


CITY OF CORAL GABLES

- MEMORANDUM -

TO: ASSISTANT CHIEF MICHAEL MILLER **DATE:** MAY 21, 2015
AWARDS SELECTION COMMITTEE

FROM: A/MAJOR BRIAN LAWRENCE  **SUBJECT:**
SPECIALIZED ENFORCEMENT DIVISION OFFICER OF THE MONTH

It is my pleasure and honor to nominate **SERGEANT ALEX ESCOBAR** and **OFFICER DANIEL SOTOLONGO** for the distinguished Officer of the Month award for May 2015. This nomination is based on their successful efforts regarding a Traffic Homicide that occurred in Coral Gables (case 15-002330).

In the early morning hours of Thursday, March 26, 2015, members of the Crash Investigations Unit/Traffic Homicide Investigators were summoned to the intersection of Bird Road and Granada Boulevard. A victim was pronounced deceased and was at final rest in the intersection. It was up to the Traffic Homicide Investigators, namely Sergeant Alex Escobar and Officer Daniel Sotolongo to investigate the death and identify an offender.

The two investigators immediately began to examine the scene and gather information as per their training and experience. Through their exemplary efforts, they were able to determine that the victim was riding his bicycle west bound on Bird Road and was struck by a vehicle that was also traveling west bound on Bird Road. The vehicle had left the scene of the crash so it was unknown who the driver was. The investigators examined all the evidence on the scene including broken auto parts and roadway gouge marks as well as other evidence. They were able to locate the victim's bicycle approximately 2100 feet away from the initial scene.

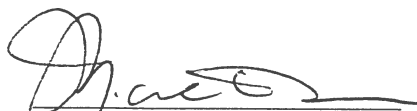
The investigators worked tirelessly throughout the next 26 hours with no rest. Their efforts paid off. They were able to develop the minimal leads from the scene and witness statement. They located the suspect vehicle in the backyard of a residence in Miami-Dade County. They secured warrants for the possession and entry of the vehicle. They located and notified the victim's next of kin. Furthermore, Sergeant Escobar and Officer Sotolongo engaged in a professional liaison with all of the other agencies that were involved with this case. This includes the State Attorney's Office, Medical Examiner's Office, Miami-Dade Police Traffic Homicide and Crime Scene Units, and the Coral Gables Police Justice Advocate Program. The investigation intensely continued for the next four weeks until Friday, April 24, 2015 when the offender was formally charged for his crimes.

In conclusion, I would like to thank the committee for their time and consideration in this matter. Attached is a copy of the Arrest Form for further review. It is my opinion that Sergeant Escobar

and Officer Sotolongo are truly deserving of the award and should be recognized for their professional investigative actions, hard work, and dedication to this difficult case.

REVIEWED BY:

DATE



Michael Miller
Assistant Chief of Police
Awards Selection Committee

5/21/15

BL/bl

COMPLAINT/ARREST AFFIDAVIT

PC# CASE NO

15-002330

COMPLAINT/ARREST AFFIDAVIT

SPECIAL OPERATION		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD <input checked="" type="checkbox"/> TRAFFIC <input type="checkbox"/> LIV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV NF		JAIL NO		PMHO <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		COURT CASE NO	
DS NO		AGENCY CODE 03		MUNICIPAL PD DEF DNC		MOPD RECORDS AND DTC		STUDENT ID NO	
DEFENDANT'S NAME (LAST FIRST MIDDLE)		ALIAS and / or STREET NAME		SIGNAL		BANG ACTIVITY RELATED ARREST <input checked="" type="checkbox"/>		FRAUD RELATED ARREST <input checked="" type="checkbox"/>	
REDERO, JUAN CARLOS									
DOB MM DD YYYY		AGE		RACE		SEX		ETHNICITY	
09/20/1973		41		W		M		CUB	
HEIGHT		WEIGHT		HAIR COLOR		HAIR LENGTH		HAIR STYLE	
6'00		185		BRO		MED		UNC	
EYES		GLASSES		FACIAL HAIR		FEET			
BRO		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FUL		NOR			
SCARS TATTOOS UNIQUE PHYSICAL FEATURES Location Type Description		PLACE OF BIRTH City State Country		MIAAMI, FL, United States Of America					
LOCAL ADDRESS Street Apt Number		City		State		Zip		PHONE	
8500 SW 46 ST, MIAMI, FL 33155								305 554-6171	
PERMANENT ADDRESS Street Apt Number		City		State		Country		Zip	
8500 SW 46 ST, MIAMI, FL 33155								305 554-6171	
BUSINESS OR SCHOOL NAME AND ADDRESS (Street)		City		State		Country		Zip	
REDERO AND ASSOCIATES, LLC, S/A ABOVE								786 236-0864	
DRIVER'S LICENSE NUMBER STATE		SOCIAL SECURITY NO		VEHICLE REGISTRATION		I Def has Concealed Weapons Permit PERMIT # W		NIGHT DRUG	
R360420733400 / FL									
ARREST DATE MM DD YYYY		ARREST TIME HH:MM		ARREST LOCATION (include name of business)					
04/24/2015		07:54		2801 SALZEDO ST (CORAL GABLES POLICE)					
CO-DEFENDANT NAME Last First Middle		DOB MM DD YYYY		IN CUSTODY		FELONY		JUVENILE	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CO-DEFENDANT NAME Last First Middle		DOB MM DD YYYY		AT LARGE		DV		MISDEMEANOR	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CO-DEFENDANT NAME Last First Middle		DOB MM DD YYYY		IN CUSTODY		FELONY		JUVENILE	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
JUV ONLY <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name)		(Street Apt Number)		(City)		(State Country) Zip (Phone)	
		N/A							
CHARGES		CHARGE AS		COUNTS		FL STATUTE NUMBER		JUL OF BEG	
EVIDENCE TAMPER OR FABRICATE PHYSICAL EVIDENCE		<input checked="" type="checkbox"/> F S <input type="checkbox"/> ORD		1		918.13		N	
LEAVING SCENE OF CRASH INVOLVING DEATH		<input checked="" type="checkbox"/> F S <input type="checkbox"/> ORD		1		316.027(1)(B)		N	
		<input type="checkbox"/> F S <input type="checkbox"/> ORD							
		<input type="checkbox"/> F S <input type="checkbox"/> ORD							

