

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original Supplement: 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20160848		DRIVERS LIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		10/09/2016		1600		1600		1600		1620															
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		Sun		10/09/2016		Sun		10/09/2016													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC		C		322 - 03 (1)		9000																	
OFF/INC #2		A-Attempted C-Committed																							
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3900 EAST BAY DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		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		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't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		28. Lake/Waterway		29. Motor Vehicle											
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		26											
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		29. Motor Vehicle		26											
# 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		01		00		00		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		0. None 1. Minor 2. Serious 3. Fatal									
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Child		09. Step-Parent		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		13. Student		16. Boy/Girl Friend		20. Employee		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		0		STATE OF FLORIDA															
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?	
2		N		N		N		0		0		0		00		00		00		00		00		Yes <input checked="" 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		1		V		01		0		STATE OF FLORIDA															
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?	
2		N		N		N		0		0		0		00		00		00		00		00		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		1		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		2		01		2		PETTIT		RICHARD THOMAS									
Maiden Name		Nc. name/Street Name		City		State		Zip		Business Phone															
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
4007 20TH PL SW APT B		NAPLES		FL		34116																			
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																	
P330758884270		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		11/27/1988		27		511																	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED		B																					
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. M. PILATO		306		PATROL		10/09/2016																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		1		A-Adult J-Juvenile		A		Date Cleared		Jail Number		Number Arrested							
CA		10/09/2016																01							
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		Page													
1.Extradition Declined												of													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160848**

ADM
 Date of Supplement: / /
 Original Date Reported: **10/09/2016**

Case Reference: **NO DRIVERS LICENSE**

ON 10-09-16 WHILE EXITING THE PUBLIC BEACH AT 4000 GULF DR I OBSERVED A GREEN HONDA BEARING TN TAG #0B14B0. THE DRIVER WAS NOT WEARING HIS SAFETY BELT. I FOLLOWED THE VEHICLE FOR SEVERAL BLOCKS AND CONDUCTED A TRAFFIC STOP AT 3900 EAST BAY DR. UPON SPEAKING WITH THE DRIVER (RICHARD PETTIT) HE PRESENTED AN ID CARD AND STATED HE NEVER HAD A DRIVERS LICENSE. I RAN PETTIT THROUGH PCIC/NCIC WITH NEGATIVE RESULTS AND CONFIRMED HIS ID CARD ONLY. I ISSUED PETTIT A SUMMONS FOR NO VALID DRIVERS LICENSE AND A CIVIL CITATION FOR NOT WEARING HIS SAFETY BELT. THE DRIVERS MOTHER RESPONDED TO THE SCENE TO RETRIEVE THE VEHICLE.
 CITATIONS: A2H58VE A2H58WE

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting J. PIERCE	I.D. Number/Locator Code 309
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status CA	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A
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
		Date Cleared 10/09/2016	Arrest Number 01
		OBTS Number	Page of 01

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1	
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description									
/ /		20160855				STOLEN TAG													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)									
Thu		10/13/2016		1530		1530		1532		1600									
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		Sat		10/08/2016		To Tue 10/11/2016							
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code							
3		THEFT/bVEHICLE		812		-		014		(1)		230F							
OFF/INC #2		A-Attempted C-Committed		-		((
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone							
302 CLARK DR		HOLMES BEACH		34217															
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		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							
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other							
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public 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		01							
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm							
01		01		00		00		00		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives							
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 I - American Indian W - White O - Oriental/Asian B - Black U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County 3. Non-Resident							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Steal-Child		17. Friend							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		07. Brother/Sister		11. In-law		18. Neighbor							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		08. Ex-Spouse		12. Other Family		19. Sitter/Day Care							
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Host/ant		09. Step-Parent		13. Student		20. Employee							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		Business Phone							
1.#1 3.Both 2.#2		1		V		1		3		HATZIGEORGIOU		941 301-5470							
Address (Street, Apt. Number)		City		State		Zip		Business Phone		302 CLARK DR		HOLMES BEACH FL 34217							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		2332 PEYTON DR #2 CHARLOTTESVILLE VA 22901															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type							
2		W		M		09/06/1982		34		1		2							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		Business 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							
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name							
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																	
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone		Occupation		Employer/School							
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							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers		Hair Color							
Hair Length		Hair Style		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code							
Signature of Officer Reporting		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							
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							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20160855

