

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													
ADM	Date of Supplement / /					Holmes Beach Police Department						Agency Report Number 20160859		Primary Offense Description DUI															
	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																		
Sat		10/15/2016		0116		0116		0116		0600																			
Incident Type		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony		4. Traffic Misdemeanor		9. Other		From		Sat		10/15/2016		0116		To Sat		10/15/2016		0600											
OFF/INC #1		Type		Description		A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
4		DUI						C		316 - 193 ( 1A )		5400																	
OFF/INC #2						A-Attempted		C-Committed																					
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																	
4000		GULF DR.		HOLMES BEACH		34217																							
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A		2. No		2		0. N/A		2. Unoccupied		0													
		1. Yes		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		39. 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																			
# 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							
1		1		1		0		0		00. N/A		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		18. Unknown		99. Other	
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																	
V - Victim		0 - Other		0. N/A		4. Business		N - N/A		1 - American Indian		0. N/A		3. Florida		0. None													
W - Witness		1. Juvenile		2. L.E. Officer		5. Government		W - White		O - Oriental/Asian		1. City		4. Out-of-State		1. Full Year													
C - Reporting Person		3. Adult		9. Other		6. Church		B - Black		U - Unknown		2. County		2. Part Year		2. Serious													
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Stepl-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		08. Other Family		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-He/Intant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known													
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 3.Both		1		V		1		5		STATE OF FLORIDA																			
2.#2																													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
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		N		N						0		0		0		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		VW 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 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?					
																								Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone															
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing		A-Arrestee M-Missing Z-other		1		2		TAYLOR		ELI		SHAMUS															
2.#2																													
Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone																							
				MICHIGAN		941 580-2054																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
407 72ND ST.		HOLMES BEACH		FL		34217																							
Occupation		Employer/School		Address		Social Security Number																							
HANDYMAN		SELF EMPLOYED				-																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																					
T460217802110		FL																											
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
BLUE JEANS																													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
W		M		06/11/1980		36		506		163		BLU		BRO		S		S											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																			
LT		THN		B																									
NARRATIVE		SEE NARRATIVE PAGE..																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																					
						BORES		326																					
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																					
		SGT. COPEMAN		307				10/16/2016																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																					
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested															
				2.Exceptional				J-Juvenile		/ /																			
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																							

# PERSON(S) REPORT

## Holmes Beach Police Department

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

Agency Report Number  
**20160859**

<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>10/15/2016</b>		Primary Offense Description <b>DUI</b>				Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						Agency Report Number <b>20160859</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> 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> 1. V 2. W 3. C		<b>V. Type</b> 1. Victim 2. Witness 3. Reporting Person		<b>Name (Last, First, Middle or Business)</b> _____										<b>Residence Phone</b> _____									
	<b>Address (Street, Apt. Number)</b> _____										<b>City</b> _____		<b>State</b> _____		<b>Zip</b> _____		<b>Business Phone</b> _____									
	<b>Other Contact Info. (Time Available, Interpreter, etc.)</b> _____										<b>Synopsis of Involvement</b> _____															
	<b>If V/W Code is V, W or C Fill in this Line</b>		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>V/W Code #</b> 1. V 2. W 3. C		<b>V. Type</b> 1. Victim 2. Witness 3. Reporting Person		<b>Name (Last, First, Middle or Business)</b> _____										<b>Residence Phone</b> _____									
	<b>Address (Street, Apt. Number)</b> _____										<b>City</b> _____		<b>State</b> _____		<b>Zip</b> _____		<b>Business Phone</b> _____									
	<b>Other Contact Info. (Time Available, Interpreter, etc.)</b> _____										<b>Synopsis of Involvement</b> _____															
	<b>If V/W Code is V, W or C Fill in this Line</b>		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<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>		<b>Name (Last, First, Middle)</b> _____										<b>Residence Phone</b> _____					
	<b>Maiden Name</b> _____				<b>Nickname/Street Name</b> _____				<b>Place of Birth</b> _____				<b>Residence Phone</b> _____													
	<b>Last Known Address (Street, Apt. Number)</b> _____										<b>City</b> _____		<b>State</b> _____		<b>Zip</b> _____		<b>Business Phone</b> _____									
	<b>Occupation</b> _____				<b>Employer/School</b> _____				<b>Address</b> _____				<b>Social Security Number</b> _____													
	<b>Driver's License State/Number</b> _____				<b>Immigration and Naturalization Number</b> _____				<b>Other ID. Number</b> _____		<b>OBTS Number</b> _____		<b>SCIC/NCIC</b> _____													
	<b>Clothing (Describe)</b> _____										<b>Scars/Marks/Tatoos (Location/Describe)</b> _____															
	<b>Race</b>		<b>Sex</b>		<b>Date of Birth or Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>									
	<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b>															
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<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>		<b>Name (Last, First, Middle)</b> _____										<b>Residence Phone</b> _____					
	<b>Maiden Name</b> _____				<b>Nickname/Street Name</b> _____				<b>Place of Birth</b> _____				<b>Residence Phone</b> _____													
	<b>Last Known Address (Street, Apt. Number)</b> _____										<b>City</b> _____		<b>State</b> _____		<b>Zip</b> _____		<b>Business Phone</b> _____									
	<b>Occupation</b> _____				<b>Employer/School</b> _____				<b>Address</b> _____				<b>Social Security Number</b> _____													
	<b>Driver's License State/Number</b> _____				<b>Immigration and Naturalization Number</b> _____				<b>Other ID. Number</b> _____		<b>OBTS Number</b> _____		<b>SCIC/NCIC</b> _____													
	<b>Clothing (Describe)</b> _____										<b>Scars/Marks/Tatoos (Location/Describe)</b> _____															
	<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>							
	<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</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									
	<b>Date Last Seen</b> _____				<b>Time Last Seen</b> _____				<b>Location Last Seen (Address, City, St.)</b> _____				<b>Accompanied By</b> _____													
	<b>Mental/Physical Condition</b> _____										<b>Medication Required/Type</b> _____				<b>Doctor/Dentist (Name, Phone Number)</b> _____											
	<b>Property Carried</b> _____										<b>ID. Type/Number</b> _____				<b>ID. Type/Number</b> _____											
	<b>Probable Destination</b> _____										<b>Name/Address</b> _____				<b>Transportation Mode</b> _____											
	<b>Recovery Information</b> 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>	<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>10/16/2016</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 Reviewing</b> _____										<b>Page</b> _____				<b>Page</b> _____											

