

**HS Law Corp.  
Otavio Haverroth Silva, SBN#343486  
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San Diego, CA 92169  
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**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
1855 Gateway Blvd., Suite 850  
Concord, CA 94520**

_____	)	
<b>In the Matter of</b>	)	
	)	
<b>Johnny Willians da Silva</b>	)	<b>File No. A 245-868-509</b>
<b>Bianca Braga Silva</b>	)	<b>File No. A 245-868-459</b>
	)	
<b>In Removal Proceedings</b>	)	
	)	
_____	)	

Immigration Judge: Keane, Stephen F.

Next Hearing Date: **April 13, 2029 at 1:00 PM.**

**RESPONDENTS' ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND  
WITHHOLDING OF REMOVAL**

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**Exhibit 1 - Evidence  
of Good Moral  
Character (No  
Criminal History)**



JOHNNY WILLIAMS DA SILVA  
C/O: JOHNNY WILLIAMS DA SILVA  
314 MONTERREY ST APT B  
VALLEJO, CA 94590





**U.S. Department of Justice**  
Federal Bureau of Investigation  
Criminal Justice Information Services Division  
Clarksburg, WV 26306

JOHNNY WILLIAMS DA SILVA  
C/O: JOHNNY WILLIAMS DA SILVA  
314 MONTERREY ST APT B  
VALLEJO, CA 94590

Date: 08-26-2025

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

**Subject Name**

JOHNNY WILLIAMS DA SILVA

**Search Completed Result**

08-26-2025 E2025238000000293280

**A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.**

Date of Birth: 01/04/1977

Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at [www.fbi.gov/checks](http://www.fbi.gov/checks) for further instructions.

Chris Ormerod  
Section Chief  
Biometric Services Section  
Criminal Justice Information  
Services Division

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

NCN E202523800000293280



DC000001Z  
DO 556-73 REQ  
FBI-CJIS-WV  
BIOMETRIC TECHNOLOGY CTR  
1000 CUSTER HOLLOW RD  
CLARKSBURG, WV 26306

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

TCN WVFBIJM0Z-20250826172517-EDO-0000-44122

AGENCY CASE D95527225238

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH  
CONTAINED THE FOLLOWING DESCRIPTORS:

NAME DA SILVA, JOHNNY WILLIAMS

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	B	1977/01/04	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	BRAZIL

CITIZENSHIP  
BRAZIL

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)  
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

NCN E202523800000293280

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI UCN	DATE REQUESTED
DA SILVA, JOHNNY WILLIAMS	CDNAC6067	2025/08/26

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1977/01/04	505	117	BRO	BLK

BIRTH PLACE  
BRAZIL

PATTERN CLASS	CITIZENSHIP
RS RS RS WU RS WU RS WU WU WU	BRAZIL

1-ARRESTED OR RECEIVED 2024/03/02  
AGENCY-CBP-OBP STATION SAN CLEMENTE (CACBP3000)  
AGENCY CASE-8929421160

FINGERPRINT INFORMATION  
BSI/40516085816  
PRINT DATE/2024/03/02

PHOTO INFORMATION - 1 PHOTOS AVAILABLE  
BSI/40516085814  
POSE/ DESC/  
PHOTO DATE/2024/03/02

IRIS INFORMATION -  
BSI/40516085815  
IRIS DATE/2024/03/04

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

NCN E202523800000293280

PART 2

- FBI IDENTIFICATION RECORD - FBI UCN-CDNAC6067

CHARGE 1-03/02/2024 06:03:49 ALIEN REMOVAL UNDER SECTION 212 AND 237

2-ARRESTED OR RECEIVED 2024/09/27 SID- CA42517087  
AGENCY-SHERIFF'S OFFICE SAN RAFAEL (CA0210000)  
AGENCY CASE-2404246

FINGERPRINT INFORMATION  
BSI/40553256574  
PRINT DATE/2024/09/27

PALMPRINT INFORMATION  
BSI/40553256569  
PRINT DATE/2024/09/27

NAME USED-DA SILVA, JOHNNY WILLIAM  
CHARGE 1-001 COUNTS OF GRAND THEFT  
CHARGE 2-001 COUNTS OF ELDER/DEP ADULT CRUELTY  
CHARGE 3-001 COUNTS OF CRIMINAL CONSPIRACY

COURT- ()  
2024/10/10 DISPOSITION-NOT PROSECUTED  
CHARGE- DSPE/487 PC-GRAND THEFT  
DSPE/PROS REJ-LACK OF SUFFICIENT EVIDENCE  
2024/10/10 DISPOSITION-NOT PROSECUTED  
CHARGE- DSPE/368(C) PC-ELDER/DEPENDANT ADULT CRUELTY  
DSPE/PROS REJ-LACK OF SUFFICIENT EVIDENCE  
2024/10/10 DISPOSITION-NOT PROSECUTED  
CHARGE- DSPE/182 PC-CRIMINAL CONSPIRACY  
DSPE/PROS REJ-LACK OF SUFFICIENT EVIDENCE

RECORD UPDATED 2025/08/26

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON  
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL  
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.



No. 005279972026

Ministry of Justice and Public Security  
Federal Police

**ePol - SINIC**  
**National Criminal Information System**  
Police Certificate

The Federal Police **CERTIFIES**, after a search in the National Criminal Information System - SINIC, that, as of this date, **THERE IS NO** final conviction recorded in the name of **JOHNNY WILLIAMS DA SILVA**, Brazilian nationality, son of GRETO DA SILVA and IRANIDES GUIMARAES DA SILVA, born on 01/04/1977, from Belo Horizonte-MG, Identity Card 314031725 DETRAN RJ, CPF 979.071.036-49.

This certificate was issued on **01/08/2026** at **5:58 p.m.** (Brasília/DF time GMT-3) based on the information provided and will only be valid upon presentation of an identification document for data confirmation.

The authenticity of this certificate can be confirmed by scanning the QR Code or by accessing the Federal Police website at "<https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/>", and entering the certificate number 005279972026.

I, **André Vinícius Inacio Penna Mello**, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

**Date: January 8, 2026.**



Nº 005279972026

Ministério da Justiça e Segurança Pública  
Polícia Federal

**ePol - SINIC**  
**Sistema Nacional de Informações Criminais**  
**Certidão de Antecedentes Criminais**

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **JOHNNY WILLIANS DA SILVA**, país de nacionalidade Brasil, filho(a) de GRETO DA SILVA e IRANIDES GUIMARAES DA SILVA, nascido(a) aos 04/01/1977, natural de Belo Horizonte-MG, CI 314031725 DETRAN RJ, CPF 979.071.036-49.

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Esta certidão foi expedida em **08/01/2026** às **17:58** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

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A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "<https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/>", e digitando o número da certidão 005279972026.

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MARIN COUNTY SUPERIOR COURT

3501 Civic Center Drive  
P.O. Box 4988  
San Rafael, CA 94913-4988  
(415) 444-7070

RECEIVED

2020 OCT 15 AM 8:39

DISTRICT ATTORNEY  
COUNTY OF MARIN

DEPARTMENT N 8:30 A.M. CALENDAR

If you have been informed that the District Attorney's Office *has not* filed charges against you, you are free to go, with no future court date at this time. Please note that the District Attorney's Office may decide to charge you with a criminal offense in the future, and if so, will notify you by mail. If you require further information please proceed to the District Attorney's office on the first floor of this building:

Office of The District Attorney  
3501 Civic Center Drive, Suite 145  
San Rafael, CA 94903

Phone: (415) 473-6450

Si usted fue informado que la Oficina de la Fiscalía NO ha tramitado cargos penales en su contra, usted se puede retirar; en este momento no hay otras comparencias para usted en el futuro. Favor de tener en cuenta que la Fiscalía podría decidir tramitar una denuncia en su contra en el futuro; si eso ocurre, se le notificará por correo. Si usted necesita más información, favor de comunicarse con la Oficina de la Fiscalía en el primer piso de este edificio:

Oficina de la Fiscalía

3501 Civic Center Drive, Despacho No. 145  
San Rafael, CA 94903

Teléfono: (415) 473-6450

Office of the Public Defender  
3501 Civic Center Drive, Suite 127  
San Rafael, CA 94903

Phone: (415) 473-6321

Office of The District Attorney  
3501 Civic Center Drive, Suite 145  
San Rafael, CA 94903

Phone: (415) 473-6450

# **Exhibit 2 - Evidence of Psychological Harm**

# Release of Information

I, hereby voluntarily authorize the disclosure of information from my health record.

**Patient Name**

Johnny da Silva

**Patient Date of Birth**

01/04/1977

I hereby authorize Community Behavioral Health 415 Knollcrest Dr, Ste 101, Redding, CA 96002, P (530) 392-4399 F (530) 927-5353 to: (please only select one box unless use for verbal communication.)

- Release records to the entity listed below.
- Request records from the entity listed below.

**Name of entity**

Johnny da Silva

**Entity Address**

31 Wall St

**Entity City**

West long branch

**Entity State**

New Jersey

**Entity Zip Code**

07764

**Entity Phone#**

(707) 6561238

Entity Fax#

---

Specify Date Range

---

The purpose or need for this disclosure is: (Check appropriate box(es))

- Further Medical Care
- Attorney
- School
- Verbal Communication
- Personal Use
- Insurance
- Disability
- Other (Please list below)

Other

---

The information to be disclosed from my health record: (Check appropriate box(es))

- Only Information relate to (Specify below)
- Only the period of events from (Specify below)
- Other (Specify below)
- Entire Record

If you selected box 1-3 above please specify the health record information to be disclosed.

---

If you would like any of the following sensitive disclosed, check the applicable box(es) below:

- Mental Health (other than psychotherapy notes)
- Psychotherapy Notes ONLY (by checking this box, I am waiving any psychotherapist-patient privilege)

I understand that I may revoke this authorization in writing submitted at any time to Community Behavioral Health, except to the extent that action has been taken in reliance on this authorization. If this Authorization was obtained as a condition of obtaining insurance coverage or a policy of insurance, other law may provide the insurer with the right to contest a claim under the policy. If this authorization has not been revoked, it will terminate one year from the date of my signature unless a different expiration date or expiration event is stated for Health Information Exchange authorizations, it is recommended to expire in at least five years.

**Specify new date**

By checking this box, I agree to use electronic records and signatures and I acknowledge that I have read the related consumer disclosure.

**Signature:**

*Johnny da Silva*

12-01-2025 01:37 PM PST

**Patient First and Last Name**

Johnny da Silva

**Patient Date of Birth**

01/04/1977

**Patient Address**

31 Wall St

**City**

West Long branch

**State**

New Jersey

**Zip Code**

07764

Patient Name  
*Johnny Da Silva*  
Patient DOB  
01/04/1977

### 415 Knollcrest Dr - Community Behavioral Health

Phone: +1(530)-392-4399  
Fax: +1(530)-927-5353

#### DA SILVA, JOHNNY

January 4, 1977  
Birthday

Male  
Sex

267772779025440342365062383085338254023  
ID

617 Parker St  
Vallejo, CA 94590  
Address

+1(707)-656-1238  
Mobile Phone

Portuguese  
Language

johnnywillians34@gmail.com  
Home Email

Unknown  
Race

#### Care Team

PRIMARY CARE TEAM	NAME	ROLE	TELEPHONE
CARE TEAM	SALVO ALVES DA SILVA		

## Clinical Notes

### CLINICAL NOTES

Date of visit: 10/16/2025

Provider: SALVIO ALVES DA SILVA on Oct 16 2025 23:00

CC:

PTSD, adjustment

Time Start: 2:01am Time End: 2:59pm

Total time Spent: 58min

#### Subjective:

Reports ongoing improvements in trauma symptoms. Reports that he can think of the experience without feeling fearful of triggered although admitting that he feels hypervigilant and anxious when he sees police vehicles when driving and have intrusive thoughts that they may be coming after him for no reason. Talked about ongoing changes in his life and its impact. Compares his current situation to the way he used to be and feels frustrated. Reports that he understands he is doing his best and tried to stay focus on his goals. Feels supported by wife and family in Brazil. Work also helps because he keeps his mind. Working out is also helpful

#### TODAY

Client reports that he has made the decision of moving to New Jersey in search of better opportunities for his wife as she is struggling to adapt to live in California. Reports that they have family members there and his wife will feel less alone. Although feeling anxious about it, he believes this was the best decision to make. Talked about setting himself sometime to try to adjust and see improvements. Open to come back to California if he needs to. Talked about ways to cope with symptoms now that he will discontinue with services.

#### Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. Speech WNL. Mood WNL with a congruent affect. He was oriented to person, place and time. He demonstrated intermittent eye contact.

#### Assessment:

Adjustment disorder with anxious mood (F43.22) Adjustment disorder with anxiety modified 18 Aug, 2025

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client

Monitored symptoms, discussed the body and mind connections, discussed current coping, explored new ones.

#### Plan:

Client is discontinuing services due to moving to a different state. Will reschedule in the future if he comes back.

## CLINICAL NOTES

Date of visit: 09/23/2025

Provider: SALVIO ALVES DA SILVA on Sep 23 2025 17:45

CC:

PTSD, adjustment

Time Start: 8:02am Time End: 8:57am

Total time Spent: 55min

Subjective:

Reports ongoing improvements in trauma symptoms. Reports that he can think of the experience without feeling fearful of triggered although admitting that he feels hypervigilant and anxious when he sees police vehicles when driving and have intrusive thoughts that they may be coming after him for no reason. Talked about ongoing changes in his life and its impact. Compares his current situation to the way he used to be and feels frustrated. Reports that he understands he is doing his best and tried to stay focus on his goals. Feels supported by wife and family in Brazil. Work also helps because he keeps his mind. Working out is also helpful

TODAY

Reports some trauma symptoms which he attributed to upcoming court date. Reports that he has noticed that he has avoided thinking about it and now that he forced to confront his legal case, feel triggered and anxious. Reports an increased fear of police officers and is fearful of his reaction when the court date comes. Talked about his successful past professional life and losing everything during the pandemic. Finds it difficult to accept the drastic changes in his life but thinks it is helpful to talk about it. Struggling with a strong leg pain and is unable to go to the gym, his main source of self-care. Good support from wife.

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. Speech WNL. Mood WNL with a congruent affect. He was oriented to person, place and time. He demonstrated intermittent eye contact.

Assessment:

Adjustment disorder with anxious mood (F43.22) Adjustment disorder with anxiety modified 18 Aug, 2025

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client

Monitored symptoms, discussed the body and mind connections, discussed current coping, explored new ones.

Plan:

Biweekly sessions, continue to monitor symptoms, discuss coping skills, self-care practices. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 09/09/2025

Provider: SALVIO ALVES DA SILVA on Sep 09 2025 16:10

CC:

PTSD, adjustment

Time Start: 8:00am Time End: 8:58am

Total time Spent: 58min

**Subjective:**

Reports ongoing improvements in trauma symptoms. Reports that he can think of the experience without feeling fearful of triggered although admitting that he feels hypervigilant and anxious when he sees police vehicles when driving and have intrusive thoughts that they may be coming after him for not reason. Talked about ongoing changes in his life and its impact. Compares his current situation to the way he used to be and feels frustrated. Reports that he understands he is doing his best and tried to stay focus on his goals. Feels supported by wife and family in Brazil. Work also helps because he keeps his mind . Working out is also helpful

**TODAY**

Reports ongoing stress, feeling agitated, hypervigilant, flashbacks as his immigration court date approaches. Feels like something bad is going to happen and can't control intrusive thoughts. Reports worry about his wife who is doing better now but can't sense his fear and worry. Talked about his past life and plans for the future. Reports that he wants to do things right and be able to achieve his goals. taking time off with wife, working out, his faith, reading the bible are all helpful tools.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. Speech WNL. Mood WNL with a congruent affect. He was oriented to person, place and time. He demonstrated intermittent eye contact.

**Assessment:**

Adjustment disorder with anxious mood (F43.22) Adjustment disorder with anxiety modified 18 Aug, 2025

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client

Monitored symptoms, discussed the body and mind connections, discussed current coping, explored new ones.

**Plan:**

Biweekly sessions, continue to monitor symptoms, discuss coping skills, self-care practices. Client verbally agreed with plan

CLINICAL NOTES

Date of visit: 08/26/2025

Provider: SALVIO ALVES DA SILVA on Aug 26 2025 16:00

CC:

PTSD, adjustment  
Time Start: 8:01am Time End: 8:57am  
Total time Spent: 56min

Subjective:

Reports ongoing improvements in trauma symptoms. Reports that he can think of the experience without feeling fearful of triggered although admitting that he feels hypervigilant and anxious when he sees police vehicles when driving and have intrusive thoughts that they may be coming after him for not reason. Talked about ongoing changes in his life and its impact. Compares his current situation to the way he used to be and feels frustrated. Reports that he understands he is doing his best and tried to stay focus on his goals. Feels supported by wife and family in Brazil. Work also helps because he keeps his mind . Working out is also helpful

TODAY

Reports increased anxiety, worry, intrusive thoughts, feeling like something may happen to him as court hearing approaches. Talked about daily life difficulties and future plans to move to a different state foe better work opportunity. Reports that he is using problem solving skills to weight the pros and cons of his decisions and finds it helpful. trying to avoid making quick decisions as he tends to act impulsively at times. Reports that his relationship is doing well, partner is doing well and that also impacts his mood in a positive way.

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. Speech WNL. Mood WNL with a congruent affect. He was oriented to person, place and time. He demonstrated intermittent eye contact.

Assessment:

Adjustment disorder with anxious mood (F43.22) Adjustment disorder with anxiety modified 18 Aug, 2025

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client  
Monitored symptoms, discussed the body and mind connections, discussed current coping, explored new ones.

Plan:

Biweekly sessions, continue to monitor symptoms, discuss coping skills, self-care practices. Client verbally agreed with plan

## CLINICAL NOTES

Date of visit: 08/15/2025

Provider: SALVIO ALVES DA SILVA on Aug 18 2025 16:03

CC:

Patient verbally consents to a tele-health session. Patient was located in the state of CA and the provider was located at clinic. Patients were advised to seek a private location for their telehealth visit. Providers notified the patient of potential risks and patient approved tele-health services, discussed how privacy is secured at providers location and discussed data usage rates.

A portion of this session was conducted over the phone due to client's technical issues with tele health

PTSD, adjustment

Time Start: 2:33pm Time End: 3:26pm

Total time Spent: 53min

Subjective:

Reports ongoing improvements in trauma symptoms. Reports that he can think of the experience without feeling fearful of triggered although admitting that he feels hypervigilant and anxious when he sees police vehicles when driving and have intrusive thoughts that they may be coming after him for not reason. Talked about ongoing changes in his life and its impact. Compares his current situation to the way he used to be and feels frustrated. Reports that he understands he is doing his best and tried to stay focus on his goals. Feels supported by wife and family in Brazil. Work also helps because he keeps his mind . Working out is also helpful

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. Speech WNL. Mood WNL with a congruent. affect. He was oriented to person, place and time. He demonstrated intermittent eye contact.

Assessment:

Adjustment disorder with anxious mood (F43.22) Adjustment disorder with anxiety modified 18 Aug, 2025

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client

Monitored symptoms, discussed the body and mind connections, discussed current coping, explored new ones.

Plan:

Biweekly sessions, continue to monitor symptoms, discuss coping skills, self-care practices. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 07/15/2025

Provider: SALVIO ALVES DA SILVA on Jul 15 2025 16:09

CC:

Trauma, depression, anxiety

Time starts: 8:05am Time End: 8:59am

Total time spent: 54min

**Subjective:**

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

start

TODAY

Reports increased worry, anxiety, stress due to legal status and immigration situation. Reports that leaving to work every morning can be challenging as he doesn't know if he is coming back home. Frustrated with the system as he is doing everything right. Reports insomnia, nightmares and feeling hypervigilant as if something bad is going to happen to him. Feels tired and is not going as often to the gym but tries to eat healthy food and spend time with wife.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client was relaxed, engaged, motivated.

**Assessment:**

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care. CBT techniques, to help client identify and challenge disruptive thoughts.

**Plan:**

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

## CLINICAL NOTES

Date of visit: 07/01/2025

Provider: SALVIO ALVES DA SILVA on Jul 01 2025 19:45

## CC:

Trauma, depression, anxiety

Time starts: 8:09am Time End: 9:02am

Total time spent: 53min

## Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

start

## TODAY

Client reports that he is doing overall fine although stating that current ICE activities around the bay area has caused him increased anxiety and worry. Reports that he sometimes thinks if the past experience in which he was mistakenly detained by the police and is fearful of experiencing that again. Having some trouble sleep and this is also affecting his wife who is fearful and keeps calling him several times throughout the day. Reports that he tries to stay focus on work and daily exercise. Also tries to spend quality time with wife. Grounding techniques, deep breathing exercises also seem to help reduce increased anxiety. Also questioning disruptive thoughts and being more realistic.

## Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client was relaxed, engaged, motivated.

## Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care. CBT techniques, to help client identify and challenge disruptive thoughts.

## Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

CLINICAL NOTES

Date of visit: 06/03/2025

Provider: SALVIO ALVES DA SILVA on Jun 03 2025 16:04

CC:

Trauma, depression, anxiety  
Time starts: 8:05am Time End: 9:00am  
Total time spent: 55min

Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

start

TODAY

Client reported increased on trauma symptoms such as hypervigilance- feels constantly fearful of ICE agents coming to arrest him, Flashbacks- having intrusive memories of being arrested by police, feelings of hopelessness- lack of motivation. Talked about learning about a Brazilian immigrant who was arrested at the court and is facing deportation and its impact in the community. Reports that he is struggling to be focus on work and is unable to sleep. Increased worry about wife's mental state as she is fearful of leaving the house.

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client was relaxed, engaged, motivated.

Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024  
Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.  
Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care. CBT techniques, to help client identify and challenge disruptive thoughts.

Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

## CLINICAL NOTES

Date of visit: 05/20/2025

Provider: SALVIO ALVES DA SILVA on May 20 2025 15:57

## CC:

Trauma, depression, anxiety

Time starts: 8:04am Time End: 8:57am

Total time spent: 53min

## Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

start

## TODAY

Client reports significant improvements on trauma symptoms. Notices that he does not feel as triggered when he sees police vehicles and is no longer avoidant although admitting a somewhat fear of something bad happening to him but manages that well by challenging his thoughts. Client reports that moving to a new place with his wife only has given them motivation to get going and noticed that she is more motivated which helps him with his own mental health. Reports that daily exercise, spending time with his wife and dog and attending church weekly are being beneficial

## Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client was relaxed, engaged, motivated.

## Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024  
Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.  
Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care.

## Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 05/06/2025

Provider: SALVIO ALVES DA SILVA on May 06 2025 15:59

**CC:**

Trauma, depression, anxiety

Time starts: 8:05am Time End: 9:00am

Total time spent: 55min

**Subjective:**

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

start

**TODAY**

Client reports some improvements. Moving out to a new place with his wife only. Feels excited, believes that they need a new start away from current toxic roommate. Client talked about his life in home country of Brazil, and feelings of gratitude for the opportunities in the U.S. Keeps himself busy with work as it helps him feels productive and independent. Going to the gym is also helpful.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client was relaxed, engaged, motivated.

**Assessment:**

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care.

**Plan:**

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 04/08/2025

Provider: SALVIO ALVES DA SILVA on Apr 08 2025 16:00

**CC:**

Trauma, depression, anxiety

Time starts: 8:03am Time End: 8:57am

Total time spent: 54min

**Subjective:**

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

**TODAY**

Talked about his daughter in home country of Brazil. Feels guilty for leaving her with mom although he is in charge of all financial responsibilities and talks to her weekly. Talked about difficulties to adjust to life in the U.S. and frustration regarding the lack of support from the community. Talked about wife's struggles with depression, and his hopes to the future. Going to the gym seems to help. Learning to gradually distance himself from unsupportive people in his life.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him, he seemed to relax and was able to answer all questions that were asked.

**Assessment:**

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care.

**Plan:**

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

CLINICAL NOTES

Date of visit: 03/25/2025

Provider: SALVIO ALVES DA SILVA on Mar 25 2025 15:57

CC:

Trauma, depression, anxiety

Time starts: 8:04am Time End: 8:57am

Total time spent: 53min

Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

TODAY

Reports somewhat improvements. Less fearful when driving, less hypervigilant. Although admitting that he feels anxious and worried about legal case, he is gradually learning to accept that it may take some time to have his case resolved. Ongoing concerns related to wife's mental health. Reports that the free time he has, he spends with her because she needs it. Starting the gym this week. Feels motivated.

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him, he seemed to relax and was able to answer all questions that were asked.

Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care.

Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

CLINICAL NOTES

Date of visit: 03/11/2025

Provider: SALVIO ALVES DA SILVA on Mar 11 2025 15:56

CC:

Trauma, depression, anxiety

Time starts: 8:05am Time End: 9:00am

Total time spent: 55min

Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

TODAY

talked about increased worry, irrational fear, feeling emotionally drained, hypervigilant. Believes that the nature of his work as a Lyft driver as causing him these symptoms as he is constantly fearful of getting in an accident. Concerns related to wife's mental health. Tries to spend time with her but is often busy with work. Enjoys his little dog, gives him comfort, peace,

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him, he seemed to relax and was able to answer all questions that were asked.

Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

monitored symptoms, discussed the body and mind connection, deep breathing, grounding techniques, explore self care.

Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

## CLINICAL NOTES

Date of visit: 02/25/2025

Provider: SALVIO ALVES DA SILVA on Feb 25 2025 20:45

## CC:

Trauma, depression, anxiety

Time starts: 8:04am Time End: 8:58am

Total time spent: 54min

## Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for, but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bother about it. Client has a daughter in his country, and she gives him motivation. Also supported by girlfriend who came to the US with him.

## TODAY

Reports some improvements on trauma symptoms as he feels less hypervigilant and reports significant decrease on intrusive thoughts. Believes that work has keep his mind occupied and distracted. Going to the gym 2-3 X week, finds it helpful. Worried about partner who is emotionally struggling as she is isolated at home since client started to work on a daily basis. Feels more motivated as he was able to apply for asylum. Talked about other traumatic experiences in his life and the difficulties he has faced in the past and how this is all impacting his current life.

## Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him he seemed to relax and was able to answer all questions that were asked.

## Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

On going assessment, monitored symptoms, discussed self care.

## Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

## CLINICAL NOTES

Date of visit: 02/03/2025

Provider: SALVIO ALVES DA SILVA on Feb 03 2025 17:03

## CC:

Trauma, depression, anxiety

Time start: 8:05am Time End:9:00am

Total time spent: 55min

## Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bothered about it. Client has a daughter in his country and she gives him motivation. Also supported by girlfriend who came to the US with him.

## TODAY

Talked about stress, increased anxiety due to immigration issues, finances, legal case. Trying to stay positive and focus on work. Admits spending a lot of time on social media and being negatively impacted by the news. Feels supported by partner, they try to do things together but due to fear of being outdoors they tend to stay in their room. PTSD symptoms have significantly diminished. Able to drive, some trigger when he sees police officers but more controllable as he takes deep breaths and challenges his own thoughts.

## Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him he seemed to relax and was able to answer all questions that were asked.

## Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024  
Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.  
Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

On going assessment, monitored symptoms, discussed self care.

## Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 01/14/2025

Provider: SALVIO ALVES DA SILVA on Jan 14 2025 16:56

**CC:**

Trauma, depression, anxiety

Time start: 8:04am Time End: 8:58am

Total time spent: 54min

**Subjective:**

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bothered about it. Client has a daughter in his country and she gives him motivation. Also supported by girlfriend who came to the US with him.

**TODAY**

On going stress, anxiety, feelings of hopelessness due to lack of work opportunity, financial difficulties, concerns about partner who is isolated, depressed. Talked about feeling easily startled when he sees/hears police, feels skakiness, intrusive thoughts. Continues to explore legal help, keeping himself busy, distracted. Going to the gym 2X week, finds it helpful but also exhausting. Feels safe, No SI reported since last visit.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him he seemed to relax and was able to answer all questions that were asked.

**Assessment:**

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

On going assessment, monitored symptoms, discussed self care.

**Plan:**

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 12/31/2024

Provider: SALVIO ALVES DA SILVA on Dec 31 2024 17:01

**CC:**

Trauma, depression, anxiety

Time start: 8:05am Time End: 9:00am

Total time spent: 55min

**Subjective:**

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bothered about it. Client has a daughter in his country and she gives him motivation. Also supported by girlfriend who came to the US with him.

**TODAY**

Feels some increased anxiety, sadness, talked about recent loss of a close nephew in home country of Brazil. Tried his best to cope, concerns about sister, mom, feelings of guilt for not being there with them. On going support from girlfriend, feels more attached. Starting work as a food delivery, feels excited, motivated.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him he seemed to relax and was able to answer all questions that were asked.

**Assessment:**

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024

Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.

Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

On going assessment, monitored symptoms, discussed self care.

**Plan:**

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

CLINICAL NOTES

Date of visit: 12/17/2024

Provider: SALVIO ALVES DA SILVA on Dec 17 2024 17:07

CC:

Trauma, depression, anxiety  
Time start: 8:04am Time End: 9:00am  
Total time spent: 56min

Subjective:

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bothered about it. Client has a daughter in his country and she gives him motivation. Also supported by girlfriend who came to the US with him.

TODAY

Some improvements since last visit. Grateful for having someone to talk. Reflected on current stressors such as finances, legal case, legal status, and housing. Talked about increased concerns about wife who seems to be depressed. Talked about job search, trying to establish care with a medical provider, and self care. Denies SI/HI currently. Feels safe.

Objective:

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him he seemed to relax and was able to answer all questions that were asked.

Assessment:

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024  
Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.  
Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

On going assessment, monitored symptoms, discussed self care.

Plan:

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

**CLINICAL NOTES**

Date of visit: 12/09/2024

Provider: SALVIO ALVES DA SILVA on Dec 09 2024 23:37

**CC:**

Trauma, depression, anxiety  
Time start: 10:02am Time End: 10:59am  
Total time spent: 57min

**Subjective:**

Client reports trauma symptoms such as feeling hypervigilant, being easily startled, isolation, lack of motivation to do things he used to enjoy, excessive/irrational fear, feeling like something bad is going to happen to him, flashbacks, intrusive thoughts and insomnia following an incident in which he was pulled over and detained by police accused of robbery. Client was dismissed after the police realized that he was not the individual they were looking for but client has been struggling with the above symptoms since then. Has recently hired a lawyer to assist him with this case because he has not been able to work because of his "criminal record" although he was dismissed. Client has been in the US for 8 months and is also struggling with adjustment, and past traumatic experiences. Admits current SI with no plans or intent but feels bothered about it. Client has a daughter in his country and she gives him motivation. Also supported by girlfriend who came to the US with him.

**Objective:**

Client was casually dressed and well groomed. Thoughts were mostly logical and related to topics discussed. He spoke in a low tone and at a slow pace. Mood and affect were depressed. He was tearful at times. He was oriented to person, place and time. She demonstrated intermittent eye contact.

Client presented as tense and nervous. After this clinician built some rapport with him he seemed to relax and was able to answer all questions that were asked.

**Assessment:**

Posttraumatic stress disorder (F43.11) Post-traumatic stress disorder, acute modified 9 Dec, 2024  
Explained confidentiality, the limits of and mandated reporting. Client indicated they understood.  
Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.

An initial assessment was conducted of the client's current and past episodes, including features, frequency, intensity and duration of symptoms. Assessed for safety, assessed client's insight towards the presenting problem, assessed client's impairment to determine the appropriate level of care, discussed factors contributing to current condition, explored protective factors.

**Plan:**

BI weekly sessions, trauma focus therapy, monitor symptoms, assess for safety. Client verbally agreed with plan

**Health Care Providers**

**SALVIO ALVES DA SILVA**

415 Knollcrest Dr  
Ste 101  
Redding, CA 960020181  
Address

+1(530)-392-4399  
Work Phone

Document Details

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**415 Knollcrest Dr - Community Behavioral Health**

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Work Phone

December 11, 2025 :-  
SALVIO ALVES DA SILVA  
Published

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**Exhibit 3 - Evidence  
of Persecution and  
that Government is  
Unwilling and Unable  
to Protect**



## POLICE REPORT

PR NUMBER

CIAD/P-2010-1340549

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UNIT RESPONSIBLE FOR THE RECORD 11 <sup>th</sup> MILITARY POLICE CO. / 41 <sup>st</sup> MILITARY POLICE BN.		CITY BELO HORIZONTE	
AREA UNIT RESPONSIBLE MILITARY UNIT: 11th MILITARY POLICE COMPANY / 41st MILITARY POLICE BATTALION POLICE UNIT: 2 <sup>nd</sup> CIVIL POLICE STATION/BARREIRO			
DATE OF RECORD 10/30/2010 02:35 A.M.		RECIPIENT 3 <sup>rd</sup> BARREIRO REGIONAL ON-DUTY POLICE STATION	

## ORIGIN OF THE COMMUNICATION

HOW THE INCIDENT RESPONSE WAS REQUESTED VIA COMMUNICATIONS CENTER		DATE OF COMMUNICATION 10/29/2010	TIME OF COMMUNICATION 10:10 P.M.
REQUESTING AUTHORITY XXXX			

## INCIDENT / ACTIVITY INFORMATION

PROBABLE DESCRIPTION OF THE MAIN INCIDENT B01121 - HOMICIDE			
TARGET OF THE EVENT OWNER / DRIVER OF VEHICLE			
ATTEMPTED / COMPLETED COMPLETED			
DATE/TIME OF THE INCIDENT 10/29/2010 10:05 P.M.	DATE/TIME THE RESPONSE AT THE SCENE BEGAN 10/29/2010 10:15 P.M.	DATE/TIME THE RESPONSE ENDED 10/30/2010 03:47 A.M.	DATE/TIME COMPLETION OF THE REPORT 10/30/2010 03:47 A.M.
ADDRESS (AV., RUA, ETC) AVENIDA WALDIR SOEIRO EMRICH			
NUMBER 84	KM XXXX	UNIT XXXX	NEIGHBORHOOD / VILLAGE NOVO DAS INDUSTRIAS NEIGHBORHOOD
CITY BELO HORIZONTE		STATE MG	COUNTRY BRAZIL
POINT OF REFERENCE XXXX		LATITUDE -19° 58' 12,3"	LONGITUDE -43° 59' 43,88"
TYPE OF ROAD URBAN ROAD		MEANS USED FIREARMS	
PRESUMED CAUSE OTHER - COMMON CAUSES			

## QUALIFICATION OF THE INVOLVED PARTIES

## INVOLVED PARTY 1

SEX MALE	TYPE OF INVOLVEMENT VICTIM OF CRIMINAL / CIVIL ACTION		TYPE OF PERSON INDIVIDUAL	NATURE CODE B01121	ATTEMPTED / COMPLETED COMPLETED
NATURE DESCRIPTION HOMICIDE					
FULL NAME WARLEY GUIMARAES DA SILVA					
NATIONALITY BRAZILIAN		DATE OF BIRTH 07/22/1979	PLACE OF BIRTH / STATE BELO HORIZONTE / MG		
APPARENT AGE 31	DEGREE OF INJURY FATAL		MARITAL STATUS SINGLE		
COLOR / RACE WHITE		CURRENT OCCUPATION UNEMPLOYED			
VICTIM / PERPETRATOR RELATIONSHIP OTHER - VICTIM-PERPETRATOR RELATIONSHIP					
MOTHER IRANIDES GUIMARAES DA SILVA					
FATHER GRETO DA SILVA					
TYPE OF IDENTIFICATION DOCUMENT XXXX					
IDENTITY DOCUMENT NUMBER XXXX		ISSUING AUTHORITY XXXX	STATE XX	CPF / CNPJ XXXX	
EDUCATION LEVEL LITERATE					
ADDRESS (AVE., STREET, ETC.) AVENIDA WALDIR SOEIRO EMRICH		NUMBER 84	KM XXXXX	UNIT XXXX	
NEIGHBORHOOD NOVO DAS INDUSTRIAS NEIGHBORHOOD		CITY BELO HORIZONTE			STATE MG
COUNTRY BRAZIL		ZIP CODE XXXX	HOME PHONE / CELL PHONE XXXX	BUSINESS PHONE / CELL PHONE XXXX	
EMAIL XXXX					
ESTIMATED WEIGHT XXXX	ESTIMATED HEIGHT XXXX	BALDNESS ? XXXX	HAIR XXXX	HAIR COLOR XXXX	



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## INVOLVED PARTY 1

EYE COLOR XXXX	STRABISMUS ? XXXX	PHYSICAL DISABILITY XXXX
AMPUTATION XXXX		
ATTITUDES / SIGNS OF INTOXICATION XXXX / XXXX		
SIGNS OF TOXIC SUBSTANCES? XXXX	MENTAL SUFFERING XXXX	
AUDIOVISUAL IMPAIRMENT XXXX		
SCAR XXXX		
DEFORMITY XXXX		
LOCATION / TYPE OF TATTOO XXXX		
LOCATION / TYPE OF ACCESSORY XXXX		
ADDITIONAL INFORMATION XXXX		

## INVOLVED PARTY 2

SEX MALE	TYPE OF INVOLVEMENT WITNESS WHO OBSERVED THE EVENTS	TYPE OF PERSON INDIVIDUAL	NATURE CODE B01121	ATTEMPTED / COMPLETED COMPLETED
NATURE DESCRIPTION HOMICIDE				
FULL NAME JORDES CLAIRTON DE LIMA TORRES				
NATIONALITY BRAZILIAN	DATE OF BIRTH 01/02/1973	PLACE OF BIRTH / STATE TARAUACA / AC		
APPARENT AGE 37	MARITAL STATUS MARRIED			
COLOR / RACE WHITE	CURRENT OCCUPATION TAXI DRIVER			
MOTHER MARLENE MARQUES DE LIMA				
FATHER JOSE ODISVALDO LIMA TORRES				
TYPE OF IDENTIFICATION DOCUMENT CIVIL IDENTITY CARD				
IDENTITY DOCUMENT NUMBER 5683235	ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SAFETY	STATE MG	CPF / CNPJ XXXX	
EDUCATION LEVEL HIGH SCHOOL DIPLOMA				
ADDRESS (AVE., STREET, ETC.) RUA JOSE OUVIDIO GUERRA	NUMBER 321	KM XXXXX	UNIT HOUSE	
NEIGHBORHOOD CARDOSO	CITY BELO HORIZONTE			STATE MG
COUNTRY BRAZIL	ZIP CODE XXXX	HOME PHONE / CELL PHONE XXXX	BUSINESS PHONE / CELL PHONE (31) 9347-8696	
EMAIL XXXX				

## INVOLVED PARTY 3

SEX MALE	TYPE OF INVOLVEMENT WITNESS TO THE ACTION OF POLICE / FIREFIGHTERS	TYPE OF PERSON INDIVIDUAL	NATURE CODE B01121	ATTEMPTED / COMPLETED CONSUMADO
NATURE DESCRIPTION HOMICIDE				
FULL NAME ADAO SEBASTIAO DE SOUZA				
NATIONALITY BRAZILIAN	DATE OF BIRTH 06/26/1961	PLACE OF BIRTH / STATE BELO HORIZONTE / MG		
APPARENT AGE 49	MARITAL STATUS MARRIED			
COLOR / RACE BROWN	CURRENT OCCUPATION TRUCK DRIVER			
MOTHER INEZ MONTEIRO TORRES				
FATHER JOAO NERO DE SOUZA				



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## INVOLVED PARTY 3

TYPE OF IDENTIFICATION DOCUMENT CIVIL IDENTITY CARD			
IDENTITY DOCUMENT NUMBER 2485431	ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SAFETY	STATE MG	CPF / CNPJ XXXX
EDUCATION LEVEL LITERATE			
ADDRESS (AVE., STREET, ETC.) AVENIDA WALDIR SOEIRO EMRICH	NUMBER 84	KM XXXXX	UNIT XXXX
NEIGHBORHOOD NOVO DAS INDUSTRIAS NEIGHBORHOOD	CITY BELO HORIZONTE		STATE MG
COUNTRY BRAZIL	ZIP CODE XXXX	HOME PHONE / CELL PHONE (31) 3383-5412	BUSINESS PHONE / CELL PHONE XXXX
EMAIL XXXX			

## INVOLVED PARTY 4

SEX MALE	TYPE OF INVOLVEMENT OTHERS	TYPE OF PERSON INDIVIDUAL	
FULL NAME JOHNNY WILLIANS DA SILVA			
NATIONALITY BRAZILIAN	DATE OF BIRTH 01/04/1977	PLACE OF BIRTH / STATE BELO HORIZONTE / MG	
APPARENT AGE 33	MARITAL STATUS MARRIED		
COLOR / RACE XXXX	CURRENT OCCUPATION XXXX		
MOTHER IRANIDES GUIMARAES DA SILVA			
FATHER GRETO DA SILVA			
TYPE OF IDENTIFICATION DOCUMENT CIVIL IDENTITY CARD			
IDENTITY DOCUMENT NUMBER 6389518	ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SAFETY	STATE MG	CPF / CNPJ XXXX
EDUCATION LEVEL SOME COLLEGE			
ADDRESS (AVE., STREET, ETC.) RUA TEREZINHA LOPES DE AZEVEDO	NUMBER 53	KM XXXXX	UNIT BLOCK 02, APT.403
NEIGHBORHOOD PLANALTO	CITY BELO HORIZONTE		UF MG
COUNTRY BRAZIL	ZIP CODE XXXX	HOME PHONE / CELL PHONE XXXX	BUSINESS PHONE / CELL PHONE (31) 8492-4089
EMAIL XXXX			

## MATERIALS AND BLADES

## MATERIAL 1

INVOLVED PARTY NO. 1	STATUS SEIZED	QUANTITY XXXX	P/V UNIT XXXX
ITEM NATIONAL CURRENCY (REAL)			AMOUNT XXXX
SERIAL / IDENTIFICATION XXXX	BRAND XXXX	MODEL XXXX	COLOR XXXX
ADDITIONAL INFORMATION AMOUNT OF R\$ 120,00 (ONE HUNDRED AND TWENTY REAIS), WHICH WAS INSIDE THE FIAT/UNO VEHICLE.			

## PERSONAL DOCUMENTS

## DOCUMENT 1

INVOLVED PARTY NO. XXXX	NAME AS WRITTEN ON THE DOCUMENT ALEXANDRE DE PAULA SILVA		
TYPE CIVIL IDENTITY CARD			
STATUS SEIZED			
NUMBER MG-9126069	ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SAFETY		STATE XX
ADDITIONAL INFORMATION IDENTIFICATION DOCUMENT THAT WAS INSIDE THE FIAT/UNO VEHICLE			

## DOCUMENT 2



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## DOCUMENT 2

INVOLVED PARTY NO. XXXX	NAME AS WRITTEN ON THE DOCUMENT FLAVIO HENRIQUE SILVA DE AZEVEDO		
TYPE OTHER - PERSONAL USE DOCUMENTS			
SITUAÇÃO SEIZED			
NUMBER 7361511539	ISSUING AUTHORITY XXXX		STATE XX
ADDITIONAL INFORMATION VEHICLE REGISTRATION AND LICENSING CERTIFICATE (CRLV) THAT WAS INSIDE THE FIAT/UNO VEHICLE.			

## DOCUMENT 3

INVOLVED PARTY NO. XXXX	NAME AS WRITTEN ON THE DOCUMENT REINALDO DE OLIVEIRA MOREIRA		
TYPE OTHER - PERSONAL USE DOCUMENTS			
STATUS SEIZED			
NUMBER 7516760979	ISSUING AUTHORITY XXXX		STATE XX
ADDITIONAL INFORMATION VEHICLE REGISTRATION AND LICENSING CERTIFICATE THAT WAS INSIDE THE FIAT/UNO VEHICLE.			

## DOCUMENT 4

INVOLVED PARTY NO. XXXX	NAME AS WRITTEN ON THE DOCUMENT FLAVIO HENRIQUE SILVA DE AZEVEDO		
TYPE OTHER - PERSONAL USE DOCUMENTS			
STATUS SEIZED			
NUMBER 7516852970	ISSUING AUTHORITY XXXX		STATE XX
ADDITIONAL INFORMATION VEHICLE REGISTRATION AND LICENSING CERTIFICATE THAT WAS INSIDE THE FIAT/UNO VEHICLE.			

## DOCUMENT 5

INVOLVED PARTY NO. XXXX	NAME AS WRITTEN ON THE DOCUMENT FLAVIO HENRIQUE SILVA DE AZEVEDO		
TYPE OTHER - PERSONAL USE DOCUMENTS			
STATUS SEIZED			
NUMBER 7565526720	ISSUING AUTHORITY XXXX		STATE XX
ADDITIONAL INFORMATION VEHICLE REGISTRATION AND LICENSING CERTIFICATE THAT WAS INSIDE THE FIAT/UNO VEHICLE.			

## DOCUMENT 6

INVOLVED PARTY NO. XXXX	NAME AS WRITTEN ON THE DOCUMENT WAGNER ALVES DOS SANTOS		
TYPE EMPLOYMENT RECORD BOOK			
STATUS SEIZED			
NUMBER 42389	ISSUING AUTHORITY MINISTRY OF LABOR		STATE MG
ADDITIONAL INFORMATION DOCUMENT THAT WAS INSIDE THE FIAT/UNO VEHICLE.			

## VEHICLES

## VEHICLE 1

INVOLVED PARTY NO. 1	VEHICLE STATUS REMOVED		REASON FOR SEIZURE RELATED TO OTHER CRIMES / OFFENSES.		
CRLV/CLA (Annual License) No. XXXX	RENAVAM (NATIONAL REGISTRY OF MOTOR VEHICLES) 936723882		TYPE OF VEHICLE CAR		
CHASSIS 9BD15822786029176	MAKE / MODEL FIAT/UNO MILLE FIRE FLEX		CITY NOVA LIMA	STATE MG	
KIND PASSENGER VEHICLE	CATEGORY PRIVATE		ATTACHED / TRAILERED? XXXX	PHYSICALLY ATTACHED TO VEHICLE NO. XXXX	
LICENSE PLATE HHB-4251	PREDOMINANT COLOR SILVER	REGISTRATION YEAR 2010	MANUFACTURE YEAR 2007	MANDATORY INSURANCE? XXXX	OPTIONAL INSURANCE? XXXX



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## VEHICLES

## VEHICLE 1

OWNER'S NAME FLAVIO HENRIQUE SILVA DE AZEVEDO			
OWNER'S EMAIL XXXX			
CIVILLY RESPONSIBLE PARTY XXXX		SPECIAL LICENSE PLATE XXXX	LAST IPVA (Motor Vehicle Tax) PAYMENT 2010
MODEL YEAR 2008			
WERE THE VEHICLE DATA VERIFIED IN SDAK (automatic registration of vehicles involved in traffic accidents)?		YES	
DRIVER INFORMATION	PROVIDED DRIVER'S LICENSE INFORMATION? NO		
WAS IT POSSIBLE TO DETERMINE THE SEVERITY OF THE DAMAGE?		NO	
REASON WHY IT WAS NOT POSSIBLE TO DETERMINE THE SEVERITY OF THE DAMAGE XXXX			
ALL OCCUPANTS OF THE VEHICLE			
INVOLVED PARTY WARLEY GUIMARAES DA SILVA	SAFETY DEVICE XXXX		OCCUPANT VICTIM OF CRIMINAL / CIVIL ACTION (1301)

## INCIDENT / ACTIVITY HISTORY

UPON TAKING OVER THE INCIDENT FOR RECORDING OF POLICE CAR 14674 (POP 11) COMMANDED BY CORPORAL SIMOES, WE WERE INFORMED THAT, ACCORDING TO THE STATEMENT OF THE ABOVE-IDENTIFIED WITNESS (TAXI DRIVER), HE WAS DRIVING HIS WHITE PALIO VEHICLE, LICENSE PLATE (GTI3849), AT THE ABOVE ADDRESS, WHEN AT A CERTAIN MOMENT, AS HE STOPPED TO PICK UP A PASSENGER, HE HEARD THE SOUND OF A GUNSHOT BEHIND HIS VEHICLE, AT WHICH POINT HE RAN AWAY. AND SAW THAT THE VEHICLE BEHIND HIM, THE DRIVER WAS BEING SHOT BY TWO UNIDENTIFIED INDIVIDUALS WHO WERE ON A MOTORCYCLE OF UNIDENTIFIED COLOR, BOTH WEARING HELMETS. THAT ONE OF THE OCCUPANTS OF THE MOTORCYCLE (THE PASSENGER) GOT OFF THE MOTORCYCLE AND RAN TOWARD THE GARAGE LOCATED IN FRONT OF THE SCENE. THAT HE HEARD INSIDE A FEW MORE GUNSHOTS, AND SHORTLY AFTER THAT THE PASSENGER GOT BACK ON THE MOTORCYCLE AND FLED TOWARD THE BETÂNIA NEIGHBORHOOD. THAT THE TAXI DRIVER DID NOT KNOW THE VICTIM OR THE PERPETRATORS. THE MEDICAL TEAM FROM USA (ADVANCED SUPPORT UNIT) 05, NURSE (ADRIANA), ARRIVED AT THE SCENE TO PROVIDE AID TO THE VICTIM, WHO DID NOT SURVIVE. THAT DR. LEONARDO, IN USB (BASIC SUPPORT UNIT) 2907, CONFIRMED THE DEATH AT THE SCENE. THE HOMICIDE TEAM FOX 103 (WALISON MASP. 458233) AND (ELCIO MASP.377855) ARRIVED TO CARRY OUT THE PROCEDURES. FORENSICS ARRIVED AT THE SCENE IN IC 04, FORENSIC EXAMINERS (GUALTER MASP.2964970 AND EXAMINER (DARIO MASP.374711). AFTER THE WORK WAS COMPLETED, THE FORENSIC EXAMINERS DETERMINED THAT THE VICTIM WAS HIT BY A TOTAL OF 05 (FIVE) SHOTS: ONE TO THE HEAD, ONE TO THE NAPE, ONE TO THE RIGHT ARM, ONE TO THE BACK, AND ONE TO THE LEFT SIDE OF THE ABDOMEN. FOX 70 DETECTIVE (GIL MASP.1112490) REMOVED THE BODY TO THE IML. THE VICTIM'S IDENTIFICATION DOCUMENT WAS DELIVERED TO HIS BROTHER IDENTIFIED ABOVE. THE UNO VEHICLE IN WHICH THE VICTIM WAS FOUND WAS REMOVED TO YARD 02 WITH INSPECTION FORM NO.063625 (WHICH IS ATTACHED). BY THE TRUCK OF THE COMPANY LOGIGUARDA, LICENSE PLATE (DHV2265) DRIVER (GLEISON DOS SANTOS, ID M12992807) . IN VIEW OF THE ABOVE, THE WITNESS (TAXI DRIVER) ACCOMPANIED THIS INCIDENT TO THIS POLICE STATION TO PROVIDE A STATEMENT. RECORD MADE FOR FUTURE PURPOSES.