ADM	Date of Supplement / /		Holmes Beach Police Department					Agency Report Number 20160855													
	Original Date Reported 10/13/2016																				
THEFT	Primary Offense Description STOLEN TAG			Victim #1 Name (Last, First, Middle) HATZIGEORGIU GEORGE ELIAS																	
	Theft Type Codes 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 Theft Type <p style="text-align: right;">09</p>																				
CODES	Person Codes V - Victim S - Suspect		Status Codes 1. Stolen 2. Recovered		3. Stolen and Recovered 4. Recovered for Other Jurisdiction		5. Lost 6. Found		7. Safekeeping 8. Evidence/Seized		9. Other		Damage Codes 0. N/A 1. Arson		2. Criminal Mischief 3. During other Offense		9. Other				
	Property Type 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
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number											
	V	1	1	1	0	A	1	VEH TAG	VA	VJG8631											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) WHT DK BLU LETTERS																
	Value 10.00		Value Recovered		Date Recovered / /		SCIC/NCIC DUCK														
PROPERTY	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.)																
PROPERTY	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.)																
PROPERTY	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.)																
TOTALS	Property Stolen		10.00		Change in Property Stolen Value																
	Property Recovered		0.00		Change in Property Recovered Value																
CODES	Activity P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			Type A. Amphetamine B. Cocaine C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other			Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item		
	Activity	Type	Description					Quantity	Unit	Estimated Street Value											
DRUGS	Activity	Type	Description					Quantity	Unit	Estimated Street Value											
	Activity	Type	Description					Quantity	Unit	Estimated Street Value											
	Activity	Type	Description					Quantity	Unit	Estimated Street Value											
ADMINISTRATIVE	Officer(s) Reporting H FRAPPIER		ID. Number(s)/Locator code 302		Signature of Officer Reporting			Unit PATROL			Date 10/13/2016										
	Officer Reviewing (If Applicable) SGT. M. PILATO		ID. Number 306		Routed To		Referred To		Assigned To		By		Date								
	Signature of Officer Reviewing												/ /								
													Page of								

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160855

ADM	Date of Supplement / /	Original Date Reported 10/13/2016	Primary Offense Description STOLEN TAG	Victim #1 Name (Last, First, Middle) HATZIGEORGIU GEORGE ELIAS
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CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other	Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other	Damage Code 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other	Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other	Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other	Recovery Code Stolen / Recovered 1. Local / Local 2. Local / Other 3. Other / Local
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VEHICLE / VESSEL	Person Code V	Person # 1	Vehicle # 1	Status 9	Damage 0	Type 1	Year 2003	Make HOND	Model CIVIC	Style 2DR	
Tag Reg./Doc. # VJG8631		Reg. State VA		Reg. Year 2017		Decal Number UNK		Tag Type PC			
VIN/Hull/FAA 2HGES16503H598164								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) WHT		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) STOLEN FRT PLATE (2 PLATE STATE)									
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 checked="" 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 checked="" 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	

VEHICLE / VESSEL	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	

VEHICLE INV. / NARRATIVE	<div style="border: 1px solid gray; border-radius: 50%; width: 80%; margin: auto; padding: 10px;"> <p style="font-size: 2em; text-align: center; margin: 0;">C</p> </div>									
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ADMINISTRATIVE	Signature of Officer Reporting	Name of Officer Reporting H FRAPPIER	I.D. Number/Locator Code 302	Unit PATROL
	Signature of Officer Reviewing	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Date 10/13/2016
	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
				OBTS Number
				Page of

