

OFFENSE-INCIDENT REPORT

FL0410400

Gang Related

2

Juvenile in Report: N

Juvenile Warn/Dissmiss:

1. Original 2. Supplement: 1

Holmes Beach Police Department

Agency Report Number 20160804

Primary Offense Description COV ALCOHOL

Form containing various sections: EVENT DATA, CODES, VICTIM / WITNESS, SUSPECT, NARRATIVE, and ADMINISTRATIVE. Includes fields for date, time, location, offender/victim details, and officer information.

# PERSON(S) REPORT

Juvenile in Report:  N  1. Original  2. Supplement:  1

## Holmes Beach Police Department

Agency Report Number  
**20160804**

<b>ADM</b>	Date of Supplement / /		Victim #1 Name (Last, First, Middle) <b>CITY OF HOLMES BEACH</b>						Residence Phone -																	
	Original Date <b>09/17/2016</b>	Primary Offense Description <b>COV ALCOHOL</b>																								
<b>CODES</b>	<b>V/W Code</b> V - Victim O - Other W - Witness C - Reporting Person		<b>Victim Type</b> 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		<b>Race</b> N-N/A W-White B-Black		<b>Sex</b> I-American Indian O-Oriental/Asian U-Unknown		<b>Residence Type</b> 0. N/A 1. City 2. County		<b>Residence Status</b> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		<b>Extent of Injury</b> 0. None 1. Minor 2. Serious 3. Fatal													
	<b>Injury Type</b> 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		<b>Victim Relationship To Offender</b> 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known							
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2 3.Both		<b>V. Type</b> Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone -		Business Phone -													
	Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
	If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2 3.Both		<b>V. Type</b> Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone -		Business Phone -													
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<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2 3.Both		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code</b>		<b>Susp. #</b>		<b>Juvenile</b>		Name (Last, First, Middle)		Place of Birth		Residence Phone											
	1 1		A		A 01		2		2		NIXON		AJA		SIMONE											
	Maiden Name		Nickname/Street Name		City		State		Zip		Residence Phone -		Business Phone -													
	Last Known Address (Street, Apt. Number)				City				State				Zip													
	3772 RAINFOREST CT				BRADENTON				FL				34209													
	Occupation		Employer/School		Address		Social Security Number																			
	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC																	
	N250017976720		FL		Social Security Number		680-12-4932		SCIC/NCIC																	
	Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																					
	Race		Sex		Date of Birth or Age		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
	B		F		05/12/1997		19		505		140		BLU		BLK		M		Hair Style							
	Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
	DK		MED		Special Identifiers																					
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2 3.Both		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code</b>		<b>Susp. #</b>		<b>Juvenile</b>		Name (Last, First, Middle)		Place of Birth		Residence Phone											
	1 1		A		A 03		2		2		CAPOZZI		BRANDI		ESPRIT											
	Maiden Name		Nickname/Street Name		City		State		Zip		Residence Phone -		Business Phone -													
	Last Known Address (Street, Apt. Number)				City				State				Zip													
	3703 37TH ST W				BRADENTON				FL				34205													
	Occupation		Employer/School		Address		Social Security Number																			
	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC																	
	C120065986340		FL		Social Security Number		593-75-1066		SCIC/NCIC																	
	Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																					
	Race		Sex		Date of Birth or Age		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
	B		F		04/14/1998		18		511		130		BRO		BLK		L		Hair Style							
	Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
	DK		THIN		Special Identifiers																					
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 8. Unknown		<b>Foul Play Suspected?</b> 1. Yes 2. No		<b>Missing Before?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided?</b> 1. Yes 2. No									
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)				Accompanied By																	
	Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)																	
	Property Carried				ID. Type/Number				ID. Type/Number																	
	Probable Destination				Name/Address				Transportation Mode																	
	Recovery Information		0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other															
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date																	
	SGT. COPEMAN		307		Date		09/18/2016																			
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date													
	Signature of Officer Reviewing		Date		Page		Page																			
	Signature of Officer Reviewing		Date		Page		Page																			

# NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number		Agency Report Number			
FL0410400		20160804			

## Holmes Beach Police Department

Case Reference

<b>ADM</b>	Date of Supplement / /
Original Date Reported 09/17/2016	

ON 09/17/2016, AT 2303 HOURS, WHILE ON ROUTINE PATROL, AT THE BEACH ACCESS OF WHITE AVENUE, I OBSERVED FOUR SUBJECTS ON THE BEACH IN POSSESSION OF ALCOHOL. ALL FOUR SUBJECTS STATED THEY HAD BEEN DRINKING ON THE BEACH. I ALSO LOCATED A SMALL BAGGY CONTAINING A GREEN LEAFY SUBSTANCE WHICH APPEARED TO BE MARIJUANA ON THE SAND BETWEEN THEM. I ISSUED ALL FOUR SUBJECTS A CITY ORDINANCE VIOLATION FOR POSSESSION OR CONSUMING ALCOHOL ON THE BEACH. THE GREEN LEAFY SUBSTANCE WAS DISPOSED OF AND THE BOTTLE OF VODKA WAS POURED OUT.

NARRATIVE

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b>	<b>I.D. Number/Locator Code</b>
		<b>WALKER</b>	<b>312</b>
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b>	<b>I.D. Number</b>	<b>Unit</b>
	<b>SGT . COPEMAN</b>	<b>307</b>	<b>09/18/2016</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b>
			<b>By</b>
<b>Case Status</b>	<b>Clearance Type</b>	<b>Date Cleared</b>	<b>Arrest Number</b>
	1.Arrest 2.Exceptional 3.Unfounded	/ /	
<b>Exception Type</b>	2. Arrest on Primary Offense Secondary Offense Without Prosecution	5. Prosecution Declined 6. Juvenile/No Custody	<b>OBTS Number</b>
1.Extradition Declined	3. Death of Offender 4. V / W Refused to Cooperate		<b>Page</b> of

