E-Use<br>M-Manufacture/<br>Produce/Cultivate<br>K-Dispense/<br>Distribute<br>Z-Other                                                                                                             |                  |
|                                                                                  |                 |                                                                  |                   |                                                           |                      |                                                                      |                                                                      |                                                   |                                | Indication of<br>Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK<br>Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                  |

Attach  
Defendant's  
Photo

Defendant's Vehicle Make **VOLK** Type **01** Year **2013** Color **BLK** VIN # **3VW2K7AJ9DM234544**  
Vehicle Towed To \_\_\_\_\_ Tag # **BKWO21** Other identifiers or remarks \_\_\_\_\_

Name of victim(s) (if corporation exact legal name and state of incorporation)  
**State Of Florida**

| Count # | Offenses Charged                       | WC# / Citation # (if applicable) | FS or Capias/Warrant # |
|---------|----------------------------------------|----------------------------------|------------------------|
| 1       | DUI ALCOHOL OR DRUGS 2ND OFFENSE       | AAXXETE                          | 316 193-2A2B           |
| 1       | DUI W/DAM TO PROP OR PERSON OF ANOTHER | AGB01FE                          | 316 193-3C1            |
| 1       | DUI W/DAM TO PROP OR PERSON OF ANOTHER | AGB01GE                          | 316 193-3C1            |
| 1       | DUI UBAL > 15 OR ACCOM BY PERS < 18YOA | AGB01HE                          | 316 193-4B1            |
| 1       | DUI W/DAM TO PROP OR PERSON OF ANOTHER | AGB01KE                          | 316 193-3C1            |

**Probable Cause Affidavit**

Before me this date personally appeared **FACCINI, DAVID R (9446)** who being first duly sworn deposes and says that on **24** day of **May**, (year) **2022** at **2501 SW 15TH ST/SW 26TH AV, POMPANO BEACH, FL 33069** (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

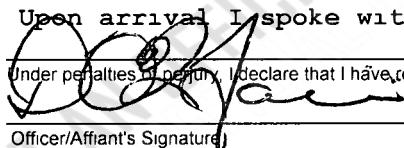
Enroute 2015 / On Scene 2022

The undersigned responded to SW 15th St & SW 26th Av Pompano Beach, Broward County Florida in reference to a DUI investigation

Upon arrival I spoke with Deputy Brown # 19901 who advised that upon his arrival at the

\* \* \* Continued \* \* \*

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

Officer/Affiant's Signature  


**FACCINI, DAVID R (9446)**  
Officer's Name/CCN

**Regional Traffic Enforcement**  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this **24** day of **May**, **2022** (year),  
by **FACCINI, DAVID R** (name and title), who is personally known to me or has produced \_\_\_\_\_ as identification

Notary Public Deputy Clerk of the Court or Assistant State Attorney

Print Type or Stamp Commissioned Name of Notary Public

Seventeenth Judicial Circuit  
Broward County  
State of Florida

BSO DB-#2 (Revised 05/00)



**Sandra Gray**  
Comm HH 212565  
Expires Feb 25, 2026  
Notary Public - State of Florida

FIRST APPEARANCE/ARREST

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

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

**COURT COPY**

SP/CO/29/54-1843

W/C-17834

☐ **COMPLAINT AFFIDAVIT**

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY

ARREST #

OBTS #

|                                                                                |                                         |                                  |                        |                   |             |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------------------------|-------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>11-2205-008001</b> | Local ID #                       | FDLE                   | FBI               | SS #        |
| Defendant's Last Name<br><b>TURNER</b>                                         | First<br><b>MARLIX</b>                  | Middle<br><b>SELENA</b>          | SUF                    | Alias/Street Name | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) | FS or Capias/Warrant # |                   |             |
| <b>1</b>                                                                       | <b>DISOBEY/AVOID RED LIGHT</b>          | <b>AGB011E</b>                   | <b>316 075-1C1</b>     |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |

**Probable Cause Affidavit**

Before me this date personally appeared FACCINI, DAVID R (9446) who being first duly sworn deposes and says that on 24 day of May, (year) 2022 at 2501 SW 15TH ST/SW 26TH AV, POMPANO BEACH, FL 33069 (crime location)

the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

crash he observed all of the driver's still sitting in their driver's seat's and the defendant did not have any passengers Deputy Brown further advised that his contact with the defendant was brief and that the defendant signaled him a "thumbs up" that she was not injured