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20160859**

<b>ADM</b>	Date of Supplement / /		<b>Primary Offense Description</b> <b>DUI</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>STATE OF FLORIDA</b>										
	Original Date Reported <b>10/15/2016</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		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
<b>PROPERTY</b>	<b>Property Type</b>										<b>Brand</b>		<b>Model Name/Number</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-Negotiable W. Boat/Motor X. Structure		Y. Farm Equipment Z. Miscellaneous	
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>							
	Serial Number					Owner Applied Number												
	Value				Value Recovered				Date Recovered / /			SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>							
	Serial Number					Owner Applied Number												
	Value				Value Recovered				Date Recovered / /			SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>							
	Serial Number					Owner Applied Number												
	Value				Value Recovered				Date Recovered / /			SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>							
	Serial Number					Owner Applied Number												
	Value				Value Recovered				Date Recovered / /			SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>							
	Serial Number					Owner Applied Number												
	Value				Value Recovered				Date Recovered / /			SCIC/NCIC						
<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. 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	
<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		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date								
	BORES		326							10/16/2016								
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By							
	SGT. COPEMAN		307								/ /							
Signature of Officer Reviewing										Page		Page						
										of								

# VEHICLE REPORT

## Holmes Beach Police Department

1. Original  
2. Supplement 1

<b>ADM</b>	Date of Supplement / /		Agency Report Number <b>20160859</b>								
	Original Date Reported <b>10/15/2016</b>		Primary Offense Description <b>DUI</b>			Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>					
<b>CODES</b>	<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
	<b>VEHICLE / VESSEL</b>	Person Code	Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style
<b>A</b>		<b>1</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>1995</b>	<b>ISUZU</b>	<b>SUV</b>	<b>SUV</b>	
Tag Reg./Doc. # <b>898PRS</b>		Reg. State <b>FL</b>		Reg. Year <b>2017</b>		Decal Number <b>1Z194532</b>		Tag Type			
VIN/Hull/FAA <b>JACDJ58V9S7900478</b>								Estimated Value <b>\$2,000</b>			
Condition <input type="checkbox"/> 1. Window Closed		<input type="checkbox"/> 2. Locked		<input checked="" type="checkbox"/> 3. Keys in Ignition		Insurance Company <b>FIRST ACCEPTANC</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	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"/> 6. Trans.		<input type="checkbox"/> 8. Major Body Part		<input type="checkbox"/> 10. Other - Spec.					
<input type="checkbox"/> 1. Key		<input type="checkbox"/> 3. Hot Wire		<input type="checkbox"/> 5. Ignition		<input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt.		<input type="checkbox"/> 3. Radio/CB		<input type="checkbox"/> 5. Interior	
<input type="checkbox"/> 7. Engine Parts		<input type="checkbox"/> 9. Tag/Decal Stolen		Towed By		Storage Location		SCIC/NCIC		Location of Original Theft	
<b>VEHICLE / VESSEL</b>	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"/> 6. Trans.		<input type="checkbox"/> 8. Major Body Part		<input type="checkbox"/> 10. Other - Spec.					
<input type="checkbox"/> 1. Key		<input type="checkbox"/> 3. Hot Wire		<input type="checkbox"/> 5. Ignition		<input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt.		<input type="checkbox"/> 3. Radio/CB		<input type="checkbox"/> 5. Interior	
<input type="checkbox"/> 7. Engine Parts		<input type="checkbox"/> 9. Tag/Decal Stolen		Towed By		Storage Location		SCIC/NCIC		Location of Original Theft	
<b>VEHICLE INV. / NARRATIVE</b>											
	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>10/16/2016</b>		
	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 Custody		Arrest Number
											Number Arrested
											OBTS Number
											Page of Page