# OFFENSE-INCIDENT REPORT

FL0410400		Gang Related	2	<b>Holmes Beach Police Department</b>										Juvenile in Report: <input checked="" type="checkbox"/> N	Juvenile Warn/Dissmiss: <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement: <input type="checkbox"/>	1				
ADM	Date of Supplement / /			Agency Report Number <b>20160805</b>										Primary Offense Description <b>DUI</b>								
	Original Day Reported <b>Sun 09/18/2016</b>			Time (mil) <b>0221</b>			Time Dispatched (mil) <b>0221</b>			Time Arrived (mil) <b>0221</b>			Time Completed (mil) <b>0600</b>									
EVENT DATA	Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other										Incident: Day From <b>Sun</b> To <b>Sun</b>		Date <b>09/18/2016</b>		Time (mil) <b>0221</b>		Day <b>Sun</b>		Date <b>09/18/2016</b>		Time (mil) <b>0600</b>	
	OFF/INC #1	Type <b>4</b>	Description <b>DUI</b>	A-Attempted C-Committed		<b>C</b>		Statute Violation Number - Chapter, Section, Sub <b>316 - 193 ( 1A )</b>			NCIC/UCR Code <b>5400</b>											
	OFF/INC #2	<b>3</b>	<b>MARIJUANA-POSSE</b>		A-Attempted C-Committed		<b>C</b>		<b>893 - 13 ( 6 )</b>			<b>350A</b>										
	Incident Location (Street Number, Street, Apt.) <b>4000 GULF DR</b>										City <b>HOLMES BEACH</b>		Zip <b>34217</b>		District		Grid		Area		Zone	
	Business Name/Area Identifier										Forced Entry 0. N/A 1. Yes 2. No		Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned		<b>0</b>		<b>0</b>		<b>0</b>			
	Location Type 01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov/ Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other										<b>26</b>											
	# OFF/INC	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon	02. Rifle 03. Shotgun 04. Firearm	05. Knife/Cutting Instrument 06. Blunt Object	07. Hands/Fist/Feet 08. Poison 09. Explosives	10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon	13. Drugs 88. Unknown 99. Other	<b>00</b>										
	V/W Code V - Victim W - Witness C - Reporting Person	O - Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N - N/A W - White B - Black	I - American Indian O - Oriental/Asian U - Unknown	Sex N - N/A M - Male F - Female U - Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal											
	Injury Type 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other										Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Host/tenant 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known											
	OFF/INC Indicator 1.#1 3.Both 2.#2	V/W Code <b>3</b>	# <b>1</b>	V. Type <b>5</b>	Name (Last, First, Middle or Business) <b>STATE OF FLORIDA</b>										Residence Phone -							
Address (Street, Apt. Number)										City		State		Zip		Business Phone -						
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement												
If V/W Code is V, W or C Fill in this Line										Dom. Violence <b>2</b>	Race <b>N</b>	Sex <b>N</b>	Date of Birth	Age	Res. Type <b>0</b>	Res. Status <b>0</b>	Extent of Injury <b>0</b>	Injury Type(s) <b>00 00</b>	Relationship <b>00</b>	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2	V/W Code <b>3</b>	# <b>1</b>	V. Type <b>5</b>	Name (Last, First, Middle or Business)										Residence Phone -								
Address (Street, Apt. Number)										City		State		Zip		Business Phone -						
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement												
If V/W Code is V, W or C Fill in this Line										Dom. Violence <b>2</b>	Race <b>N</b>	Sex <b>N</b>	Date of Birth	Age	Res. Type <b>0</b>	Res. Status <b>0</b>	Extent of Injury <b>0</b>	Injury Type(s) <b>00 00</b>	Relationship <b>00</b>	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other	Code <b>1</b>	Juvenile <b>2</b>	Name (Last, First, Middle) <b>CARRANZA JR. MARIO GUSTAVO</b>										Residence Phone -								
Maiden Name										Nic. name/Street Name		Place of Birth <b>FLORIDA</b>		Residence Phone -								
Last Known Address (Street, Apt. Number) <b>12905 LACKLAND RD</b>										City <b>RIVERVIEW</b>		State <b>FL</b>		Zip <b>33578</b>		Business Phone -						
Occupation <b>REFUSED</b>										Employer/School <b>REFUSED</b>		Address		Social Security Number <b>593-44-3249</b>								
Driver's License Number/State <b>C62547850890 FL</b>										Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC						
Clothing (Describe) <b>JEANS AND WHITE TEE SHIRT</b>										Scars/Marks/Tatoos (Location/Describe)												
Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/09/1985</b>	Age <b>31</b>	Height <b>508</b>	Weight <b>130</b>	Eye Color <b>BRO</b>	Hair Color <b>BLK</b>	Hair Length <b>S</b>	Hair Style <b>W</b>													
Complexion <b>LT</b>	Build <b>THN</b>	Facial Hair	Teeth	Speech/Voice	Special Identifiers																	
SEE NARRATIVE PAGE . .																						
ADMINISTRATIVE	Person/Unit Notified										Time		Related Report Number(s)		Name of Officer Reporting <b>BORES</b>		I.D. Number/Locator Code <b>326</b>					
	Signature of Officer Reporting										Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>		I.D. Number <b>307</b>		Unit		Date <b>09/19/2016</b>					
	Signature of Officer Reviewing										Routed To		Referred To		Assigned To		By		Date / /			
	Case Status										Clearance Type 1.Arrest 2.Exceptional 3.Unfounded		A-Adult J-Juvenile		Date Cleared / /		Jail Number		Number Arrested			
	Exception Type 1.Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V / W Refused to Cooperate 5. Prosecution Declined 6. Juvenile/No Custody										OBTS Number		Page of									

# PERSON(S) REPORT

## Holmes Beach Police Department

Juvenile in Report:  N  1  
 2. Original Supplement:  1

Agency Report Number  
**20160805**

<b>ADM</b>	Date of Supplement / /		<b>PERSON(S) REPORT</b>										Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/> 1 2. Original Supplement: <input type="checkbox"/> 1																
	Original Date <b>09/18/2016</b>		Primary Offense Description <b>DUI</b>				Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						Agency Report Number <b>20160805</b>																
<b>CODES</b>	<b>V/W Code</b> V - Victim W - Witness C - Reporting Person		<b>Victim Type</b> 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		<b>Race</b> N-N/A W-White B-Black		<b>Sex</b> N-N/A M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A 1. City 2. County		<b>Residence Status</b> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		<b>Extent of Injury</b> 0. None 1. Minor 2. Serious 3. Fatal																
	<b>Injury Type</b> 00. N/A 01. Gunshot 02. Stabbed			03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury			07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other			<b>Victim Relationship To Offender</b> 00. N/A 01. Undetermined 02. Stranger			03. Spouse 04. Ex-Spouse 05. Co-Habitant			06. Parent 07. Brother/Sister 08. Child 09. Step-Parent			10. Step-Child 11. In-Law 12. Other Family 13. Student			14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend			17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee			21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known	
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>V/W Code #</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>										<b>Residence Phone</b>												
	Address (Street, Apt. Number)		City		State		Zip		<b>Business Phone</b>		Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement								
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	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		<b>Business Phone</b>		Occupation		Employer/School		Address		<b>Social Security Number</b>				
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect A-Arrestee		<b>E-Escapee</b> M-Missing		<b>R-Rec. Missing</b> Z-other		<b>Code Susp. #</b>		<b>Juvenile</b>		<b>Name (Last, First, Middle)</b>										<b>Residence Phone</b>						
	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		<b>Business Phone</b>		Occupation		Employer/School		Address		<b>Social Security Number</b>				
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect A-Arrestee		<b>E-Escapee</b> M-Missing		<b>R-Rec. Missing</b> Z-other		<b>Code Susp. #</b>		<b>Juvenile</b>		<b>Name (Last, First, Middle)</b>										<b>Residence Phone</b>						
	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		<b>Business Phone</b>		Occupation		Employer/School		Address		<b>Social Security Number</b>				
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parent 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary 8. Unknown		<b>Foul Play Suspected ?</b> 1. Yes 2. No		<b>Missing Before ?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided ?</b> 1. Yes 2. No												
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By		Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)		Property Carried		ID. Type/Number		ID. Type/Number		Probable Destination		Name/Address		Transportation Mode				
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parent 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary 8. Unknown		<b>Foul Play Suspected ?</b> 1. Yes 2. No		<b>Missing Before ?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided ?</b> 1. Yes 2. No												
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By		Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)		Property Carried		ID. Type/Number		ID. Type/Number		Probable Destination		Name/Address		Transportation Mode				
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parent 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary 8. Unknown		<b>Foul Play Suspected ?</b> 1. Yes 2. No		<b>Missing Before ?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided ?</b> 1. Yes 2. No												
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By		Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)		Property Carried		ID. Type/Number		ID. Type/Number		Probable Destination		Name/Address		Transportation Mode				
<b>ADMINISTRATIVE</b>	<b>Officer(s) Reporting</b> <b>BORES</b>		<b>ID. Number(s)/Locator code</b> <b>326</b>		<b>Signature of Officer Reporting</b>		<b>Unit</b>		<b>Date</b> <b>09/19/2016</b>		<b>Officer Reviewing (If Applicable)</b> <b>SGT. COPEMAN</b>		<b>ID. Number</b> <b>307</b>		<b>Routed To</b>		<b>Referred To</b>		<b>Assigned To</b>		<b>By</b>		<b>Date</b> / /						
	<b>Signature of Officer Reporting</b>		<b>Signature of Officer Reviewing</b>		<b>Page</b>		<b>Page</b>		<b>of</b>																				

