

## **EXHIBIT F**

ShowCase - 50-2002-MM-011621-AXXX-MB KK1: Cnty Crim Am - KK1 (Closed) ROBERTS, VIRGINIA L (Converted)

File View Print Case Cashiering Tools Admin Help

New Case Open Case Search Case Close Case Case Information Cashier Calendar Case Tracking

Queue Citation Data Entry Category ALL My Items (0) Get Next Notes Report Problem Suspend

Main Parties Charges Dockets Court Dates (0) Bonds Court Actions Fees (\$0.00) Notes (2) Exhibits Warrants View Disposition

In Court Finish Docket Charge Print J&S Print Minutes

#	Status	Statute #	Lvl	Description	Prosecutor Action	Disposition Date	Alt Disposition Date
1	N/A	812.014	MF	CONVERSION (812.014 /2399/5/M/000/42) PETIT THEFT	Administratively Dismiss	05/18/2009	

  

#	Confinement	Tail Time			Credit Time			Mandatory Time			Suspended Time			Sentence Status
		Term	Days	Months	Years	Term	Days	Months	Years	Term	Days	Months	Years	
1														

  

#	Probation					License Suspension				
	Sentence	Term	Days	Months	Years	Term	Days	Months	Years	Type
1										

Confinement Conditions

Probation Conditions



STATE OF FLORIDA - PALM BEACH COUNTY  
 I hereby certify that the foregoing is a  
 true copy of the record in my office with  
 recitals, if any, as required by law.  
 This 19 DAY OF April 2021  
 SHARON R. BOCK  
 CLERK & COMPTROLLER  
 DEPUTY CLERK

*[Handwritten signature over the stamp]*

IN THE COUNTY COURT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION)

994U X

CASE NO. 02011621MM A02KK  
GREENACRES

ARREST NO. 0 0

CAPIAS

TO ALL AND SINGULAR THE SHERIFFS OF THE STATE OF FLORIDA, GREETING:

YOU ARE HERE COMMANDED TO TAKE  
VIRGINIA LEE ROBERTS

ADDRESS: [REDACTED]

RACE: WHITE SEX: FEMALE [REDACTED] HEIGHT: WEIGHT:

IF SUCH PERSON BE FOUND IN YOUR COUNTY, ARREST AND SAFELY KEEP SO THAT YOU HAVE SUCH PERSON BEFORE A JUDGE OF THE COUNTY COURT, IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION) TO ANSWER UNTO THE STATE OF FLORIDA FOR

FAILURE TO APPEAR FOR ARRAIGNMENT

ON 06/18/02

812.014 PETIT THEFT

ARMY BOND

2009 MAY 22 PM 4:53 BY -2 PM 3:53  
PALM BEACH COUNTY, FLORIDA, SHERIFF, CLERK  
COUNTY CRIMINAL, PALM BEACH COUNTY, FL  
COUNTY CRIMINAL

APPEARANCE BOND SET BY COURT ORDER AT \$ O.R.

DONE THIS 22 DAY OF JUNE , 2009

JUDGE

EXECUTED ON THE DAY OF , , BY ARRESTING THE WITHIN NAMED.

PBSO-WARRANTS

EDWARD W. BIELUCH, SHERIFF

2009 JUL-5 AM 8:54

RECALLED

RECEIVED BY -----

DEPUTY SHERIFF

MAY 26 2009

MAY 26 2009<sup>04</sup>

DT  
GM\_00803

IN THE COUNTY COURT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION)

994U X

CASE NO. 02011621MM A02KK  
GREENACRES

ARREST NO. 0 0

CAPIAS

TO ALL AND SINGULAR THE SHERIFFS OF THE STATE OF FLORIDA, GREETING:

YOU ARE HERE COMMANDED TO TAKE

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ADDRESS: [REDACTED]

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HEIGHT:

WEIGHT:

IF SUCH PERSON BE FOUND IN YOUR COUNTY, ARREST AND SAFELY KEEP SO THAT YOU HAVE SUCH PERSON BEFORE A JUDGE OF THE COUNTY COURT, IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION) TO ANSWER UNTO THE STATE OF FLORIDA FOR

FAILURE TO APPEAR FOR ARRAIGNMENT

ON 06/18/02

812.014 PETIT THEFT

SHARON R. BOCK  
Palm Beach County, Florida  
Clerk of Circuit Court  
County Criminal Division  
2009 MAY 22 PM 4:30

APPEARANCE BOND SET BY COURT ORDER AT \$ O.R.



STATE OF FLORIDA • PALM BEACH COUNTY

DONE THIS 22 DAY OF JUNE

, 2002

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any, as required by law.  
THIS 22 DAY OF JUNE 2002  
SHARON R. BOCK  
CLERK & COMPTROLLER

By \_\_\_\_\_  
DEPUTY CLERK

JUDGE

EXECUTED ON THE DAY OF , , BY ARRESTING THE WITHIN NAMED.

PBSO-WARRANTS

EDWARD W. BIELUCH, SHERIFF

2009 JUL 5 AM 8:54

RECALLED

RECEIVED

BY DEPUTY SHERIFF

MASCANNE

MAY 26 2009

DT

GM\_00804

OFFENSE REPORT																					
Incident #		GREENACRES DEPT. OF PUBLIC SAFETY																			
		Agency ORI Number <b>FLO 501200</b>		Reported: Day <b>MON</b>		Date <b>10.3.04.02.1100</b>		Time (mll) <b>1105</b>		Time Dispatched (mll)		Agency Report Number <b>02-4029</b>									
Reported: Date <b>MON</b>		Time (mll) <b>1105</b>		Time Dispatched (mll)		Time Arrived (mll) <b>1117</b>		Time Completed (mll) <b>1137</b>													
Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Incident: Day From <b>SUN</b>		Date <b>03/03/02</b>		Time (mll) <b>1945</b>											
Offense # <b># 1</b>		Type <b>Grand Theft</b>		Description		A. Attempted C. Committed		Statute Violation No. <b>C 8.12.10.1, 112.C.1.</b>		NCIC/UCR Code <b>2306</b>											
# <b># 2</b>																					
Event Data		Incident Location (Street, Apt. Number) <b>3887 Jog Rd</b>																			
Business Name/Area Identifier <b>Roadhouse Gr.11</b>		City <b>Greenacres, FL</b>		Zip <b>33463</b>		Geographic Indicator <b>Z-3</b>		Forced Entry 0. N/A 1. Yes		Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned											
Location Type 01. Residence-Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub		09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital		13. Bank/Financial Inst. 14. Commercial/Office Bldg 15. Industrial/Mfg. 16. Storage		17. Govt/Public Bldg 18. School/University 19. Jail/Prison 20. Religious Bldg		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodland/Field 28. Lake/Waterway									
# Offenses <b>01</b>		# Victims <b>01</b>		# Offenders <b>01</b>		# Prem. Ent. <b>00</b>		# Veh. Stolen <b>00</b>		Type Weapon 02. Rifle 00. N/A 03. Shotgun 01. Handgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object 09. Explosives		07. Hands/Fists/Feet 08. Poison 09. Unknown		10. Fire/Incendiary 11. Threat/Intimidate 12. Simulated Weapon		13. Drugs 14. Unknown 15. Blunt Object 16. Firearm			
Codes		V/W Code V-Victim W-Witness C-Reporting Person		Victim Type 0-N/A 1-Juvenile 2-E. Office 3-Adult		4-Business 5-Government 6-Church 7-Other		Race N-N/A W-White B-Black		American Indian O-Oriental/Asian U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 3-Florida 4-Out-of-State		Residence Status 0-N/A 1-Full Year 2-Part Year 3-Non-Resident		Extent of Injury 0-Hope 1-Minor 2-Serious 3-Fatal			