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: FL0410400  
 Agency Report Number: 20160859

ADM Date of Supplement: / /  
 Original Date Reported: 10/15/2016

Case Reference: DUI

NARRATIVE

ON 10/15/2016 AT 01:16HRS I WAS ON PATROL IN THE 4000 BLK OF GULF DR. TRAVELING SOUTHBOUND. WHILE ON PATROL, I OBSERVED A RED ISUZU SUV TRAVELING NORTH ON GULF DR. ALSO IN THE 400 BLK. AS THE RED ISUZU WAS TRAVELING NORTHBOUND I NOTICED THE LEFT TIRES TRAVEL TO THE LEFT, AND OVER THE SOLID DOUBLE YELLOW LINES ALMOST STRIKING MY PATROL VEHICLE. I IMMEDIATELY STOPPED AND TURNED AROUND ON GULF DR. TO CATCH UP AND FOLLOW THE RED ISUZU. I FOLLOWED THE RED ISUZU SUV AND OBSERVED THE RIGHT TIRES TRAVEL TO THE RIGHT OVER THE SOLID WHITE FOG LINE AND CONTINUED OVER THE BICYCLE LANE ONTO THE GRASS. THE RED ISUZU THEN TRAVELED TO THE LEFT AND DROVE ONTO THE SOLID YELLOW LINES. I ACTIVATED MY EMERGENCY WARNING LIGHTS AND THE RED ISUZU BEARING FLORIDA REGISTRATION (FL, 898PRS) PULLED OVER TO THE RIGHT IN THE PARKING LOT OF 5201 GULF DR. (PARADISE REALITY).

I APPROACHED THE RED ISUZU ON THE DRIVER'S SIDE AND MADE CONTACT WITH THE DRIVER. I IMMEDIATELY NOTICED THAT THE DRIVER HAD RED, WATERY EYES. I REQUESTED FOR HIS DRIVER'S LICENSE, REGISTRATION, AND PROOF OF INSURANCE. THE DRIVER HANDED ME HIS DOCUMENTS THAT I REQUESTED, AND WAS IDENTIFIED AS ELI S. TAYLOR BY HIS FLORIDA DRIVER'S LICENSE (T460217802110). I ADVISED MR. TAYLOR FOR THE REASON FOR THE STOP THAT HE DROVE INTO MY LANE AND ALMOST STRUCK MY PATROL VEHICLE. I FURTHER ADVISED MR. TAYLOR THAT HE ALSO DROVE INTO THE BICYCLE LANE AND ONTO THE GRASS WHICH HE STATED THAT HE WAS ON HIS PHONE. AS I COMMUNICATED WITH MR. TAYLOR I OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON AND/OR ABOUT HIS PERSON AND HIS SPEECH TO BE SLURRED. I ASKED MR. TAYLOR HOW MUCH ALCOHOL HE HAD CONSUMED TONIGHT AND HE STATED "HAD LIKE FOUR BEERS". I ASKED MR. TAYLOR WHERE HE WAS COMING FROM AND HE STATED HE WAS AT "WHITE BUFFALO" IN SARASOTA AND HEADING HOME. I ASKED MR. TAYLOR TO EXIT THE VEHICLE AND STEP TO THE FRONT OF MY PATROL VEHICLE SO I COULD ADMINISTER FIELD SOBRIETY EXERCISES TO HIM.

FIELD SOBRIETY EXERCISES:

THESE EVALUATIONS WERE PERFORMED IN THE STREET IN THE PARKING LOT AT 5201 GULF DR. (PARADISE REALITY). THE PARKING LOT SURFACE WAS SMOOTH AND LEVELED. LIGHTING CONDITIONS CONSISTED OF

Report Contains	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 <b>307</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To <b>307</b>
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 <b>307</b>
		OBTS Number	Number Arrested <b>1</b>
		Page	Page of

# 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: **20160859**

ADM Date of Supplement: / /  
Original Date Reported: **10/15/2016**

Case Reference: **DUI**

HEADLIGHTS FROM PATROL VEHICLE #15, BUILDING LIGHTS, STREET LIGHTS, AND MY FLASH LIGHT. THERE WERE NO SURFACE DEFECTS WHERE THE EVALUATIONS WERE PERFORMED. PHOTOS OF THE SCENE AND LEVEL THAT I USED ARE ALSO INCLUDED WITH THIS REPORT.