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20160805**

<b>ADM</b>	Date of Supplement / /		<b>Original Date Reported</b> <b>09/18/2016</b>					<b>Primary Offense Description</b> <b>DUI</b>		<b>Victim #1 Name (Last, First, Middle)</b> <b>STATE OF FLORIDA</b>						
<b>THEFT</b>	<b>Theft Type Codes</b>										<b>Theft Type</b>					
	00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. Ev Computer    12. Fraud    99. Other															
<b>CODES</b>	<b>Person Codes</b>			<b>Status Codes</b>			<b>Damage Codes</b>									
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense 9. Other						
<b>PROPERTY</b>	<b>Property Type</b>															
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Vegotiable W. Boat/Motor X. Structure		Y. Farm Equipment Z. Miscellaneous	
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number				
	A	1	1	8	0	D	3	<b>MARIJUANA</b>								
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value			Value Recovered			Date Recovered			SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number				
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value			Value Recovered			Date Recovered			SCIC/NCIC						
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number				
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value			Value Recovered			Date Recovered			SCIC/NCIC						
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number				
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value			Value Recovered			Date Recovered			SCIC/NCIC						
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)									
<b>TOTALS</b>	Property Stolen			0.00			Change in Property Stolen Value									
	Property Recovered			0.00			Change in Property Recovered Value									
<b>CODES</b>	<b>Activity</b>					<b>Type</b>					<b>Unit</b>					
	P. Possess S. Sell B. Buy T. Traffic					R. Smuggle D. Deliver E. Use K. Dispense/Distribute					M. Manufacture/Produce/Cultivate Z. Other					A. Gram 2. Milligram 3. Kilogram 4. Ounce
<b>DRUGS</b>	Activity	P	Type	M	Description			Quantity	3.3	Unit	1	Estimated Street Value				
	Activity		Type		Description			Quantity		Unit		Estimated Street Value				
	Activity		Type		Description			Quantity		Unit		Estimated Street Value				
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date						
	BORES		326							09/19/2016						
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date			
	SGT. COPEMAN		307										/ /			
Signature of Officer Reviewing											Page	Page				
											of					

# VEHICLE REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160805**

<b>ADM</b>	Date of Supplement / /	Original Date Reported <b>09/18/2016</b>	Primary Offense Description <b>DUI</b>	Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>
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<b>Person Code</b> V- Victim S- Suspect A- Arrestee O- Other	<b>Status Code</b> 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other	<b>Damage Code</b> 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other	<b>Type</b> 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other	<b>Recovery Location</b> 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other	<b>Recovery Code</b> <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local
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Person Code <b>A</b>	Person # <b>1</b>	Vehicle # <b>1</b>	Status <b>9</b>	Damage <b>0</b>	Type <b>1</b>	Year <b>2012</b>	Make <b>VW</b>	Model <b>4DR</b>	Style <b>4DR</b>		
Tag Reg./Doc. # <b>GMTJ50</b>		Reg. State <b>FL</b>		Reg. Year <b>2017</b>		Decal Number		Tag Type			
VIN/Hull/FAA <b>3VWBP7AJ4CM383539</b>								Estimated Value <b>\$10,000</b>			
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition			Insurance Company <b>PROGRESSIVE</b>				Lien Holder				
Color (Top/Bottom) <b>RED</b>		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)									
Vessel Name			Length		Hull Material		Propulsion		Boat Type		
Recovery Address/Geographic Indicator						Date Recovered / /		Value Recovered			
Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No <b>N</b>	Reason/Authority <b>DUI</b>		
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.			Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.			Towed By		Storage Location		SCIC/NCIC	Location of Original Theft

Person Code	Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style		
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type			
VIN/Hull/FAA								Estimated Value			
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition			Insurance Company				Lien Holder				
Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)									
Vessel Name			Length		Hull Material		Propulsion		Boat Type		
Recovery Address/Geographic Indicator						Date Recovered / /		Value Recovered			
Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No	Reason/Authority		
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.			Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.			Towed By		Storage Location		SCIC/NCIC	Location of Original Theft

<b>VEHICLE INV. / NARRATIVE</b> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;"></div>
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Signature of Officer Reporting	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code <b>326</b>	Unit
Signature of Officer Reviewing	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>	I.D. Number <b>307</b>	Date <b>09/19/2016</b>
Routed To	Referred To	Assigned To	By
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile Custody
Arrest Number		Number Arrested	
OBTS Number		Page of	

# NARRATIVE CONTINUATION

1. Offense  2. Arrest  Juvenile Warn/Dismiss  1. Original  2. Supplement  1

## Holmes Beach Police Department

Date of Supplement / /
Original Date Reported 09/18/2016

Case Reference  
DUI

Agency ORI Number FL0410400	Agency Report Number 20160805
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NARRATIVE

ON 09/18/2016 AT 02:21HRS I WAS ON PATROL IN THE 4000 BLK OF GULF DR. TRAVELING SOUTHBOUND. WHILE ON PATROL, I WAS DIRECTLY BEHIND A RED VOLKSWAGEN BEARING FLORIDA REGISTRATION (FL, GMTJ50) ALSO TRAVELING SOUTHBOUND. I NOTICED THE LEFT TIRES OF THE RED VOLKSWAGEN TRAVEL OVER THE SOLID YELLOW LINES. I FURTHER OBSERVED THE RIGHT TIRES TRAVEL TO THE RIGHT OVER THE SOLID WHITE FOG LINE. THE RED VOLKSWAGEN CONTINUED TRAVELING SOUTHBOUND AND AGAIN THE RIGHT TIRES TRAVELED TO THE RIGHT OVER THE SOLID WHITE FOG LINE. I ACTIVATED MY EMERGENCY WARNING LIGHTS AND THE RED VOLKSWAGEN MADE A RIGHT ONTO 34<sup>TH</sup> ST AND STOPPED IN FRONT OF THE DRIVEWAY OF 3402 GULF DR.

