

☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☐ ARREST FORMBROWARD COUNTY
ARREST #

OBTS #

Filing Agency Div. of Insurance Fraud		Offense Report 14-1941		Local ID #		FDLE		FBI		SS#	
Defendant's Last Name Carreno		First Nicolas		Middle SUF		Alias/Street Name		US		Citizenship	
Race W	Sex M	Hgt 5'07"	Eyes BRO	Hair BLK	Wgt 220	Comp MED	Age 45	DOB 09/09/70	Birthplace Colombia	Scars, marks, TT UNK	
Permanent Address 4166 Inverrary Dr #306, Lauderhill FL, 33319								Local Address			
Residence Type <input type="checkbox"/> (1) City <input type="checkbox"/> (2) County <input checked="" type="checkbox"/> (3) Florida <input type="checkbox"/> (4) Out of State								Place of Employment UNK		Length UNK	
How long defendant in Broward County:		Breathalyzer by/CCN		Reading		Place of Arrest		Date / Time arrested		Arresting Officer CCN	
Officer injured Yes <input type="checkbox"/> No <input type="checkbox"/>		Unit		Zone		Beat		Shift		Trans. Unit	
PMD Y <input type="checkbox"/> N <input type="checkbox"/>		Transporting Officer CCN		Pick-up time:		Time arrived at BSO:		Drug Type			
Type: N-N/A A-Amphetamine	B-Barbiturate C-Cocaine E-Heroin	H-Hallucinogen M-Marijuana O-Opium	P-Paraphernalia/ Equipment S-Synthetic	U-Unknown Z-Other		Activity: N-N/A P-Possession S-Sell		Activity: B-Buy T-Traffic A-Smuggle D-Deliver		E-Use M-Manufacture P-Producer/ C-Cultivate	
K-Dispense/ D-Distribute Z-Other		Indication of: Alcohol Inf. Drug Inf.		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>							

Defendant's Vehicle Mitsubishi Type: 4 dr Year: 1997 Color: Silver VIN#: 6MMAP47P6VT004799

Attach Defendant's Photo

Vehicle towed to: _____ Tag # C36N

Other Identifiers or remarks _____

Name of Victim(s) (If corporation, exact legal name and state of incorporation) <u>Broward Sheriff's Office</u>		ADDRESS <u>200 NW 27th Ave, Fort Lauderdale, FL 33311</u>		PHONE # <u>(954) 321-4800</u>	
Count #	Offenses Charged	Citation # if Applicable	FS or Capias/Warrant #		
1	Worker's Compensation Fraud		440.105 (4) (b) 3		

Probable Cause Affidavit

Before me this date personally appeared Det. Noel Caro who being first duly sworn deposes and says that on 04 day of September, 2013 at Broward County (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

Nicolas Carreno deliberately misrepresented his ability to perform daily activities in order to gain medical benefits he was not entitled to pursuant to a Worker's Compensation Claim. Nicolas Carreno, an employee of the Broward County Sheriff's Office, claimed to Gallagher Bassett that he was injured in a work related accident that occurred on October 19, 2007. Mr. Carreno was employed as a Deputy Sheriff and allegedly felt a sharp pain in his lower back while reaching for and lifting his laptop out of the trunk of his patrol car. Carreno underwent surgery, was prescribed a wheelchair due to alleged severe pain. Carreno was later placed on a no work status. Carreno claimed to Gallagher Bassett that he was unable to conduct normal day activities such as driving, bending and picking up lightweight bags due to these injuries.

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

Officer/Affiant's Signature

Officer's Name/CCN

Officer's Division

STATE OF FLORIDA COUNTY OF BROWARD

The forgoing instrument was acknowledged before me this 29 day of FEBRUARY, 2016 who is personally known to me or who has produced (ID type) known to me as identification and who did (did or did not) take an oath.

DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

TITLE OR RANK/CCN

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USES THE PROBABLE CAUSE AFFIDAVIT CONTINUATION)

Distribution
Original - Court
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4th Arresting Agency