MEDICAL PROBLEMS:

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

HORIZONTAL GAZE NYSTAGMUS (EXPLAINED):

I EXPLAINED AND DEMONSTRATED THE EXERCISE FOR MR. TAYLOR AT WHICH TIME HE SAID HE UNDERSTOOD THE INSTRUCTIONS. MR. TAYLOR WAS GIVEN FIVE OPPORTUNITIES TO PERFORM THE EVALUATION WHICH HE DID NOT. MR. TAYLOR WOULD NOT FOLLOW THE STIMULUS AND WOULD LOOK TO THE SIDE BEFORE I WOULD MOVE THE STIMULUS.

WALK AND TURN: (EXPLAINED AND DEMONSTRATED)

MR. TAYLOR WAS BAREFOOT DURING THE EVALUATION. I INSTRUCTED AND DEMONSTRATED THE EVALUATION FOR MR. TAYLOR AT WHICH TIME HE ADVISED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THE INSTRUCTIONAL STAGE, MR. TAYLOR WAS ASKED TO STAND WITH HIS RIGHT FOOT IN FRONT OF HIS LEFT, HEEL TO TOE, ON THE LINE AND HER HANDS DOWN AT HIS SIDE. MR. TAYLOR BEGAN WITH PUTTING HIS RIGHT FOOT FIRST ON THE LINE THEN STOPPING TO SWITCH AS INSTRUCTED. MR. TAYLOR WAS UNABLE TO STAY IN THIS POSITION. MR. TAYLOR 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. TAYLOR WAS INSTRUCTED NOT TO STOP ONCE HE STARTED THE EVALUATION. DURING THE PERFORMANCE PHASE, MR. TAYLOR

NARRATIVE

ADMINISTRATIVE	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>10/16/2016</b>	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date
						/ /	
Case Status		Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1.Arrest                      3.Unfounded 2.Exceptional		/ /			
Exception Type		1.Arrest on Primary Offense		5. Prosecution Declined		OBTS Number	
1.Extradition Declined		Secondary Offense Without Prosecution		6. Juvenile/No Custody		Page of	
		3. Death of Offender					
		4. V / W Refused to Cooperate					

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: FL0410400 Agency Report Number: 20160859

ADM Date of Supplement: / /  
Original Date Reported: 10/15/2016

Case Reference: DUI

NARRATIVE

PERFORMED THE EVALUATION, BY COUNTING 9 STEPS FORWARD, NOT HEEL TO TOE ON STEPS 2, AND ALSO STEPPED OFF THE LINE ON STEPS 2, AND 5. MR. TAYLOR ALSO USED HIS ARMS FOR BALANCE. MR. TAYLOR PAUSED WHEN TURNING AND ASKED "TURN RIGHT?". MR. TAYLOR CONTINUED, AND WALKED 9 STEPS BACK, NOT HEEL TO TOE ON STEPS 4, AND 5. MR. TAYLOR CONTINUED TO USE HIS ARMS FOR BALANCE.

ONE LEG STAND: (EXPLAINED AND DEMONSTRATED)

PRIOR TO THE START OF THE EVALUATION, MR. TAYLOR WAS ASKED IF HE HAD ANY PHYSICAL LIMITATIONS OR INJURIES, WHICH WOULD IMPEDE HIM FROM BEING ABLE TO PERFORM THE EVALUATION. MR. TAYLOR STATED THAT HE DID NOT HAVE ANY PHYSICAL LIMITATIONS, BUT DID HAVE PRIOR ANKLE INJURIES YEARS AGO. FOR THE FIRST PHASE OF THE EVALUATION, MR. TAYLOR WAS ASKED TO BALANCE ON HIS FOOT RAISING HIS FOOT 6 INCHES OFF THE GROUND. MR. TAYLOR WAS ASKED TO COUNT OUT LOUD BEGINNING WITH 1-1000, 2-1000, 3-1000 AND SO FORTH UNTIL HE WAS ASKED TO STOP. MR. TAYLOR 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. TAYLOR STOOD ON HIS LEFT FOOT. MR. TAYLOR DID NOT HAVE HIS FOOT ELEVATED SIX INCHES, AND LOOKED STRAIGHT AHEAD AND NOT AT HIS FOOT. MR. TAYLOR PUT HIS FOOT DOWN AT COUNT 26 AND CONTINUED UNTIL BEING TOLD TO STOP.

ROMBERG BALANCE TEST: (EXPLAINED AND DEMONSTRATED)

MR. TAYLOR WAS ASKED TO STAND WITH HIS FEET TOGETHER AND HIS ARMS TO HIS SIDE. I ADVISED MR. TAYLOR 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. HE ESTAMATED 17 SECONDS IN A 30 SECOND TIME INTERVAL. MR. TAYLOR HAD A CIRCULAR SWAY DURING THE EVALUATION.