I APPROACHED THE VOLKSWAGEN ON THE DRIVER'S SIDE AND THE DRIVER IMMEDIATELY JUMPED OUT OF THE VEHICLE AND PLACED THE VEHICLE'S KEYS ON THE TRUNK LID. I TOLD THE DRIVER TO GET BACK IN THE VEHICLE. I IMMEDIATELY NOTICED THAT THE DRIVER'S EYES WERE RED AND WATERY. I REQUESTED FOR THE DRIVER'S LICENSE WHICH HE PROVIDED AND HE WAS IDENTIFIED AS MARIC G. CARRANZA JR. BY HIS FLORIDA DL (C652547850890). I REQUESTED THE VEHICLE'S REGISTRATION AND PROOF OF INSURANCE WHICH HE PROVIDED. AS I WAS COMMUNICATING WITH MR. CARRANZA I OBSERVED AN ODOR OF AN ALCOHOLIC BEVERAGE ON AND/OR ABOUT HIS PERSON. I ASKED MR. CARRANZA HOW MUCH ALCOHOL HE HAD CONSUMED WHICH HE STATED "NOT MUCH" BECAUSE THE BARTENDER "DIDN'T SERVE ME". I ASKED MR. CARRANZA WHERE HE WAS COMING FROM AND HE STATED HE WAS WATCHING HIS FRIEND PLAY GUITAR. I ASKED MR. CARRANZA TO EXIT THE VEHICLE AND STEP TO THE FRONT OF MY PATROL VEHICLE SO I COULD ADMINISTER FIELD SOBRIETY EXERCISES TO HIM.

FIELD SOBRIETY EVALUATIONS:

THESE EVALUATIONS WERE PERFORMED IN THE STREET IN FRONT OF 3402 GULF DR. THE STREET SURFACE WAS SMOOTH AND LEVELED. PHOTOS OF THE AREA AND THE LEVEL I USED ARE ATTACHED WITH THIS REPORT. LIGHTING CONDITIONS CONSISTED OF STREET LIGHTS, HEADLIGHTS FROM MY PATROL VEHICLE, AND MY FLASHLIGHT. THERE WERE NO SURFACE DEFECTS WHERE THE EVALUATIONS WERE PERFORMED.

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code 326								
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>	I.D. Number 307	Unit Date 09/19/2016								
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /								
Case Status	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;"><b>Clearance Type</b></td> <td style="width: 25%;">1. Arrest</td> <td style="width: 25%;">3. Unfounded</td> <td style="width: 25%;">A-Adult</td> </tr> <tr> <td></td> <td>2. Exceptional</td> <td></td> <td>J-Juvenile</td> </tr> </table>	<b>Clearance Type</b>	1. Arrest	3. Unfounded	A-Adult		2. Exceptional		J-Juvenile	Date Cleared / /	Arrest Number Number Arrested
<b>Clearance Type</b>	1. Arrest	3. Unfounded	A-Adult								
	2. Exceptional		J-Juvenile								
<table border="0" style="width: 100%; font-size: x-small;"> <tr> <td style="width: 25%;"><b>Exception Type</b></td> <td style="width: 25%;">2. Arrest on Primary Offense</td> <td style="width: 25%;">3. Death of Offender</td> <td style="width: 25%;">5. Prosecution Declined</td> </tr> <tr> <td>1. Extradition Declined</td> <td>Secondary Offense Without Prosecution</td> <td>4. V / W Refused to Cooperate</td> <td>6. Juvenile/No Custody</td> </tr> </table>	<b>Exception Type</b>	2. Arrest on Primary Offense	3. Death of Offender	5. Prosecution Declined	1. Extradition Declined	Secondary Offense Without Prosecution	4. V / W Refused to Cooperate	6. Juvenile/No Custody	OBTS Number		Page of Page
<b>Exception Type</b>	2. Arrest on Primary Offense	3. Death of Offender	5. Prosecution Declined								
1. Extradition Declined	Secondary Offense Without Prosecution	4. V / W Refused to Cooperate	6. Juvenile/No Custody								

# NARRATIVE CONTINUATION

1. Offense  2. Arrest  Juvenile Warn/Dismiss  1. Original  2. Supplement  1

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160805**

**ADM**  
Date of Supplement: / /  
Original Date Reported: **09/18/2016**

Case Reference: **DUI**

**MEDICAL PROBLEMS:**

I QUESTIONED MR. CARRANZA TO RULE OUT ANY MEDICAL CONDITIONS REQUIRING TREATMENT. MR. CARRANZA STATED THAT HE WAS NOT DIABETIC OR EPILEPTIC. I ASKED MR. CARRANZA IF HE WAS TAKING ANY MEDICATIONS OR DRUGS WHICH HE STATED "NO". I DID NOT OBSERVE ANY INDICATION THAT MR. CARRANZA NEEDED ANY MEDICAL TREATMENT.

**HORIZONTAL GAZE NYSTAGMUS: (EXPLAINED)**

I OBSERVED THE LACK OF SMOOTH PURSUIT, DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION, AND AN ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES IN BOTH OF MR. CARRANZA'S EYES. MR. CARRANZA WAS TOLD TO KEEP HIS HEAD STILL AND TO FOLLOW THE STIMULUS, AND WAS SWAYING FRONT TO REAR DURING THE EVALUATION. I DID NOT OBSERVE THE LACK OF CONVERGENCE IN HIS EYES.

**WALK AND TURN: (EXPLAINED AND DEMONSTRATED)**

MR. CARRANZA WAS IN SNEAKERS DURING THE EVALUATION. I INSTRUCTED AND DEMONSTRATED THE EVALUATION FOR MR. CARRANZA AT WHICH TIME HE ADVISED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THE INSTRUCTIONAL STAGE, MR. CARRANZA WAS ASKED TO STAND WITH HIS RIGHT FOOT IN FRONT OF HIS LEFT, HEEL TO TOE, ON THE LINE AND HIS HANDS DOWN AT HIS SIDE. MR. CARRANZA WAS UNSTEADY ON HIS FEET DURING THIS PHASE AND WAS UNABLE TO STAY IN THE POSITION THAT I DEMONSTRATED FOR HIM. MR. CARRANZA WAS ASKED TO WALK 9 STEPS HEEL TO TOE, THEN TAKE A SERIES OF SMALL STEPS WITH HIS RIGHT FOOT TO TURN AROUND, WHILE KEEPING THE WEIGHT ON HIS LEFT FOOT AND TO WALK BACK 9 STEPS, HEEL TO TOE, MEANWHILE COUNTING OUT LOUD, LOOKING DOWN AT THE LINE AND IF HE STEPS OFF THE LINE TO STEP BACK ON THE LINE AND CONTINUE WALKING. MR. CARRANZA WAS INSTRUCTED NOT TO STOP ONCE HE STARTED THE EVALUATION. DURING THE PERFORMANCE PHASE, MR. CARRANZA PERFORMED THE EVALUATION, BY WALKING AND COUNTING 10 STEPS FORWARD, NOT HEEL TO TOE ON STEPS 2 AND 3. MR. CARRANZA MADE AN IMPROPER TURN AND PAUSED. MR. CARRANZA CONTINUED AS INSTRUCTED AND WALKED 12 STEPS BACK.