Victim/Witness		Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bone 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl 16. Friend 17. Boy/Girl Friend		18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 24. Other Known	
Victim/Witness		Offense Indicator 1. #1 2. #2		V/W Code 1. Both 2. #2		# V/1		V. Type 4		Name (Last, First, Middle or Business) <b>Roadhouse Gr.11</b>								Residence Phone (--) --			
Victim/Witness		Address (Street/Apt. Number) <b>3887 Jog Rd</b>				City <b>Greenacres</b>		State <b>FL</b>		Zip <b>33463</b>								Business Phone <b>561-963-7182</b>			
Victim/Witness		Other Contact Info. (Time Available, Interpreter, etc.) <b>Jamie A. Melanson (Manager on duty)</b>																Synopsis of Involvement <b>Victim</b>			
Victim/Witness		VICTIM/ WITNESS: N N NYA		Race Sex		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity			
SUSPECT		Offense Indicator 1. #1 2. #2		V/W Code 3. Both		#		V. Type		Name (Last, First, Middle or Business)								Residence Phone ( )			
SUSPECT		Address (Street/Apt. Number)				City		State		Zip								Business Phone ( )			
SUSPECT		Other Contact Info. (Time Available, Interpreter, etc.)																Synopsis of Involvement			
SUSPECT		VICTIM/ WITNESS:		Race		Sex		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity	
SUSPECT		Offense Indicator 1. #1 2. #2		Suspect Code S-Suspect A-Arrestee E-Escapee Z-Other		Code #		Juvenile Name (Last, First, Middle)												Residence Phone ( )	
SUSPECT		Maiden Name				Nickname/Street Name				Place of Birth										Business Phone ( )	
SUSPECT		Last Known Address (Street, Apt. Number)				City		State		Zip										Social Security Number ( )	
SUSPECT		Occupation				Employer/School				Address										FCIC/NCIC	
SUSPECT		Driver's License State/Number				Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)											
SUSPECT		Clothing (Describe)								Scars/Marks/Tattoos (Location/Describe)											
ADMINISTRATIVE		Race W		Sex F				Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style			
ADMINISTRATIVE		Complexion		Build				Speech/Voice		Special Identifiers											
ADMINISTRATIVE		Report Contains																Related Report Number(s)			
ADMINISTRATIVE		Officer(s) Reporting <b>Robin</b>				I.O. Number(s) <b>1523</b>				Unit <b>U/P</b>								Date <b>03/04/02</b>			
ADMINISTRATIVE		SUPERVISOR: <b>M. H. J.</b>		<input checked="" type="checkbox"/> Approved		Referred To <b>EJW</b>				Assigned To								Date			
ADMINISTRATIVE		Case Status <b>Pending</b>		Clearance Type 1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared		Arrest Number		Number Arrested							
ADMINISTRATIVE		Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody				OBTS Number <b>CERTIFIED</b>				Page <b>2</b>		Page <b>2</b>			