BASED ON MY TRAINING, EXPERIENCE, AND OBSERVATIONS, I PLACED MR. TAYLOR INTO CUSTODY. DURING A SEARCH OF MR. TAYLOR'S VEHICLE I LOCATED TWO EMPTY "COORS LIGHT" 16OZ. BEER CANS. I ALSO LOCATED AN EMPTY 12OZ. "BUD LIGHT" BEER BOTTLE IN THE REAR PASSENGER FLOOR. I LATER TRANSPORTED MR. TAYLOR TO MCSO JAIL WHERE I

Report Contains	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 <b>307</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	Clearance Type 1. Arrest 3. Unfounded 2. Exceptional		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
OBTS Number		Arrest Number	Number Arrested
Page		Page	Page

# NARRATIVE CONTINUATION

## Holmes Beach Police Department

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

Agency ORI Number: **FL0410400** Agency Report Number: **20160859**

**ADM**  
Date of Supplement: / /  
Original Date Reported: **10/15/2016**

Case Reference: **DUI**

CONDUCTED THE 20 MINUTE OBSERVATION PERIOD AND READ HIM IMPLIED CONSENT. MR. TAYLOR REFUSED TO PROVIDE A BREATH SAMPLE. I THEN READ MR. TAYLOR HIS MIRANDA WARNING AND OBTAINED AN INTERVIEW.

THE FOLLOWING CITATIONS WERE ALSO ISSUED: 6626XBK (DUI); A2H595E (REFUSAL TO SUBMIT TO BAL TEST); A2H594E (FAILED TO DRIVE WITHIN SINGLE LANE); A2H596E (POSSESSION OF OPEN CONTAINER).

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>10/16/2016</b>	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	
Case Status		Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1.Arrest      3.Unfounded 2.Exceptional		/ /			
Exception Type		2. Arrest on Primary Offense		5. Prosecution Declined		OBTS Number	Page
1.Extradition Declined		Secondary Offense Without Prosecution		6. Juvenile/No Custody			Page of

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Case Reference

Agency ORI Number	Agency Report Number
FL0410400	20160859

ADM	Date of Supplement 10/15/2016
	Original Date Reported 10/15/2016

NARRATIVE

ON 10/15/16 I RESPONDED TO 5200 BLK OF GULF DR TO BACK UP OFFICER BORES ON A TRAFFIC STOP. UPON ARRIVAL I STOOD BY WITH THE VEHICLE WHILE OFFICER BORES CONDUCTED HIS INVESTIGATION. OFFICER BORES PLACED THE DRIVER UNDER ARREST FOR DUI. I HAD DISPATCH CONTACT THE NEXT TOW COMPANY AND STOOD BY WITH THE VEHICLE UNTIL ELMERS TOWING ARRIVED AND TOOK THE VEHICLE. NFA

<b>Report Contains</b>	Related Report Number(s)	Name of Officer Reporting <b>SGT . COPEMAN</b>	I.D. Number/Locator Code <b>307</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status	<b>Clearance Type</b> 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile
<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
		Date Cleared / /	Arrest Number Number Arrested
		OBTS Number	Page of Page

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> Y		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original		2. Supplement: <input type="checkbox"/>		1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description															
/ /												20160863		POSS OF CANNABIS															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																			
Sun		10/16/2016		0344		0344		0344		0600																			
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		10/16/2016		0344		Sun		10/16/2016		0600													
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
3		3		MARIJUANA-POSSE		C		C		893 - 13 ( ) 5b		350A																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		C		893 - 147 ( ) 1		350B																	
3		3		DRUG EQUIP		C		C		893 - 147 ( ) 1		350B																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																	
100		52ND ST		HOLMES BEACH		34217																							
Business Name/Area Identifier		Forced Entry		Occuancy																									
BEACH ACCESS		0. N/A 1. Yes		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		30. Other Mobile																	
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov/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				25															
# 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							
2		1		2		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon							
0		0		0		0		0		0		0		0		0		0		0		0							
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		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 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-Hostant		13. Student		13. Student				20. Employee		99. Other Known											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 2.#2		3. Both		3		V		1		5		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		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 2.#2		3. Both		3		V		1		5		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)		Residence Phone																	
1.#1 2.#2		3. Both		3		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing		2		1		1		% 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																					
FL																													
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
JEANS AND TEE SHIRT																													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
W		M		02/12/1999		17		601		164		BLU		BRO		S		W											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																			
LT		THN																											
SEE NARRATIVE PAGE . .																													
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																					
						BORES		326																					
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																					
		SGT . COPEMAN		307				10/17/2016																					
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		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															

# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
**20160863**

<b>ADM</b>	Date of Supplement / /		<b>PERSON(S) REPORT</b>										Juvenile in Report: <input checked="" type="checkbox"/> Y      1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1							
	Original Date <b>10/16/2016</b>		Primary Offense Description <b>POSS OF CANNABIS</b>				Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						Agency Report Number <b>20160863</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      4. Business 1. Juvenile      5. Government 2. L.E. Officer      6. Church 3. Adult      9. Other			<b>Race</b> N-N/A      I-American Indian W-White      O-Oriental/Asian B-Black      U-Unknown		<b>Sex</b> N-N/A      M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A      3. Florida 1. City      4. Out-of-State 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      03. Laceration      07. Loss of Teeth 01. Gunshot      04. Unconscious      08. Burns 02. Stabbed      05. Poss. Broken Bones      09. Abrasions/Bruises 06. Poss. Internal Injury      99. Other			<b>Victim Relationship To Offender</b> 00. N/A      03. Spouse      06. Parent 01. Undetermined      04. Ex-Spouse      07. Brother/Sister 02. Stranger      05. Co-Habitant      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 3.Both 2.#2		<b>V/W Code #</b> 3      0      2		<b>V. Type</b> 3		<b>Name (Last, First, Middle or Business)</b> <b>TOWNE      MATTHEW      ALEXANDER</b>						<b>Residence Phone</b> -							
	<b>Address (Street, Apt. Number)</b> <b>10719 BAMBOO ROD CIR      RIVERVIEW      FL      33569</b>										<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b> -			
	<b>Other Contact Info. (Time Available, Interpreter, etc.)</b>										<b>Synopsis of Involvement</b> <b>DRIVER</b>									
	<b>If V/W Code is V, W or C Fill in this Line</b>		<b>Dom. Violence</b> 2	<b>Race</b> W	<b>Sex</b> M	<b>Date of Birth</b> 09/02/1997		<b>Age</b> 19	<b>Res. Type</b> 3	<b>Res. Status</b> 1	<b>Extent of Injury</b> 0	<b>Injury Type(s)</b> 00 00		<b>Relationship</b> 01	<b>Ethnicity</b>	<b>Will Victim prefer charge?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>V/W Code #</b> 3      0      3		<b>V. Type</b> 1		<b>Name (Last, First, Middle or Business)</b> <b>%JUVENILE%</b>						<b>Residence Phone</b> -							
	<b>Address (Street, Apt. Number)</b>										<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b> -			
	<b>Other Contact Info. (Time Available, Interpreter, etc.)</b>										<b>Synopsis of Involvement</b> <b>PASSENGER</b>									
	<b>If V/W Code is V, W or C Fill in this Line</b>		<b>Dom. Violence</b> 2	<b>Race</b> W	<b>Sex</b> F	<b>Date of Birth</b> 09/03/1999		<b>Age</b> 17	<b>Res. Type</b> 3	<b>Res. Status</b> 1	<b>Extent of Injury</b> 0	<b>Injury Type(s)</b> 00 00		<b>Relationship</b> 01	<b>Ethnicity</b>	<b>Will Victim prefer charge?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code</b> A		<b>Susp. #</b> 4	<b>Juvenile</b> 1	<b>Name (Last, First, Middle)</b> <b>%JUVENILE%</b>						<b>Residence Phone</b> -					
	<b>Maiden Name</b>				<b>Nickname/Street Name</b>				<b>Place of Birth</b>				<b>Business Phone</b> -							
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	<b>Driver's License State/Number</b>				<b>Immigration and Naturalization Number</b>				<b>Other ID. Number</b>		<b>OBTS Number</b>		<b>SCIC/NCIC</b> - -							
	<b>Clothing (Describe)</b> <b>SHORTS AND TEE SHIRT</b>								<b>Scars/Marks/Tatoos (Location/Describe)</b> <b>TATOO LEFT THIGH (DECEASED FAMILY MEMBERS)</b>											
	<b>Race</b> W		<b>Sex</b> F		<b>Date of Birth or Age</b> 10/18/1998		<b>Age</b> 17		<b>Height</b> 503		<b>Weight</b> 135		<b>Eye Color</b> BRO		<b>Hair Color</b> BLN		<b>Hair Length</b> M		<b>Hair Style</b> S	
	<b>Complexion</b> LT		<b>Build</b> MED		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b> <b>TATOO LEFT FOOT (MERMAID)</b>									
	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<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>	<b>Name (Last, First, Middle)</b>						<b>Residence Phone</b>					
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<b>Driver's License State/Number</b>				<b>Immigration and Naturalization Number</b>				<b>Other ID. Number</b>		<b>OBTS Number</b>		<b>SCIC/NCIC</b>								
<b>Clothing (Describe)</b>								<b>Scars/Marks/Tatoos (Location/Describe)</b>												
<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>		
<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b>										
<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<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>	<b>Name (Last, First, Middle)</b>						<b>Residence Phone</b>						
<b>Maiden Name</b>				<b>Nickname/Street Name</b>				<b>Place of Birth</b>				<b>Business Phone</b>								
<b>Last Known Address (Street, Apt. Number)</b>																				

