



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

**CRIMINAL INFORMATION SUMMARY**  ADDITIONAL PAGES

Troop / Unit: CSP- "H" Hartford OTHER INVOLVED AGENCY:  NO  YES

DATE: 06/15/05 TIME: 1010 INVESTIGATING TROOPER: TFC HOPPING 1303 DPS CASE NUMBER: 05-029192

LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):  
4 SUNRISE TERRACE EAST GRANBY CT 06026

SUMMARY OF INCIDENT OR AFFIDAVIT:  ARREST MADE  UNDER INVESTIGATION

EARLY THIS MORNING FEDERAL & LOCAL OFFICERS OF THE CONNECTICUT COMPUTER CRIMES TASK FORCE, CONNECTICUT STATE POLICE & EAST GRANBY RESIDENT TROOPERS OFFICE EXECUTED A SEARCH AND SEIZURE WARRANT AT A RESIDENTIAL PROPERTY IN EAST GRANBY, CT. DURING THIS SEARCH INVESTIGATORS ENCOUNTERED MR. ORLANDO MARTINEZ 03/31/40 WHO WAS WANTED ON FELONY WARRANTS AS A FUGITIVE FROM JUSTICE BY THE BROWARD COUNTY SHERIFFS DEPARTMENT IN FLORIDA. MARTINEZ WAS TAKEN INTO CUSTODY AT 1010 HOURS AND TRANSPORTED TO THE CT STATE POLICE TROOP H IN HARTFORD CT. THE ACCUSED WAS PROCESSED AT CSP-TROOP "H" IN HARTFORD AND IS CURRENTLY BEING HELD ON A \$1,000,000 CASH BOND. MARTINEZ WILL APPEAR AT THE ENFIELD SUPERIOR COURT ON JUNE 16, 2005 TO ANSWER THESE CHARGES.

VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN THE DOB FIELD)

NAME / BUSINESS / AGENCY  M  F ADDRESS: (TOWN/CITY & STATE ONLY) JUVENILE  YES  NO INJURED  YES  NO AGE:  YES  NO

VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN THE DOB FIELD)

NAME: MARTINEZ, ORLANDO  M  F DOB: 03/31/40 ADDRESS: 4 SUNRISE TERRACE EAST GRANBY, CT

CHARGES: 1. FUGITIVE FROM JUSTICE COURT: GA: 13 TOWN: ENFIELD DATE: 06/16/05 BOND:  CASH  SURETY  NON-SURETY  WPTA AMOUNT \$: \$1,000,000  TO BE PRESENTED AT COURT  TRANS TO DEPT OF CORR. @: 1400 HOURS INJURED:  YES  NO AMBULANCE:  YES  NO HOSPITAL:

NAME:  M  F DOB: ADDRESS:

CHARGES: 1. COURT: GA: TOWN: DATE: BOND:  CASH  SURETY  NON-SURETY  WPTA AMOUNT \$:  TO BE PRESENTED AT COURT  TRANS TO DEPT OF CORR. @: INJURED:  YES  NO AMBULANCE:  YES  NO HOSPITAL:

NAME:  M  F DOB: ADDRESS:

CHARGES: 1. COURT: GA: TOWN: DATE: BOND:  CASH  SURETY  NON-SURETY  WPTA AMOUNT \$:  TO BE PRESENTED AT COURT  TRANS TO DEPT OF CORR. @: INJURED:  YES  NO AMBULANCE:  YES  NO HOSPITAL:

NAME:  M  F DOB: ADDRESS:

SUPERVISOR'S APPROVAL REQUIRED: INITIALS: [Signature] ID #: 8101 DATE: 6/15/05