## POLICE CARS

## POLICE CAR 1

TYPE OF POLICE CAR PRIMARY		AUTHORITY MILITARY POLICE		
DESCRIPTION / REMARKS SERVICE CAR -				
LICENSE PLATE HIK2536	PREFIX / AUTHORITY PM	GENERAL REGISTRATION 14588	STANDARD PREFIX XXXX	PROBLEMS DURING THE RESPONSE XXXX

## POLICE CAR 2

TYPE OF POLICE CAR SUPPORT		AUTHORITY MILITARY POLICE		
DESCRIPTION / REMARKS SERVICE VEHICLE FOR TRANSPORTING INMATES -				
LICENSE PLATE HMH3192	PREFIX / AUTHORITY PM	GENERAL REGISTRATION 14674	STANDARD PREFIX XXXX	PROBLEMS DURING THE RESPONSE XXXX

## MILITARY / POLICE PERSONNELS

## MILITARY / POLICE PERSONNEL

POLICE CAR NO. 1	REGISTRATION 1201375	RANK CORPORAL
FULL NAME ALEXANDRE XAVIER MACIEL		
CORPORATION MILITARY POLICE		
UNIT 1 <sup>st</sup> MILITARY POLICE PLATOON / 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION		



<b>MILITARY / POLICE PERSONNEL</b>
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<b>MILITARY / POLICE PERSONNEL</b>
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POLICE CAR NO 1	REGISTRATION 1313477	RANK PRIVATE FIRST CLASS
--------------------	-------------------------	-----------------------------

FULL NAME  
HUGO DE ARAUJO MOREIRA

CORPORATION  
MILITARY POLICE

UNIT  
5<sup>th</sup> MILITARY POLICE PLATOON / 11<sup>th</sup> MILITARY POLICE COMPANY / 41<sup>st</sup> MILITARY POLICE BATTALION

<b>INTERNAL CONTROL DATA / INCIDENT REPORTING OFFICER</b>
---

UNIT  
1<sup>st</sup> MILITARY POLICE PLATOON / 11<sup>th</sup> MILITARY POLICE COMPANY / 41<sup>st</sup> MILITARY POLICE BATTALION

REGISTRATION 1201375	FULL NAME ALEXANDRE XAVIER MACIEL
-------------------------	--------------------------------------

RANK  
CORPORAL

CORPORATION  
MILITARY POLICE

SIGNATURE:

<b>RECEIPT OF THE AUTHORITY TO WHOM IT IS ADDRESSED OR THEIR AGENT / POLICE ASSISTANT OR RECEIPT OF THE CIVILLY RESPONSIBLE PARTY</b>
---

<b>RECIPIENT / RECEIPT 1</b>
------------------------------

I received the "POLICE REPORT" Number BO CIAD/P-2010-1340549 and REDS Number 2010-001273568-001 for acknowledgment and appropriate measures, as well as the persons, materials, objects, animals, substances, and/or documents that, if present, are described or indicated in this document.

DATE 10/30/2010	TIME 03:56 A.M.	REGISTRATION 342291	NAME ANTONIO LUIZ PONTARA TORRES
--------------------	--------------------	------------------------	-------------------------------------

RANK  
POLICE AGENT LEVEL III

AUTHORITY/STATE  
MILITARY POLICE OF MINAS GERAIS

UNIT  
3<sup>rd</sup> BARREIRO REGIONAL ON-DUTY POLICE STATION

MEASURE TO BE TAKEN BY THE AUTHORITY  
XXXX

ITEMS DELIVERED TO THIS RECIPIENT

- PERSONAL DOCUMENTS 1
- MATERIALS 1
- PERSONAL DOCUMENTS 2
- PERSONAL DOCUMENTS 3
- PERSONAL DOCUMENTS 4
- PERSONAL DOCUMENTS 5
- PERSONAL DOCUMENTS 6

SIGNATURE

RECEIPT GENERATED BY: PM1201375 - ALEXANDRE XAVIER MACIEL	RECEIPT CREATION DATE: 30/10/2010 03:25
--	--

\*\*\*\*\* END OF RECORD: THE REMAINDER OF THE PAGE MUST BE VOIDED. \*\*\*\*\*

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: December 11, 2025.**



BOLETIM DE OCORRÊNCIA

BO NÚMERO

CIAD/P-2010-1340549

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UNIDADE RESPONSÁVEL PELO REGISTRO 11 CIA PM/41 BPM		MUNICÍPIO BELO HORIZONTE			
UNIDADE DE ÁREA RESPONSÁVEL UNIDADE MILITAR: 11 CIA PM/41 BPM UNIDADE POLICIAL: 2ª DELEGACIA DE POLICIA CIVIL/BARREIRO					
DATA DO REGISTRO 30/10/2010 02:35		DESTINATÁRIO 3A.DELEGACIA DE PLANTAO DA REGIONAL DO BARREIRO			
<b>ORIGEM DA COMUNICAÇÃO</b>					
COMO FOI SOLICITADO O ATENDIMENTO DA OCORRÊNCIA VIA CENTRO DE COMUNICACOES			DATA DA COMUNICAÇÃO 29/10/2010	HORA DA COMUNICAÇÃO 22:10	
ÓRGÃO SOLICITANTE XXXX					
<b>DADOS DA OCORRÊNCIA / ATIVIDADE</b>					
PROVÁVEL DESCRIÇÃO DA OCORRÊNCIA PRINCIPAL B01121 - HOMICIDIO					
ALVO DO EVENTO PROPRIETARIO / CONDUTOR DE VEICULO					
TENTADO / CONSUMADO CONSUMADO					
DATA/HORA DO FATO 29/10/2010 22:05	DATA/HORA DO INÍCIO DO ATENDIMENTO NO LOCAL 29/10/2010 22:15	DATA/HORA FINAL DO ATENDIMENTO 30/10/2010 03:47	DATA/HORA FINAL DO PREENCHIMENTO 30/10/2010 03:47		
LOCAL (AV., RUA, ETC) AVENIDA WALDIR SOEIRO EMRICH					
NÚMERO 84	KM XXXX	COMPLEMENTO XXXX	BAIRRO/VILA BAIRRO NOVO DAS INDUSTRIAS	CEP XXXX	
MUNICÍPIO BELO HORIZONTE	UF MG	PAÍS BRASIL			
PONTO DE REFERÊNCIA XXXX		LATITUDE -19º 58' 12,3"	LONGITUDE -43º 59' 43,88"		
TIPO VIA VIA URBANA	MEIO UTILIZADO ARMAS DE FOGO				
CAUSA PRESUMIDA OUTROS - CAUSAS COMUNS					
<b>QUALIFICAÇÃO DOS ENVOLVIDOS</b>					
<b>ENVOLVIDO 1</b>					
SEXO MASCULINO	TIPO ENVOLVIMENTO VITIMA DE ACAO CRIMINAL / CIVEL		TIPO DE PESSOA FISICA	COD. NATUREZA B01121	TENTADO / CONSUMADO CONSUMADO
DESCRIÇÃO NATUREZA HOMICIDIO					
NOME COMPLETO WARLEY GUIMARAES DA SILVA					
NACIONALIDADE BRASILEIRA		DATA NASCIMENTO 22/07/1979	NATURALIDADE / UF BELO HORIZONTE / MG		
IDADE APARENTE 31	GRAU DA LESÃO FATAL		ESTADO CIVIL SOLTEIRO		
COR / RAÇA BRANCA		OCUPAÇÃO ATUAL DESEMPREGADO			
RELAÇÃO VÍTIMA / AUTOR OUTROS - RELACAO VITIMA AUTOR					
MÃE IRANIDES GUIMARAES DA SILVA					
PAI GRETO DA SILVA					
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO XXXX					
NÚMERO DOCUMENTO IDENTIDADE XXXX		ÓRGÃO EXPEDIDOR XXXX	UF XX	CPF / CNPJ XXXX	
ESCOLARIDADE ALFABETIZADO					
ENDEREÇO (AV., RUA, ETC) AVENIDA WALDIR SOEIRO EMRICH		NÚMERO 84	KM XXXXX	COMPLEMENTO XXXX	
BAIRRO BAIRRO NOVO DAS INDUSTRIAS		MUNICÍPIO BELO HORIZONTE			UF MG
PAÍS BRASIL		CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR XXXX	TELEFONE COMERCIAL/ CELULAR XXXX	
EMAIL XXXX					
PESO ESTIMADO XXXX	ALTURA ESTIMADA XXXX	CALVÍCIE ? XXXX	CABELO XXXX		COR CABELO XXXX



BOLETIM DE OCORRÊNCIA

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## ENVOLVIDO 1

COR OLHOS XXXX	ESTRABISMO ? XXXX	DEFICIÊNCIA FÍSICA XXXX
AMPUTAÇÃO XXXX		
ATTITUDES/SINAIS DE EMBRIAGUEZ XXXX / XXXX		
SINAIS DE SUBSTÂNCIAS TÓXICAS ? XXXX	SOFRIMENTO MENTAL XXXX	
DEFICIÊNCIA AUDIOVISUAL XXXX		
CICATRIZ XXXX		
DEFORMIDADE XXXX		
LOCAL / TIPO TATUAGEM XXXX		
LOCAL / TIPO ACESSÓRIO XXXX		
INFORMAÇÕES COMPLEMENTARES XXXX		

## ENVOLVIDO 2

SEXO MASCULINO	TIPO ENVOLVIMENTO TESTEMUNHA QUE PRESENCIOU OS FATOS	TIPO DE PESSOA FISICA	COD. NATUREZA B01121	TENTADO / CONSUMADO CONSUMADO
DESCRIÇÃO NATUREZA HOMICIDIO				
NOME COMPLETO JORDES CLAIRTON DE LIMA TORRES				
NACIONALIDADE BRASILEIRA	DATA NASCIMENTO 02/01/1973	NATURALIDADE / UF TARAUACA / AC		
IDADE APARENTE 37	ESTADO CIVIL CASADO			
COR / RAÇA BRANCA	OCUPAÇÃO ATUAL TAXISTA			
MÃE MARLENE MARQUES DE LIMA				
PAI JOSE ODISVALDO LIMA TORRES				
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL				
NÚMERO DOCUMENTO IDENTIDADE 5683235	ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA	UF MG	CPF / CNPJ XXXX	
ESCOLARIDADE ENSINO MEDIO COMPLETO (2º GRAU)				
ENDEREÇO (AV., RUA, ETC) RUA JOSE OUIDIO GUERRA	NÚMERO 321	KM XXXXX	COMPLEMENTO CASA	
BAIRRO CARDOSO	MUNICÍPIO BELO HORIZONTE			UF MG
PAÍS BRASIL	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR XXXX	TELEFONE COMERCIAL/ CELULAR (31)9347-8696	
EMAIL XXXX				

## ENVOLVIDO 3

SEXO MASCULINO	TIPO ENVOLVIMENTO TESTEMUNHA DA AÇÃO DOS POLICIAIS/BOMBEIROS	TIPO DE PESSOA FISICA	COD. NATUREZA B01121	TENTADO / CONSUMADO CONSUMADO
DESCRIÇÃO NATUREZA HOMICIDIO				
NOME COMPLETO ADAO SEBASTIAO DE SOUZA				
NACIONALIDADE BRASILEIRA	DATA NASCIMENTO 26/06/1961	NATURALIDADE / UF BELO HORIZONTE / MG		
IDADE APARENTE 49	ESTADO CIVIL CASADO			
COR / RAÇA PARDA	OCUPAÇÃO ATUAL CARRETEIRO			
MÃE INEZ MONTEIRO TORRES				
PAI JOAO NERO DE SOUZA				



BOLETIM DE OCORRÊNCIA

BO NÚMERO

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## ENVOLVIDO 3

TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL			
NÚMERO DOCUMENTO IDENTIDADE 2485431	ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA	UF MG	CPF / CNPJ XXXX
ESCOLARIDADE ALFABETIZADO			
ENDEREÇO (AV., RUA, ETC) AVENIDA WALDIR SOEIRO EMRICH	NÚMERO 84	KM XXXXX	COMPLEMENTO XXXX
BAIRRO BAIRRO NOVO DAS INDUSTRIAS	MUNICÍPIO BELO HORIZONTE	UF MG	
PAÍS BRASIL	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR (31)3383-5412	TELEFONE COMERCIAL/ CELULAR XXXX
EMAIL XXXX			

## ENVOLVIDO 4

SEXO MASCULINO	TIPO ENVOLVIMENTO OUTROS	TIPO DE PESSOA FISICA	
NOME COMPLETO JOHNNY WILLIANS DA SILVA			
NACIONALIDADE BRASILEIRA	DATA NASCIMENTO 04/01/1977	NATURALIDADE / UF BELO HORIZONTE / MG	
IDADE APARENTE 33	ESTADO CIVIL CASADO		
COR / RAÇA XXXX	OCUPAÇÃO ATUAL XXXX		
MÃE IRANIDES GUIMARAES DA SILVA			
PAI GRETO DA SILVA			
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL			
NÚMERO DOCUMENTO IDENTIDADE 6389518	ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA	UF MG	CPF / CNPJ XXXX
ESCOLARIDADE SUPERIOR INCOMPLETO			
ENDEREÇO (AV., RUA, ETC) RUA TEREZINHA LOPES DE AZEVEDO	NÚMERO 53	KM XXXXX	COMPLEMENTO BLOCO 02, APT.403
BAIRRO PLANALTO	MUNICÍPIO BELO HORIZONTE	UF MG	
PAÍS BRASIL	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR XXXX	TELEFONE COMERCIAL/ CELULAR (31)8492-4089
EMAIL XXXX			

## MATERIAIS E ARMAS BRANCAS

## MATERIAL 1

ENVOLV. NR 1	SITUAÇÃO APREENDIDO	QUANTIDADE XXXX	UNIDADE P/V XXXX	VALOR XXXX
OBJETO MOEDA NACIONAL (REAL)				XXXX
SÉRIE / IDENTIFICAÇÃO XXXX	MARCA XXXX	MODELO XXXX	COR XXXX	
INFORMAÇÕES COMPLEMENTARES VALOR DE R\$ 120,00 (CENTO E VINTE REAIS), QUE SE ENCONTRAVA NO INTERIOR DO VEICULO FIAT/UNO.				

## DOCUMENTOS PESSOAIS

## DOCUMENTO 1

ENVOLV. NR XXXX	NOME ESCRITO NO DOCUMENTO ALEXANDRE DE PAULA SILVA			UF XX
TIPO CARTEIRA DE IDENTIDADE CIVIL				
SITUAÇÃO APREENDIDO				
NÚMERO MG-9126069	ÓRGÃO EMISSOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA			UF XX
INFORMATIVO COMPLEMENTAR DOCUMENTO DE IDENTIDADE QUE ESTAVA NO INTERIOR DO VEICULO FIAT/UNO.				

## DOCUMENTO 2



BOLETIM DE OCORRÊNCIA

BO NÚMERO

CIAD/P-2010-1340549

FI. 4/6

## DOCUMENTO 2

ENVOLV. NR XXXX	NOME ESCRITO NO DOCUMENTO FLAVIO HENRIQUE SILVA DE AZEVEDO		
TIPO OUTROS - DOCUMENTOS DE USO PESSOAL			
SITUAÇÃO APREENDIDO			
NÚMERO 7361511539	ÓRGÃO EMISSOR XXXX		UF XX
INFORMATIVO COMPLEMENTAR CRLV QUE ESTAVA NO INTERIOR DO VEICULO FIAT/UNO.			

## DOCUMENTO 3

ENVOLV. NR XXXX	NOME ESCRITO NO DOCUMENTO REINALDO DE OLIVEIRA MOREIRA		
TIPO OUTROS - DOCUMENTOS DE USO PESSOAL			
SITUAÇÃO APREENDIDO			
NÚMERO 7516760979	ÓRGÃO EMISSOR XXXX		UF XX
INFORMATIVO COMPLEMENTAR CRLV QUE ESTAVA NO INTERIOR DO VEICULO FIAT/UNO.			

## DOCUMENTO 4

ENVOLV. NR XXXX	NOME ESCRITO NO DOCUMENTO FLAVIO HENRIQUE SILVA DE AZEVEDO		
TIPO OUTROS - DOCUMENTOS DE USO PESSOAL			
SITUAÇÃO APREENDIDO			
NÚMERO 7516852970	ÓRGÃO EMISSOR XXXX		UF XX
INFORMATIVO COMPLEMENTAR CRLV QUE ESTAVA NO INTERIOR DO VEICULO FIAT/UNO.			

## DOCUMENTO 5

ENVOLV. NR XXXX	NOME ESCRITO NO DOCUMENTO FLAVIO HENRIQUE SILVA DE AZEVEDO		
TIPO OUTROS - DOCUMENTOS DE USO PESSOAL			
SITUAÇÃO APREENDIDO			
NÚMERO 7565526720	ÓRGÃO EMISSOR XXXX		UF XX
INFORMATIVO COMPLEMENTAR CRLV QUE ESTAVA NO INTERIOR DO VEICULO FIAT/UNO.			

## DOCUMENTO 6

ENVOLV. NR XXXX	NOME ESCRITO NO DOCUMENTO WAGNER ALVES DOS SANTOS		
TIPO CARTEIRA DE TRABALHO			
SITUAÇÃO APREENDIDO			
NÚMERO 42389	ÓRGÃO EMISSOR MINISTERIO DO TRABALHO		UF MG
INFORMATIVO COMPLEMENTAR DOCUMENTO QUE ESTAVA NO INTERIOR DO VEICULO FIAT/UNO.			

## VEÍCULOS

## VEÍCULO 1

ENVOLV. NR. 1	SITUAÇÃO VEICULO REMOVIDO		MOTIVO APREENSAO RELACIONADO A OUTROS CRIMES/INFRACOES.		
NR. CRLV/CLA XXXX	RENAVAM 936723882		TIPO DE VEICULO AUTOMOVEL		
CHASSI 9BD15822786029176	MARCA / MODELO FIAT/UNO MILLE FIRE FLEX		MUNICIPIO NOVA LIMA	UF MG	
ESPÉCIE PASSAGEIRO	CATEGORIA PARTICULAR		ACOPLADO? XXXX	ACOPLADO AO VEICULO NR. XXXX	
PLACA HHB-4251	COR PREDOMINANTE PRATA	ANO EXERCICIO 2010	ANO FABRICAÇÃO 2007	SEGURO OBRIGATORIO ? XXXX	SEGURO OPCIONAL ? XXXX



BOLETIM DE OCORRÊNCIA

BO NÚMERO

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## VEÍCULOS

## VEÍCULO 1

NOME PROPRIETÁRIO FLAVIO HENRIQUE SILVA DE AZEVEDO			
EMAIL DO PROPRIETÁRIO XXXX			
RESPONSÁVEL CIVIL XXXX	PLACA ESPECIAL XXXX	ULTIMO PAGAMENTO IPVA 2010	ANO MODELO 2008
OS DADOS DO VEÍCULO FORAM VALIDADOS NO SDAK?		SIM	
DADOS CONDUTOR	INFORMOU DADOS DE HABILITAÇÃO? NÃO		
FOI POSSÍVEL DEFINIR A GRAVIDADE DO DANO?		NÃO	
MOTIVO PELO QUAL NÃO FOI POSSÍVEL DEFINIR A GRAVIDADE DO DANO XXXX			
TODOS OS OCUPANTES DO VEÍCULO			
ENVOLVIDO WARLEY GUIMARAES DA SILVA	DISPOSITIVO DE SEGURANÇA XXXX	OCUPANTE VITIMA DE ACOA CRIMINAL / CIVEL (1301)	

## HISTÓRICO DA OCORRÊNCIA / ATIVIDADE

AO ASSUMIR A OCORRENCIA PARA REGISTRO DA VP14674 (POP 11) COMANDADA PELO CABO SIMOES, ONDE NOS FOI PASSADO QUE SEGUNDO RELATO DA TESTEMUNHA ACIMA QUALIFICADA, (TAXISTA) O REFERIDO CONDUZIA SEU VEICULO PALIO DE COR BRANCA DE PLACA (GTI3849), NO ENDEREÇO ACIMA, QUANDO EM DADO MOMENTO AO PARAR PARA PEGAR PASSAGEIRO, OUVIU O BARULHO DE TIRO ATRAS DO SEU VEICULO, ONDE VEIO A SAIR CORRENDO. QUE VIU QUE O VEICULO DE TRAS, O MOTORISTA ESTAVA SENDO BALEADO POR DOIS INDIVIDUOS NAO IDENTIFICADOS, QUE ESTAVAM EM UMA MOTO DE COR NAO IDENTIFICADA, AMBOS DE CAPACETE. QUE UM DOS OCUPANTES DA MOTO (GARUPEIRO) DESCEU DA MOTO E CORREU EM DIRECAO A OFICINA QUE FICA EM FRENTE O LOCAL DO FATO. QUE OUVIU LA DENTRO MAIS ALGUNS DISPAROS DE ARMA DE FOGO, VINDO LOGO APOS O GARUPEIRO SUBIR NA MOTO E EVADIR SENTIDO AO BAIRRO BETANIA. QUE O TAXISTA DESCONHECIA A VITIMA E AUTORES. COMPARECEU AO LOCAL A EQUIPE MEDICA DA USA 05 ENFERMEIRA (ADRIANA) PARA PRESTAR SOCORRO A VITIMA, QUE NAO RESISTIU. QUE O DR. LEONARDO NA USB 2907 CONSTATOU O OBITO NO LOCAL. COMPARECEU A EQUIPE DA HOMICIDIO FOX 103 (WALISON MASP. 458233) E (ELCIO MASP. 377855) PARA REALIZACAO DOS TRABALHOS. A PERICIA COMPARECEU AO LOCAL NO IC 04 PERITOS (GUALTER MASP. 2964970 E PERITO (DARIO MASP. 374711). APOS TRABALHOS OS PERITOS CONSTATARAM QUE A VITIMA FOI ALVEJADA POR 05 (CINCO) TIROS NO TOTAL, SENDO UM NA CABECA, UM NA NUCA, UM NO BRACO DIREITO, UM NAS COSTAS, E UM NO ABDOMEN LADO ESQUERDO. O FOX 70 DETETIVE (GIL MASP. 1112490) FEZ A REMOCAO DO CORPO PARA O IML. O DOCUMENTO DE IDENTIDADE DA VITIMA FOI ENTREGUE PARA O SEU IRMAO ACIMA QUALIFICADO. O VEICULO UNO A QUAL A VITIMA SE ENCONTRAVA FOI REMOVIDO PARA O PATIO 02 COM A FICHA DE VISTORIA N.063625 (QUE SEGUE EM ANEXO). PELO CAMINHAO DA EMPRESA LOGIGUARDA DE PLACA (DHV2265) MOTORISTA (GLEISON DOS SANTOS, RG M12992807). DIANTE DO EXPOSTO A TESTEMUNHA (TAXISTA) ACOMPANHOU ESTA OCORRENCIA ATE ESTA DP PARA PRESTAR ESCLARECIMENTO. REGISTRO PARA FUTUROS FINS.