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20160863**

<b>ADM</b>	Date of Supplement / /		<b>Primary Offense Description</b> <b>POSS OF CANNABIS</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>STATE OF FLORIDA</b>									
	Original Date Reported <b>10/16/2016</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					
	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								
<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								
<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								
<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								
<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. Amphetamine B. Cocaine C. Marijuana E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other	
<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		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date							
	BORES		326							10/17/2016							
	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  
**20160863**

<b>ADM</b>	Date of Supplement / /	Original Date Reported <b>10/16/2016</b>	Primary Offense Description <b>POSS OF CANNABIS</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>O</b>	Person # <b>2</b>	Vehicle # <b>1</b>	Status <b>9</b>	Damage <b>0</b>	Type <b>1</b>	Year <b>2004</b>	Make <b>HYUN</b>	Model <b>2DR</b>	Style <b>2DR</b>
Tag Reg./Doc. # <b>GLGF18</b>		Reg. State <b>FL</b>		Reg. Year <b>2017</b>		Decal Number <b>12903113/7</b>		Tag Type	
VIN/Hull/FAA <b>KMHNN65F24U145491</b>								Estimated Value <b>\$3,000</b>	
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition			Insurance Company			Lien Holder			
Color (Top/Bottom) <b>SILVER</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	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.		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.		Storage Location		SCIC/NCIC		Location of Original Theft	

<b>VEHICLE INV. / NARRATIVE</b> <div style="text-align: center; font-size: 2em; opacity: 0.5;"> </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>10/17/2016</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
OBTS Number		Page	Page of

# 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: 20160863

ADM  
Date of Supplement: / /  
Original Date Reported: 10/16/2016

Case Reference: POSSESSION OF MARIJUANA

NARRATIVE

ON 10/16/2016 AT 03:44HRS I WAS CONDUCTING STATIONARY RADAR AT 4000 GULF DR. FACING NORTHBOUND. WHILE CONDUCTING STATIONARY RADAR I OBSERVED A SILVER HYUNDAI TRAVELING NORTHBOUND AT 48MPH IN A POSTED 25MPH ZONE. I PULLED ONTO GULF DR AND GOT BEHIND THE SILVER HYUNDAI AS IT TURNED ONTO 52<sup>ND</sup> ST. I ACTIVATED MY EMERGENCY WARNING LIGHTS WHILE BEHIND THE SILVER HYUNDAI BEARING FLORIDA REGISTRATION (FL, GLGF18) AS IT STOPPED AT THE BEACH ACCESS.

I APPROACHED THE SILVER HYUNDAI AND MADE CONTACT WITH THE DRIVER WHO IMMEDIATELY LIT A CIGARETTE AS I APPROACHED. I REQUESTED THE DRIVER FOR HIS DRIVER'S LICENSE, REGISTRATION, AND PROOF OF INSURANCE. THE DRIVER WAS IDENTIFIED AS MATTHEW A. TOWNE BY HIS FLORIDA DRIVER'S LICENSE (T500541973220). I ADVISED MR. TOWNE OF THE REASON FOR THE STOP WHICH HE STATED THAT HE WAS UNAWARE OF HIS SPEED. I WALKED BACK TO MY PATROL VEHICLE WITH MR. TOWNE'S DOCUMENTS TO ISSUE HIM A CITATION FOR SPEEDING.

I WALKED BACK TO MR. TOWNE'S VEHICLE TO HAND HIM THE CITATION FOR SPEEDING (A2H59BE) I OBSERVED THE ODOR OF RAW MARIJUANA ON/OR ABOUT HIS PERSON. I ASKED MR. TOWNE TO STEP OUT OF THE VEHICLE AND WALK TO THE FRONT OF MY VEHICLE. I ADVISED HIM THAT I OBSERVED THE ODOR OF RAW MARIJUANA AND ASKED IF THERE WAS ANY INSIDE THE VEHICLE. MR. TOWNE STATED THAT HE DID NOT HAVE ANY, BUT COULD NOT ANSWER FOR THE THREE PASSENGERS INSIDE THE VEHICLE. OFFICER WALKER ADVISED ME THAT HE OBSERVED A GLASS PIPE APPROXIMATELY TWELVE INCHES LONG ON THE FRONT PASSENGER SIDE FLOORBOARD AT THE MALE'S FEET IN PLAIN VIEW. AT THAT TIME I ASKED ALL OCCUPANTS TO STEP OUT OF THE VEHICLE. ALL THREE OCCUPANTS IN THE VEHICLE WERE JUVENILES. THE TWO JUVENILE PASSENGERS IN THE BACK SEAT WERE FEMALES AND THE FRONT PASSENGER WAS A MALE.