**NARRATIVE**

<b>ADMINISTRATIVE</b>	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				<b>BORES</b>	<b>326</b>		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date	
			<b>SGT . COPEMAN</b>	<b>307</b>		<b>09/19/2016</b>	
Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date	
						/ /	
Case Status	Clearance Type		A-Adult J-Juvenile	Date Cleared	Arrest Number	Number Arrested	
	1. Arrest 2. Exceptional 3. Unfounded			/ /			
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number	Page of Page	
1. Extradition Declined							

# NARRATIVE CONTINUATION

1. Offense  2. Arrest  Juvenile Warn/Dismiss  1. Original 2. Supplement  1

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160805**

**ADM**  
Date of Supplement: / /  
Original Date Reported: **09/18/2016**

Case Reference: **DUI**

**ONE LEG STAND: (EXPLAINED AND DEMONSTRATED)**

PRIOR TO THE START OF THE EVALUATION, MR. CARRANZA WAS ASKED IF HE HAD ANY PHYSICAL LIMITATIONS OR INJURIES, WHICH WOULD IMPEDE HIM FROM BEING ABLE TO PERFORM THE EVALUATION. MR. CARRANZA STATED THAT HE DID NOT HAVE ANY PHYSICAL LIMITATIONS. FOR THE FIRST PHASE OF THE EVALUATION, MR. CARRANZA WAS ASKED TO BALANCE ON HIS FOOT RAISING HIS FOOT 6 INCHES OFF THE GROUND. MR. CARRANZA BEGAN RAISING HIS FOOT BEFORE BEING TOLD TO BEGIN. I TOLD HIM TO STOP AND WAIT TILL I WAS DONE EXPLAINING THE EVALUATION. MR. CARRANZA WAS ASKED TO COUNT OUT LOUD BEGINNING WITH 1-1000, 2-1000, 3-1000 AND SO FORTH UNTIL HE WAS ASKED TO STOP. MR. CARRANZA WAS INSTRUCTED TO LOOK DOWN AT HIS FOOT, KEEPING HIS FOOT LEVEL TO THE GROUND, HIS ARMS AT HIS SIDE AND BOTH LEGS STRAIGHT. MR. CARRANZA STOOD ON HIS RIGHT FOOT, RAISED FOOT NOT 6 INCHES. THEN PUT HIS FOOT DOWN AFTER COUNTING TO NUMBER 9 AND STOPPED. I TOLD MR. CARRANZA TO CONTINUE UNTIL TOLD TO STOP AS INSTRUCTED. MR. CARRANZA RAISED HIS FOOT AGAIN NOT 6 INCHES UNTILL TOLD TO STOP AFTER 8 SECONDS.

**ROMBERG BALANCE TEST: (EXPLAINED AND DEMONSTRATED)**

MR. CARRANZA WAS ASKED TO STAND WITH HIS FEET TOGETHER AND HIS ARMS TO HIS SIDE. I ADVISED MR. CARRANZA TO PUT HIS HEAD BACK, CLOSE HIS EYES AND ESTIMATE THE PASSAGE OF 30 SECONDS TO HIMSELF WHEN HE WAS FINISHED TO BRING HIS HEAD FORWARD AND OPEN HIS EYES. MR. CARRANZA WAS TOLD NUMEROUS TIMES TO TILT HIS HEAD BACK. HE ESTAMATED 33 SECONDS IN A 30 SECOND TIME INTERVAL. MR. CARRANZA WAS SWAYING FRONT TO REAR DURING THE EVALUATION.

BASED ON MY TRAINING, EXPERIENCE, AND OBSERVATIONS, I PLACED MR. CARRANZA INTO CUSTODY. DURING SEARCH INCIDENT TO ARREST I LOCATED A CLEAR SANDWICH BAG WITH 3.3 GRAMS OF MARIJUANA. THE MARIJUANA WAS FIELD TESTED POSITIVE. I LATER TRANSPORTED MR. CARRANZA TO MCSO JAIL WHERE I CONDUCTED THE 20 MINUTE OBSERVATION PERIOD AND READ HIM IMPLIED CONSENT. MR. CARRANZA BECAME UNCOOPERATIVE AND REFUSED TO PROVIDE A BREATH SAMPLE. I THEN READ MR. CARRANZA HIS MIRANDA WARNING AND HE REFUSED TO ANSWER ANY QUESTIONS.

**NARRATIVE**

<b>ADMINISTRATIVE</b>	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				<b>BORES</b>	<b>326</b>		
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date		
		<b>SGT . COPEMAN</b>	<b>307</b>		<b>09/19/2016</b>		
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By	Date		
					/ /		
Case Status	<u>Clearance Type</u>	1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile	Date Cleared	Arrest Number	Number Arrested
	<u>Exception Type</u>	1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number	Page of Page

# NARRATIVE CONTINUATION

1. Offense  2. Arrest  Juvenile Warn/Dismiss  1. Original  2. Supplement  1

## Holmes Beach Police Department

ADM	Date of Supplement / /
	Original Date Reported 09/18/2016

Case Reference  
DUI

Agency ORI Number FL0410400	Agency Report Number 20160805
--------------------------------	----------------------------------

NARRATIVE

THE FOLLOWING CITATIONS WERE ISSUED: 6625XBK (DUI); A2H57QE (FAILED TO DRIVE IN SINGLE LANE); A2H57RE (REFUSAL TO SUBMIT TO BAL TEST); MR. CARRANZA WAS ALSO CHARGED WITH POSSESSION OF MARIJUANA UNDER 20 GRAMS.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting BORES	I.D. Number/Locator Code 326	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Date 09/19/2016	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date	
	Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number OBTS Number

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement / /		Holmes Beach Police Department										Agency Report Number 20160808		Primary Offense Description BURGLARY											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Mon		09/19/2016		1103		1104		1112		1230															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)									
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Sun		09/18/2016		1600		To		Mon		09/19/2016		1030					
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		810 - 02 ( )		NCIC/UCR Code		2200									
OFF/INC #2						A-Attempted C-Committed						( )													
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3212		GULF DR		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No 1		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		2											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		01											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov/Plb Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		00		01		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
VW Code		Victim Type		Race		Sex		Residence Type		Extent of Injury		0. None													
V - Victim		0. N/A		N - N/A		I - American Indian		0. N/A		1. Full Year		1. Minor													
W - Witness		1. Juvenile		W - White		O - Oriental/Asian		1. City		2. Part Year		2. Serious													
C - Reporting Person		2. L.E. Officer		B - Black		U - Unknown		2. County		3. Non-Resident		3. Fatal													
Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Steal-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		00. N/A		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		12. Other Family		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Heir/ant		13. Student		16. Boy/Girl Friend		99. Other Known											
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		3		FRANK		JOACHIM													
Address (Street, Apt. Number)		City		State		Zip		Business Phone		3212		GULF DR		HOLMES BEACH		FL		34217							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		12/17/1960		55		1		2		0		00		00		02				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		941 243-3097													
1.#1 3.Both 2.#2		1		C		1		3		DUERR		UWE													
Address (Street, Apt. Number)		City		State		Zip		Business Phone		3729		SUMMERWIND CIR		BRADENTON		FL		34209							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		45		2		1		0		00		00		00						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)															
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																							
Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		H FRAPPIER		302													
Signature of Officer Reporting		Officer Reviewing (If Applicable)		Routed To		Referred To		Assigned To		By		Date		09/19/2016											
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared / /		Jail Number		Number Arrested											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page of											