## VIATURAS

## VIATURA 1

TIPO DA VIATURA PRINCIPAL	ÓRGÃO POLICIA MILITAR		
DESCRIÇÃO / OBSERVAÇÃO AUTOMOVEL DE SERVICIO -			
PLACA HIK2536	PREFIXO / ÓRGÃO PM	REGISTRO GERAL 14588	PROBLEMAS DURANTE O ATENDIMENTO XXXX

## VIATURA 2

TIPO DA VIATURA COBERTURA	ÓRGÃO POLICIA MILITAR		
DESCRIÇÃO / OBSERVAÇÃO VEICULO DE SERVICIO PARA TRANSPORTE DE PRESOS -			
PLACA HMH3192	PREFIXO / ÓRGÃO PM	REGISTRO GERAL 14674	PROBLEMAS DURANTE O ATENDIMENTO XXXX

## MILITARES/POLICIAIS INTEGRANTES

## MILITAR/POLICIAL INTEGRANTE

NUM VIATURA 1	MATRÍCULA 1201375	CARGO CABO
NOME COMPLETO ALEXANDRE XAVIER MACIEL		
CORPORAÇÃO POLICIA MILITAR		
UNIDADE 1 PEL PM/11 CIA PM/41 BPM		

## MILITAR/POLICIAL INTEGRANTE



<b>SISTEMA INTEGRADO DE SEGURANÇA PÚBLICA - POLICIA MILITAR</b>		<b>Nº 2010-001273568-001</b>	
<b>BOLETIM DE Ocorrência</b>	<b>BO NÚMERO</b>	<b>CIAD/P-2010-1340549</b>	<b>FI. 6/6</b>

<b>MILITAR/POLICIAL INTEGRANTE</b>		
NUM VIATURA 1	MATRÍCULA 1313477	CARGO SOLDADO DE 1 CLASSE
NOME COMPLETO HUGO DE ARAUJO MOREIRA		
CORPORAÇÃO POLICIA MILITAR		
UNIDADE 5 PEL PM/11 CIA PM/41 BPM		

<b>DADOS PARA CONTROLE INTERNO/RELATOR DA Ocorrência</b>		
UNIDADE 1 PEL PM/11 CIA PM/41 BPM		
MATRÍCULA 1201375	NOME COMPLETO ALEXANDRE XAVIER MACIEL	
CARGO CABO		
CORPORAÇÃO POLICIA MILITAR		
ASSINATURA:		

**RECIBO DA AUTORIDADE A QUE SE DESTINA OU SEU AGENTE / AUXILIAR POLICIAL  
OU RECIBO DO RESPONSÁVEL CIVIL**

**DESTINATÁRIO / RECIBO 1**

Recebi o "Boletim de Ocorrência" de Número BO CIAD/P-2010-1340549 e Número de REDS 2010-001273568-001 para conhecimento e providências, bem como as pessoas, materiais, objetos, animais, substâncias e/ ou documentos que, existindo, estejam descritos ou assinalados neste documento.

DATA 30/10/2010	HORA 03:56	MATRÍCULA 342291	NOME ANTONIO LUIZ PONTARA TORRES
CARGO AGENTE DE POLICIA NIVEL III			
ÓRGÃO/UF POLICIA CIVIL MG			
UNIDADE 3A.DELEGACIA DE PLANTAO DA REGIONAL DO BARREIRO			
PROVIDÊNCIA A SER TOMADA PELA AUTORIDADE XXXX			
ITENS ENTREGUES A ESTE DESTINATÁRIO - DOCUMENTOS PESSOAIS 1 - MATERIAIS 1 - DOCUMENTOS PESSOAIS 2 - DOCUMENTOS PESSOAIS 3 - DOCUMENTOS PESSOAIS 4 - DOCUMENTOS PESSOAIS 5 - DOCUMENTOS PESSOAIS 6			
ASSINATURA			
RECIBO GERADO POR: PML201375 - ALEXANDRE XAVIER MACIEL			DATA DE CRIAÇÃO DO RECIBO: 30/10/2010 03:25

\*\*\*\*\* FIM DO REGISTRO: O RESTANTE DA PÁGINA DEVE SER INUTILIZADO. \*\*\*\*\*

FEDERATIVE REPUBLIC OF BRAZIL  
STATE OF MINAS GERAIS

CIVIL REGISTRY OF NATURAL PERSONS  
DEATH CERTIFICATE

NAME:

WARLEY GUIMARÃES DA SILVA //

REGISTRATION:

056671 01 55 2010 4 00074 193 0055886 - 18

SEX COLOR/RACE MARITAL STATUS AND AGE  
Male BROWN Single, 31 years of age

PLACE OF BIRTH IDENTIFICATION DOCUMENT VOTER  
Belo Horizonte, MG // 369514543 MG // Yes

PARENTAGE AND RESIDENCE  
Greto da Silva //  
Iranides Guimarães da Silva //  
Rua Dona Maria da Conceição, 216, Jardim Industrial, Contagem, MG //

PLACE OF DEATH  
In a public road, Rua Waldir Soeiro Emrich, 34 - Novo das Indústrias //  
Belo Horizonte, MG //

CAUSE OF DEATH  
Internal hemorrhage

BURIAL/CREMATION DECLARANT  
Belo Horizonte, MG // JOHNNY WILLIAMS DA SILVA //

NAME AND DOCUMENT NUMBER OF THE PHYSICIAN WHO CERTIFIED THE DEATH  
Renato D'Assumpção Guimarães, Document No.: 27232 //

REMARKS / ANNOTATIONS  
Declared no assets to be inventoried.//

4th SUBDISTRICT OF BELO HORIZONTE  
Alexandrina de Albuquerque Rezende  
BELO HORIZONTE / MG  
Avenida Amazonas, 4 666 - Nova Suíça

The content of the certificate is true.  
I certify.  
Date and Place:  
10/30/2010, Belo Horizonte, MG



JOÃO LUIZ B. REZENDE  
DEPUTY REGISTRAR

REGISTRY OFFICE OF THE 4th SUBDISTRICT  
Clerk and Civil Registry Registrar  
ALEXANDRINA A. REZENDE  
JOÃO LUIZ B. REZENDE  
DEPUTY  
Phone: (31) 3332-6847  
Belo Horizonte - Minas Gerais

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

*Marina Viana*

---

Date: January 8, 2026



# REPÚBLICA FEDERATIVA DO BRASIL

## ESTADO DE MINAS GERAIS

REGISTRO CIVIL DAS PESSOAS NATURAIS  
CERTIDÃO DE ÓBITO

NOME:  
WARLEY GUIMARÃES DA SILVA //

MATRÍCULA:  
056671 01 55 2010 4 00074 193 0055886 - 18



SEXO COR  
Masculino PARDA

ESTADO CIVIL E IDADE  
solteiro, com 31 anos(s) de idade

NATURALIDADE  
Belo Horizonte MG //

DOCUMENTO DE IDENTIFICAÇÃO  
369514543MG //

ELEITOR  
SIM

FILIAÇÃO E RESIDÊNCIA  
Greto da Silva //

Iranides Guimarães da Silva //  
Rua Dona Maria da Conceição, 216, Jardim Industrial, Contagem, MG //

DATA E HORA DE FALECIMENTO  
VINTE E NOVE DE OUTUBRO DE  
DOIS MIL E DEZ, em hora ignorada

DIA MÊS ANO  
29 10 2010

LOCAL DE FALECIMENTO  
em Via Pública Rua Waldir Soeiro Emrich, 84- Novo das Industrias //  
Belo Horizonte, MG //

CAUSA DA MORTE  
Hemorragia interna, ,

SEPULTAMENTO/CREMAÇÃO  
BELO HORIZONTE, MG //

DECLARANTE  
JOHNNY WILLIAMS DA SILVA //

NOME E NÚMERO DE DOCUMENTO DO MÉDICO QUE ATESTOU O ÓBITO  
Renato D'Assumpção Guimarães, Documento Nê: 27232 //

OBSERVAÇÕES AVERBAÇÕES  
Declarou não deixar bens a inventário.//

4º SUBDISTRITO DE BELQ HORIZONTE  
Alexandrina de Albuquerque Rezende  
BELO HORIZONTE/MG  
Avenida Amazonas, 4.666 - Nova Suíça

O conteúdo da certidão é verdadeiro.  
Dou fé.  
Data e Local:  
30/10/2010, Belo Horizonte MG

João Luiz Brito de Rezende  
SUB. OFICIAL

CARTÓRIO DO 4º SUBDISTRITO  
Escrivão e Oficial do Registro Civil  
ALEXANDRINA A. REZENDE  
JOÃO LUIZ B. REZENDE  
SUBSTITUTO  
TEL: (31) 3332-6847  
Belo Horizonte - Minas Gerais



## POLICE REPORT

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UNIT RESPONSIBLE FOR THE RECORD 1 <sup>st</sup> MILITARY POLICE CO. / 41 <sup>st</sup> MILITARY POLICE BN.		CITY BELO HORIZONTE	
AREA UNIT RESPONSIBLE MILITARY UNIT: 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION POLICE UNIT: 2 <sup>nd</sup> CIVIL POLICE STATION/BARREIRO			
DATE OF RECORD 01/24/2008 01:37 A.M.		RECIPIENT ON-DUTY CIVIL POLICE STATION / BARREIRO	

## ORIGIN OF THE COMMUNICATION

HOW THE INCIDENT RESPONSE WAS REQUESTED VIA COMMUNICATIONS CENTER		DATE OF COMMUNICATION 01/23/2008	TIME OF COMMUNICATION 11:20 P.M.
REQUESTING AUTHORITY XXXX			

## INCIDENT / ACTIVITY INFORMATION

PROBABLE DESCRIPTION OF THE MAIN INCIDENT B01121 - HOMICIDE			
TARGET OF THE EVENT PEDESTRIAN			
ATTEMPTED / COMPLETED COMPLETED			
DATE/TIME OF THE INCIDENT 01/23/2008 11:08 P.M.	DATE/TIME THE RESPONSE AT THE SCENE BEGAN 01/23/2008 11:25 P.M.	DATE/TIME THE RESPONSE ENDED 01/24/2008 03:14 A.M.	DATE/TIME COMPLETION OF THE REPORT 01/24/2008 03:14 A.M.
ADDRESS (AV., RUA, ETC) RUA PARANAMIRIM			
NUMBER 53	KM XXXX	UNIT XXXX	NEIGHBORHOOD / VILLAGE BONSUCESSO
CITY BELO HORIZONTE		STATE MG	COUNTRY XXXX
POINT OF REFERENCE XXXX		LATITUDE XX° XX' XX"	LONGITUDE XX° XX' XX"
TYPE OF ROAD URBAN ROAD		MEANS USED FIREARMS	
PRESUMED CAUSE GANG ACTIVITY			

## QUALIFICATION OF THE INVOLVED PARTIES

## INVOLVED PARTY 1

SEX MALE	TYPE OF INVOLVEMENT VICTIM OF CRIMINAL / CIVIL ACTION		TYPE OF PERSON INDIVIDUAL	NATURE CODE B01121	ATTEMPTED / COMPLETED COMPLETED
NATURE DESCRIPTION HOMICIDE					
FULL NAME CLETO WILLIANS DA SILVA					
NATIONALITY BRASILEIRA		DATE OF BIRTH 05/28/1989	PLACE OF BIRTH/STATE BELO HORIZONTE / MG		
APPARENT AGE 18	DEGREE OF INJURY FATAL		MARITAL STATUS SINGLE		
COLOR / RACE BROWN		CURRENT OCCUPATION CONSTRUCTION LABORER			
VICTIM / PERPETRATOR RELATIONSHIP FRIEND / ACQUAINTANCE					
MOTHER IRANIDES GUIMARAES DA SILVA					
FATHER GRETO DA SILVA					
TYPE OF IDENTIFICATION DOCUMENT CIVIL IDENTITY CARD					
IDENTITY DOCUMENT NUMBER 14775103		ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SECURITY		STATE MG	CPF / CNPJ XXXX
EDUCATION LEVEL LITERATE					
ADDRESS (AVE., STREET, ETC.) RUA PARANAMIRIM		NUMBER 26	KM XXXXX	UNIT HOUSE	
NEIGHBORHOOD BONSUCESSO		CITY BELO HORIZONTE			STATE MG
COUNTRY XXXX		ZIP CODE XXXX	HOME PHONE / CELL PHONE (31) 3322-8668	BUSINESS PHONE / CELL PHONE XXXX	
EMAIL XXXX					
ESTIMATED WEIGHT XXXX	ESTIMATED HEIGHT XXXX	BALDNESS ? XXXX	HAIR XXXX	HAIR COLOR XXXX	



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## INVOLVED PARTY 1

EYE COLOR XXXX	STRABISMUS ? XXXX	PHYSICAL DISABILITY XXXX
AMPUTATION XXXX		
ATTITUDES / SIGNS OF INTOXICATION XXXX / XXXX		
SIGNS OF TOXIC SUBSTANCES ? XXXX	MENTAL SUFFERING XXXX	
AUDIOVISUAL IMPAIRMENT XXXX		
SCAR XXXX		
DEFORMITY XXXX		
LOCATION / TYPE OF TATTOO XXXX		
LOCATION / TYPE OF ACCESSORY XXXX		
ADDITIONAL INFORMATION XXXX		

## INVOLVED PARTY 2

SEX FEMALE	TYPE OF INVOLVEMENT WITNESS WHO OBSERVED THE EVENTS	TYPE OF PERSON INDIVIDUAL	NATURE CODE B01121	ATTEMPTED / COMPLETE COMPLETED
NATURE DESCRIPTION HOMICIDE				
FULL NAME DAIANA VANESA DA SILVA				
NATIONALITY BRAZILIAN	DATE OF BIRTH 01/28/1982	PLACE OF BIRTH / STATE BELO HORIZONTE / MG		
APPARENT AGE 25	MARITAL STATUS MARITAL STATUS - NOT DECLARED			
COLOR / RAC WHITE	CURRENT OCCUPATION HOMEMAKER			
MOTHER IRANIDES GUIMARAES DA SILVA				
FATHER GRETO DA SILVA				
TYPE OF IDENTIFICATION DOCUMENT CIVIL IDENTITY CARD				
IDENTITY DOCUMENT NUMBER 12988200	ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SECURITY	STATE MG	CPF / CNPJ XXXX	
EDUCATION LEVEL LITERATE				
ADDRESS (AVE., STREET, ETC.) RUA PARANAMIRIM	NUMBER 26	KM XXXXX	UNIT HOUSE	
NEIGHBORHOOD BONSUCESSO	CITY BELO HORIZONTE			STATE MG
COUNTRY XXXX	ZIP CODE XXXX	HOME PHONE / CELL PHONE (31) 3322-8668	BUSINESS PHONE / CELL PHONE XXXX	
EMAIL XXXX				

## INCIDENT / ACTIVITY HISTORY

ACCORDING TO THE WITNESS'S ACCOUNT, HIS BROTHER [FATAL VICTIM] WAS AT HIS PARENTS' RESIDENCE, SLEEPING, WHEN HE WAS CALLED BY AN INDIVIDUAL NAMED EDIMAR; THAT THIS INDIVIDUAL, AFTER REMAINING FOR A CERTAIN TIME IN THE UPPER INNER PART OF THE HOUSE TOGETHER WITH THE VICTIM, THE VICTIM'S MOTHER, NOTICING THE PRESENCE OF A STRANGER IN HER HOUSE, ASKED HER SON, "WHO IS THERE WITH YOU?" THE VICTIM RESPONDED TO HIS MOTHER THAT IT WAS EDIMAR, AND IMMEDIATELY THEREAFTER BOTH WENT OUT OF THE HOUSE TO THE STREET, AND FROM THAT MOMENT ON THE WITNESS OBSERVED, HAVING HEARD THE GUNSHOTS, SAW HIS BROTHER FALL TO THE GROUND, AND THE INDIVIDUAL NAMED EDIMAR RUNNING AWAY TOWARD THE STAIRWAY THAT GIVES ACCESS TO AV. DR. CRISTIANO REZENDE, AND THAT NEAR THIS STAIRWAY HE JOINED INDIVIDUALS KNOWN BY THE NICKNAMES PARDAL, NETINHO, AND BUTINA, ALL OF WHOM FLED DOWN THE STAIRWAY TOWARD RUA DR. CRISTIANO REZENDE, AND THAT THE WITNESS DID NOT OBSERVE WHETHER ANYONE WAS ARMED WITH A REVOLVER. THE VICTIM WAS SHOT WITH 04



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## INCIDENT / ACTIVITY HISTORY

(FOUR) FIREARM DISCHARGES TO THE HEAD, .38 CALIBER REVOLVER; THE WITNESS REPORTED TO US THAT HIS BROTHER HAD BEEN THREATENED WITH DEATH THREE MONTHS AGO BY AN INDIVIDUAL KNOWN BY THE NICKNAME FOFAO, AND THAT THE VICTIM HAD PREVIOUSLY BEEN INVOLVED IN A ROBBERY OF A PUBLIC TRANSPORT VEHICLE, WHOSE ACCOMPLICES ARE ALLEGEDLY IMPRISONED. THE HOMICIDE TEAM ARRIVED AT THE SCENE, POLICE AGENTS RODRIGO, RODRIGO BRACHER, FERNANDO, IN FOX 46; THE FORENSICS TEAM, EXAMINERS LUCI AND MARCIO, IN IC 04; THE BODY WAS REMOVED BY THE BODY REMOVAL VEHICLE FOX 24, AGENT ADSON GOMES LATER, IT WAS DETERMINED THAT THE INDIVIDUAL KNOWN AS EDMAR IS NAMED WALDIMAR VIANA DRUMOND, WHO RESIDES AT RUA CALUMBI, N274, HOUSE A, BONSUCESSO NEIGHBORHOOD. IN VIEW OF THE ABOVE, I MAKE THIS RECORD FOR THE APPROPRIATE MEASURES.

## MODE OF CRIMINAL ACTION

FIREARM DISCHARGES, .38 CALIBER REVOLVER.

## POLICE CARS

## POLICE CAR 1

TYPE OF POLICE CAR PRIMARY		AUTHORITY MILITARY POLICE		
DESCRIPTION / REMARKS VEHICLE MAKE VOLKSWAGEN				
LICENSE PLATE GTM7067	PREFIX / AUTHORITY PM	GENERAL REGISTRATION 10709	STANDARD PREFIX XXXX	PROBLEMS DURING THE RESPONSE XXXX

## MILITARY / POLICE PERSONNELS

## MILITARY / POLICE PERSONNEL

POLICE CAR NO. XXXX	REGISTRATION 0744490	RANK CORPORAL
FULL NAME LUIZ DOS SANTOS PEREIRA		
CORPORATION MILITARY POLICE		
UNIT 6 <sup>th</sup> PLATOON / 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION		

## MILITARY / POLICE PERSONNEL

POLICE CAR NO. XXXX	REGISTRATION 0807198	RANK 3 <sup>rd</sup> SERGEANT
FULL NAME EDUARDO DE PADUA TEIXEIRA		
CORPORATION MILITARY POLICE		
UNIT 1 <sup>st</sup> PLATOON / 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION		

## INTERNAL CONTROL DATA / INCIDENT REPORTING OFFICER

UNIT 1 PEL PM/11 CIA PM/41 BPM	
REGISTRATION 0807198	FULL NAME EDUARDO DE PADUA TEIXEIRA
RANK 3 <sup>rd</sup> SERGEANT	
CORPORATION MILITARY POLICE	
SIGNATURE:	

RECEIPT OF THE AUTHORITY TO WHOM IT IS ADDRESSED OR THEIR AGENT / POLICE ASSISTANT OR  
RECEIPT OF THE CIVILLY RESPONSIBLE PARTY

## RECIPIENT / RECEIPT 1

I received the "POLICE REPORT" PR Number CIAD/P-2008-5012878 and REDS Number 2008-000030506-001 for acknowledgment and appropriate measures, as well as the persons, materials, objects, animals, substances, and/or documents that, if present, are described or indicated in this document.

DATE 01/24/2008	TIME 03:05 A.M.	REGISTRATION 667961	NAME CHRISTOPHER DO CARMO DOMINGUES
--------------------	--------------------	------------------------	--



**POLICE REPORT**

**PR NUMBER**

**CIAD/P-2008-5012878**

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RANK POLICE CLERK II	
AUTHORITY/STATE CIVIL POLICE MG	
UNIT ON-DUTY CIVIL POLICE STATION / BARREIRO	
MEASURE TO BE TAKEN BY THE AUTHORITY XXXX	
ITEMS DELIVERED TO THIS RECIPIENT XXXX	
SIGNATURE	
RECEIPT GENERATED BY: PM0807198 - EDUARDO DE PADUA TEIXEIRA	RECEIPT CREATION DATE:: 01/24/2008 03:13 A.M.