RIC L. BRADSHAW, SHERIFF

GM\_00805

820 - 4209

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<input checked="" type="checkbox"/> 3	Juvenile
Agency ORI Number <b>FLO 5 0 1 2 0 0</b>		Agency Name <b>GREENACRES DEPT. OF PUBLIC SAFETY</b>			Agency Report Number (N.T.A.'s only) <b>4 2 1 0 2 1 4 0 2 9</b>						
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					If Weapon Seized Enter Type			Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address) <b>Roadhouse (Grill) 3887 Jdg Rd. Greenacres, FL 33463</b>						
Date of arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Rachel Virginia Lee</b>											
Race W - White B - Black		Sex M - American Indian O - Oriental/Asian <b>W F</b>	Height <b>5'7"</b>			Weight	Eye Color	Hair Color	Complexion	Build	
Scars, Marks, Tattoos, Unique Physical Features (List)					Marital Status <b>Single</b>		Religion <b>Unknown</b>		Indication of: Alcohol Influence Drug Influence		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone			Residence Type: 1. City 2. County			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone			3. Florida 4. Out of State <b>12</b>			
Business Address (Name, Street)		(City)	(State)	(Zip)				Address Source			
<b>3887 Jdg Rd</b>		<b>Greenacres</b>	<b>FL</b>	<b>33463</b>				<b>Served</b>			
Soc. Sec. Number		INS Number			Place of Birth (City, State)			Citizenship			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	1. Arrested 2. At Large			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	3. Felony 4. Misdemeanor 5. Juvenile			
Parent Legal Custodian Other:					(First) (Middle)			Residence Phone <b>( )</b>			
Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone <b>( )</b>			
Notified by: (Name)					Date	Time	Juvenile Disposition 1 Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated				
Released To: (Name)					Relationship			Date	Time		
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address <input type="checkbox"/> Yes, by: (Name) _____ No. (Reason) _____					School Attended						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					Description of Property						
Value of Property											
CODE	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description <b>Custodial Theft</b>				Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number <b>0112101141 (12 C 11)</b>			Violation of ORD #	
CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense #	Warrant / Capias Number			Bond			
CHARGE	Charge Description				Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number <b>11111111 (11 11 1)</b>			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			
CHARGE	Charge Description				Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number <b>11111111 (11 11 1)</b>			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			
CHARGE	Charge Description				Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number <b>11111111 (11 11 1)</b>			Violation of ORD #	
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)								
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M. _____								
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED											
Signature of Defendant (or Juvenile and Parent/ Custodian) _____ Date Signed _____											
ADMIN.	HOLD for other Agency Name: _____ X _____			Signature of Arresting Officer X _____			Name Verification (Printed by Arrestee) <b>CERTIFIED</b> (PRINT)				
ADMIN.	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: _____			Name of Arresting Officer (Print) _____ I.D. # _____			TO BE A TRUE COPY	
ADMIN.	Intake Deputy		I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	Witness hereunto affixed with seal <b>ROBERT L. SHAW, SHERIFF</b>			PAGE _____

OBTS Number			PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capies		Juvenile				
ADMIN.	Agency ORI Number <b>FLO 5 0 1 2 0 0</b>		Agency Name <b>GREENACRES DEPT. OF PUBLIC SAFETY</b>			Agency Report Number <b>4 2 - 0 2 - 1 1 0 2 1</b>				<b>3</b>				
	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			5. Ordinance 6. Other		Special Notes:						
DEF.	Name (Last, First, Middle) <b>Kyle Virginia Lee</b>						Alias		Race	Sex	Date of Birth			
CHARGES	Charge Description <b>Grand Theft</b>			Charge Description										
VICTIM	Charge Description						Charge Description							
Victim's Name (Last, First, Middle) <b>Kyle Virginia Lee</b>						Race	Sex	Date of Birth						
Local Address (Street, Apt. Number) <b>Some place</b>			(City)	(State)	(Zip)	Phone	Address Source							
Business Address (Name, Street) <b>3897 Jay Rd</b>			(City)	(State)	(Zip)	Phone	Occupation							
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>3</b> day of <b>March</b> 2002 at <b>7:45</b> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>														
<p>On 03/04/02 at 11:00 hours I was dispatched to 3897 Jay Rd. in reference to a theft. Upon my arrival I made contact with Jamie A. McLean, manager of Pudding Grill. Jamie stated that at approximately 10:45 hours an employee (name) (1/F) Virginia L. Roberts 08/09/83 last worked with money in sum of \$313.84, which was to be turned in if a guest wanted to eat the restaurant. Roberts was not given form or to leave with only and several attempts were made to contact her at home with negative results.</p>														
<p>I talked to Jamie and she said the guest who took the money for turning in all money received in purchases during their stay at the end of the shift. The total amount of money was kept track of by computer from entries made by Roberts throughout the evening. Jamie also stated that Roberts' boyfriend an unknown W/M made several phone calls to her throughout the night. At the about 9 PM time Robert had been with 1 boy friend.</p>														
<p>The total value taken was \$313.84 cash money in U.S. Currency.</p>														
<p style="text-align: right;">Best Legible Copy</p>														
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH THE FOREGOING INSTRUMENT WAS SWEORN TO AND SUBSCRIBED BEFORE ME THIS <u>03/04/02</u> (DATE) BY <u>J. R. B. J.</u> (SIGNATURE) WHO IS PERSONALLY KNOWN TO ME <u>POLICE OFFICER / CLERK OF COURT / OFFICER (F.S.S. 117.10)</u> <u>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</u> <u>POLICE OFFICER / CLERK OF COURT / OFFICER (F.S.S. 117.10)</u>						CERTIFIED TRUE COPY <u>J. R. B. J.</u> (SIGNATURE) NAME OF OFFICER (PLEASE PRINT) <u>J. R. B. JADSHAW, SHERIFF</u> PAGE <u>1</u> OF <u>1</u> <u>GM-00807</u>							