# PROPERTY REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160808**

<b>ADM</b>	Date of Supplement / /		<b>Holmes Beach Police Department</b>					Agency Report Number <b>20160808</b>			
	Original Date Reported <b>09/19/2016</b>		Primary Offense Description <b>BURGLARY</b>			Victim #1 Name (Last, First, Middle) <b>FRANK JOACHIM</b>					
<b>THEFT</b>	<b>Theft Type Codes</b> 00. N/A    02. Robbery    04. Pocket Picking    06. Embezzlement    08. From Public Access Building    09. From Vehicle    11. Ev Computer    99. Other 01. Burglary    03. Shoplifting    05. Purse Snatching    07. From Coin Oper. Machine    10. Extortion    12. Fraud									Theft Type <b>01</b>	
	<b>Person Codes</b> V - Victim    A - Arrestee S - Suspect    O - Other			<b>Status Codes</b> 1. Stolen    3. Stolen and Recovered    5. Lost    7. Safekeeping    9. Other 2. Recovered    4. Recovered for Other Jurisdiction    6. Found    8. Evidence/Seized			<b>Damage Codes</b> 0. N/A    2. Criminal Mischief    9. Other 1. Arson    3. During other Offense				
<b>CODES</b>	<b>Property Type</b> A. Auto Accessory/Parts    E. Equipment/Tool    J. Jewelry/Precious Metal    O. Office Equipment    T. TV/Video/VCR B. Bicycle    F. Food/Liquor/Consumable    K. Clothing/Fur    P. Art/Collection    U. Currency/Negotiable    Y. Farm Equipment C. Camera/Photo Equipment    G. Gun    L. Livestock    Q. Computer Equipment    V. Credit Card/Non-Vegotiable    Z. Miscellaneous D. Drug    H. Household Appliance/Goods    M. Musical Instrument    R. Radio/Stereo    W. Boat/Motor    X. Structure I. Plant/Citrus    N. Construction Machinery    S. Sports Equipment										
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
<b>PROPERTY</b>	<b>V</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>T</b>	<b>1</b>	<b>TV</b>	<b>UNK</b>	<b>UNK</b>	
	Serial Number <b>UNK</b>		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>BLK 50" ?</b>						
	Value <b>500.00</b>		Value Recovered		Date Recovered <b>/ /</b>		SCIC/NCIC				
<b>PROPERTY</b>	<b>V</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>R</b>	<b>1</b>	<b>STEREO SYSTEM</b>	<b>BOSE</b>	<b>UNK</b>	
	Serial Number <b>UNK</b>		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>BLK</b>						
	Value <b>500.00</b>		Value Recovered		Date Recovered <b>/ /</b>		SCIC/NCIC				
<b>PROPERTY</b>	<b>V</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>F</b>	<b>1</b>	<b>ALCOHOLIC BEVER</b>	<b>UNK</b>	<b>SCHNAPS</b>	
	Serial Number <b>UNK</b>		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>BOTTLE</b>						
	Value <b>20.00</b>		Value Recovered		Date Recovered <b>/ /</b>		SCIC/NCIC				
<b>PROPERTY</b>	<b>R</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>Z</b>	<b>4</b>	<b>PRINT CARDS</b>	<b>UNK</b>	<b>UNK</b>	
	Serial Number <b>UNK</b>		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>LATENT PRINT CARDS</b>						
	Value <b>20.00</b>		Value Recovered		Date Recovered <b>09/19/2016</b>		SCIC/NCIC				
<b>PROPERTY</b>	<b>R</b>	<b>1</b>	<b>2</b>	<b>8</b>	<b>0</b>	<b>E</b>	<b>1</b>	<b>KNIFE BLADE</b>	<b>NATIONAL C</b>	<b>UNK</b>	
	Serial Number <b>UNK</b>		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>11" SERRATED BLADE ONLY</b>						
	Value <b>20.00</b>		Value Recovered		Date Recovered <b>09/19/2016</b>		SCIC/NCIC				
<b>TOTALS</b>	Property Stolen		<b>1,020.00</b>		Change in Property Stolen Value						
	Property Recovered		<b>0.00</b>		Change in Property Recovered Value						
<b>CODES</b>	<b>Activity</b> P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate S. Sell    D. Deliver    Z. Other B. Buy    E. Use T. Traffic    K. Dispense/Distribute			<b>Type</b> A. Amphetamine    H. Hallucinogen    S. Synthetic B. Cocaine    M. Marijuana    U. Unknown C. Cocaine    O. Opium/Derivative    Z. Other E. Heroin    P. Paraphernalia/Equipment			<b>Unit</b> 1. Gram    5. Pound    9. Dose Unit/Item 2. Milligram    6. Ton 3. Kilogram    7. Liter 4. Ounce    8. Milliliter				
	Activity	Type	Description	Quantity	Unit	Estimated Street Value					
<b>DRUGS</b>	Activity	Type	Description	Quantity	Unit	Estimated Street Value					
	Activity	Type	Description	Quantity	Unit	Estimated Street Value					
	Activity	Type	Description	Quantity	Unit	Estimated Street Value					
<b>ADMINISTRATIVE</b>	Officer(s) Reporting <b>H FRAPPIER</b>		ID. Number(s)/Locator code <b>302</b>		Signature of Officer Reporting			Unit		Date <b>09/19/2016</b>	
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By
	Signature of Officer Reviewing										
											Page of

# NARRATIVE CONTINUATION

1. Offense  1 Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20160808**

**ADM**  
 Date of Supplement  
 / /  
 Original Date Reported  
**09/19/2016**

Case Reference  
**BURGLARY**

**NARRATIVE**

ON THIS DATE I WAS DISPATCHED TO 3212 GULF DRIVE IN REFERENCE TO A BURGLARY PAST. UPON MY ARRIVAL I MET THE COMP (DUERR) AND A REPRESENTATIVE FROM ISLAND VACATION PROPERTIES (WILLIAM ANNIS). DUERR STATED THAT HE WAS HERE YESTERDAY DOING SOME CLEANING AND LEFT AT APPROXIMATELY 1600HRS. WHEN HE RETURNED THIS DATE AT APPROXIMATELY 1030HRS, TO FINISH CLEANING, HE DISCOVERED THAT PERSON(S) UNKNOWN HAD FORCIBLY ENTERED THE RESIDENCE AND STOLE A LARGE, BELIEVED TO BE A 50" TV, A BOSE STEREO SYSTEM AND A BOTTLE OF SCHNOPPS. ORIGINALLY THE POINT OF ENTRY WAS BELIEVED TO BE THE SLIDING GLASS DOORS TO THE LIVINGROOM AS THEY WERE LEFT OPEN WHEN THE PERPETRATOR(S) LEFT. A LARGE SERRATED, 11" KNIFE BLADE WAS FOUND WEDGED BETWEEN THE LAST DOOR SECTION ON THE RIGHT AND THE FRAME AGAINST THE WALL. THE KNIFE BLADE WAS SEIZED AS EVIDENCE. THE ACTUAL POINT OF ENTRY WAS FOUND TO BE THE NORTHWEST BEDROOM SLIDERS. A SCREEN WAS CUT JUST OUTSIDE THE SLIDERS AND THE LEFT SLIDER WAS PRIED UP AND OFF OF THE TRACK, ALLOWING ENTRY. ONCE INSIDE PERSON(S) UNKNOWN KNOCKED NUMEROUS ITEMS OFF OF THE TV/ENTERTAINMENT UNIT WHILE THEY STOLE THE TV AND A BOSE STEREO SYSTEM. A BOTTLE OF SCHNOPPS WAS STOLEN FROM A KITCHEN CABINET ABOVE THE REFRIGERATOR. INFORMATION ABOUT THE TV AND BOSE STEREO WAS NOT AVAILABLE AT THE TIME OF REPORT. THE OWNER (FRANK) WILL ATTEMPT TO FIND THE INFO BUT IS CURRENTLY IN GERMANY. HE WILL TRY TO EMAIL THE INFO TO DUERR. I PROCESSED THE SCENE FOR LATENT PRINTS OBTAINING 7 CARDS OF PRINTS. PRINTS AND THE KNIFE BLADE WERE PLACED IN HBPD EVIDENCE LOCKER #4. ISLAND VACATION PROPERTIES IS TO MAKE REPAIRS TO THE RESIDENCE TO MAKE IT SECURE. NEA