COURT COPY

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law
 On the **26** day of **March** **2015** at **03:13** (HH:MM) at **900 BLK BIRD RD, CORAL GABLES, FL 33134**
 Location include name of business

At approximately 3:13 a.m. on March 26, 2015, the victim/deceased was riding a bicycle westbound in the right hand lane and in the furthest right portion of the lane on Bird Road at the 900 Block in Coral Gables, Miami-Dade County, Florida. As the victim was riding his bicycle, the Defendant was driving a Grey colored Nissan Altima, also westbound, and struck the victim on the bicycle. After the collision, physical evidence on the scene indicated that the Defendant in the Nissan Altima continued driving westbound for more than 2100 feet with the bicycle lodged under his vehicle. The victim's body sustained considerable injuries, including multiple lacerations, and injuries to his back and the back of his head that resulted in his death as a result of the crash.

Investigation of the scene revealed that the Defendant drove the Nissan Altima and stopped to remove the bicycle from the front of his vehicle. The bicycle had considerable damage, particularly to the rear portion of the bicycle. The aforementioned vehicle was registered to the Defendant and was

HOLD FOR OTHER AGENCY		VERIFIED BY		<input checked="" type="checkbox"/> HOLD FOR BOND HEARING DC 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 (Juvies notify Juvenile Division) anytime that my address changes.	
Name CGPD		SIGNED BY		THE UNDERSIGNED AUTHORITY THIS		Signature of Defendant Juvenile and Parent or Guardian	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT		10204 (03)		24			
OFFICER'S COMPLAINT SIGNATURE		COURT NUMBER/LOC CODE		DAY OF APRIL 2015			
SOTOLONGO, DANIEL		CORAL GABLES PD		397			
NAME (Printed)		AGENCY NAME		Deputy of the Court of Notary Public 7181			

JAIL NO		COURT CASE NO						
IDS NO	AGENCY CODE 03	MUNICIPAL P D DEF ID NO	MCPD RECORDS AND ID NO					
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) REDERO, JUAN CARLOS			DOB (MM/DD/YYYY) 09/20/1973					
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR					
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR					
ADDITIONAL CHARGES	CHARGE AS	COUNTS	FL STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
	<input type="checkbox"/> F S <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIA <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> PA <input type="checkbox"/> W/P <input type="checkbox"/> P <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F S <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIA <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> PW <input type="checkbox"/> PA <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F S <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIA <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> PW <input type="checkbox"/> PA <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
	<input type="checkbox"/> F S <input type="checkbox"/> ORD				Coral Gables			<input type="checkbox"/> AC <input type="checkbox"/> CAP <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> V <input type="checkbox"/> <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

located at the rear of his residence approximately 12 hours after the crash. Upon arrival at the Defendant's residence, the vehicle was located in the rear of the residence with considerable and consistent damage with the fatal crash being investigated. The vehicle's damage was considerable to include; a huge indentation on the front windshield that covered approximately 50% of the front windshield. The Defendant knowingly concealed the vehicle in the rear of his residence and attempted to hide the damage to the vehicle by placing a child's kiddie pool leaning over the damaged area of the vehicle and placing a trampoline at the rear of the vehicle to conceal the vehicle tag.

A photographic line-up was administered at the Coral Gables Police Department to an eye-witness, who positively identified the Defendant as the driver of the vehicle, which struck the deceased bicyclist.

On April 24, 2015 The Defendant was located at 8500 SW 46 ST and was transported to the Coral Gables police department in furtherance of the fatal investigation. The Defendant was then arrested and transported to TKG via CGPD.