<b>VEHICLE/PROPERTY REPORT</b> <b>GREENACRES DEPT. OF PUBLIC SAFETY</b>													
ADM	Agency ORI Number 501200			Agency Report Number 0.2 - 4.0.2.9.			1. Original 2. Supplement						
	Original Date Reported 0.3.0.4.0.2			Incident#									
CODES	Person Code		Status Code		Damage Code		Type	Recovery Location	Recovery Code				
	V-Victim S-Suspect M-Missing A-Arrestee E-Escapee	R-Recovered Missing 2-Other	1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious	5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other	0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense	4. Stripped/Theft From 9. Other	1. Auto 2. Truck/Van 3. Motorcycle 4. Camper/RV 5. Bus	6. Trailer 7. Boat 8. Aircraft 9. Other	1. Family Residence 2. All Complex 3. Housing Project 4. Commercial/Industrial	8. Park/Playground 9. Shopping Mall 7. Woods 6. Water 8. Other	Stolen / Recovered 1. Local / Local 2. Local / Other 3. Other / Local		
VEHICLE/VESSEL	Person Code #	Veh. #	Status	Damage	Type	Year	Make	Model	Style				
	Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type				
THEFT	VIN/Hull/FAA											Estimated Value	
	Condition 1. Window Closed 2. Locked											Lien Holder	
Color (Top/Bottom)												Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)	
Vessel Name		Length		Hull Material		Propulsion		Boat Type					
Recovery Address/Geographic Indicator					Date Recovered		Value Recovered						
Recovery Loc.	Recovery Code	Original Reporting Agency			Report Number		Hold Y-Yes N-No	Reason/Authority					
Method of Theft 0. N/A 1. Keys 2. Tow Truck 3. Hot Wire 4. Steering Column 5. Ignition Punch 6. Unknown				Components Stripped 0. N/A 1. VIN Plate 2. Tires/Wheels 3. Radio/CB 4. Battery 5. Interior 6. Transmission 7. Engine Parts 8. Tag/Title Stolen				8. Major Body Parts 9. Tag/Title Stolen 10. Other-Specific					
Towed By												Storage Location	FCIC/NCIC
PROPERTY	Type Theft 00. Burglary 01. Shoplifting	02. Robbery 03. Shoplifting	04. Pocket Picking 05. Purse Snatching	06. Embarkment 07. From Coin Oper. Machine	08. From Public Access Bldg.	09. From Vehicle	11. By Computer 12. Fraud	99. Other					
	Person Code V-Victim S-Suspect	P-Proprietor A-Arrestee Z-Other	Status Code 1. Stolen 2. Recovered	3. Stolen and Recovered 4. Recovered for Other Jurisdiction	5. Lost 6. Found 7. Safekeeping	8. Evidence/Selzed 9. Other	Damage Code 0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense 6. Other					
Property Type													
A. Auto Accessory/Part B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool	F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Flora J. Jewelry/Precious Metal	K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment	P. Art/Collection Q. Computer Equipment R. Radio/Studio S. Sports Equipment T. TV/Video/VCR	U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment	Z. Miscellaneous								
Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number					
V	1	1	1	O	313.84	Cash	U.S. Currency						
Serial Number													
Owner Applied Number													
Description (Size, Color, Caliber, Barrel Length, Etc.)													
Value													
3,131.84													
Value Recovered													
Date Recovered													
FCIC/NCIC													
Person Code #													
Item #													
Status													
Damage													
Property Type													
Quantity													
Name													
Brand													
Model Name/Number													
Serial Number													
Owner Applied Number													
Description (Size, Color, Caliber, Barrel Length, Etc.)													
Value													
3,131.84													
Value Recovered													
Date Recovered													
FCIC/NCIC													
Person Code #													
Item #													
Status													
Damage													
Property Type													
Quantity													
Name													
Brand													
Model Name/Number													
Serial Number													
Owner Applied Number													
Description (Size, Color, Caliber, Barrel Length, Etc.)													
Value													
3,131.84													
Value Recovered													
Date Recovered													
FCIC/NCIC													
Activity													
P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Product/Cultivate	Z. Other	Type	M. Marijuana B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen	N. Opiate/Derivative P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other	Unit	1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Does Unit/item				
Activity													
Type													
Description													
Quantity													
Unit													
Estimated Street Value													
.00													
Activity													
Type													
Description													
Quantity													
Unit													
Estimated Street Value													
.00													
PROPERTY DETAILED													
WILL PROSECUTE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE X													
ADMINISTRATIVE													
Officer(s) Reporting Rubin													
ID. Number(s) 1523													
Unit U/P													
Date 03/04/08													
Officer Reviewing (If Applicable) Signature													
ID. Number Ric L. Bradshaw, Sheriff													
Ric L. Bradshaw, Sheriff													
Referred To E. L. Bradshaw, Sheriff													
Assigned To													
CERTIFIED BY TO BE A TRUE COPY													
Page 1 of 2													

