



O.R. #

02-47028

SUSPECT	Suspect Code S-Suspect A-Arrestee E-Escapee Z-Other	Code	#	Juvenile	Name (Last, First, Middle)		
	Maiden Name	Nickname/Street Name		Place of Birth	Residence Phone		
	Last Known Address (Street, Apt. Number)			City	State	Zip	
	Occupation	Employer/School	Address		Social Security Number		
	Driver's License State/Number	Immigration and Naturalization Number	Other I.D. Number	FL/OBTS Number (Arrested)	FCIC/MCIC		
	Clothing (Describe)			Scars/Marks/Tattoos (Location/Describe)			
	Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color

DRUGS	Activity	Type	Description	Quantity	Unit	Estimated Street Value
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NARRATIVE

ON 4/10/02 AT 1510 HRS. I MET RON PASQUALINO AT 1300 W. BOWARD BLVD. (FLPD LOBBY) IN REFERENCE FRAUD. HE ADVISED THAT IN DEC. 1999, HE VISITED TLC LASER EYE CENTERS, TO HAVE HIS EYES TESTED. RON SAID THAT DR. JON S. JACOBS TESTED RON'S EYES, AND DR. STANLEY BRAVERMAN PERFORMED THE SURGERY. HE SAID THAT BOTH DOCTORS TOLD HIM, THAT HE WAS A CANDIDATE FOR LASIK SURGERY, BUT THEY DID NOT TELL HIM, THAT HE HAD KERATOCONIUS.

RON SAID HE PAID THE TLC LASER EYE CENTERS, \$7,500.00 FOR THE SURGERY.

RON ADVISED THAT AS TIME WENT BY, HE NOTICED THAT HIS VISION WAS GETTING WORSE, HE THEN CONTACTED DR. STANLEY. RON SAID THAT A SECOND SURGERY WAS PERFORMED ON HIS EYES BY THE SAME DOCTOR. RON SAID HE CONTINUED TO NOTICE HIS VISION DETERIORATING, HE LOOKED FOR HELP ELSEWHERE. RON CONTACTED THE FOLLOWING DR'S: JAMES JOSEPH SALZ, M.D., AZAR DIMITRI, RICHARD K. FORSTER AND SONIA YOO. RON SAID THAT THE DOCTORS AGREED THAT THE SURGERY SHOULD NOT HAD BEEN PERFORMED. RON STATED THAT ONCE TLC LASER EYE CENTERS LEARNED THAT HE SAW OTHER DOCTORS, THEY ALTERED RON'S MEDICAL RECORD.

RON PROVIDED ME WITH COPIES (3) OF LETTER AND AFFIDAVITS. I TURNED THOSE COPIES INTO EVIDENCE.

PROPERTY  NONE INVOLVED  STOLEN-LOST  EVIDENCE RECEIPT  TO BE FORWARDED

OFFICER AFFIDAVIT: SWORN AND SUBSCRIBED BEFORE ME THIS 10 DAY OF APRIL 2002

TITLE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ CCN \_\_\_\_\_

SIGNATURE \_\_\_\_\_

VICTIM AFFIDAVIT: I hereby swear that on 4/10/02, I was the victim of a FRAUD (FORGERY), which was committed without my permission and against my will, as reported by me, by persons unknown to me as TLC LASER EYE CENTERS and further, that DO NOT desire to prosecute.

Sworn and Subscribed by me this 10 day of APRIL 2002 year

Officer's Signature [Signature] Victim's Signature [Signature]