I additionally spoke with Deputy Martinez # 19981 who advised that she made contact with the defendant who was outside of her vehicle rummaging through her purse trying to locate her I D The deputy additionally advised that the defendant appeared unsteady and stumbling The defendant stated that she drank two glasses of red wine

Based upon the crash investigation/witness statements, it was determined that the defendant ran a solid red light west bound on SW 15th St while crossing SW 26th Av Vehicle 3 was eastbound on SW 15th St executing a left turn with a solid green arrow onto SW 26th Ave and Vehicle 2 was southbound through that intersection See crash report for further Deputy Brown spoke with witness who stated he observed the defendant run the red traffic signal westbound on McNab rd

I made contact with the 3 vehicles involved in the crash Vehicle 1 sustained front and driver's side damage with an estimated damage at \$10,000 00 Vehicle 2 sustained driver's side rear passenger side damage with an estimated damage at \$15,000 00 Vehicle 3 sustained driver's side damage with an estimated damage at \$10,000 00

I made contact with the defendant who was still sitting in the driver's seat noticing that she was very unsteady on her feet, used it for support and stumbled as she walked The defendant was wearing high heels but even later after removing her shoes she

\* \* \* Continued \* \* \*

swear the above statement is correct and true to the best of my knowledge and belief

Officer/Affiant's Signature

FACCINI, DAVID R (9446)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

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by FACCINI, DAVID R (name and title), who is personally known to me or has produced as identification

Notary Public, Deputy Clerk of the Court or Assistant State Attorney

6441/10841  
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FOR

**COURT COPY**

BSO DB-#2a (Revised 05/00)



Sandra Gray  
Comm HH212565  
Expires Feb 25, 2026  
Notary Public - State of Florida

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

☐ COMPLAINT AFFIDAVIT

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

|                                                                                |                               |                                  |                        |                   |             |
|--------------------------------------------------------------------------------|-------------------------------|----------------------------------|------------------------|-------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>11-2</b> | Local ID #                       | FDLE                   | FBI               | SS #        |
| Defendant's Last Name<br><b>TURNER</b>                                         | First<br><b>MARLIX</b>        | Middle<br><b>SELENA</b>          | SUF                    | Alias/Street Name | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                               |                                  |                        |                   |             |
| Count #                                                                        | Offenses Charged              | WC# / Citation # (if applicable) | FS or Capias/Warrant # |                   |             |
|                                                                                | <b>*** SEE PAGE 1 ***</b>     |                                  |                        |                   |             |

**Probable Cause Affidavit**

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exhibited the same type of poor balance The defendant additionally used Deputy Martinez for support as I followed behind them crossing the street where the defendant would be able to conduct my investigation safely

Upon arrival to my unit I advised that the crash investigation had been concluded and I was conducting a DUI investigation The defendant openly stated that she didn't know what happened While speaking to the defendant I additionally noticed a slight odor (sweet) of what appeared to be that of an alcoholic beverage and bloodshot eyes and she swayed exaggeratedly while speaking to her and a flushed face The defendant spoke with an accent/Spanish and understood English well I conducted my investigation mostly in English The defendant agreed to perform roadside exercises

The defendant stated that she was diagnosed with a medical condition that she couldn't remember what it is but does not require medication The defendant additionally stated that she takes medication for high blood pressure

HGN I noticed an exaggerated sway and she followed with her head Both eyes exhibited lack of smooth pursuit Both eyes exhibited sustained and distinct nystagmus at maximum deviation & onset of sustained and distinct nystagmus at approximately 30 degree's VGN was not present

Walk & Turn The defendant was unsteady and lost her balance while attempting to assume the instructional stance

I concluded further testing for the defendant's safety due to her ability of maintaining

\*\*\* Continued \*\*\*

I swear the above statement is correct and true to the best of my knowledge and belief

Officer/Affiant's Signature

FACCINI, DAVID R (9446)

Officer's Name/CCN

Regional Traffic Enforcement

Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 24 day of May 2022 (year),

by FACCINI, DAVID R (name and title) who is personally known to me or has produced

as identification

Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

6441/10541

Title/Rank and CCN

Print, Type or Stamp Commissioned Name of Notary Public

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FOR

**COURT COPY**

Sandra Gray  
Comm HH 212565  
Expires: Feb 25, 2026  
Notary Public - State of Florida