GREENACRES DEPARTMENT OF PUBLIC SAFETY  
2995 JOG ROAD, GREENACRES, FLORIDA 33467  
(561) 642-2160

WITNESS STATEMENT

VICTIM \_\_\_\_\_ WITNESS X

CASE NUMBER: 02-4029

DATE: 3/4/02

TIME: 11:15

NAME: JAMIE A. MELANSON

DOB: 8/24/76

ADDRESS: [REDACTED]

WORK PHONE: [REDACTED]

HOME PHONE: [REDACTED]

E-MAIL: [REDACTED]

CELL PHONE: [REDACTED]

I JAMIE A. MELANSON do hereby make the following voluntary statement without threat, coercion, offer or favor by any persons whatsoever:

VIRGINIA ROBERTS LEFT IN THE MIDDLE OF HER SHIFT ON THE NIGHT OF 3/3/02 AT APPROXIMATELY 7:45 ISH. SHE LEFT WITH A MONEY AMOUNT OF \$314.00 FROM ROADHOUSE GRILL'S MONEY. I'M MAKING THE ASSUMPTION THAT HER BOYFRIEND CAME UP TO THE RESTAURANT AND LEFT WITH HER, HE CALLED PERIODICALLY THROUGH THE NIGHT ABOUT 5 TIMES

Sworn to and subscribed before me,  
this 4 day of March, 2002 by  
PSO John P. Bell 1523  
Notary public/Law Enforcement Officer

I swear/affirm the above and/or attached statements are correct and true.

Signature: [Signature]

Victim/Witness

CERTIFIED

TO BE A TRUE COPY

BROWARD BRADSHAW SHERIFF

GM\_00809