\*\*\*\*\* END OF RECORD: THE REMAINDER OF THE PAGE MUST BE VOIDED. \*\*\*\*\*

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: January 13, 2026.**



BOLETIM DE OCORRÊNCIA

BO NÚMERO

CIAD/P-2008-5012878

Fl. 1/4

UNIDADE RESPONSÁVEL PELO REGISTRO 1 PEL PM/11 CIA PM/41 BPM		MUNICÍPIO BELO HORIZONTE	
UNIDADE DE ÁREA RESPONSÁVEL UNIDADE MILITAR: 11 CIA PM/41 BPM UNIDADE POLICIAL: 2ª DELEGACIA DE POLICIA CIVIL/BARREIRO			
DATA DO REGISTRO 24/01/2008 01:37		DESTINATÁRIO DELEGACIA DE POLICIA CIVIL DE PLANTAO/BARREIRO	
<b>ORIGEM DA COMUNICAÇÃO</b>			
COMO FOI SOLICITADO O ATENDIMENTO DA OCORRÊNCIA VIA CENTRO DE COMUNICACOES		DATA DA COMUNICAÇÃO 23/01/2008	HORA DA COMUNICAÇÃO 23:20
ÓRGÃO SOLICITANTE XXXX			
<b>DADOS DA OCORRÊNCIA / ATIVIDADE</b>			
PROVÁVEL DESCRIÇÃO DA OCORRÊNCIA PRINCIPAL B01121 - HOMICIDIO			
ALVO DO EVENTO TRANSEUNTE			
TENTADO / CONSUMADO CONSUMADO			
DATA/HORA DO FATO 23/01/2008 23:08	DATA/HORA DO INÍCIO DO ATENDIMENTO NO LOCAL 23/01/2008 23:25	DATA/HORA FINAL DO ATENDIMENTO 24/01/2008 03:14	DATA/HORA FINAL DO PREENCHIMENTO 24/01/2008 03:14
LOCAL (AV., RUA, ETC) RUA PARANAMIRIM			
NÚMERO 53	KM XXXX	COMPLEMENTO XXXX	BAIRRO/VILA BONSUCESSO
MUNICÍPIO BELO HORIZONTE	UF MG	PAÍS XXXX	CEP XXXX
PONTO DE REFERÊNCIA XXXX		LATITUDE XX° XX' XX"	LONGITUDE XX° XX' XX"
TIPO VIA VIA URBANA	MEIO UTILIZADO ARMAS DE FOGO		
CAUSA PRESUMIDA ACAO DE GANGUES			
<b>QUALIFICAÇÃO DOS ENVOLVIDOS</b>			
<b>ENVOLVIDO 1</b>			
SEXO MASCULINO	TIPO ENVOLVIMENTO VITIMA DE AÇÃO CRIMINAL / CIVEL	TIPO DE PESSOA FISICA	COD. NATUREZA B01121
TENTADO / CONSUMADO CONSUMADO			
DESCRIÇÃO NATUREZA HOMICIDIO			
NOME COMPLETO CLETO WILLIANS DA SILVA			
NACIONALIDADE BRASILEIRA	DATA NASCIMENTO 28/05/1989	NATURALIDADE / UF BELO HORIZONTE / MG	
IDADE APARENTE 18	GRAU DA LESÃO FATAL	ESTADO CIVIL SOLTEIRO	
COR / RAÇA PARDA	OCUPAÇÃO ATUAL SERVENTE DE PEDREIRO		
RELAÇÃO VÍTIMA / AUTOR AMIGO / CONHECIDO			
MÃE IRANIDES GUIMARAES DA SILVA			
PAI GRETO DA SILVA			
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL			
NÚMERO DOCUMENTO IDENTIDADE 14775103	ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA	UF MG	CPF / CNPJ XXXX
ESCOLARIDADE ALFABETIZADO			
ENDEREÇO (AV., RUA, ETC) RUA PARANAMIRIM	NÚMERO 26	KM XXXXX	COMPLEMENTO CASA
BAIRRO BONSUCESSO	MUNICÍPIO BELO HORIZONTE		UF MG
PAÍS XXXX	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR (31) 3322-8668	TELEFONE COMERCIAL/ CELULAR XXXX
EMAIL XXXX			
PESO ESTIMADO XXXX	ALTURA ESTIMADA XXXX	CALVÍCIE ? XXXX	CABELO XXXX
COR CABELO XXXX			



BOLETIM DE OCORRÊNCIA

BO NÚMERO

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## ENVOLVIDO 1

COR OLHOS XXXX	ESTRABISMO ? XXXX	DEFICIÊNCIA FÍSICA XXXX
AMPUTAÇÃO XXXX		
ATTITUDES/SINAIS DE EMBRIAGUEZ XXXX / XXXX		
SINAIS DE SUBSTÂNCIAS TÓXICAS ? XXXX	SOFRIMENTO MENTAL XXXX	
DEFICIÊNCIA AUDIOVISUAL XXXX		
CICATRIZ XXXX		
DEFORMIDADE XXXX		
LOCAL / TIPO TATUAGEM XXXX		
LOCAL / TIPO ACESSÓRIO XXXX		
INFORMAÇÕES COMPLEMENTARES XXXX		

## ENVOLVIDO 2

SEXO FEMININO	TIPO ENVOLVIMENTO TESTEMUNHA QUE PRESENCIOU OS FATOS	TIPO DE PESSOA FISICA	COD. NATUREZA B01121	TENTADO / CONSUMADO CONSUMADO
DESCRIÇÃO NATUREZA HOMICIDIO				
NOME COMPLETO DAIANA VANESA DA SILVA				
NACIONALIDADE BRASILEIRA	DATA NASCIMENTO 28/01/1982	NATURALIDADE / UF BELO HORIZONTE / MG		
IDADE APARENTE 25	ESTADO CIVIL ESTADO CIVIL - NAO DECLARADO			
COR / RAÇA BRANCA	OCUPAÇÃO ATUAL DO LAR			
MÃE IRANIDES GUIMARAES DA SILVA				
PAI GRETO DA SILVA				
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL				
NÚMERO DOCUMENTO IDENTIDADE 12988200	ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA	UF MG	CPF / CNPJ XXXX	
ESCOLARIDADE ALFABETIZADO				
ENDEREÇO (AV., RUA, ETC) RUA PARANAMIRIM	NÚMERO 26	KM XXXXX	COMPLEMENTO CASA	
BAIRRO BONSUCESSO	MUNICÍPIO BELO HORIZONTE			UF MG
PAÍS XXXX	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR (31) 3322-8668	TELEFONE COMERCIAL/ CELULAR XXXX	
EMAIL XXXX				

## HISTÓRICO DA OCORRÊNCIA / ATIVIDADE

SEGUNDO  
VERSAO DA TESTEMUNHA, SEU IRMAO [ VITIMA FATAL], ENCONTRAVA-SE NA RESIDENCIA DE SEUS PAIS, DORMINDO, QUANDO FOI CHAMADO POR UM INDIVIDUO DE NOME EDIMAR, QUE ESTE INDIVIDUO, APOS PERMANECER UM CERTO TEMPO NA PARTE SUPERIOR INTERNA DA CASA, JUNTAMENTE COM A VITIMA, A GENITORA DA VITIMA, PERCEBENDO A PRESENÇA DE PESSOA ESTRANHA EM SUA CASA, INDAGOU AO FILHO; QUEM ESTA AI COM VOCE?, A VITIMA RESPONDEU A SUA MAE QUE ERA O EDIMAR.SEGUIDAMENTE AMBOS SAIRAM PARA FORA DA CASA, INDO PARA A RUA, SENDO APARTIR DESTE MOMENTO OBSERVADO PELA TESTEMUNHA QUE OUVIU OS DISPAROS,VIU SEU IRMAO CAINDO AO SOLO, E O INDIVIDUO DE NOME EDIMAR SAINDO CORRENDO, NO SENTIDO AO ESCADAO QUE DA ACESSO A AV DR. CRISTIANO REZENDE, QUE PROXIMO A ESTE ESCADAO, JUNTOU-SE COM OS INDIVIDUOS DE ALCUNHA; PARDAL, NETINHO E BUTINA, TENDO AMBOS EVADIDOS PELO ESCADAO NO SENTIDO RUA DR. CRISTIANO REZENDE, QUE A TESTEMUNHA NAO OBSERVOU SE ALGUEM ESTARIA ARMADO COM REVOLVER. VITIMA FOI ALVEJADA COM 04



BOLETIM DE OCORRÊNCIA

BO NÚMERO

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## HISTÓRICO DA OCORRÊNCIA / ATIVIDADE

[QUATRO], DISPAROS DE ARMA DE FOGO NA CABECA, REVOLVER CALIBRE 38, A TESTEMUNHA NOS RELATOU QUE SEU IRMAO HAVIA SIDO AMEACADO DE MORTE A TRES MESES PASSADOS, POR UM INDIVIDUO DE ALCUNHA FOFAO, QUE A VITIMA ENVOLVEU ANTERIORMENTE EM UM ROUBO A COLETIVO, CUJOS COMPARSAS ESTARIAM PRESOS, NO LOCAL COMPARECEU A EQUIPE DA HOMICIDIO, AGENTE DE POLICIA RODRIGO, RODRIGO BRACHER, FERNANDO, NO FOX 46, EQUIPE DA PERICIA, PERITOS LUCI E MARCIO, NO IC 04, SENDO O CORPO REMOVIDO PELO RABECAO FOX 24, AGENTE ADSON GOMES, POSTERIOR FICOU CONSTATADO QUE O INDIVIDUO DE NOME EDIMAR, CHAMA-SE WALDIMAR VIANA DRUMOND, QUE RESIDE A RUA CALUMBI, N 274, CASA A, BAIRRO BONSUCESSO, BHTE, MG. FACE AO EXPOSTO, EFETUO ESTE REGISTRO PARA AS PROVIDENCIAS CABIVEIS.

## MODO DA AÇÃO CRIMINOSA

DISPAROS DE ARMA DE FOGO, REVOLVER CALIBRE 38.

## VIATURAS

## VIATURA 1

TIPO DA VIATURA PRINCIPAL	ÓRGÃO POLICIA MILITAR			
DESCRIÇÃO / OBSERVAÇÃO VEICULO MARCA VOLKSWAGEM				
PLACA GTM7067	PREFIXO / ÓRGÃO PM	REGISTRO GERAL 10709	PREFIXO PADRÃO XXXX	PROBLEMAS DURANTE O ATENDIMENTO XXXX

## MILITARES/POLICIAIS INTEGRANTES

## MILITAR/POLICIAL INTEGRANTE

NUM VIATURA XXXX	MATRICULA 0744490	CARGO CABO
---------------------	----------------------	---------------

NOME COMPLETO

LUIZ DOS SANTOS PEREIRA

CORPORAÇÃO

POLICIA MILITAR

UNIDADE

6 PEL PM/11 CIA PM/41 BPM

## MILITAR/POLICIAL INTEGRANTE

NUM VIATURA XXXX	MATRICULA 0807198	CARGO 3 SARGENTO
---------------------	----------------------	---------------------

NOME COMPLETO

EDUARDO DE PADUA TEIXEIRA

CORPORAÇÃO

POLICIA MILITAR

UNIDADE

1 PEL PM/11 CIA PM/41 BPM

## DADOS PARA CONTROLE INTERNO/RELATOR DA OCORRÊNCIA

UNIDADE

1 PEL PM/11 CIA PM/41 BPM

MATRICULA 0807198	NOME COMPLETO EDUARDO DE PADUA TEIXEIRA
----------------------	--

CARGO

3 SARGENTO

CORPORAÇÃO

POLICIA MILITAR

ASSINATURA:

RECIBO DA AUTORIDADE A QUE SE DESTINA OU SEU AGENTE / AUXILIAR POLICIAL  
OU RECIBO DO RESPONSÁVEL CIVIL

## DESTINATÁRIO / RECIBO 1

Recebi o "Boletim de Ocorrência" de Número BO CIAD/P-2008-5012878 e Número de REDS 2008-000030506-001 para conhecimento e providências, bem como as pessoas, materiais, objetos, animais, substâncias e/ ou documentos que, existindo, estejam descritos ou assinalados neste documento.

DATA 24/01/2008	HORA 03:05	MATRICULA 667961	NOME CHRISTOPHER DO CARMO DOMINGUES
--------------------	---------------	---------------------	--



CARGO ESCRIVAO DE POLICIA II	
ÓRGÃO/UF POLICIA CIVIL MG	
UNIDADE DELEGACIA DE POLICIA CIVIL DE PLANTAO/BARREIRO	
PROVIDÊNCIA A SER TOMADA PELA AUTORIDADE XXXX	
ITENS ENTREGUES A ESTE DESTINATÁRIO XXXX	
ASSINATURA	
RECIBO GERADO POR: PM0807198 - EDUARDO DE PADUA TEIXEIRA	DATA DE CRIAÇÃO DO RECIBO: 24/01/2008 03:13
***** FIM DO REGISTRO: O RESTANTE DA PÁGINA DEVE SER INUTILIZADO. *****	



Registry Office Stamp

FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

# DEATH CERTIFICATE

NAME:

**LUCAS ALBERTO DA SILVA SOUZA**

CPF:

186.873.585-95

REGISTRATION:

**042556 01 55 2024 4 00108 237 0032337 96**

SEX	SKIN	MARITAL STATUS AND AGE
Male	Brown	Single, 20 years old

CITY OF BIRTH	IDENTIFICATION DOCUMENT	REGISTERED VOTER
Belo Horizonte - Minas Gerais	MG-22-103 598/PC/MG	YES

FILIATION AND RESIDENCE

LUIZ ALBERTO DE SOUZA//  
DAIANA VANESA DA SILVA//  
Rua Doutor Cristiano Rezende. 1600. Bonsucesso Neighborhood, Belo Horizonte - Minas Gerais

DATE AND TIME OF DEATH	DAY	MONTH	YEAR
December twenty-third, two thousand twenty-four, at 15:15 p.m.	23	12	2024

PLACE OF DEATH

Public way, Rua Doutor Cristiano Rezende, 600, Novo das Indústrias Neighborhood (Barreiro). Belo Horizonte - Minas Gerais

CAUSE OF DEATH

Blunt Polytrauma

BURIAL/CREMATION (CITY AND CEMETERY, IF KNOWN)	DECLARANT
Belo Horizonte - Minas Gerais	Father

NAME AND DOCUMENT NUMBER OF THE PHYSICIAN WHO CERTIFIED THE DEATH

DR. ALEXANDRE SADI MAKSUD, CRM (Regional Medical Council) 18600//

NOTES/ ANNOTATIONS TO BE ADDED

Date of registration: 12/24/2024

REGISTRATION NOTES

//  
**\*The registration notes above do not exempt the interested party from presenting the original document when required by the requesting agency or when necessary for the identification of the holder.**

CIVIL REGISTRY AND NOTARIAL OFFICE OF THE BARREIRO DISTRICT  
LETÍCIA FRANGO MACULAN ASSUMPCÃO  
BELO HORIZONTE - MINAS GERAIS, (31) 3600-8000  
Avenida Afonso Vaz de Meio, 466, Barreiro. ZIP Code 30540-070  
cartoriodobarreiro@cartoriodobarreiro.com.br

The content of this certificate is true. I certify.  
Belo Horizonte, December 24, 2024.

[unreadable]

---//signature/---

**Ludimilla Ferreira Gonçalves**  
Clerk

Inspection Seal and QR Code

001445878 BRP

[unreadable]

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



\_\_\_\_\_ Date: April 29, 2026.



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS



**CERTIDÃO DE ÓBITO**

**LUCAS ALBERTO DA SILVA SOUZA**

196 873 585-05

MATRÍCULA  
**042556 01 55 2024 4 00108 237 0032337 96**

SEXO <b>Masculino</b>	ESTADO CIVIL E IDADE <b>Solteiro, 20 anos</b>
--------------------------	--

NATURALIDADE <b>Belo Horizonte - MG</b>	DOCUMENTO DE IDENTIFICAÇÃO <b>MG-22-103.898/PC/MG</b>	SELETOR <b>SIM</b>
--	--	-----------------------

RELACIONAMENTO E RESIDÊNCIA  
**LUIZ ALBERTO DE SOUZA/  
DAIANA VANESA DA SILVA//  
Rua Doutor Cristiano Rezende, 1600, Bairro Bonsucesso, Belo Horizonte - MG**

DATA E HORA DE FALECIMENTO <b>Vinte e três de dezembro de dois mil e vinte e quatro, às 15:15 horas</b>	DIAS <b>23</b>	MÊSES <b>12</b>	ANOS <b>2024</b>
--	-------------------	--------------------	---------------------

LOCAL DE FALECIMENTO  
**Via pública, Rua Doutor Cristiano Rezende, 600, Bairro Novo das Indústrias (Barreiro), Belo Horizonte - MG**

CAUSA DA MORTE  
**Politraumatismo Contuso**

LOCAL DE TAMBÉM CRIAÇÃO / CÍVIL E MUNICÍPIO DE CONHECIMENTO <b>Belo Horizonte - MG</b>	DECLARANTE <b>Pai</b>
---	--------------------------

NOME E NÚMERO DE DOCUMENTO DO MÉDICO QUE ATESTOU O ÓBITO  
**DR ALEXANDRE SADI MAKSUD, CRM 18500//**

OBSERVAÇÕES/INDICAÇÕES A ADRESER  
**Data do registro: 24/12/2024**

ANOTAÇÕES DE CADASTRO  
**//**  
\* As anotações de cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

REGISTRO CIVIL E NOTAS DO DISTRITO DO BARREIRO  
LETÍCIA FRANCO MACULAN ASSUMPTÃO  
BELO HORIZONTE - MG, (31)3500-6900  
Av. Afonso Vaz de Melo, 465, Barreiro, CEP 30840-070  
cartoriodobarreiro@cartoriodobarreiro.com.br


O conteúdo da certidão é verdadeiro. Dou fé.  
Belo Horizonte, 24 de dezembro de 2024.

Lei 15.404/2004  
Número de atendimento à classe  
Temp. fiscal: 882.00

*Ludmila Ferreira Gonçalves*  
Escriventa

PODER JUDICIÁRIO - TJMG  
CORREGEDORIA GERAL DE JUSTIÇA  
CARTÓRIO DO REGISTRO CIVIL E NOTAS DO DISTRITO DO BARREIRO

SELO DE CONSULTA, UNICLIJAS  
CÓDIGO DE SEGURANÇA: 6796 6182 6337 3884  
Quantidade de este protocolo: 4 (2.000/1.000)  
Asses. processual: Ludmila Ferreira Gonçalves - Barreiro  
E-mail: 608 773 6 10 0526 5 00 1000 0 00  
Consulte a internet sobre selo no site: http://www.tjmg.jus.br





## POLICE REPORT

PR NUMBER

XXXX

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UNIT RESPONSIBLE FOR THE RECORD  
11<sup>th</sup> MILITARY POLICE COMPANY / 41<sup>st</sup> MILITARY POLICE BATTALION / 1<sup>st</sup> MILITARY POLICE REGION

CITY  
BELO HORIZONTE

## AREA UNIT RESPONSIBLE

MILITARY UNIT: 11<sup>th</sup> MILITARY POLICE COMPANY / 41<sup>st</sup> MILITARY POLICE BATTALION / 1<sup>st</sup> MILITARY POLICE REGION  
POLICE UNIT: 2<sup>nd</sup> CIVIL POLICE STATION/BARREIRO

DATA OF RECORD  
12/14/2021 7:42 P.M.

RECIPIENT  
STATE DIGITAL ON-DUTY CENTER / SIPJ (Judicial Police Information System)

## ORIGIN OF THE COMMUNICATION

HOW THE INCIDENT RESPONSE WAS REQUESTED  
TELEPHONE CALL

DATE OF COMMUNICATION  
12/14/2021

TIME OF COMMUNICATION  
4:07 P.M.

REQUESTING AUTHORITY  
XXXX

## INCIDENT / ACTIVITY INFORMATION

PROBABLE DESCRIPTION OF THE MAIN INCIDENT  
B01121 - HOMICIDE

TARGET OF THE EVENT  
PEDESTRIAN

ATTEMPTED / COMPLETED  
COMPLETED

DID THE INCIDENT OCCUR DURING THE PERFORMANCE OF APP-BASED TRANSPORTATION ACTIVITY?  
NO

DATE/TIME OF THE INCIDENT  
12/14/2021 4:07 P.M.

DATE/TIME THE RESPONSE AT THE SCENE BEGAN  
12/14/2021 4:20 P.M.

DATE/TIME THE RESPONSE ENDED  
12/14/2021 10:31 P.M.

DATE/TIME COMPLETION OF THE REPORT  
12/14/2021 10:31 P.M.

DESCRIPTION OF THE LOCATION  
PUBLIC ACCESS ROAD

IMMEDIATE LOCATION COMPLEMENT  
PUBLIC ACCESS ROAD

ADDRESS (AV., RUA, ETC)  
AVENIDA TEREZA CRISTINA

NUMBER  
NO NUMBER XXXX

KM  
XXXX

UNIT  
XXXX

NEIGHBORHOOD / VILLAGE  
BAIRRO DAS INDUSTRIAS I

ZIP CODE  
XXXX

CITY  
BELO HORIZONTE

STATE  
MG

COUNTRY  
BRAZIL

POINT OF REFERENCE  
XXXX

LATITUDE  
-19° 58' 57,3"

LONGITUDE  
-44° 0' 32,56"

TYPE OF ROAD  
XXXX

MEANS USED  
FIREARMS

PRESUMED CAUSE  
GANG / CRIMINAL FACTION ACTIVITY

## QUALIFICATION OF THE INVOLVED PARTIES

## INVOLVED PARTY 1

SEX  
MALE

TYPE OF INVOLVEMENT  
VICTIM OF CRIMINAL / CIVIL ACTION

TYPE OF PERSON  
INDIVIDUAL

NATURE CODE  
B01121

ATTEMPTED / COMPLETED  
COMPLETED

NATURE DESCRIPTION  
HOMICIDE

FULL NAME  
ANTONIO CARLOS DA SILVA CORREIA

NATIONALITY  
BRAZILIAN

DATE OF BIRTH  
06/04/1976

PLACE OF BIRTH / STATE  
SANTO AMARO / BA

APPARENT AGE  
45

DEGREE OF INJURY  
FATAL

MARITAL STATUS  
MARRIED

SEXUAL ORIENTATION  
UNKNOWN

GENDER IDENTITY  
DOES NOT APPLY

VICTIM / PERPETRATOR RELATIONSHIP  
UNKNOWN

COLOR / RACE  
BROWN

CURRENT OCCUPATION  
XXXX

MOTHER  
DARIA CRISPINIANA DA SILVA

FATHER  
CARLOS ALBERTO CORREIA

TYPE OF IDENTIFICATION DOCUMENT  
CIVIL IDENTIFICATION CARD

IDENTITY DOCUMENT NUMBER  
23000302

ISSUING AUTHORITY  
SESP - STATE DEPARTMENT OF PUBLIC SECURITY

STATE  
MG

CPF / CNPJ  
XXXX

EDUCATION LEVEL  
EDUCATION - UNKNOWN

PERSON EXPERIENCING HOMELESSNESS?  
XXXX

ADDRESS (AV., RUA, ETC)  
XXXX

NUMBER  
XXXX

KM  
XXXXXX

UNIT  
XXXX

TYPER: PM1371210

GENERATED BY: PM0871756  
02/17/2025 5:29 P.M.



POLICE REPORT

PR NUMBER

XXXX

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## INVOLVED PARTY 1

NEIGHBORHOOD XXXX	CITY XXXX			STATE XX
COUNTRY XXXX	ZIP CODE XXXX	HOME PHONE / CELL PHONE XXXX	BUSINESS PHONE / CELL PHONE XXXX	
EMAIL XXXX	REASON FOR ABSENCE OF PHONE / EMAIL INFORMATION UNKNOWN			
ESTIMATED WEIGHT XXXX	ESTIMATED HEIGHT XXXX	BALDNESS ? XXXX	HAIR XXXX	HAIR COLOR XXXX
EYE COLOR XXXX	STRABISMUS ? XXXX	PHYSICAL DISABILITY XXXX		
AMPUTATION XXXX				
ATTITUDES / SIGNS OF INTOXICATION XXXX / XXXX				
SIGNS OF TOXIC SUBSTANCES? XXXX		MENTAL SUFFERING XXXX		
AUDIOVISUAL IMPAIRMENT XXXX				
SCAR XXXX				
DEFORMITY XXXX				
LOCATION / TYPE OF TATTOO XXXX				
LOCATION / TYPE OF ACCESSORY XXXX				
ADDITIONAL INFORMATION XXXX				

## MATERIALS AND BLADES

## MATERIAL 1

INVOLVED PARTY NO. 1	STATUS SEIZED	QUANTITY XXXX	P/V UNIT XXXX	AMOUNT XXXX
ITEM OTHER ITEMS (DETAIL IN THE HISTORY)				
SERIAL / IDENTIFICATION XXXX	BRAND XXXX	MODEL XXXX	COLOR XXXX	
ADDITIONAL INFORMATION THE VICTIM'S BELONGINGS WERE SEALED IN TWO FORENSIC EVIDENCE ENVELOPES WITH NUMBERS 2380549 AND 3195895.				

## VEHICLES

## VEHICLE 1

INVOLVED PARTY NO. XXXX	VEHICLE STATUS VEHICLE / LICENSE PLATE REPORTED BY THIRD PARTIES			REASON FOR SEIZURE XXXX	
CRLV/CLA (Annual License) No. XXXX	RENAVAM (NATIONAL REGISTRY OF MOTOR VEHICLES) 966474724		TYPE OF VEHICLE CAR		
CHASSIS 9BD17201M83431086	MAKE / MODEL FIAT/SIENA ELX FLEX		CITY IBIRITE	STATE MG	
KIND XXXX	CATEGORY PRIVATE		ATTACHED / TRAILERED? XXXX	PHYSICALLY ATTACHED TO VEHICLE NO. XXXX	
LICENSE PLATE HIU-2796	PREDOMINANT COLOR GRAY	REGISTRATION YEAR 2021	MANUFACTURE YEAR 2008	MANDATORY INSURANCE? XXXX	OPTIONAL INSURANCE? XXXX
OWNER'S NAME RAMON RODRIGUES BAIA					
OWNER'S EMAIL XXXX					
CIVILLY RESPONSIBLE PARTY XXXX			SPECIAL LICENSE PLATE XXXX	LAST IPVA (Motor Vehicle Tax) PAYMENT 2021	MODEL YEAR 2008
WERE THE VEHICLE DATA VERIFIED IN SDAK (automatic registration of vehicles involved in traffic accidents)?		YES			
DRIVER INFORMATION		PROVIDED DRIVER'S LICENSE INFORMATION? NO			
WAS IT POSSIBLE TO DETERMINE THE SEVERITY OF THE DAMAGE?		NO			
REASON WHY IT WAS NOT POSSIBLE TO DETERMINE THE SEVERITY OF THE DAMAGE XXXX					



VEÍCULOS

INCIDENT / ACTIVITY HISTORY

MR. POLICE CHIEF

THE POLICE CAR, RP30795, WAS DISPATCHED BY COPOM (Military Police Operations Center) TO RESPOND TO A COMPLETED HOMICIDE INCIDENT AT AVENIDA TEREZA CRISTINA, NO NUMBER, DAS INDÚSTRIAS NEIGHBORHOOD. ACCORDING TO THE REPORTING PARTY, THREE INDIVIDUALS OCCUPYING A SIENA FIRED AT THE VICTIM, POSSIBLY USING AN AUTOMATIC-FUNCTION FIREARM. ACCORDING TO FORENSICS, MORE THAN ONE WEAPON WAS USED, ONE BEING A GLOCK POSSIBLY EQUIPPED WITH A BURST-FIRE KIT AND ANOTHER 9MM CALIBER FIREARM.