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b> H FRAPPIER	<b>I.D. Number/Locator Code</b> 302
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b>	<b>I.D. Number</b>	<b>Unit</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b>
<b>Case Status</b>	<b>Clearance Type</b> 1. Arrest 2. Exceptional 3. Unfounded	<b>A-Adult</b> <b>J-Juvenile</b>	<b>Date Cleared</b> / /
<b>Exception Type</b> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
<b>Arrest Number</b>		<b>Number Arrested</b>	<b>Page</b> of
<b>OBTS Number</b>		<b>Page</b>	<b>Page</b>

# PROPERTY REPORT

<b>ADM</b>	Date of Supplement <b>09/20/2016</b>		<b>Holmes Beach Police Department</b>				Agency Report Number <b>20160808</b>					
	Original Date Reported <b>09/19/2016</b>		Primary Offense Description <b>BURGLARY</b>		Victim #1 Name (Last, First, Middle) <b>FRANK JOACHIM</b>							
<b>THEFT</b>	<b>Theft Type Codes</b> 00. N/A    02. Robbery    04. Pocket Picking    06. Embezzlement    08. From Public Access Building    09. From Vehicle    11. Ev Computer    99. Other 01. Burglary    03. Shoplifting    05. Purse Snatching    07. From Coin Oper. Machine    10. Extortion    12. Fraud										Theft Type <b>01</b>	
	<b>Person Codes</b> V - Victim    A - Arrestee S - Suspect    O - Other			<b>Status Codes</b> 1. Stolen    3. Stolen and Recovered    5. Lost    7. Safekeeping    9. Other 2. Recovered    4. Recovered for Other Jurisdiction    6. Found    8. Evidence/Seized			<b>Damage Codes</b> 0. N/A    2. Criminal Mischief    9. Other 1. Arson    3. During other Offense					
<b>CODES</b>	<b>Property Type</b> A. Auto Accessory/Parts    E. Equipment/Tool    J. Jewelry/Precious Metal    O. Office Equipment    T. TV/Video/VCR    Y. Farm Equipment B. Bicycle    F. Food/Liquor/Consumable    K. Clothing/Fur    P. Art/Collection    U. Currency/Negotiable    Z. Miscellaneous C. Camera/Photo Equipment    G. Gun    L. Livestock    Q. Computer Equipment    V. Credit Card/Non-Vegotiable    W. Boat/Motor D. Drug    H. Household Appliance/Goods    M. Musical Instrument    R. Radio/Stereo    X. Structure											
	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
<b>PROPERTY</b>	V		1	1	1	0	T	1	TV	SAMSUNG	UNK	
	Serial Number <b>UNK</b>				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.) <b>51" PLASMA</b>			
	Value <b>5,000.00</b>				Value Recovered				Date Recovered		SCIC/NCIC	
<b>PROPERTY</b>	V		1	2	1	0	R	1	STEREO	BOSE	321GSIII	
	Serial Number <b>050124902520559AY</b>				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.) <b>STEREO DVD SYSTEM</b>			
	Value <b>800.00</b>				Value Recovered				Date Recovered		SCIC/NCIC	
<b>PROPERTY</b>												
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value				Value Recovered				Date Recovered		SCIC/NCIC	
<b>PROPERTY</b>												
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value				Value Recovered				Date Recovered		SCIC/NCIC	
<b>PROPERTY</b>												
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value				Value Recovered				Date Recovered		SCIC/NCIC	
<b>TOTALS</b>	Property Stolen		<b>5,900.00</b>				Change in Property Stolen Value					
	Property Recovered		<b>0.00</b>				Change in Property Recovered Value					
<b>CODES</b>	<b>Activity</b> P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate S. Sell    D. Deliver    Z. Other B. Buy    E. Use T. Traffic    K. Dispense/Distribute			<b>Type</b> A. Amphetamines    H. Hallucinogen    S. Synthetic B. Barbiturate    M. Marijuana    U. Unknown C. Cocaine    O. Opium/Derivative    Z. Other E. Heroin    P. Paraphernalia/Equipment			<b>Unit</b> 1. Gram    5. Pound    9. Dose Unit/Item 2. Milligram    6. Ton 3. Kilogram    7. Liter 4. Ounce    8. Milliliter					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
Activity	Type	Description				Quantity	Unit	Estimated Street Value				
Activity	Type	Description				Quantity	Unit	Estimated Street Value				
<b>PROP. DETAIL / NARR.</b>	LATE ON 09/19/2016, I RECEIVED AN EMAIL FROM THE VICTIM WITH COPIES OF RECEIPTS FOR THE TV AND STEREO SYSTEM THAT WERE STOLEN. THE RECEIPT FOR THE TV ONLY INDICATED THE BRAND AND THE VALUE OF THE TV. THE RECEIPT FOR THE BOSE STEREO SYSTEM LISTED THE MODEL AND SERIAL NUMBER. THE BOSE STEREO SYSTEM WILL BE ENTERED FCIC/NCIC AS STOLEN. N/A.											
	Officer(s) Reporting <b>H FRAPPIER</b>			ID. Number(s)/Locator code <b>302</b>			Signature of Officer Reporting			Unit		Date <b>09/20/2016</b>
Officer Reviewing (If Applicable) <b>SGT. M. PILATO</b>			ID. Number <b>306</b>			Routed To	Referred To	Assigned To	By		Date <b>/ /</b>	
Signature of Officer Reviewing											Page	Page
											of	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report:	N	Juvenile Warn/Dissmiss:	1. Original	2. Supplement:	1								
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
	/ /													20160813		COV CAMPING											
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																
	Thu		09/22/2016		0352		0352		0352		0430																
	Incident Type			Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
	1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		Thu		09/22/2016		To		Thu		09/22/2016									
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub			42 - 3 ( )		NCIC/UCR Code												
	OFF/INC #2					A-Attempted C-Committed																					
	Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone						
	5312 HOLMES BLVD										HOLMES BEACH		34217														
	Business Name/Area Identifier										Forced Entry		Occuancy		0. N/A 1. Yes		2. No 0		2. Unoccupied 3. Abandoned		0						
	Location Type										05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other				
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel										06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other		99					
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00										
01	01	04	00	00	00. N/A 01. Handgun																						
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury															
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County 3. Non-Resident		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		06. Parent 07. Brother/Sister 05. Child 09. Step-Parent		10. Step-Child 11. In-law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known									
OFF/INC Indicator		V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone												
1.#1 3.Both 2.#2		1	V	01	CITY OF HOLMES BEACH										941 840-3955												
Address (Street, Apt. Number)										City		State		Zip		Business Phone											
5801 MARINA DRIVE										HOLMES BEACH		FL		34217													
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																	
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?														
2			N	N			0	0	0	00 00	00		Yes <input type="checkbox"/> No <input type="checkbox"/>														
OFF/INC Indicator		V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone												
1.#1 3.Both 2.#2																											
Address (Street, Apt. Number)										City		State		Zip		Business Phone											
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																	
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?														
													Yes <input type="checkbox"/> No <input type="checkbox"/>														
OFF/INC Indicator		Suspect Code		Core		Susp.#	Juvenile	Name (Last, First, Middle)										Residence Phone									
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		01	2	AARONS LEO CHARLES																			
Maiden Name					Nic. name/Street Name					Place of Birth					Residence Phone												
										NEW YORK																	
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone											
HOMELESS												FL															
Occupation					Employer/School					Address					Social Security Number												
Driver's License Number/State					Immigration and Naturalization Number					Other I.D. Number					OBTS Number (Arrested)					SCIC/NCIC							
A652523591860					FL																						
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)																	
Race	Sex	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style																	
W	M	05/26/1959		57	510	190	BRO	BRO	S	S																	
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																						
LT	MED																										
COV CAMPING																											
Person/Unit Notified					Time					Related Report Number(s)					Name of Officer Reporting			I.D. Number/Locator Code									
															WALKER			312									
Signature of Officer Reporting					Officer Reviewing (If Applicable)					I.D. Number					Unit			Date									
SGT. M. PILATO										306					PATROL			09/22/2016									
Signature of Officer Reviewing					Routed To					Referred To					Assigned To			By									
																		/ /									
Case Status					Clearance Type					Date Cleared					Jail Number			Number Arrested									
					1.Arrest 2.Exceptional 3.Unfounded					/ /																	
Exception Type					1.Extradition Declined					2. Arrest on Primary Offense Secondary Offense Without Prosecution					3. Death of Offender 4. V / W Refused to Cooperate			5. Prosecution Declined 6. Juvenile/No Custody			OBTS Number			Page		Page	

