

COMPLAINT/ARREST AFFIDAVIT

POLICE CASE NO 2013-00048961

DEFENDANT'S NAME (LAST FIRST MIDDLE) POP, IOAN

DOB (MM/DD/YYYY) 05/13/1942

AGE 70 RACE W SEX M

HEIGHT 508 WEIGHT 187 HAIR COLOR GRY HAIR LENGTH BDG HAIR STYLE STR EYES GRN

SCARS TATTOOS UNIQUE PHYSICAL FEATURES (Location, Type, Description)

LOCAL ADDRESS (Street Apt Number) 1356 MONROE ST HOLLYWOOD, FL 33019-

PERMANENT ADDRESS (Street Apt Number) 4300 ALTON RD MIAMI BEACH, FL 33140-

ARREST DATE (MM/DD/YYYY) 5/6/2013

ARREST TIME (HH:MM) 18:35

ARREST LOCATION (include name of business) 1100 WASHINGTON AVE MIAMI BEACH, FL 33139- MBPD

CHARGES BATTERY/SIMPLE

ON this 30 day of APRIL, 2013 at 19:00 (HH:MM) at 4300 ALTON RD MT. SINAI MED CENTER

ON THE ABOVE LISTED DATE AND TIME, THE VICTIM HAD BEEN ADMITTED AS A PATIENT AT MT. SINAI MEDICAL CENTER FOR MEDICAL EVALUATION. WHILE BEING EVALUATED BY THE DEF., WHO IS A LICENSED PSYCHIATRIST, THE DEF. GRABBED THE VICTIM WITH ONE ARM AROUND HER WAIST AND PULLED HER CLOSE TO HIM. THE DEF. USED HIS OTHER HAND AND GRABBED THE VICTIM'S FACE THEN KISSED HER ON THE LIPS AND PLACED HIS TONGUE IN HER MOUTH WITHOUT HER CONSENT. THE VICTIM WAS UNDER EVALUATION AND NOT FREE TO LEAVE. THE VICTIM DID NOT CONSENT TO THIS ACTION AND WAS GRABBED AND KISSED AGAINST HER WILL.

A CONTROLLED CALL WAS CONDUCTED ON MAY 2, 2013 WITH THE VICTIM'S AUTHORIZATION. DURING THAT CONTROLLED CALL THE DEF. ADMITTED TO KISSING THE VICTIM AND APOLOGIZED FOR HIS ACTIONS.

OFFICER'S / COMPLAINTANT'S SIGNATURE Erben

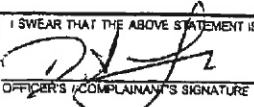
SWORN TO AND SUBSCRIBED BEFORE ME

DAY OF MAY 2013

Corps 716

COMPLAINT/ARREST AFFIDAVIT

COURT COPY

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<p>THE DEF. VOLUNTARILY RESPONDED TO THE MIAMI BEACH POLICE DEPARTMENT THIS DATE AND WAS READ MIRANDA. THE DEF. WAIVED HIS RIGHT TO AN ATTORNEY AND ADMITTED TO THE INCIDENT IN A SWORN RECORDED STATEMENT.</p>																																																				
HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing)		<input type="checkbox"/> I understand that should I willfully 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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvenile notary Juvenile Division) anytime that my address changes.																																														
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.  OFFICER'S /COMPLAINANT'S SIGNATURE Erben NAME (Printed)		684 (02) COURT ID NUMBER/LOC CODE MIAMI BEACH AGENCY NAME		SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS <u>6</u> DAY OF <u>MAY</u> 2013 Corps 716 Deputy of the Court or Notary Public		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof. Signature of Defendant / Juvenile and Parent or Guardian																																														