AT THE SCENE, THE OFFICERS ENCOUNTERED A MALE BODY IN THE PRONE POSITION AND, UPON APPROACHING, DETERMINED THAT THE VICTIM WAS UNCONSCIOUS AND HAD INJURIES TO THE HEAD REGION, WITH EXPOSURE OF BRAIN TISSUE, AS WELL AS AN INJURY TO THE THORAX, POSSIBLY CAUSED BY FIREARM PROJECTILES. ALSO PRESENTED ABRASIONS ON THE ARMS AND HANDS. THE VICTIM WAS WEARING BLUE JEANS AND A GREEN KNIT T-SHIRT AND WAS WEARING BLUE HAVAIANAS-TYPE FLIP-FLOPS AS WELL AS A GRAY CAP. THE VICTIM NO LONGER SHOWED VITAL SIGNS. THEREFORE, NO ATTEMPT AT AID WAS MADE SO AS NOT TO ALTER THE CRIME SCENE AND THE POSITION OF THE BODY. THE CRIME SCENE WAS ISOLATED AND MEASUREMENTS WERE TAKEN, AND WE CALLED FORENSICS AND THE HOMICIDE TEAM.

THE UNIT THAT FIRST ARRIVED AT THE SCENE ASSUMED THE INCIDENT AND THE RECORDING OF THE REDS. AND, WHILE AWAITING THE ARRIVAL OF FORENSICS AND THE BODY REMOVAL UNIT, THE UNITS PROVIDING SUPPORT CONDUCTED A SEARCH IN THE SURROUNDING AREA; HOWEVER, THEY WERE UNABLE TO LOCATE THE PERPETRATORS OF THE HOMICIDE WHO, ACCORDING TO BYSTANDERS, WERE POSSIBLY USING A GRAY FIAT SIENA WITH THE POSSIBLE LICENSE PLATE HIU OR HIV-2796. ONE OF THE TRAFFIC BATTALION UNITS REPORTED HAVING SEEN THE SUSPECT VEHICLE AND THE LICENSE PLATE HIV-2796, BUT WITHOUT CONFIRMATION REGARDING THE PERPETRATORS OR ANY RELATION TO THE INCIDENT, AS NO STOP WAS MADE. THERE IS A REPORT OF CLONING FOR THIS VEHICLE.

TELEPHONE CONTACT WAS MADE WITH WASHINGTON, TELEPHONE NUMBER 31 99173-8447, THE VICTIM'S BROTHER, WHO REPORTED THAT THE VICTIM HAD TRAFFICKED DRUGS IN THE PAST BUT HAD STOPPED, THAT HE HAD AN APARTMENT IN THE BUILDINGS AT THE ENTRANCE OF BAIRRO DAS INDÚSTRIAS KNOWN AS "PREDINHOS DO LULA (LULAI'S LITTLE BUILDINGS)" BUT MOVED TO TIROL DUE TO DISPUTES WITH LOCAL DRUG TRAFFICKERS, AND THAT EVEN RELATIVES DO NOT KNOW THE CURRENT ADDRESS WHERE THE VICTIM WAS LIVING; IN ADDITION TO THIS INVOLVEMENT WITH DRUGS, UNIDENTIFIED BYSTANDERS ANONYMOUSLY REPORTED THAT THE VICTIM HAD RELATIONSHIPS WITH SEVERAL WOMEN AND THAT THIS ALSO CAUSED PROBLEMS FOR HIM. THE VICTIM'S CRIMINAL RECORD INDICATES A PRIOR OFFENSE FOR DRUG TRAFFICKING. NO WITNESSES WERE LISTED DUE TO FEAR OF RETALIATION.

UPON CHECKING THE SURROUNDING AREA, WE DETERMINED THAT THERE ARE SURVEILLANCE CAMERAS AT THE HOUSES NUMBERED 463, 538 AND 556.

THE IC-30 FORENSIC TEAM, COMPOSED OF EXAMINERS JOÃO BOSCO, MASP 1111420, AND MICHELLE MACHADO, MASP 1155022 ARRIVED AT THE SCENE AND CARRIED OUT THE STANDARD PROCEDURES, HAVING COLLECTED, FROM THE POCKET OF THE VICTIM'S PANTS, THE VICTIM'S BELONGINGS, WHICH WERE SEALED IN PROPER ENVELOPES AND DELIVERED TO THE UNIT RESPONSIBLE FOR THE RECORD FOR FORWARDING TO THIS POLICE STATION UNDER NUMBERS 3195895 AND 2380549. THE FORENSICS TEAM ALSO COLLECTED AND REMOVED THE EMPTY SHELL CASINGS FROM THE DISCHARGED AMMUNITION AND A PORTION OF A SUBSTANCE SIMILAR TO MARIJUANA THAT WAS FOUND NEXT TO THE BODY.

THE HOMICIDE TEAM ARRIVED AT THE CRIME SCENE, COMPOSED OF DR. INGRID, POLICE CHIEF, POLICE CAR LICENSE PLATE QMV 2034. THE BODY REMOVAL VEHICLE, LICENSE PLATE QXW-1A92, INVESTIGATOR JAMERSON, MASP 370109, ALSO ARRIVED AT THE CRIME SCENE AND REMOVED THE BODY TO THE IML (LEGAL MEDICAL INSTITUTE).

WE CONDUCTED A REVIEW OF THE VICTIM'S HISTORY THROUGH THE ISP AND REDS SYSTEMS AND DETERMINED THAT THE INDIVIDUAL HAD PREVIOUSLY TRAFFICKED DRUGS, AS PER REDS NO. 2006-000016388-001.

RECORD MADE FOR DUE ACTIONS

Technical Forensics

TECHNICAL FORENSICS ATTENDED?	VEHICLE PREFIX	VEHICLE LICENSE PLATE	FORENSIC EXAMINER (BADGE NUMBER - NAME)
YES	XXXX	QMV2030	PC1111420 - JOAO BOSCO SILVINO JUNIOR
REASON FOR NON-ATTENDANCE			
XXXX			

POLICE CARS

POLICE CAR 1

TYPE OF POLICE CAR		AUTHORITY		
PRIMARY		MILITARY POLICE		
DESCRIPTION / REMARKS				
UTILITY VEHICLE -				
LICENSE PLATE	PREFIX / AUTHORITY	GENERAL REGISTRATION	STANDARD PREFIX	PROBLEMS DURING THE RESPONSE
RMS1E44	PM	30795	XXXX	XXXX



POLICE REPORT

PR NUMBER

XXXX

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POLICE CAR 1

MILITARY / POLICE PERSONNELS

MILITARY / POLICE PERSONNEL

POLICE CAR NO. 1	REGISTRATION 1371210	RANK CORPORAL	Temporarily Assigned? NO
FULL NAME GEOVANI ANTONIO DE JESUS			
CORPORATION POLICIA MILITAR			
UNIT 2 <sup>nd</sup> PLATOON / 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION			

MILITARY / POLICE PERSONNEL

POLICE CAR NO. 1	REGISTRATION 1447333	RANK CORPORAL	Temporarily Assigned? NO
FULL NAME MARCOS AURELIO COSTA			
CORPORATION MILITARY POLICE			
UNIT 2 <sup>nd</sup> PLATOON / 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION			

INTERNAL CONTROL DATA / INCIDENT REPORTING OFFICER

UNIT 2 <sup>nd</sup> PLATOON / 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION	
REGISTRATION 1371210	FULL NAME GEOVANI ANTONIO DE JESUS
RANK CORPORAL	
CORPORATION MILITARY POLICE	
SIGNATURE:	

RECEIPT OF THE AUTHORITY TO WHOM IT IS ADDRESSED OR THEIR AGENT / POLICE ASSISTANT OR RECEIPT OF THE CIVILLY RESPONSIBLE PARTY

RECIPIENT / RECEIPT 1

I received the "POLICE REPORT" Number BO XXXX and REDS Number 2021-059862289-001 for acknowledgment and appropriate measures, as well as the persons, materials, objects, animals, substances, and/or documents that, if present, are described or indicated in this document.

DATE 12/14/2021	TIME 11:18 P.M.	REGISTRATION 1256109	NAME MARIA APARECIDA MIRANDA CASTRO
RANK INVESTIGADOR DE POLICIA NIVEL II			
AUTHORITY / STATE CIVIL POLICE MG			
UNIT STATE DIGITAL ON-DUTY CENTER / SIPJ			
MEASURE TO BE TAKEN BY THE AUTHORITY XXXX			
ITEMS DELIVERED TO THIS RECIPIENT - MATERIALS 1			
SIGNATURE			
RECEIPT GENERATED BY: PM1371210 - GEOVANI ANTONIO DE JESUS			RECEIPT CREATION DATE: 12/14/2021 10:22 P.M.

\*\*\*\*\* END OF RECORD: THE REMAINDER OF THE PAGE MUST BE VOIDED. \*\*\*\*\*

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: January 8, 2026.



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

Fl. 1/4

UNIDADE RESPONSÁVEL PELO REGISTRO 11 CIA PM/41 BPM/1 RPM		MUNICÍPIO BELO HORIZONTE		
UNIDADE DE ÁREA RESPONSÁVEL UNIDADE MILITAR: 11 CIA PM/41 BPM/1 RPM UNIDADE POLICIAL: 2ª DELEGACIA DE POLICIA CIVIL/BARREIRO				
DATA DO REGISTRO 14/12/2021 19:42		DESTINATÁRIO CENTRAL ESTADUAL DO PLANTAO DIGITAL/SIPJ		
<b>ORIGEM DA COMUNICAÇÃO</b>				
COMO FOI SOLICITADO O ATENDIMENTO DA OCORRÊNCIA LIGACAO TELEFONICA			DATA DA COMUNICAÇÃO 14/12/2021	HORA DA COMUNICAÇÃO 16:07
ÓRGÃO SOLICITANTE XXXX				
<b>DADOS DA OCORRÊNCIA / ATIVIDADE</b>				
PROVÁVEL DESCRIÇÃO DA OCORRÊNCIA PRINCIPAL B01121 - HOMICIDIO				
ALVO DO EVENTO TRANSEUNTE				
TENTADO / CONSUMADO CONSUMADO				
EVENTO OCORRIDO DURANTE O EXERCÍCIO DA ATIVIDADE DE TRANSPORTE POR APLICATIVO? NÃO				
DATA/HORA DO FATO 14/12/2021 16:07	DATA/HORA DO INÍCIO DO ATENDIMENTO NO LOCAL 14/12/2021 16:20	DATA/HORA FINAL DO ATENDIMENTO 14/12/2021 22:31	DATA/HORA FINAL DO PREENCHIMENTO 14/12/2021 22:31	
DESCRIÇÃO DO LUGAR VIA DE ACESSO PUBLICA		COMPL DE LOCAL MEDIATO VIA DE ACESSO PUBLICA		
LOCAL (AV., RUA, ETC) AVENIDA TEREZA CRISTINA				
NÚMERO S/N	KM XXXX	COMPLEMENTO XXXX	BAIRRO/VILA BAIRRO DAS INDUSTRIAS I	CEP XXXX
MUNICÍPIO BELO HORIZONTE	UF MG	PAIS BRASIL		
PONTO DE REFERÊNCIA XXXX		LATITUDE -19° 58' 57,3"	LONGITUDE -44° 0' 32,56"	
TIPO VIA XXXX	MEIO UTILIZADO ARMAS DE FOGO			
CAUSA PRESUMIDA ACAO DE GANGUES / FACCOES CRIMINOSAS				
<b>QUALIFICAÇÃO DOS ENVOLVIDOS</b>				
<b>ENVOLVIDO 1</b>				
SEXO MASCULINO	TIPO ENVOLVIMENTO VITIMA DE AÇÃO CRIMINAL / CIVEL		TIPO DE PESSOA FISICA	COD. NATUREZA B01121
TENTADO / CONSUMADO CONSUMADO				
DESCRIÇÃO NATUREZA HOMICIDIO				
NOME COMPLETO ANTONIO CARLOS DA SILVA CORREIA				
NACIONALIDADE BRASILEIRA		DATA NASCIMENTO 04/06/1976	NATURALIDADE / UF SANTO AMARO / BA	
IDADE APARENTE 45	GRAU DA LESÃO FATAL		ESTADO CIVIL CASADO	
ORIENTAÇÃO SEXUAL IGNORADO		IDENTIDADE DE GÊNERO NAO SE APLICA		
RELAÇÃO VÍTIMA / AUTOR IGNORADA				
COR / RAÇA PARDA		OCUPAÇÃO ATUAL XXXX		
MÃE DARIA CRISPINIANA DA SILVA				
PAI CARLOS ALBERTO CORREIA				
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL				
NÚMERO DOCUMENTO IDENTIDADE 23000302		ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA		UF MG
CPF / CNPJ XXXX				PESSOA EM SITUAÇÃO DE RUA? XXXX
ESCOLARIDADE ESCOLARIDADE - IGNORADA				
ENDEREÇO (AV., RUA, ETC) XXXX				
NÚMERO XXXX	KM XXXXXX	COMPLEMENTO XXXX		



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

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## ENVOLVIDO 1

BAIRRO XXXX	MUNICÍPIO XXXX	UF XX		
PAÍS XXXX	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR XXXX	TELEFONE COMERCIAL/ CELULAR XXXX	
EMAIL XXXX	MOTIVO AUSÊNCIA TELEFONE/EMAIL INFORMAÇÃO DESCONHECIDA			
PESO ESTIMADO XXXX	ALTURA ESTIMADA XXXX	CALVÍCIO ? XXXX	CABELO XXXX	COR CABELO XXXX
COR OLHOS XXXX	ESTRABISMO ? XXXX	DEFICIÊNCIA FÍSICA XXXX		
AMPUTAÇÃO XXXX				
ATTITUDES/SINAIS DE EMBRIAGUEZ XXXX / XXXX				
SINAIS DE SUBSTÂNCIAS TÓXICAS ? XXXX		SOFRIMENTO MENTAL XXXX		
DEFICIÊNCIA AUDIOVISUAL XXXX				
CICATRIZ XXXX				
DEFORMIDADE XXXX				
LOCAL / TIPO TATUAGEM XXXX				
LOCAL / TIPO ACESSÓRIO XXXX				
INFORMAÇÕES COMPLEMENTARES XXXX				

## MATERIAIS E ARMAS BRANCAS

## MATERIAL 1

ENVOLV. NR 1	SITUAÇÃO RECOLHIDO	QUANTIDADE XXXX	UNIDADE P/V XXXX
OBJETO OUTROS OBJETOS (DISCRIMINAR NO HISTORICO)			VALOR XXXX
SÉRIE / IDENTIFICAÇÃO XXXX	MARCA XXXX	MODELO XXXX	COR XXXX
INFORMAÇÕES COMPLEMENTARES PERTENCES DA VITIMA LACRADOS EM DOIS ENVELOPES PRÓPRIOS DA PERICIA COM NUMERAÇÃO 2380549 E 3195895.			

## VEÍCULOS

## VEÍCULO 1

ENVOLV. NR. XXXX	SITUAÇÃO VEICULO VEICULO / PLACA INFORMADO POR TERCEIROS	MOTIVO APREENSAO XXXX			
NR. CRLV/CLA XXXX	RENAVAM 966474724	TIPO DE VEICULO AUTOMOVEL			
CHASSI 9BD17201M83431086	MARCA / MODELO FIAT/SIENA ELX FLEX	MUNICIPIO IBIRITE	UF MG		
ESPECIE XXXX	CATEGORIA PARTICULAR	ACOPLADO? XXXX	ACOPLADO AO VEICULO NR. XXXX		
PLACA HIU-2796	COR PREDOMINANTE CINZA	ANO EXERCICIO 2021	ANO FABRICAÇÃO 2008	SEGURO OBRIGATORIO ? XXXX	SEGURO OPCIONAL ? XXXX
NOME PROPRIETARIO RAMON RODRIGUES BAIA					
EMAIL DO PROPRIETARIO XXXX					
RESPONSÁVEL CIVIL XXXX	PLACA ESPECIAL XXXX	ULTIMO PAGAMENTO IPVA 2021	ANO MODELO 2008		
OS DADOS DO VEICULO FORAM VALIDADOS NO SDAK?		SIM			
DADOS CONDUTOR	INFORMOU DADOS DE HABILITAÇÃO? NÃO				
FOI POSSÍVEL DEFINIR A GRAVIDADE DO DANO?		NÃO			
MOTIVO PELO QUAL NÃO FOI POSSÍVEL DEFINIR A GRAVIDADE DO DANO XXXX					



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

Fl. 3/4

## VEÍCULOS

## HISTÓRICO DA OCORRÊNCIA / ATIVIDADE

SENHOR DELEGADO

A VIATURA, RP30795, FOI EMPENHADA PELO COPOM, PARA ATENDER OCORRÊNCIA DE HOMICÍDIO CONSUMADO NA AVENIDA TEREZA CRISTINA S/N BAIRRO DAS INDÚSTRIAS.

SEGUNDO O SOLICITANTE, TRÊS INDIVÍDUOS OCUPANTES DE UM SIENA, DISPARARAM CONTRA A VITIMA, POSSIVELMENTE UMA ARMA DE FUNCIONAMENTO AUTOMÁTICO. SEGUNDO A PERICIA FORAM UTILIZADAS MAIS DE UMA ARMA, SENDO UMA GLOCK POSSIVELMENTE COM KIT RAJADA E OUTRA ARMA CALIBRE 9MM.

NO LOCAL OS MILITARES DEPARARAM COM UM CORPO MASCULINO, EM DECÚBITO VENTRAL E, AO SE APROXIMAREM CONSTATARAM QUE A VÍTIMA ESTAVA DESACORDADA E APRESENTAVA FERIMENTOS NA REGIÃO DA CABEÇA, COM EXPOSIÇÃO DE MASSA ENCEFÁLICA, E TAMBÉM COM FERIMENTO NO TÓRAX, POSSIVELMENTE, PRODUZIDOS POR PROJÉTEIS DE ARMA DE FOGO. APRESENTAVA TAMBÉM ESCORIAÇÕES NOS BRAÇOS E NAS MÃOS. A VÍTIMA ESTAVA VESTIDA COM UMA CALÇA JEANS AZUL E CAMISETA DE MALHA VERDE E CALÇA CHINELOS TIPO HAVAIANAS AZUIS ALÉM DE UM BONÉ CINZA. A VÍTIMA JÁ NÃO TINHA SINAIS VITAIS. POR ISSO NÃO HOUVE TENTATIVA DE SOCORRO PARA NÃO ALTERAR O LOCAL DO CRIME E A POSIÇÃO DO CORPO. FOI FEITO O ISOLAMENTO DO LOCAL DO CRIME E MEDIAÇÕES E ACIONAMOS A PERÍCIA E A EQUIPE DE HOMICÍDIOS.

A GUARNIÇÃO QUE PRIMEIRO CHEGOU AO LOCAL ASSUMIU A OCORRÊNCIA E O REGISTRO DO REDS. E, ENQUANTO ERA AGUARDADA A PRESENÇA DA PERÍCIA E RABECÃO, AS GUARNIÇÕES QUE ESTAVAM EM APOIO REALIZARAM RASTREAMENTO NAS IMEDIAÇÕES, TODAVIA NÃO CONSEGUIRAM LOCALIZAR OS AUTORES DO HOMICÍDIO QUE, SEGUNDO POPULARES, UTILIZAVAM POSSIVELMENTE UM FIAT SIENA CINZA COM A POSSÍVEL PLACA HIU OU HIV-2796 UMA DAS GUARNIÇÕES DO BATALHÃO DE TRANSITO INFORMOU TER VISTO O VEÍCULO SUSPEITO E A PLACA HIV-2796 MAS SEM CONFIRMAÇÕES SOBRE AUTORES OU RELAÇÃO COM O FATO POIS NÃO HOUVE ABORDAGEM. EXISTE UMA OCORRÊNCIA DE CLONAGEM PARA ESTE VEÍCULO.

FOI FEITO CONTATO TELEFÔNICO COM WASHINGTON, NUMERO DE TELEFONE 31 99173-8447 IRMÃO DA VÍTIMA QUE RELATOU QUE ESTA COMERCIALIZAVA DROGAS NO PASSADO MAS QUE HAVIA PARADO, TINHA UM APARTAMENTO NOS PRÉDIOS DA ENTRADA DO BAIRRO DAS INDÚSTRIAS VULGO "PREDINHOS DO LULA" MAS SE MUDOU PARA TIROL DEVIDO A DESAVENÇAS COM TRAFICANTES DO LOCAL SENDO QUE NEM PARENTES SABEM O ATUAL ENDEREÇO QUE A VITIMA MORAVA, ALÉM DESSE ENVOLVIMENTO COM DROGAS POPULARES, DE MANEIRA ANÔNIMA, RELATARAM QUE A VITIMA SE RELACIONAVA COM VARIAS MULHERES E QUE ISSO CAUSAVA PROBLEMAS PARA ELA TAMBÉM. CONSTA NOS REGISTROS CRIMINAIS DA VÍTIMA UMA PASSAGEM POR TRÁFICO DE DROGAS. NÃO FORAM ARROLADAS TESTEMUNHAS DEVIDO AO TEMOR A REPRESÁLIAS.

AO VERIFICARMOS AS PROXIMIDADES, CONSTATAMOS QUE NAS CASAS DE NUMERO 463, 538 E 556 EXISTEM CÂMERAS DE FILMAGENS.

A EQUIPE DE PERÍCIA IC-30 COMPOSTA PELOS PERITOS JOÃO BOSCO, MASP 1111420, E MICHELLE MACHADO, MASP 1155022 CHEGOU AO LOCAL E PROCEDEU OS TRABALHOS DE PRAXE, TENDO RECOLHIDO, NO BOLSO DA CALÇA DA VÍTIMA, OS PERTENCES DA VÍTIMA QUE FORAM LACRADOS EM ENVELOPE PRÓPRIO E ENTREGUES A GUARNIÇÃO RESPONSÁVEL PELO REGISTRO PARA ENCAMINHAMENTO A ESTA DELEGACIA COM OS NÚMEROS 3195895 E 2380549. FORAM RECOLHIDOS E LEVADOS PELA PERÍCIA OS ESTOJOS VAZIOS DAS MUNIÇÕES DEFLAGRADAS E UMA PORÇÃO DE SUBSTÂNCIA SEMELHANTE A MACONHA, QUE ESTAVA JUNTO AO CORPO.

COMPARECEU AO LOCAL DO CRIME A EQUIPE DE HOMICÍDIOS COMPOSTA PELA DRA. INGRID, DELEGADA, VIATURA PLACA QMV 2034. O RABECÃO DE PLACA QXW-1A92, INVESTIGADOR JAMERSON, MASP 370109, COMPARECEU AO LOCAL DO CRIME E RECOLHEU AO CORPO PARA O IML.

FIZEMOS O LEVANTAMENTO DO HISTÓRICO DA VÍTIMA ATRAVÉS DOS SISTEMAS ISP E REDS E CONSTATAMOS TRATAR-SE DE PESSOA QUE JÁ TRAFICOU DROGAS CONFORME O REDS 2006-000016388-001.

REGISTRO PARA AS DEVIDAS PROVIDÊNCIAS

## Perícia Técnica

PERÍCIA TÉCNICA COMPARECEU? SIM	PREFIXO DA VIATURA XXXX	PLACA DA VIATURA QMV2030	PERITO (MATRÍCULA - NOME) PC1111420 - JOAO BOSCO SILVINO JUNIOR
------------------------------------	----------------------------	-----------------------------	--

MOTIVO DO NÃO COMPARECIMENTO  
XXXX

## VIATURAS

## VIATURA 1

TIPO DA VIATURA PRINCIPAL	ÓRGÃO POLICIA MILITAR			
DESCRIÇÃO / OBSERVAÇÃO VIATURA UTILITARIO -				
PLACA RMS1E44	PREFIXO / ÓRGÃO PM	REGISTRO GERAL 30795	PREFIXO PADRÃO XXXX	PROBLEMAS DURANTE O ATENDIMENTO XXXX



VIATURA 1

MILITARES/POLICIAIS INTEGRANTES

MILITAR/POLICIAL INTEGRANTE

NUM VIATURA 1	MATRÍCULA 1371210	CARGO CABO	Hipotecado? NÃO
NOME COMPLETO GEOVANI ANTONIO DE JESUS			
CORPORAÇÃO POLICIA MILITAR			
UNIDADE 2 PEL/11 CIA PM/41 BPM/1 RPM			

MILITAR/POLICIAL INTEGRANTE

NUM VIATURA 1	MATRÍCULA 1447333	CARGO CABO	Hipotecado? NÃO
NOME COMPLETO MARCOS AURELIO COSTA			
CORPORAÇÃO POLICIA MILITAR			
UNIDADE 2 PEL/11 CIA PM/41 BPM/1 RPM			

DADOS PARA CONTROLE INTERNO/RELATOR DA OCORRÊNCIA

UNIDADE 2 PEL/11 CIA PM/41 BPM/1 RPM			
MATRÍCULA 1371210	NOME COMPLETO GEOVANI ANTONIO DE JESUS		
CARGO CABO			
CORPORAÇÃO POLICIA MILITAR			
ASSINATURA:			

RECIBO DA AUTORIDADE A QUE SE DESTINA OU SEU AGENTE / AUXILIAR POLICIAL OU RECIBO DO RESPONSÁVEL CIVIL

DESTINATÁRIO / RECIBO 1

Recebi o "Boletim de Ocorrência" de Número BO XXXX e Número de REDS 2021-059862289-001 para conhecimento e providências, bem como as pessoas, materiais, objetos, animais, substâncias e/ ou documentos que, existindo, estejam descritos ou assinalados neste documento.