# PERSON(S) REPORT

Juvenile in Report:  N  1. Original  2. Supplement:  1

## Holmes Beach Police Department

Agency Report Number  
**20160813**

<b>ADM</b>	Date of Supplement / /		<b>PERSON(S) REPORT</b>						Juvenile in Report: <input type="checkbox"/> N <input type="checkbox"/> 1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1				
	Original Date <b>09/22/2016</b>		Primary Offense Description <b>COV CAMPING</b>			Victim #1 Name (Last, First, Middle) <b>CITY OF HOLMES BEACH</b>					Agency Report Number <b>20160813</b>		
<b>CODES</b>	<b>V/W Code</b> V - Victim W - Witness C - Reporting Person O - Other		<b>Victim Type</b> 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other			<b>Race</b> N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown		<b>Sex</b> N-N/A M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A 1. City 2. County 3. Florida 4. Out-of-State		<b>Residence Status</b> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	<b>Extent of Injury</b> 0. None 1. Minor 2. Serious 3. Fatal
	<b>Injury Type</b> 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		<b>Victim Relationship To Offender</b> 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known										
<b>VICTIM / WITNESS</b>	OFF/INC Indicator 1.#1 2.#2 3.Both	V/W Code #	V. Type	Name (Last, First, Middle or Business)					Residence Phone				
	Address (Street, Apt. Number)		City		State		Zip		Business Phone				
	Other Contact Info. (Time Available, Interpreter, etc.)					Synopsis of Involvement							
	If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>VICTIM / WITNESS</b>	OFF/INC Indicator 1.#1 2.#2 3.Both	V/W Code #	V. Type	Name (Last, First, Middle or Business)					Residence Phone				
	Address (Street, Apt. Number)		City		State		Zip		Business Phone				
	Other Contact Info. (Time Available, Interpreter, etc.)					Synopsis of Involvement							
	If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>SUSPECT OR MISSING PERSONS</b>	OFF/INC Indicator 1.#1 2.#2 3.Both	Suspect Code	Code	Susp. #	Juvenile	Name (Last, First, Middle)					Residence Phone		
	1.#1 2.#2	S-Suspect A-Arrestee	E-Escapee M-Missing	R-Rec. Missing Z-other	A 02	2	<b>SOBEK</b>					SCOTT	ANTHONY
	Maiden Name		Nicknames/Street Name		Place of Birth		Residence Phone						
	Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone				
	Occupation		Employer/School		Address		Social Security Number						
	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC				
	S120781702660		FL						262-63-3385				
	Clothing (Describe)					Scars/Marks/Tatoos (Location/Describe)							
	Race	Sex	Date of Birth or Age	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
	W	M	07/26/1970	46	6-0	180							
	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
	LT	MED											
<b>SUSPECT OR MISSING PERSONS</b>	OFF/INC Indicator 1.#1 2.#2 3.Both	Suspect Code	Code	Susp. #	Juvenile	Name (Last, First, Middle)					Residence Phone		
	1.#1 2.#2	S-Suspect A-Arrestee	E-Escapee M-Missing	R-Rec. Missing Z-other	A 03	2	<b>OLSEN</b>					JAMES	LEWIS
	Maiden Name		Nicknames/Street Name		Place of Birth		Residence Phone						
	Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone				
	Occupation		Employer/School		Address		Social Security Number						
	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC				
	0425452614660		FL						544-76-6411				
	Clothing (Describe)					Scars/Marks/Tatoos (Location/Describe)							
	Race	Sex	Date of Birth or Age	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
	W	M	12/26/1961	54	507	160				S			
	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
	LT	THIN											
<b>MISSING PERSON / RUNAWAY</b>	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available		MCIC Form Provided?
	1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary 8. Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By						
	Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)				
	Property Carried				ID. Type/Number				ID. Type/Number				
	Probable Destination				Name/Address				Transportation Mode				
	Recovery Information		1. Voluntary		2. Located-Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other		
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date		
	WALKER		312						PATROL		09/22/2016		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date
	SGT. M. PILATO		306										/ /
	Signature of Officer Reviewing											Page	Page
												of	

# NARRATIVE CONTINUATION

## Holmes Beach Police Department

1. Offense	1	Juvenile Warn/Dismiss	1	1. Original	1
2. Arrest				2. Supplement	
Agency ORI Number			Agency Report Number		
FL0410400			20160813		

Date of Supplement	/ /
Original Date Reported	09/22/2016

Case Reference  
20160812

ON 09/22/2016, AT 0352 HOURS, WHILE ON ROUTINE PATROL, OFFICER BORES AND I LOCATED FOUR SUBJECTS SLEEPING BEHIND THE BUSINESS AT 5312 HOLMES BLVD. LEO AARONS, SCOTT SOBEK, CAROL OVERACKER, AND JAMES OLSEN, WERE ISSUED CITY ORDINANCE VIOLATIONS FOR CAMPING. UPON RUNNING THEM THROUGH ECIC/NCIC, IT WAS DETERMINED LEO AARONS HAD AN ACTIVE WARRANT OUT OF MANATEE COUNTY FOR THEFT. AARONS WAS PLACED INTO HANDCUFFS (DOUBLE LOCKED), AND TRANSPORTED TO THE MANATEE COUNTY JAIL.

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>WALKER</b>	I.D. Number/Locator Code <b>312</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. M. PILATO</b>	I.D. Number <b>306</b>	Unit <b>PATROL</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Arrest Number	Number Arrested
		OBTS Number	Page of Page