NARRATIVE CONTINUATION

Holmes Beach Police Department

1. Offense 1. Original
 2. Arrest 2. Supplement 1

Agency ORI Number: **FL0410400** Agency Report Number: **20160855**

ADM Date of Supplement
 / /
 Original Date Reported
10/13/2016

Case Reference

NARRATIVE

ON THIS DATE THE VICTIM (HATZIGEORGIU) CAME TO HBPD TO REPORT THAT THE FRONT LICENSE PLATE FROM HIS VEHICLE HAD BEEN STOLEN. HATZIGEORGIU STATED THAT HIS VEHICLE IS REGISTERED IN HIS HOME STATE OF VIRGINIA WHICH, IS A TWO PLATE STATE. THE REAR PLATE IS STILL ON HIS VEHICLE. HATZIGEORGIU STATED THAT HE LAST OBSERVED THE FRONT PLATE ON HIS VEHICLE (2003 HONDA CIVIC) ON SATURDAY 10/08/2016. HIS VEHICLE HAS BEEN PARKED AT HIS MOTHER'S RESIDENCE AT 302 CLARK DRIVE AND ON TUESDAY 10/11/2016 HE OBSERVED THAT THE FRONT PLATE WAS GONE. WHEN ASKED IF IT COULD HAVE FALLEN OFF, HE STATED NO BECAUSE THE BOLTS THAT HOLD THE PLATE ON ARE STILL IN THE BUMPER, LEADING ONE TO BELIEVE THAT THE PLATE WAS STOLEN AND THE BOLTS PUT BACK IN THE BUMPER. HATZIGEORGIU STATED THAT HE IS RETURNING TO VIRGINIA ON MONDAY 10/17/2016 AND WILL RESPOND TO HIS DMV OFFICE ON TUESDAY 10/18/2016 FOR REPLACEMENT TAGS. PLATE WAS ENTERED FCIC/NCIC BY DISPATCHER DUCK. HATZIGEORGIU WAS ADVISED THAT SINCE PLATE HAS BEEN ENTERED THAT HIS VEHICLES' REAR PLATE WILL ALSO BE ENTERED AS IT HAS THE SAME REGISTRATION NUMBER. HATZIGEORGIU WAS GIVEN A CASE CARD WITH CASE NUMBER AND I WROTE UPON THE CARD THAT THE REPORT WAS FOR THE FRONT TAG BEING STOLEN. NFA.

Report Contains	Related Report Number(s)	Name of Officer Reporting H FRAPPIER	I.D. Number/Locator Code 302
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL
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
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
		Date Cleared / /	Arrest Number Number Arrested
		OBTS Number	Page of Page

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1													
ADM		Date of Supplement / /				Holmes Beach Police Department				Agency Report Number 20160856		Primary Offense Description BURGLARY															
EVENT DATA		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Thu		10/13/2016		1759		1800		1833		1925															
		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		Mon		09/19/2016		Thu		10/13/2016		1700											
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		1		BURGLARY				C		810 - 2 () 3b		2200															
		OFF/INC #2																									
		Incident Location (Street Number, Street, Apt.)				City		Zip		District		Grid		Area		Zone											
		508 68TH ST				HOLMES BEACH		34217																			
		Business Name/Area Identifier				Forced Entry		Occupancy																			
						0. N/A 1. Yes		0. N/A 1. Occupied						2. Unoccupied 3. Abandoned		2											
		Location Type														01											
		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't/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													
		# Off/INC		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon				00											
		01		01		00		01		00		01. Handgun 04. Firearm				00											
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
		V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		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. Florida 4. Out-of-State		0. None 1. Minor 2. Serious 3. Fatal													
		Injury Type		Victim Relationship To Offender																							
		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		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Host/Parent		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 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee									
		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		3		MCCABE		MARCIA		941 731-6471											
		Address (Street, Apt. Number)				City		State		Zip		Business Phone															
		508 68TH ST				HOLMES BEACH		FL		34217		-															
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
		MARCIA.MCCABE@MSN.COM				OWNER/VICTIM																					
		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		W		F		02/07/1943		73		1		2		0		00		00		01		CA		Yes <input checked="" 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		1		C		01		3		BELILL		STEPHANIE		941 302-1797											
		Address (Street, Apt. Number)				City		State		Zip		Business Phone															
		4915 GULF DR UNIT E				HOLMES BEACH		FL		34217		-															
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
		FRIEND OF OWNER																									
		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		W		F		06/08/1969		47		1		1		0		00		00		00		CA		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Name (Last, First, Middle)		Maiden Name		Nc. name/Street Name		Place of Birth		Residence Phone													
		1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																							
		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															
		Person/Unit Notified				Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code													
										C. LABRANCHE				318													
		Signature of Officer Reporting				Officer Reviewing (If Applicable)				I.D. Number				Unit				Date									
						SGT. K. POWERS				320				PATROL				10/13/2016									
		Signature of Officer Reviewing				Routed To				Referred To				Assigned To				By				Date					
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PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20160856