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

☐ **COMPLAINT AFFIDAVIT**  
PROBABLE CAUSE AFFIDAVIT CONTINUATION

BROWARD COUNTY

☒ **ARREST FORM**

ARREST #

OBTS #

|                                                                                |                                         |                                  |                        |                   |             |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------------------------|-------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>11-2205-008001</b> | Local ID #                       | FDLE                   | FBI               | SS #        |
| Defendant's Last Name<br><b>TURNER</b>                                         | First<br><b>MARLIX</b>                  | Middle<br><b>SELENA</b>          | SUF                    | Alias/Street Name | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |                        |                   |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) | FS or Capias/Warrant # |                   |             |
|                                                                                | <b>*** SEE PAGE 1 ***</b>               |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |

**Probable Cause Affidavit**

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he balance

I concluded my investigation formulating my opinion that the defendant was under the influence of an alcoholic beverage to the extent that her normal faculties were impaired placing her under arrest

I advised the defendant of her arrest and requested that she submit to the breath test  
The defendant agreed to testing

I advised the defendant of her Miranda Rights prior to leaving the scene and she requested an attorney

Deputy Bejenaru #16652 transported the defendant to the Breath and Alcohol Testing Facility for further testing

Upon arrival Breath Technician Gray conducted the 20 minute observation and administered the breath test I was present during the testing and the defendant's breath results were 271% & 265%

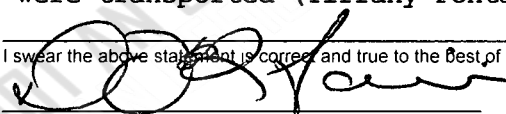
The defendant had 1 PRIOR DUI CONVICTION AND REFUSAL ON DAVID

Deputy Bejenaru transported the defendant to BSO jail for booking

Deputy Jimenez responded to Imperial Point Hospital where both occupants of Vehicle 2 were transported (Tiffany Fonta Holliday and Jeron Dashawn Holliday) and stated that

\*\*\* Continued \*\*\*

I swear the above statement is correct and true to the best of my knowledge and belief



FACCINI, DAVID R (9446)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

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by FACCINI, DAVID R (name and title) who is personally known to me or has produced

as identification

  
Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

SAGT / 10841  
Title/Rank and CCN

Print, Type or Stamp Commissioned Name of Notary Public

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

**COURT COPY**



Sandra Gray  
Comm HH 212565  
Expires Feb 25, 2026  
Notary Public - State of Florida

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

☐ **COMPLAINT AFFIDAVIT**  
PROBABLE CAUSE AFFIDAVIT CONTINUATION

BROWARD COUNTY

☒ **ARREST FORM**

ARREST #

OBTS #

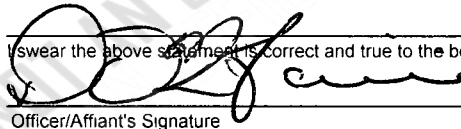
|                                                                                |                                         |                                  |                        |                   |             |
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| Defendant's Last Name<br><b>TURNER</b>                                         | First<br><b>MARLIX</b>                  | Middle<br><b>SELENA</b>          | SUF                    | Alias/Street Name | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) | FS or Capias/Warrant # |                   |             |
|                                                                                | <b>*** SEE PAGE 1 ***</b>               |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |
|                                                                                |                                         |                                  |                        |                   |             |

**Probable Cause Affidavit**

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**both complained of pain with no visible injuries See Crash Report completed by Deputy Jimenez # 19398**

**Marsey's Law in effect for all victims**

**BWC**

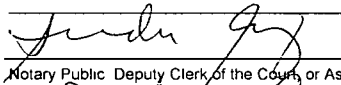
  
Officer/Affiant's Signature

FACCINI, DAVID R (9446)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

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as identification

  
Notary Public Deputy Clerk of the Court, or Assistant State Attorney

BAT/10841  
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

Seventeenth Judicial Circuit  
Broward County  
State of Florida

BSO DB-#2a (Revised 05/00)

FIRST APPEARANCE/ARREST



**Sandra Gray**  
**Comm HH212565**  
**Expires Feb 25, 2026**  
**Notary Public - State of Florida**

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

**COURT COPY**