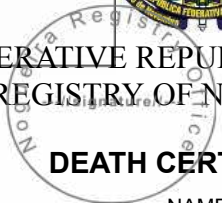
DATA 14/12/2021	HORA 23:18	MATRÍCULA 1256109	NOME MARIA APARECIDA MIRANDA CASTRO
CARGO INVESTIGADOR DE POLICIA NIVEL II			
ÓRGÃO/UF POLICIA CIVIL MG			
UNIDADE CENTRAL ESTADUAL DO PLANTAO DIGITAL/SIPJ			
PROVIDÊNCIA A SER TOMADA PELA AUTORIDADE XXXX			
ITENS ENTREGUES A ESTE DESTINATÁRIO - MATERIAIS 1			
ASSINATURA			
RECIBO GERADO POR: PML371210 - GEOVANI ANTONIO DE JESUS			DATA DE CRIAÇÃO DO RECIBO: 14/12/2021 22:22

\*\*\*\*\* FIM DO REGISTRO: O RESTANTE DA PÁGINA DEVE SER INUTILIZADO. \*\*\*\*\*



Consultation Stamp: FIT11927 - Security Code: 8547.3003.9413.2377  
 - Code and Quantity of Act(s) Performed: 1 (7802)  
 Act(s) Performed by – Fees: R\$ 43.75 - Judicial Fee: R\$ 8.83 - Total:  
 R\$ 52.58 - ISS: R\$ 2.06  
 Verify the validity at the website: <https://selos.tjmg.jus.br>

FEDERATIVE REPUBLIC OF BRAZIL  
 CIVIL REGISTRY OF NATURAL PERSONS



DEATH CERTIFICATE

NAME

**ANTONIO CARLOS DA SILVA CORREIA**

CPF:

**810.524.055-68**

REGISTRATION

**0454190155 2021 4 00085 299 0060610 19**

SEX

Male

RACE

Brown

MARITAL STATUS AND AGE

Single, 45 years old

BIRTHPLACE

Santo Amaro - BA

IDENTIFICATION DOCUMENT

Employment Record Booklet (CTPS) 16302 Series  
 00071-BA Ministry of Labor and Employment

REGISTERED VOTER

was a voter

FILIATION AND RESIDENCE

CARLOS ALBERTO CORREIA (deceased) and DARIA CRISPINIANA DA SILVA (deceased) Rua Cedro, 48/404, block 31. Industrial Contagem-MG

DATE AND TIME OF DEATH

December fourteenth, two thousand twenty, at IG:IG\*

DAY

14

MONTH

12

YEAR

2020

PLACE OF DEATH

On a public road, Avenida Tereza Cristina, no number, Jardim Industrial in Contagem - MG

CAUSE OF DEATH

Blunt and Penetrating Polytrauma (according to requisition report no. 041895193)\*\*

BURIAL/CREMATION CITY AND CEMETERY, IF KNOWN

Contagem - MG

DECLARANT

CLAUDIA DA SILVA CORREIA

NAME AND DOCUMENT NUMBER OF THE PHYSICIAN WHO CERTIFIED THE DEATH

Carlos Renato de Oliveira Teixeira, CRM:25582

ANNOTATIONS/NOTES TO BE ADDED

Declared that he left assets to be inventoried. The deceased was single and did not present a Birth Certificate. The deceased was not living in a stable union. He leaves three surviving minor children, namely: LUIZA EMANUELLY DA SILVA CORREIA, 1 year old; ISRAEL CARLOS ARAÚJO CORREIA, 17 years old; and JHONATA CARLOS ARAÚJO CORREIA, 14 years old. The deceased was a registered voter in the city of Contagem, State of Minas Gerais.

REGISTRATION NOTES: Bride | Groom

DOCUMENT TYPE	NUMBER	DISPATCH DATE	ISSUING AGENCY	EXPIRATION DATE
ID	CTPS 16302 Série 00071-BA	---	Ministry of Labor and Employment	---
PIS/NIS (Social Integration Program) (Social Identification Number)	---	---	---	---
Passport	---	---	---	---
National Health Card	---	---	---	---
DOCUMENT TYPE	NUMBER	ELECTORAL DISTRICT/ POLLING STATION	CITY	STATE
Voter ID	---	---	---	---
Residential ZIP CODE	---	Blood Type	---	---

The above registration notes do not exempt the interested party from presenting an original document when required by the requesting body.

Civil Registry Office of Natural Persons and Notary Office –  
 Nogueira Registry Office  
 Registrar: Nilo de Carvalho Nogueira Coelho  
 Avenida João César de Oliveira, 1548 – Eldorado  
 Contagem, MG – (31) 3399-1400  
 registrocivil@cartorionogueira.com.br

The content of the certificate is true. I certify.  
 Contagem, MG, January 26, 2022.

*[Signature]*  
 Signature of the Registrar/Deputy  
 Clerk  
 NOGUEIRA REGISTRY OFFICE

\* Translator's Note: According to the Police Report contained in this document, the death occurred at 4:07 p.m.

RECIVIL AA 010604159 MG-P

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

*Marina Viana*

---

Date: January 8, 2026

PODER JUDICIARIO - TJMG  
CORREGEDORIA - GERAL DE JUSTIÇA  
Cartório de Registro Civil das Pessoas Naturais e  
Tabelionato - Cartório Nogueira - MG  
Selo Consulta: FIT11927 - Cod. Seg : 8547.3003.9413.2377  
- Cod. e Quantidade do(s) ato(s) Praticado(s): 1 (7802)  
Ato(s) Praticado(s) por: - - Emol.: R\$ 43,75 - Tx.Judic.: R\$  
8,83 - Total: R\$ 52,58 - ISS: R\$ 2,06  
Consulte a validade no site: <https://selos.tjmg.jus.br>



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS  
CERTIDÃO DE ÓBITO

NOME  
**ANTONIO CARLOS DA SILVA CORREIA**

CPF  
810.524.055-68

MATRÍCULA  
0454190155 2021 4 00085 299 0060610 19

SEXO  COR  ESTADO CIVIL E IDADE   
NATURALIDADE  DOCUMENTO DE IDENTIFICAÇÃO  ELEITOR

FILIAÇÃO E RESIDÊNCIA  
CARLOS ALBERTO CORREIA (falecido) e DARIA CRISPINIANA DA SILVA (falecida) Rua Cedro, 48/404, bloco 31, Industrial Contagem - MG

DATA E HORA DE FALECIMENTO  DIA MÊS ANO

LOCAL DE FALECIMENTO

CAUSA DA MORTE

SEPULTAMENTO/CREMAÇÃO MUNICÍPIO E CEMITÉRIO SE CONHECIDO  DECLARANTE

NOME E NÚMERO DO DOCUMENTO DO MÉDICO QUE ATESTOU O ÓBITO

OBSERVAÇÕES/VERBAÇÕES A ACRESCER  
Declarou que deixou bens a inventariar. O falecido era solteiro, não apresentou Certidão de Nascimento. O falecido não vivia em União Estável. Deixa 03 filhos vivos e menores de nomes: LUIZA EMANUELLY DA SILVA CORREIA com 01 ano, ISRAEL CARLOS ARAÚJO CORREIA com 17 anos e JHONATA CARLOS ARAÚJO CORREIA com 14 anos. O falecido era eleitor na cidade de Contagem-MG.

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ORÇÃO EXPEDIDOR	DATA DE VALIDADE
RG	CTPS 16302 Série 00071-BA	---	Ministério do Trabalho e Emprego	---
PIS/NIS	---	---	---	---
Passaporte	---	---	---	---
Cartão Nacional de Saúde	---	---	---	---
TIPO DOCUMENTO	NÚMERO	ZONA/SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	---	---	---	---
CEP Residencial	---		Grupo Sanguíneo	---

As anotações de cadastro acima não dispensam a apresentação do documento original, quando exigido pelo órgão solicitante.  
Cartório de Registro Civil das Pessoas Naturais e Tabelionato - Cartório Nogueira  
Oficial: Nilo de Carvalho Nogueira Coelho  
Avenida João César de Oliveira, 1548 Eldorado  
Contagem-MG. (31) 3399-1400  
registrocivil@cartorionogueira.com.br

O conteúdo da certidão é verdadeiro. Dou fé.  
Contagem-MG, 26 de janeiro de 2022.

*[Assinatura]*  
Assinatura do Oficial/Substituto  
Danyelley Garcia Santana Resende  
Escrevente  
CARTÓRIO NOGUEIRA

RECIVIL AA 010604159 MG-P



POLICE REPORT

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UNIT RESPONSIBLE FOR THE RECORD 2 <sup>nd</sup> TRAFFIC POLICE COMPANY / TRAFFIC POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION		CITY BELO HORIZONTE
AREA UNIT RESPONSIBLE MILITARY UNIT: 11 <sup>th</sup> MILITARY POLICE COMPANY / 41 <sup>st</sup> MILITARY POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION POLICE UNIT: 2 <sup>nd</sup> CIVIL POLICE STATION/BARREIRO		
DATE OF RECORD 12/23/2024 4:42 P.M.	RECIPIENT SPECIALIZED DIVISION FOR THE PREVENTION AND INVESTIGATION OF TRAFFIC CRIMES / DEICTRAN	

## ORIGIN OF THE COMMUNICATION

HOW THE INCIDENT RESPONSE WAS REQUESTED TELEPHONE CALL	DATE OF COMMUNICATION 12/23/2024	TIME OF COMMUNICATION 3:14 P.M.
REQUESTING AUTHORITY XXXX		

## INCIDENT / ACTIVITY INFORMATION

PROBABLE DESCRIPTION OF THE MAIN INCIDENT T00009 - TRAFFIC ACCIDENT WITH VICTIM			
ATTEMPTED / COMPLETED COMPLETED			
DID THE INCIDENT OCCUR DURING THE PERFORMANCE OF APP-BASED TRANSPORTATION ACTIVITY? NO			
DATE/ TIME OF THE INCIDENT 12/23/2024 3:14 P.M.	DATE/TIME THE RESPONSE ENDED 12/23/2024 6:49 P.M.	DATE/TIME COMPLETION OF THE REPORT 12/23/2024 6:49 P.M.	
DESCRIPTION OF THE LOCATION PUBLIC ACCESS ROAD		IMMEDIATE LOCATION COMPLEMENT PUBLIC ACCESS ROAD	
ADDRESS (AV., RUA, ETC) RUA DOUTOR CRISTIANO REZENDE			
NUMBER 828	KM XXXX	UNIT CORRECT NUMBER: 600	NEIGHBORHOOD / VILLAGE NEIGHBORHOOD NOVO DAS INDUSTRIAS
CITY BELO HORIZONTE		STATE MG	COUNTRY BRAZIL
POINT OF REFERENCE XXXX		LATITUDE -19° 58' 37,7"	LONGITUDE -43° 59' 35,18"
TYPE OF ROAD XXXX			
PRESUMED CAUSE SKIDDING			

## QUALIFICATION OF THE INVOLVED PARTIES

## INVOLVED PARTY 1

SEX MALE	TYPE OF INVOLVEMENT VEHICLE DRIVER AND VICTIM		TYPE OF PERSON INDIVIDUAL	NATURE CODE T00009	ATTEMPTED / COMPLETED COMPLETED
NATURE DESCRIPTION TRAFFIC ACCIDENT WITH VICTIM					
FULL NAME LUCAS ALBERTO DA SILVA SOUZA					
NATIONALITY BRAZILIAN	DATE NASCIMENTO 05/19/2004	PLACE OF BIRTH / STATE BELO HORIZONTE / MG			
APPARENT AGE 20	DEGREE OF INJURY FATAL	MARITAL STATUS SINGLE			
SEXUAL ORIENTATION UNKNOWN		GENDER IDENTITY UNKNOWN			
HOSPITAL REFERRAL VICTIM RELEASED TO THIRD PARTIES		REFERRING AUTHORITY PCMG (Civil Police Minas Gerais)			
VICTIM / PERPETRATOR RELATIONSHIP NO RELATIONSHIP					
COLOR / RACE UNKNOWN		CURRENT OCCUPATION XXXX			
MOTHER DAIANA VANESA DA SILVA					
FATHER LUIZ ALBERTO DE SOUZA					
TYPE OF IDENTIFICATION DOCUMENT CIVIL IDENTITY CARD					
IDENTITY DOCUMENT NUMBER 22103698		ISSUING AUTHORITY SESP - STATE DEPARTMENT OF PUBLIC SECURITY		STATE MG	CPF / CNPJ XXXX
EDUCATION LEVEL INCOMPLETE ELEMENTARY EDUCATION (COMPRISING THE FIRST EIGHT YEARS OF STUDY)					PERSON EXPERIENCING HOMELESSNESS? XXXX
ADDRESS (AV., RUA, ETC) RUA DOUTOR CRISTIANO REZENDE					
NUMBER 1600	KM XXXXX	UNIT XXXX			



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INVOLVED PARTY 1

NEIGHBORHOOD BONSUCESSO		CITY BELO HORIZONTE			STATE MG
COUNTRY BRAZIL		ZIP CODE XXXX	HOME PHONE / CELL PHONE (31) 992-781-903		BUSINESS PHONE / CELL PHONE XXXX
EMAIL XXXX		REASON FOR ABSENCE OF PHONE / EMAIL INFORMATION UNKNOWN			
ESTIMATED WEIGHT XXXX	ESTIMATED HEIGHT XXXX	BALDNESS ? XXXX	HAIR XXXX		HAIR COLOR XXXX
EYE COLOR XXXX	STRABISMUS ? XXXX	PHYSICAL DISABILITY XXXX			
AMPUTATION XXXX					
ATTITUDES / SIGNS OF INTOXICATION NO / XXXX					
SIGNS OF TOXIC SUBSTANCES ? NO		MENTAL SUFFERING XXXX			
AUDIOVISUAL IMPAIRMENT XXXX					
SCAR XXXX					
DEFORMITY XXXX					
LOCATION / TYPE OF TATTOO XXXX					
LOCATION / TYPE OF ACCESSORY XXXX					
ADDITIONAL INFORMATION XXXX					
WAS A BREATHALYZER USED IN THIS RESPONSE? NO					
REASON THERE WAS NO NEED			OTHERS THERE WAS NO NEED		
ARREST / SEIZURE NO ARREST				WAS THERE USE OF HANDCUFFS / RESTRAINT OF THE PERSONS INVOLVED? NO	

TRAFFIC ANNEX

TYPE OF ACCIDENT COLLISION					
DAMAGE TO PROPERTY PRIVATE XXXX					
PUBLIC FEDERAL XXXX STATE XXXX MUNICIPAL XXXX					

VEHICLES

VEHICLE 1

LOCATION STATUS ACCIDENT WITH VICTIM, SCENE CLEARED TO UNBLOCK TRAFFIC					
INVOLVED PARTY NO. 1	VEHICLE STATUS VEHICLE RELEASED		REASON FOR SEIZURE XXXX		
CRLV/CLA (Annual License) No XXXX	RENAVAM (NATIONAL REGISTRY OF MOTOR VEHICLES) 1025749046		TYPE OF VEHICLE MOTORCYCLE		
CHASSIS 9C2KC1660FR013913	MAKE / MODEL HONDA/CG 150 TITAN EX		CITY BELO HORIZONTE	STATE MG	
KIND PASSENGER	CATEGORY PRIVATE		ATTACHED / TRAILERED? XXXX	PHYSICALLY ATTACHED TO VEHICLE NO. XXXX	
LICENSE PLATE PVA-5G17	PREDOMINANT COLOR WHITE	REGISTRATION YEAR 2024	MANUFACTURE YEAR 2014	MANDATORY INSURANCE? XXXX	OPTIONAL INSURANCE? XXXX
OWNER'S NAME DAINA VANESSA DA SILVA					
OWNER'S EMAIL XXXX					
WERE THE VEHICLE DATA VERIFIED IN SDAK (automatic registration of vehicles involved in traffic accidents)?			YES		
ORIGIN OF THE AIT/AINA (Traffic Infraction Notice/ Traffic Infraction Report) DETRAN – TRAFFIC DEPARTMENT			AIT NUMBER BB00003512	INFRACTION CODES 50100	
DRIVER INFORMATION	PROVIDED DRIVER'S LICENSE INFORMATION? NO				



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## VEHICLES

## VEHICLE 1

DIRECTION OF VEHICLE TRAFFIC (ORIGIN/DESTINATION) OTHER (AS DESCRIBED IN THE NARRATIVE)		TACHOGRAPH OTHER (AS DESCRIBED IN THE NARRATIVE)		NUMBER OF OCCUPANTS 1
WAS IT POSSIBLE TO DETERMINE THE SEVERITY OF THE DAMAGE? NO		REASON WHY IT WAS NOT POSSIBLE TO DETERMINE THE SEVERITY OF THE DAMAGE LACK OF TECHNICAL KNOWLEDGE		
WERE THERE CONDITIONS TO PRODUCE PHOTOGRAPHIC MATERIAL? NO - LACK OF PHOTOGRAPHIC EQUIPMENT				
OBSERVATIONS D VARIOUS DAMAGES TO THE FRONT AND SIDE OF THE MOTORCYCLE.				
ALL VEHICLE OCCUPANTS				
INVOLVED PARTY LUCAS ALBERTO DA SILVA SOUZA		SAFETY DEVICE NO DEVICE WAS LOCATED		OCCUPANT VEHICLE DRIVER AND VICTIM (1305)
APPARENT DAMAGE(S) XXXX				
VEHICLE TRANSPORTING CARGO XXXX	Nº DA ONU XXXX	Nº DA NOTA FISCAL XXXX	VALOR DA NOTA FISCAL XXXX	ISSUER XXXX
CARGO TRANSPORTED XXXX				

## ACCIDENT DYNAMICS - VEHICLE 1

NATURE OF THE VEHICLE'S MOVEMENT CONVERGING				
POINT OF IMPACT FRONT CENTER				
ROADWAY DUAL CARRIAGEWAY		NUMBER OF TRAFFIC LANES 2 (TWO)		
ROAD WIDTH NARROW (UP TO 7.0 M)		ROAD ALIGNMENT CURVE		
ROAD ELEVATION SLOPED		PHYSICAL SEPARATION ROAD MARKINGS		
ROAD CONDITION GOOD				
PAVEMENT ASPHALT		SHOULDER NONE		
SIDEWALK GOOD		ROAD CHARACTERISTICS OTHER		DIRECTION OF TRAFFIC TWO-WAY
OBRA DE ARTE NAO HA OBRA DE ARTE				
ROAD SURFACE DRY				
WEATHER CLOUDY		LIGHTING DAYTIME		
VERTICAL SIGNAGE NONE		HORIZONTAL SIGNAGE NONE		
EXISTING SIGNAGE OTHER (AS DESCRIBED IN THE NARRATIVE)				
TRAFFIC CONTROL NONEXISTENT		LONGITUDINAL MARKINGS (VARIOUS) SOLID LINE		
VISIBILITY RESTRICTION NONE				
ROAD WORK NO WORK		SPEED LIMIT IN KM/H XXXX		

## INCIDENT / ACTIVITY HISTORY

DISPATCHED VIA COPOM (Military Police Operations Center), WE ARRIVED AT THE SCENE AND WERE RECEIVED BY THE SAMU (Mobile Emergency Medical Service ) TEAM, USA05, UNDER THE TECHNICAL RESPONSIBILITY OF DOCTOR LUCAS, WHO CONFIRMED THE DEATH OF THE VICTIM.

ACCORDING TO THE MEDICAL REPORT, THE DRIVER SUFFERED A HEAD TRAUMA AFTER HITTING THE WALL AT THE ACCIDENT SITE. ACCORDING TO LOCALS, THE VICTIM HAD CONSUMED ALCOHOL AND DRUGS AND TOOK THE WHEEL WITHOUT WEARING A HELMET. THERE WERE NO WITNESSES TO THE ACCIDENT.

THE FORENSIC EXAMINATION WAS CONDUCTED BY EXAMINER MURILO RIBEIRO, AND THE BODY WAS SENT TO THE MEDICAL LEGAL INSTITUTE. THE VEHICLE REMAINED IN THE CUSTODY OF THE VICTIM'S GRANDMOTHER, MRS. VILMA LUCIA DE SOUZA, CPF 385510396-87.



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INCIDENT / ACTIVITY HISTORY

IT IS HEREBY RECORDED.

Technical Forensics

TECHNICAL FORENSICS ATTENDED?	POLICE CAR PREFIX	POLICE CAR LICENSE PLATE	EXAMINER (ID NUMBER – NAME)
YES	XXXX	SGQ5J16	PC1111404 - MURILO DAL BIANCO RIBEIRO
REASON FOR NON-ATTENDANCE			
XXXX			

POLICE CARS

POLICE CAR 1

TYPE OF POLICE CAR		AUTHORITY	
PRIMARY		MILITARY POLICE	
DESCRIPTION / REMARKS			
POLICE CAR WITH CELL -			
LICENSE PLATE	PREFIX / AUTHORITY	GENERAL REGISTRATION	STANDARD PREFIX
QMVL164	PM	27880	XXXX
PROBLEMS DURING THE RESPONSE			
XXXX			

MILITARY / POLICE PERSONNELS

MILITARY / POLICE PERSONNEL

NUM POLICE CAR	REGISTRATION	RANK
1	1615814	CORPORAL
FULL NAME		
BRUNO HENRIQUE ALVES VASCONCELOS		
CORPORATION		
MILITARY POLICE		
UNIT		Temporarily Assigned?
1 <sup>st</sup> PLATOON/2 <sup>nd</sup> TRAFFIC POLICE COMPANY / TRAFFIC POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION		NO

MILITARY / POLICE PERSONNEL

NUM POLICE CAR	REGISTRATION	RANK
1	1746395	3 <sup>rd</sup> SARGEANT
FULL NAME		
THIAGO DA SILVA AMARAL		
CORPORATION		
MILITARY POLICE		
UNIT		Temporarily Assigned?
2 <sup>nd</sup> PLATOON/2 <sup>nd</sup> TRAFFIC POLICE COMPANY / TRAFFIC POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION		NO

INTERNAL CONTROL DATA / INCIDENT REPORTING OFFICER

UNIT	
2 <sup>nd</sup> PLATOON/2 <sup>nd</sup> TRAFFIC POLICE COMPANY / TRAFFIC POLICE BATTALION / 1 <sup>st</sup> MILITARY POLICE REGION	
REGISTRATION	FULL NAME
1746395	THIAGO DA SILVA AMARAL
CARGO	
3 <sup>rd</sup> SARGEANT	
CORPORATION	
MILITARY POLICE	
SIGNATURE	

RECEIPT OF THE AUTHORITY TO WHOM IT IS ADDRESSED OR THEIR AGENT / POLICE ASSISTANT OR RECEIPT OF THE CIVILLY RESPONSIBLE PARTY

RECIPIENT / RECEIPT 1

I received the "POLICE REPORT" PR Number XXXX and REDS Number 2024-057275783-001 for acknowledgment and appropriate measures, as well as the persons, materials, objects, animals, substances and/or documents that, if present, are described or indicated in this document.