ADM	Date of Supplement / /		Primary Offense Description BURGLARY					Victim #1 Name (Last, First, Middle) MCCABE MARCIA																																																																																																														
	Original Date Reported 10/13/2016																																																																																																																					
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	V - Victim S - Suspect A - Arrestee O - Other			1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other																																																																																																															
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	P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other				A. Amphetamine B. Cocaine C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other				1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item																																																																																																													
DRUGS	Activity		Type	Description			Quantity	Unit	Estimated Street Value																																																																																																													
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PROP. DETAIL / NARR.	APPROX 4 PAINTINGS ARTIST AN INSTRUCTOR AT RINGLING POSSIBLY \$1200 1 LENOVA LAPTOP UNKNOWN SERIAL NUMBER \$500 2 SMALL MIRRORS \$500 MISC. JEWELRY \$2300 1 MARBLE BIRD STATUE \$500																																																																																																																					
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date																																																																																																												
	C. LABRANCHE		318					PATROL		10/13/2016																																																																																																												
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By																																																																																																											
SGT. K. POWERS		320						DET																																																																																																														
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Page _____ of _____																																																																																																																						

NARRATIVE CONTINUATION

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

ADM	Date of Supplement / /
	Original Date Reported 10/13/2016

Holmes Beach Police Department

Case Reference
BURGLARY

Agency ORI Number FL0410400	Agency Report Number 20160856
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NARRATIVE

ON 10/13/16 AT 1759 HOURS I WAS DISPATCHED TO 508 68TH ST FOR A BURGLARY. I ARRIVED ON SCENE AND SPOKE WITH STEPHANIE BELILL. STEPHANIE ADVISED SHE WAS WATCHING THE RESIDENCE FOR HER FRIEND, MARCIA MCCABE, WHO WAS IN MINNEAPOLIS UNTIL MID-NOVEMBER (4221 EAST LAKE HARRIET BLVD. MINNEAPOLIS MN 55409). STEPHANIE SAID SHE ARRIVED AT THE RESIDENCE TODAY AROUND 1700 AND NOTICED ARTWORK MISSING FROM A WALL THAT WAS HANGING OVER A SOFA AND CONTINUED THROUGH THE HOUSE WHERE SHE NOTICED ITEMS MISSING. SHE HAD LAST SEEN THE ITEMS IN PLACE WHEN SHE WAS THERE ON APPROXIMATELY SEPTEMBER 19, 2016 PRIOR TO SECURING THE RESIDENCE BEFORE LEAVING. SHE ALSO EXPLAINED THE RESIDENCE WAS SECURE ON TODAYS DATE EXCEPT FOR AN UNLOCKED SLIDING DOOR IN THE REAR OF THE HOUSE WHERE A SUSPECT COULD ENTER. PRIOR TO CONTACTING THE POLICE, SHE ATTEMPTED TO CONTACT MARCIA WITH NEGATIVE RESULTS.

WHEN CHECKING THE PERIMETER OF THE RESIDENCE, I DID NOT LOCATE ANY SIGN OF FORCED ENTRY. I ALSO OBSERVED PATIO FURNITURE IN FRONT OF WHERE THE UNLOCKED SLIDER DOOR WAS LOCATED IN THE REAR OF THE HOUSE. STEPHANIE TOLD ME THERE WERE APPROXIMATELY 4 PAINTINGS FROM A PROFESSOR AT RINGLING COLLEGE STOLEN FROM THE MASTER BEDROOM ALONG WITH TWO MIRRORS. SHE SAID THERE WAS A MARBLE STATUE OF A BIRD STOLEN FROM THE BAR IN THE KITCHEN ALONG WITH MARCIA'S LAPTOP LOCATED IN A SMALL ROOM OFF OF THE GARAGE. STEPHANIE SHOWED ME THE MISSING ARTWORK OVER THE SOFA WAS MOVED INTO THE GARAGE.

I TOOK PHOTOGRAPHS IN AND AROUND THE RESIDENCE AND DUSTED FOR LATENT PRINTS NEAR WHERE THE LAPTOP WOULD HAVE BEEN LOCATED ALONG WITH THE TOP RIGHT PART OF THE ARTWORK MOVED INTO THE GARAGE, WHICH WAS A METAL OUTLINE OF WHAT APPEARED TO BE COWBOYS ON HORSES. HOWEVER, I WAS UNABLE TO LOCATE ANY RIDGE DETAIL.