I CONTINUED MY INVESTIGATION AND LOCATED A GLASS "WATER BONG" AND A GREEN CONTAINER WITH MARIJUANA. THE MARIJUANA WAS FIELD TESTED POSITIVE AND HAD THE TOTAL WEIGHT OF 5.2 GRAMS. I FURTHER LOCATED A WOODEN BOX ON THE REAR PASSENGER SIDE FLOORBOARD ALSO

Report Contains	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>	Date <b>10/17/2016</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
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	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 10/16/2016

Case Reference  
**POSSESSION OF MARIJUANA**

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20160863</b>
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NARRATIVE

IN PLAIN VIEW. THE WOODEN BOX HAD A STRONG ODOR OF RAW MARIJUANA. INSIDE THE WOODEN BOX WAS A CLEAR PLASTIC BAG WITH MARIJUANA. THE MARIJUANA WAS ALSO FIELD TESTED POSITIVE AND HAD THE TOTAL WEIGHT OF 4.7 GRAMS. THERE WAS ALSO THREE GLASS PIPES AND A GRINDER WITH MARIJUANA INSIDE. AT THAT TIME BOTH FEMALE AND MALE JUVENILES WERE TAKEN INTO CUSTODY AND READ THEIR MIRANDA WARNINGS. BOTH JUVENILE STATED POST MIRANDA THAT THE MARIJUANA AND PARAPHERNALIA WAS THEIR'S. ALL THREE JUVENILES WERE BROUGHT TO HBPD STATION TO BE PICKED UP BY PARENTS AND GAURDIANS. BOTH OF THE JUVENILES WAS RELEASED TO PARENTS AFTER A JUVENILE REFERRAL WAS EXPLAINED AND SIGNED. THE THIRD JUVENILE WAS PICKED UP BY HER GAURDIAN.

Report Contains	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>	Date <b>10/17/2016</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /
Case Status	<b>Clearance Type</b> 1. Arrest      3. Unfounded 2. Exceptional	A-Adult J-Juvenile	Date Cleared / /
<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
		Arrest Number	Number Arrested
		OBTS Number	Page of



FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20160881		CRIM TRAFFIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		10/21/2016		1631		1631		1631		1705															
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		Fri		10/21/2016		Fri		10/21/2016													
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		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
500		MANATEE AVE		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occurrence		0. N/A 1. Yes		2. No		0		2. Unoccupied 3. Abandoned		1											
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															
# 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		01		01		00		00		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim		0 - Other		0. N/A		1. American Indian		0. N/A		0. N/A		3. Florida													
W - Witness		1. Juvenile		2. White		3. Male		1. City		1. Full Year															
C - Reporting Person		2. L.E. Officer		3. Black		4. Unknown		2. County		2. Part Year															
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Steal-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		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		04. Ex-Spouse		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		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		V		1		5		STATE OF FLORIDA															
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?	
2		N		N		N						0		0		0		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		1		V		1		5		STATE OF FLORIDA															
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?	
2		N		N		N						0		0		0		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		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		1		1		2		COLINDRES SEVILLA		PASTOR		YOVANI											
2.#2																									
Maiden Name		Nc. name/Street Name		Place of Birth		Residence Phone																			
				HONDURAS																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
516 61ST AVE TER E		BRADENTON		FL		34203																			
Occupation		Employer/School		Address		Social Security Number																			
CONSTRUCTION																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
NONE		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		03/30/1970		46		504		160		BRO		BLK		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED																									
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						SGT. M. PILATO		306																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. M. PILATO				306		PATROL		10/21/2016																	
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											
CA				1				A		10/21/2016				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																									

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160881**

ADM  
 Date of Supplement: / /  
 Original Date Reported: **10/21/2016**

Case Reference: **CRIM TRAFFIC**

ON THIS DATE, I WAS RUNNING STATIONARY RADAR FOR THE EASTBOUND TRAFFIC IN THE 500 BLK OF MANATEE AVE. I FIRST OBSERVED THE DEFENDANT THE FIRST IN LINE OF NUMEROUS CARS AT A HIGHER RATE OF THE SPEED. I OBSERVED THE DEFENDANT ON RADAR DRIVING 48MPH IN A POSTED 35MPH SPEED ZONE. UPON STOPPING THE DRIVER, HE ADVISED THAT HE DID NOT HAVE A DRIVERS LICENSE AND HANDED ME A HONDURAS PASSPORT. UPON RUNNING THE DRIVER (COLINDRES SEVILLA) HE DID NOT HAVE A HISTORY. HE WAS ISSUED A CTC FOR SPEEDING AND A NTA FOR NO DRIVERS LICENSE. COLINDRESS SEVILLA WAS RELEASED ON SCENE WHEN A LICENSED DRIVER ARRIVED TO TAKE HIM AND THE VEHICLE. NFI

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>SGT. M. PILATO</b>	I.D. Number/Locator Code <b>306</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 Date <b>/ /</b>
Case Status <b>CA</b>	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
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 <b>10/21/2016</b>	Arrest Number <b>01</b>
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