DATE	TIME	REGISTRATION	NAME
XXXX	XXXX	XXXX	XXXX
RANK			
XXXX			
AUTHORITY/STATE			
CIVIL POLICE MG			
UNIT			
SPECIALIZED DIVISION FOR THE PREVENTION AND INVESTIGATION OF TRAFFIC CRIMES /DEICTRAN			



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MEASURE TO BE TAKEN BY THE AUTHORITY

XXXX

ITEMS DELIVERED TO THIS RECIPIENT

XXXX

SIGNATURE

RECEIPT GENERATED BY:

PM1746395 - THIAGO DA SILVA AMARAL

RECEIPT CREATION DATE:

12/23/2024 6:05 P.M.

\*\*\*\*\* END OF RECORD: THE REMAINDER OF THE PAGE MUST BE VOIDED. \*\*\*\*\*

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: January 13, 2026.



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

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UNIDADE RESPONSÁVEL PELO REGISTRO 2 CIA PTRAN/BPTRAN/1 RPM		MUNICÍPIO BELO HORIZONTE		
UNIDADE DE ÁREA RESPONSÁVEL UNIDADE MILITAR: 11 CIA PM/41 BPM/1 RPM UNIDADE POLICIAL: 2ª DELEGACIA DE POLICIA CIVIL/BARREIRO				
DATA DO REGISTRO 23/12/2024 16:42		DESTINATÁRIO DIV.ESP.PREV.E INV.DE CRIMES DE TRANSITO/DEICTRAN		
<b>ORIGEM DA COMUNICAÇÃO</b>				
COMO FOI SOLICITADO O ATENDIMENTO DA OCORRÊNCIA LIGACAO TELEFONICA			DATA DA COMUNICAÇÃO 23/12/2024	HORA DA COMUNICAÇÃO 15:14
ÓRGÃO SOLICITANTE XXXX				
<b>DADOS DA OCORRÊNCIA / ATIVIDADE</b>				
PROVÁVEL DESCRIÇÃO DA OCORRÊNCIA PRINCIPAL T00009 - ACIDENTE DE TRANSITO COM VITIMA				
TENTADO / CONSUMADO CONSUMADO				
EVENTO OCORRIDO DURANTE O EXERCÍCIO DA ATIVIDADE DE TRANSPORTE POR APLICATIVO? NÃO				
DATA/HORA DO FATO 23/12/2024 15:14		DATA/HORA FINAL DO ATENDIMENTO 23/12/2024 18:49		DATA/HORA FINAL DO PREENCHIMENTO 23/12/2024 18:49
DESCRIÇÃO DO LUGAR VIA DE ACESSO PUBLICA			COMPL DE LOCAL MEDIATO VIA DE ACESSO PUBLICA	
LOCAL (AV., RUA, ETC) RUA DOUTOR CRISTIANO REZENDE				
NÚMERO 828	KM XXXX	COMPLEMENTO NÚMERO CORRETO: 600	BAIRRO/VILA BAIRRO NOVO DAS INDUSTRIAS	CEP XXXX
MUNICÍPIO BELO HORIZONTE		UF MG	PAIS BRASIL	
PONTO DE REFERÊNCIA XXXX			LATITUDE -19º 58' 37,7"	LONGITUDE -43º 59' 35,18"
TIPO VIA XXXX				
CAUSA PRESUMIDA DERRAPAGEM				
<b>QUALIFICAÇÃO DOS ENVOLVIDOS</b>				
<b>ENVOLVIDO 1</b>				
SEXO MASCULINO	TIPO ENVOLVIMENTO CONDUTOR DE VEICULO E VITIMA		TIPO DE PESSOA FISICA	COD. NATUREZA T00009
TENTADO / CONSUMADO CONSUMADO				
DESCRIÇÃO NATUREZA ACIDENTE DE TRANSITO COM VITIMA				
NOME COMPLETO LUCAS ALBERTO DA SILVA SOUZA				
NACIONALIDADE BRASILEIRA		DATA NASCIMENTO 19/05/2004	NATURALIDADE / UF BELO HORIZONTE / MG	
IDADE APARENTE 20	GRAU DA LESÃO FATAL		ESTADO CIVIL SOLTEIRO	
ORIENTAÇÃO SEXUAL IGNORADO		IDENTIDADE DE GÊNERO IGNORADO		
ENCAMINHAMENTO HOSPITALAR VÍTIMA REPASSADA PARA TERCEIROS		ÓRGÃO DE REPASSE PCMG		
RELAÇÃO VÍTIMA / AUTOR SEM RELACIONAMENTO				
COR / RAÇA IGNORADA		OCUPAÇÃO ATUAL XXXX		
MÃE DAIANA VANESA DA SILVA				
PAI LUIZ ALBERTO DE SOUZA				
TIPO DO DOCUMENTO DE IDENTIFICAÇÃO CARTEIRA DE IDENTIDADE CIVIL				
NÚMERO DOCUMENTO IDENTIDADE 22103698		ÓRGÃO EXPEDIDOR SESP - SECRETARIA ESTADO DA SEGURANCA PUBLICA		UF MG
CPF / CNPJ XXXX				PESSOA EM SITUAÇÃO DE RUA? XXXX
ESCOLARIDADE ENSINO FUNDAMENTAL INCOMPLETO (COMPREENDE OS PRIMEIROS OITO ANOS DE ESTUDO)				
ENDEREÇO (AV., RUA, ETC) RUA DOUTOR CRISTIANO REZENDE				
NÚMERO 1600	KM XXXXX	COMPLEMENTO XXXX		



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

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## ENVOLVIDO 1

BAIRRO BONSUCESSO	MUNICÍPIO BELO HORIZONTE	UF MG		
PAÍS BRASIL	CEP XXXX	TELEFONE RESIDENCIAL/ CELULAR (31)992-781-903	TELEFONE COMERCIAL/ CELULAR XXXX	
EMAIL XXXX	MOTIVO AUSÊNCIA TELEFONE/EMAIL INFORMAÇÃO DESCONHECIDA			
PESO ESTIMADO XXXX	ALTURA ESTIMADA XXXX	CALVÍCIO ? XXXX	CABELO XXXX	COR CABELO XXXX
COR OLHOS XXXX	ESTRABISMO ? XXXX	DEFICIÊNCIA FÍSICA XXXX		
AMPUTAÇÃO XXXX				
ATTITUDES/SINAIS DE EMBRIAGUEZ NÃO / XXXX				
SINAIS DE SUBSTÂNCIAS TÓXICAS ? NÃO		SOFRIMENTO MENTAL XXXX		
DEFICIÊNCIA AUDIOVISUAL XXXX				
CICATRIZ XXXX				
DEFORMIDADE XXXX				
LOCAL / TIPO TATUAGEM XXXX				
LOCAL / TIPO ACESSÓRIO XXXX				
INFORMAÇÕES COMPLEMENTARES XXXX				
ETILÔMETRO FOI UTILIZADO NESTE ATENDIMENTO ? NÃO				
MOTIVO NÃO HOUVE NECESSIDADE		OUTROS NÃO HOUVE NECESSIDADE		
PRISÃO / APREENSÃO SEM PRISAO			HOUE USO DE ALGEMAS / IMOBILIZAÇÃO DE ENVOLVIDOS ? NÃO	

## ANEXO TRÂNSITO

TIPO DE ACIDENTE CHOQUE	
DANOS AO PATRIMÔNIO PRIVADO XXXX	
PÚBLICO FEDERAL XXXX ESTADUAL XXXX MUNICIPAL XXXX	

## VEÍCULOS

## VEÍCULO 1

SITUAÇÃO DO LOCAL ACIDENTE COM VITIMA, LOCAL DESFEITO PARA DESOBRUIR O TRANSITO					
ENVOLV. NR. 1	SITUAÇÃO VEÍCULO VEICULO LIBERADO		MOTIVO APREENSÃO XXXX		
NR. CRLV/CLA XXXX	RENAVAM 1025749046		TIPO DE VEICULO MOTOCICLETA		
CHASSI 9C2KC1660FR013913	MARCA / MODELO HONDA/CG 150 TITAN EX		MUNICÍPIO BELO HORIZONTE		UF MG
ESPÉCIE PASSAGEIRO	CATEGORIA PARTICULAR		ACOPLADO? XXXX	ACOPLADO AO VEÍCULO NR. XXXX	
PLACA PVA-5G17	COR PREDOMINANTE BRANCA	ANO EXERCÍCIO 2024	ANO FABRICAÇÃO 2014	SEGURO OBRIGATORIO ? XXXX	SEGURO OPCIONAL ? XXXX
NOME PROPRIETÁRIO DAINA VANESSA DA SILVA					
EMAIL DO PROPRIETÁRIO XXXX					
OS DADOS DO VEÍCULO FORAM VALIDADOS NO SDAK?		SIM			
ORIGEM DA AIT/AINA DETRAN - DEPARTAMENTO DE TRANSITO			NÚMERO DO AIT BB00003512	CÓDIGOS DE INFRAÇÕES 50100	
DADOS CONDUTOR	INFORMOU DADOS DE HABILITAÇÃO? NÃO				



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

FI. 3/5

## VEÍCULOS

## VEÍCULO 1

SENTIDO DO TRÁFEGO DO VEÍCULO (ORIGEM/DESTINO) OUTROS (NO HISTORICO)		TACÓGRAFO OUTROS (NO HISTORICO)		Nº OCUPANTES 1	
FOI POSSÍVEL DEFINIR A GRAVIDADE DO DANO?		NÃO			
MOTIVO PELO QUAL NÃO FOI POSSÍVEL DEFINIR A GRAVIDADE DO DANO FALTA DE CONHECIMENTO TÉCNICO					
HOVE CONDIÇÕES DE PRODUZIR MATERIAL FOTOGRÁFICO? NÃO - FALTA DE EQUIPAMENTO FOTOGRÁFICO					
OBSERVAÇÕES DANOS DIVERSOS NA PARTE DIANTEIRA E LATERAL DA MOTOCICLETA.					
TODOS OS OCUPANTES DO VEÍCULO					
ENVOLVIDO LUCAS ALBERTO DA SILVA SOUZA		DISPOSITIVO DE SEGURANÇA NENHUM DISPOSITIVO FOI LOCALIZADO		OCUPANTE CONDUTOR DE VEICULO E VITIMA (1305)	
DANO(S) APARENTE(S) XXXX					
VEICULO TRANSPORTANDO CARGA XXXX		Nº DA ONU XXXX	Nº DA NOTA FISCAL XXXX	VALOR DA NOTA FISCAL XXXX	EXPEDIDOR XXXX
MERCADORIA TRANSPORTADA XXXX					

## DINÂMICA DO ACIDENTE - VEÍCULO 1

NATUREZA DO MOVIMENTO DO VEÍCULO CONVERGINDO					
PONTO DE IMPACTO FRENTE CENTRAL					
VIA PISTA DUPLA			NUMERO DE FAIXAS DE TRÁNSITO 2 (DUAS)		
LARGURA DA PISTA ESTREITA (ATE 7.0M)			TRAÇADO DA PISTA CURVA		
RELEVO DA PISTA INCLINADO			SEPARAÇÃO FÍSICA MARCAS VIARIAS		
CONDIÇÃO DA PISTA BOA					
PAVIMENTO ASFALTO			ACOSTAMENTO NAO HA		
CALÇADA BOM/BOA		CARACTERÍSTICA DA VIA OUTRAS		MÃO DE DIREÇÃO DA VIA DUPLA	
OBRA DE ARTE NAO HA OBRA DE ARTE					
SUPERFÍCIE DA PISTA SECA					
TEMPO NUBLADO			LUMINOSIDADE DIA		
SINALIZAÇÃO VERTICAL NAO HA			SINALIZAÇÃO HORIZONTAL NAO HA		
SINALIZAÇÃO EXISTENTE OUTROS (NO HISTORICO)					
CONTROLE DE TRÁFEGO INEXISTENTE			MARCAS LONGITUDINAIS (VIARIAS) FAIXA CONTINUA		
RESTRIÇÃO DE VISIBILIDADE NAO HA					
OBRAS NA PISTA NAO HA OBRA			VELOCIDADE PERMITIDA EM KM/H XXXX		

## HISTÓRICO DA OCORRÊNCIA / ATIVIDADE

ACIONADOS VIA COPOM, CHEGAMOS NO LOCAL E FOMOS RECEBIDOS PELA EQUIPE DO SAMU, USA05, SOB RESPONSABILIDADE TÉCNICA DO MÉDICO LUCAS QUE ATESTOU O ÓBITO DA VÍTIMA.

DE ACORDO COM O LAUDO MÉDICO, O CONDUTOR SOFREU TRAUMATISMO CRANIANO, APÓS BATER NO MURO DO LOCAL DO SINISTRO.

DE ACORDO COM POPULARES A VÍTIMA HAVIA INGERIDO BEBIDA ALCÓOLICA E DROGAS, E ASSUMIU A DIREÇÃO SEM CAPACETE. NÃO HOVE TESTEMUNHAS PARA O ACIDENTE.

A PERÍCIA FOI REALIZADA PELO PERITO MURILO RIBEIRO, E O CORPO FOI DESTINADO AO INSTITUTO MÉDICO LEGAL.

O VEÍCULO FICOU SOB CUSTÓDIA DA AVÓ DA VÍTIMA, SRA VILMA LUCIA DE SOUZA, CPF 385510396-87.



BOLETIM DE OCORRÊNCIA

BO NÚMERO

XXXX

Fl. 4/5

## HISTÓRICO DA OCORRÊNCIA / ATIVIDADE

REGISTRA-SE.

## Perícia Técnica

PERÍCIA TÉCNICA COMPARECEU?	PREFIXO DA VIATURA	PLACA DA VIATURA	PERITO (MATRÍCULA - NOME)
SIM	XXXX	SGQ5J16	PC1111404 - MURILO DAL BIANCO RIBEIRO
MOTIVO DO NÃO COMPARECIMENTO			
XXXX			

## VIATURAS

## VIATURA 1

TIPO DA VIATURA	ORGÃO			
PRINCIPAL	POLICIA MILITAR			
DESCRIÇÃO / OBSERVAÇÃO				
VIATURA COM CELA -				
PLACA	PREFIXO / ÓRGÃO	REGISTRO GERAL	PREFIXO PADRÃO	PROBLEMAS DURANTE O ATENDIMENTO
QMV1164	PM	27880	XXXX	XXXX

## MILITARES/POLICIAIS INTEGRANTES

## MILITAR/POLICIAL INTEGRANTE

NUM VIATURA	MATRÍCULA	CARGO
1	1615814	CABO
NOME COMPLETO		
BRUNO HENRIQUE ALVES VASCONCELOS		
CORPORAÇÃO		
POLICIA MILITAR		
UNIDADE	Hipotecado?	
1 PEL/2 CIA PTRAN/BPTRAN/1 RPM	NÃO	

## MILITAR/POLICIAL INTEGRANTE

NUM VIATURA	MATRÍCULA	CARGO
1	1746395	3 SARGENTO
NOME COMPLETO		
THIAGO DA SILVA AMARAL		
CORPORAÇÃO		
POLICIA MILITAR		
UNIDADE	Hipotecado?	
2 PEL/2 CIA PTRAN/BPTRAN/1 RPM	NÃO	

## DADOS PARA CONTROLE INTERNO/RELATOR DA OCORRÊNCIA

UNIDADE	
2 PEL/2 CIA PTRAN/BPTRAN/1 RPM	
MATRÍCULA	NOME COMPLETO
1746395	THIAGO DA SILVA AMARAL
CARGO	
3 SARGENTO	
CORPORAÇÃO	
POLICIA MILITAR	
ASSINATURA:	

RECIBO DA AUTORIDADE A QUE SE DESTINA OU SEU AGENTE / AUXILIAR POLICIAL  
OU RECIBO DO RESPONSÁVEL CIVIL

## DESTINATÁRIO / RECIBO 1

Recebi o "Boletim de Ocorrência" de Número BO XXXX e Número de REDS 2024-057275783-001 para conhecimento e providências, bem como as pessoas, materiais, objetos, animais, substâncias e/ ou documentos que, existindo, estejam descritos ou assinalados neste documento.

DATA	HORA	MATRÍCULA	NOME
XXXX	XXXX	XXXX	XXXX
CARGO			
XXXX			
ORGÃO/UF			
POLICIA CIVIL MG			
UNIDADE			
DIV.ESP.PREV.E INV.DE CRIMES DE TRANSITO/DEICTRAN			



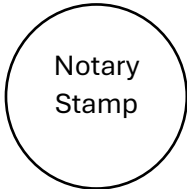
PROVIDÊNCIA A SER TOMADA PELA AUTORIDADE  
XXXX

ITENS ENTREGUES A ESTE DESTINATÁRIO  
XXXX

ASSINATURA

RECIBO GERADO POR: PML746395 - THIAGO DA SILVA AMARAL	DATA DE CRIAÇÃO DO RECIBO: 23/12/2024 18:05
--	--

\*\*\*\*\* FIM DO REGISTRO: O RESTANTE DA PÁGINA DEVE SER INUTILIZADO. \*\*\*\*\*



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS  
**DEATH CERTIFICATE**

NAME

**CLEITO WILLIANS DA SILVA**

CPF

**104.953.626-62**

REGISTRATION

**042556 01 55 2008 4 00017 214 0005014 79**

Date of death

**NO RECORD**

Day

**N/R**

Month

**N/R**

Year

**N/R**

Time of Death

**NO RECORD**

Place of Death

**Public road**

City of Death

**Belo Horizonte**

State

**MG**

Sex

**male**

Marital Status

**single**

Name of last spouse or partner

**NO RECORD**

Age

**18 years old**

Day

**28**

Month

**05**

Year

**1989**

City of Birth

**Belo Horizonte**

State

**MG**

Name of Parent(s)

**GRETO DA SILVA; IRANIDES GUIMARÃES DA SILVA**

Cause of Death

**Craniocerebral trauma; resulting from penetrating blunt injuries;**

Name of the physician who certified the death or, if applicable, the witnesses

**Emanuel Cesar Estefani**

Document number

**17.457**

Place of burial / cremation

**NO RECORD**

City

**Ibiré**

State

**MG**

Date of registration

**January twenty-four two thousand eight**

Day

**24**

Month

**01**

Year

**2008**

Name of the declarant

**Greto da Silva**

Existence of assets

**NO**

Existence of children

**NO RECORD**

Annotations/Notations

**This certificate contains a notation of the CPF.CP-319/2025. Date of death: 01/23/2008 January Twenty-three, two thousand eight**

Voluntary registration annotations

**ID: MG14775103**

Certificate issued by Rosiana Aparecida Soares De Jesus – Clerk of the Civil Registry of Natural Persons of Belo Horizonte – Barreiro District – MG – 042556, who electronically signed this certificate on 01/15/2026, in accordance with Article 19 of Law No. 6.015/73, and Article 228-F of the National Code of Standards of the Judicial Administrative Department – Extrajudicial Forum (CNN/CN/CNJ-Extra).

I certify that, on 01/15/2026, this certificate was generated through the system of the National Civil Registry Operator of Brazil, and I have verified the authenticity of the document and its digital signature.

**Digital issuance seal: JSC21549**  
**Security Code: 4358.0792.5853.7904**  
CNS No. 042556

Registrar of the Civil Registry Office of Natural Persons  
Belo Horizonte – Barreiro District – MG

Leticia Franco Maculan Assumpção – Registrar

Avenida Afonso Vaz de Melo, No. 465 – Barreiro ZIP Code:  
30640070 – Phone: (31)35008800  
email: cartoriodobarreiro@cartoriodobarreiro.page

The Content of this certificate. I certify.

---//signature//---

Guapimirim – Single Office – RJ – 089763  
Camila De Cassia Braga De Moraes – Clerk  
**Digital Seal of Generation: EEYS 90379 JMK**  
Amount received for the electronic certificate: R\$78.45  
Amount received for the generation: R\$198.63

*Camila da Cássia Braga de Moraes*  
Clerk  
Registration: 94-13719

IA011899360



Validation: <https://certidao.registrocivil.org.br/validar> Validation Code: o4xa-sy4w

The QR Code of the inspection seal of the State Courts of Justice will be available in the validation table of this certificate at the address provided below when it is not present on the certificate itself.

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: January 16, 2026.**



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS  
**CERTIDÃO DE ÓBITO**

NOME  
**CLETO WILLIANS DA SILVA**

CPF  
**104.953.626-62**

MATRICULA  
**042556 01 55 2008 4 00017 214 0005014 79**

Data do falecimento: **NÃO CONSTA** Dia: **N/C** Mês: **N/C** Ano: **N/C** Horário do falecimento: **NÃO CONSTA**

Local de falecimento: **Via pública,** Município de falecimento: **Belo Horizonte** UF: **MG**

Sexo: **masculino** Estado civil: **solteiro** Nome do último conjuge ou convivente: **NÃO CONSTA**

Idade: **18 Ano(s)** Dia: **28** Mês: **05** Ano: **1989** Município da naturalidade: **Belo Horizonte** UF: **MG**

Nome do(a)s Genitor(es): **GRETO DA SILVA; IRANIDES GUIMARÃES DA SILVA**

Causa da morte: **Traumatismo Crânio encefálico; consequente a feridas perfuro contusas;**

Nome do médico que atestou o óbito ou, se for o caso, das testemunhas: **Emanoel Cesar Estefani** Número do documento: **17.457**

Local de sepultamento / Cremação: **NÃO CONSTA** Município: **Ibirité** UF: **MG**

Data de registro: **vinte e quatro de janeiro de dois mil e oito** Dia: **24** Mês: **01** Ano: **2008**

Nome do declarante: **Greto Da Silva** Existência de bens: **NÃO** Existência de filhos: **NÃO CONSTA**

Anotações/Averbações: **A presente certidão contém averbação do CPF.CP-319/2025. Data do falecimento: 23/01/2008 Vinte E Três de janeiro de dois mil e oito.**

Anotações voluntárias de cadastro: **rg: MG14775103.**

Certidão lavrada por Rosiane Aparecida Soares De Jesus - Escrevente do Registro Civil de Pessoas Naturais de Belo Horizonte - Distrito Barreiro - MG - 042556, o qual assinou eletronicamente esta certidão em data 15/01/2026, nos termos do artigo 19 da Lei n. 6.015/73, e do artigo 228-F do Código Nacional de Normas da Corregedoria Nacional de Justiça do Conselho Nacional de Justiça - Foro Extrajudicial (CNN/CN/CNJ-Extra).

Certifico que, em data de 15/01/2026, foi materializada esta certidão enviada pelo sistema do Operador Nacional do Registro Civil do Brasil, sendo a autenticidade do documento e da sua assinatura digital por mim conferida.

Selo digital da emissão: JSC21549  
Cod. Segurança: 4358.0792.5853.7904  
CNS Nº 042556

Oficial de Registro Civil das Pessoas Naturais  
Belo Horizonte - Distrito Barreiro - MG

Leticia Franco Maculan Assumpção - Oficial

Avenida Afonso Vaz de Melo, nº 465 - Barreiro CEP:  
30640070 - Fone: (31)35008800  
e-mail: cartoriodobarreiro@cartoriodobarreiro.page

O Conteúdo da certidão é verdadeiro. Dou fé.

*Camila De Cassia Braga De Moraes*

Guapimirim - Ofício Único - RJ - 089763  
Camila De Cassia Braga De Moraes - Escrevente  
Selo digital da Materialização: EEYS 90379 JMK  
Valor recebido pela certidão eletrônica: R\$ 78,45  
Valor recebido pela materialização: R\$ 198,63

*Camila de Cassia Braga de Moraes*  
Escrevente  
Mat: 94-13719

IA011899360



Validação: <https://certidao.registrocivil.org.br/validar> Código Validador: o4xa-sy4w  
O QR Code do selo de fiscalização dos Tribunais de Justiça Estaduais estará disponível na tabela de validação desta certidão no endereço mencionado abaixo quando não estiver presente na própria certidão.

**Johnny Willians da Silva**  
**Bianca Braga Silva**

**File No. A 245-868-509**  
**File No. A 245-868-459**

**PROOF OF SERVICE**

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

**RESPONDENTS' ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND  
WITHHOLDING OF REMOVAL**

To the following:

<b>Office Location:</b>  Office of the Principal Legal Advisor Department of Homeland Security 100 Montgomery Street, Suite 200 San Francisco, CA 94104	<b>Mailing Address:</b>  US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor P.O. Box 26449 San Francisco, CA 94126-644
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by:

- Through the EOIR Courts and Appeals System (ECAS), which will automatically send service notification to both parties that a new document has been filed.



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**Otavio Silva (Bar N. 343486)**  
**Attorney at Law**  
**P.O. Box 90487**  
**San Diego, CA 92169**  
*Counsel for Respondent*