AS I WAS ATTEMPTING TO GET FINGERPRINTS, STEPHANIE MADE CONTACT WITH MARCIA AND THEN DISCONNECTED THE PHONE. SHE TOLD ME MARCIA SAID SHE HAD A LOT OF JEWELRY LOCATED IN THE TWO DRAWERS OF A CABINET IN THE MASTER BEDROOM THAT HAD ALSO BEEN STOLEN. STEPHANIE TOLD ME SHE HAD OPENED AND BEEN INSIDE THE DRAWERS WHEN CHECKING IF THE JEWELRY WAS THERE. THERE WAS NO OTHER SIGNS OF EVIDENCE AT THE SCENE. I TOOK A STATEMENT FROM STEPHANIE AND THEN CLEARED THE SCENE.

LATER, I SPOKE WITH MARCIA OVER THE PHONE. SHE TOLD ME SHE ALLOWED STEPHANIE IN THE HOUSE AND ADDED THAT SHE HAD ROOFERS AND AN A/C COMPANY WORKING ON HER HOUSE IN SEPTEMBER. THEIR COMPANY NAMES WERE GARY BRINGMAN ROOFING AND AIR AMERICA. SHE PROVIDED ME WITH ALL OF HER CONTACT INFORMATION AND COULD ONLY TELL ME SHE BELIEVED THE ITEMS STOLEN ADDED UP TO \$5000. MARCIA SOUNDED OVERWHELMED AND SAID SHE WOULD HAVE TO TALK TO STEPHANIE TOMORROW TO SPECIFICALLY GO OVER EVERYTHING THAT HAD BEEN STOLEN WITH VALUES. THE VALUES LISTED IN PROPERTY TAX ARE ESTIMATES THAT I FILLED IN FROM WHAT SHE HAD SAID TO ME ALONG WITH MY OWN ESTIMATES. THEY ARE LIKELY TO CHANGE AS MARCIA COULD PROVIDE MORE INFORMATION. SHE SAID SHE WOULD CALL THE POLICE DEPARTMENT WITH FURTHER INFORMATION AT A LATER DATE.