HOLD FOR OTHER AGENCY Name CGPD	VERIFIED BY	<input checked="" type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND (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 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 (Juvéniles notify Juvenile Division) anytime that my address changes.
SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT	THE UNDERSIGNED AUTHORITY THIS	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
OFFICER'S / COMPLAINT'S SIGNATURE SOTOLONGO, DANIEL NAME (Printed)	COURT ID NUMBER/LOC CODE 10204 (03) AGENCY NAME CORAL GABLES PD	DAY OF APRIL 2015 Deputy of the Court of Notary Public 7181	Signature of Defendant, Juvenile and Parent or Guardian



FLORIDA UNIFORM TRAFFIC CITATION

A3PLNVE

COUNTY OF MIAMI-DADE	<input type="checkbox"/> (1) FHP <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY/TOWN/CANAL CORAL GABLES	AGENCY NAME CORAL GABLES POLICE
AGENCY # 03	

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED DEPT/FEE THAT WERE PAID JUST AND REASONABLE PROVISIONS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT
(RETAINED BY COURT)

DAY OF YEAR FRIDAY	MONTH 04	DAY 24	YEAR 2015	TIME 08:42
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NAME PRINT - FIRST JUANCARLOS	MIDDLE REDERO	LAST REDERO
STREET 8500 SW 46 ST		

CITY MIAMI	STATE FL	ZIP CODE 33155
TELEPHONE NUMBER (305) -	DATE OF BIRTH 09 20 1973	SEX W
		HEIGHT M
		WEIGHT 600

DRIVER LICENSE NUMBER R 3 6 0 4 2 0 7 3 3 4 0 0	STATE FL	CLASS E	EXPIRES 2017	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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VEHICLE MAKE 2010 NISSA	VEHICLE MODEL 4D	VEHICLE COLOR GRY	PLATE/REGISTRATION HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO. 967JQK	VEHICLE TAG NO. FL	VEHICLE TAG EXPIRES 2014	NO PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

POND, PUBLIC STREET OR HIGHWAY OR OTHER LOCATION NAME SR976 (BIRD RD) (Block 900)		COMPANY IDENTIFICATION NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE CHECK ONLY ONE OFFENSE EACH CITATION

- UNLAWFUL SPEED _____ MPH SPEED APPL. CABLE _____ MPH
 - INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT
- SPEED MEASUREMENT DEVICE
- CARELESS DRIVING
- VIOLATION OF TRAFFIC CONTROL DEVICE
- FAILURE TO STOP AT A TRAFFIC SIGNAL
- IMPROPER LANE CHANGE OR COURSE
- NO PROOF OF INSURANCE
- VIOLATION OF RIGHT OF WAY
- IMPROPER PASSING
- CHILD RESTRAINT
- SAFETY BELT VIOLATION
- IMPROPER OR UNSAFE EQUIPMENT
- EXPIRED TAG SIX (6) MONTHS OR LESS
- EXPIRED TAG MORE THAN SIX (6) MONTHS
- EXPIRED TAG SIX (6) MONTHS OR LESS
- EXPIRED TAG MORE THAN SIX (6) MONTHS
- DRIVING WHILE LICENSE SUSPENDED OR REVOKED
- EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
- EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
- NO VALID DRIVER LICENSE
- DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS
- DRIVING UNDER THE INFLUENCE OF DRUGS

OTHER VIOLATIONS OR COMMENTS PERTAINING TO THIS CITATION
LEAVING SCENE OF CRASH INVOLVING DEATH

Collision Occurred On **03/26/15** Approximately **0313** Hrs

<input type="checkbox"/> AGGRESSIVE DRIVING	VIOLATION OF STATE STATUTE	SECTION 316.027(1)(B)	SUBJECT CODE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE 10,000	VEHICLE DAMAGE TO ANOTHER VEHICLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE DAMAGE TO ANOTHER VEHICLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

- CRIMINAL VIOLATION: COURT APPEARANCE REQUIRED AS INDICATED BELOW
- INFRACTION: COURT APPEARANCE REQUIRED AS INDICATED BELOW
- INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

CIVIL PENALTY IS \$ _____

COURT APPEARANCE IN _____ DATE _____ TIME _____

TO BE SET

COURT _____ LOCATION _____

ARREST DELIVERED TO **TGK** DATE **04/24/2015**

PLEASE PRINT NAME AND ADDRESS TO WHICH CHARGE AND NOTICE IS SPECIFIED IN THIS CITATION. ALL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. UNDERSTAND THE SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

SIGNATURE OF OFFICER <i>[Signature]</i>	OFFICER ID NUMBER 10204	ISSUE DATE 7823
RANK HSMV 15301 (Rev 07/12)	NAME HSMV 15301 (Rev 07/12)	OFFICER ID NUMBER HSMV 15301 (Rev 07/12)