IT SHOULD BE NOTED THAT THERE WERE OTHER ITEMS OF VALUE STILL INSIDE THE RESIDENCE, INCLUDING A FLAT SCREEN TELEVISION, DVD PLAYER, ELECTRONICS, AND A JAGUAR SITTING IN THE GARAGE WITH A KEY NEARBY. THERE WAS ALSO NO SIGN OF CPIMINAL MISCHIEF.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting C. LABRANCHE	I.D. Number/Locator Code 318	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. K. POWERS	I.D. Number 320	Unit PATROL	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To DET	
	Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /	Arrest Number
	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/Dismiss: <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 20160857		Primary Offense Description TRESPASS											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		10/14/2016		0528		0528		0529		0555															
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		Fri		10/14/2016		To		Fri		10/14/2016									
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		0 - 0 (0)		NCIC/UCR Code		0000									
OFF/INC #2						A-Attempted C-Committed						()													
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
119		48TH ST		HOLMES BEACH		34217		0000		0000		0000		0000		0000									
Business Name/Area Identifier		Forced Entry		Occuancy		0. N/A		2. No		0		0. N/A		2. Unoccupied		1									
		1. Yes		1. Occupied								1. Occupied		3. Abandoned											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
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		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		00		00		00		00		00. N/A		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation			
12. Simulated Weapon		99. Other																				00			
V/W Code		Victim Type		Race		Sex		Residence Type		Extent of Injury		Residence Status		Extent of Injury											
V - Victim		0. N/A		N - N/A		I - American Indian		0. N/A		N - N/A		0. N/A		3. Florida		0. None									
W - Witness		1. Juvenile		W - White		O - Oriental/Asian		1. City		1. In-law		1. Full Year		4. Out-of-State		1. Minor									
C - Reporting Person		2. L.E. Officer		B - Black		U - Unknown		2. County		F - Female		2. Part Year				2. Serious									
		3. Adult						3. Non-Resident		U - Unknown		3. Non-Resident				3. Fatal									
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Stepl-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		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		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Heir/ant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both		1		C		01		SMITH		941 807-7774															
2.#2								NICK																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
119		48TH ST		HOLMES BEACH		FL		34217		-															
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RESIDENT																							
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		2		W		M		05/15/1985		31		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		1		O		01		PARKER		941 592-5881															
2.#2								RACHEL		G															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
4323		67TH AVE CIR E		SARASOTA		FL		34243		-															
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		EX-GIRL FRIEND																							
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		2		W		F		05/15/1985		31		0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Name (Last, First, Middle)		Core		Susp.#		Juvenile															
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing		Name (Last, First, Middle)		Core		Susp.#		Juvenile															
2.#2		A-Arrestee M-Missing Z-other		Name (Last, First, Middle)		Core		Susp.#		Juvenile															
Maiden Name		Nc. 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															
COMPLAINANT CALLED SAYING HIS EX-GIRLFRIEND WAS BANGING ON HIS FRONT DOOR AND SHE WOULD NOT LEAVE. SHE WAS GONE ON OUR ARRIVAL. WE CHECKED THE ARE WITH NEGATIVE RESULTS. WE WERE DISPATCHED BACK TO THIS RESIDENCE AT 6:12AM FOR THE SAME REASON. UPON MY ARRIVAL, A WHITE FEMALE WAS STANDING ON THE FRONT PORCH. SHE WAS IDENTIFIED AS RACHAEL G PARKER. I ASKED IF SHE LIVED AT THE RESIDENCE AND SHE SAID NO. I ASKED IF SHE WAS INVITED TO THE RESIDENCE AND SHE SAID NO. THE COMPLAINANT ONLY WANTED HER TRESPASS. I ISSUED HER A TRESPASS WARNING AND ADVISED HER THAT OF SHE RETURNED TO ANY PORTION OF THE PROPERTY, SHE WOULD BE ARRESTED FOR TRESPASSING. SHE SAID SHE UNDERSTOOD AND SIGNED THE TRESPASS WARNING. SHE SIGNED FOR HER PROPERTY AND I GAVE HER A COPY OF THE TRESPASS WARNING.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						OGLE		313																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. V. MCGOWIN		304		PATROL		10/14/2016																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest		3.Unfounded		Date Cleared		Jail Number		Number Arrested													
				2.Exceptional				/ /																	
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page													
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody																			

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20160857

ADM	Date of Supplement / /		Primary Offense Description TRESPASS					Victim #1 Name (Last, First, Middle) SMITH NICK																																				
	Original Date Reported 10/14/2016																																											
THEFT	Theft Type Codes										Theft Type 00																																	
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public Access Building</td> <td>09. From Vehicle</td> <td>11. Ev Computer</td> <td>99. Other</td> <td colspan="3"></td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td></td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> <td colspan="3"></td> </tr> </table>											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															
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CODES	Person Codes			Status Codes			Damage Codes																																					
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense																																		
PROPERTY	Property Type																																											
	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																												
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	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																																
								/ /																																				
TOTALS	Property Stolen		0.00					Change in Property Stolen Value																																				
	Property Recovered		2.00					Change in Property Recovered Value																																				
CODES	Activity					Type					Unit																																	
	P. Possess S. Sell B. Buy T. Traffic					R. Smuggle D. Deliver E. Use K. Dispense/Distribute					M. Manufacture/Produce/Cultivate Z. Other					A. Amphetamine B. Cocaine C. Marijuana E. Heroin					H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment					S. Synthetic U. Unknown Z. Other					1. Gram 2. Milligram 3. Kilogram 4. Ounce					5. Pound 6. Ton 7. Liter 8. Milliliter					9. Dose Unit/Item			
DRUGS	Activity		Type		Description					Quantity		Unit		Estimated Street Value																														
	Activity		Type		Description					Quantity		Unit		Estimated Street Value																														
	Activity		Type		Description					Quantity		Unit		Estimated Street Value																														
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code			Signature of Officer Reporting					Unit		Date																															
	OGLE		313								PATROL		10/14/2016																															
	Officer Reviewing (If Applicable)		ID. Number			Routed To		Referred To		Assigned To		By		Date																														
	SGT. V. MCGOWIN		304											/ /																														
Signature of Officer Reviewing											Page		Page																															
															of																													