

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <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													
/ /												20160884		NO DL													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Mon		10/24/2016		2315		2315		2315		2340																	
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		10/24/2016		2315		To Mon		10/24/2016		2340											
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															
5200 GULF DR		HOLMES BEACH		34217																							
Business Name/Area Identifier		Forced Entry		Occurrence		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		26											
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		26															
# 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		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown					
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. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal									
Injury Type		03. Laceration		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		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		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		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						0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
1.#1 3.Both 2.#2		1		V		1		5		-																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
								-																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
																								Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)		MELANIE		PATRICIA													
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		WARNER		MELANIE		PATRICIA													
Maiden Name		Nc. name/Street Name		Place of Birth		Residence Phone																					
				PENNSYLVANIA		-																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
10915 BRISTOL BAY APT 305		BRADENTON		FL		34209		-																			
Occupation		Employer/School		Address		Social Security Number																					
SERVER		UGLY GROUPER		HOLMES BEACH		-																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
W656555718620		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		F		10/02 1971		45		505		160		BRO		BLN		L		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
LT		MED																									
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				10/25/2016																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
										/ /																	
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20160884

ADM	Date of Supplement / /		PERSON(S) REPORT										Agency Report Number 20160884													
	Original Date 10/24/2016		Primary Offense Description NO DL				Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																			
CODES	V/W Code V - Victim O - Other W - Witness C - Reporting Person		Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other				Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal											
	Injury Type 00. N/A 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				Victim Relationship To Offender 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											
VICTIM / WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code #		V. Type		Name (Last, First, Middle or Business)						Residence Phone													
	Address (Street, Apt. Number) City State Zip												Business Phone													
	Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement																			
	If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
VICTIM / WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code #		V. Type		Name (Last, First, Middle or Business)						Residence Phone													
	Address (Street, Apt. Number) City State Zip												Business Phone													
	Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement																			
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code		Susp. #		Juvenile		Name (Last, First, Middle)						Residence Phone									
	Maiden Name				Nickname/Street Name				Place of Birth				Business Phone													
	Last Known Address (Street, Apt. Number) City State Zip												Business Phone													
	Occupation				Employer/School				Address				Social Security Number													
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number		OBTS Number		SCIC/NCIC														
Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)														
Race		Sex		Date of Birth or Age				Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style								
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code		Susp. #		Juvenile		Name (Last, First, Middle)						Residence Phone									
	Maiden Name				Nickname/Street Name				Place of Birth				Business Phone													
	Last Known Address (Street, Apt. Number) City State Zip												Business Phone													
Occupation				Employer/School				Address				Social Security Number														
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number		OBTS Number		SCIC/NCIC														
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																
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 4. Disabled 7. Voluntary 2. Parent 5. Endangered 8. Unknown 3. Involuntary 6. Disaster Victim		Foul Play Suspected ? 1. Yes 2. No		Missing Before ? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown		Dental Record Available 1. Yes 2. No 8. Unknown		MCIC Form Provided ? 1. Yes 2. No													
	Date Last Seen				Time Last Seen				Location Last Seen (Address, City, St.)				Accompanied By													
	Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)																	
Property Carried				ID. Type/Number				ID. Type/Number																		
Probable Destination				Name/Address				Transportation Mode																		
Recovery Information 0. N/A 1. Voluntary 2. Located-Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 9. Other																										
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code				Signature of Officer Reporting				Unit		Date													
	BORES		326										10/25/2016													
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date													
SGT. COPEMAN		307										/ /														
Signature of Officer Reviewing												Page		Page												
												of														

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160884

ADM	Date of Supplement / /		Primary Offense Description NO DL					Victim #1 Name (Last, First, Middle) STATE OF FLORIDA												
	Original Date Reported 10/24/2016																			
THEFT	Theft Type Codes											Theft Type								
	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																			
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 9. Other										
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-Negotiable W. Boat/Motor X. Structure Y. Farm Equipment Z. Miscellaneous							
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										
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										
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										
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										
TOTALS	Property Stolen			0.00			Change in Property Stolen Value													
	Property Recovered			0.00			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. 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										
	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										
	BORES		326							10/25/2016										
	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

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160884

ADM	Date of Supplement / /	Original Date Reported 10/24/2016	Primary Offense Description NO DL	Victim #1 Name (Last, First, Middle) STATE OF FLORIDA
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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 <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local
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Person Code A	Person # 1	Vehicle # 1	Status 9	Damage 0	Type 1	Year 2011	Make FORD	Model SUV	Style SUV		
Tag Reg./Doc. # EZM4975		Reg. State PA		Reg. Year 2017		Decal Number		Tag Type			
VIN/Hull/FAA								Estimated Value \$20,000			
Condition <input type="checkbox"/> 1. Window Closed			<input type="checkbox"/> 2. Locked			<input checked="" type="checkbox"/> 3. Keys in Ignition			Insurance Company		
Color (Top/Bottom) WHITE			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

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		
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="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;"> (Large circular stamp or watermark) </div>
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Signature of Officer Reporting	Name of Officer Reporting BORES	I.D. Number/Locator Code 326	Unit
Signature of Officer Reviewing	Officer Reviewing (If Applicable) SGT. COPEMAN	I.D. Number 307	Date 10/25/2016
Routed To	Referred To	Assigned To	By
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	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

ADM	Date of Supplement / /
	Original Date Reported 10/24/2016

Case Reference
NO DL

Agency ORI Number FL0410400	Agency Report Number 20160884
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NARRATIVE

ON 10/24/2016 AT 23:15 HRS I WAS CONDUCTING STATIONARY RADAR FACING SOUTH IN THE 5200BLK OF GULF DR. WHILE CONDUCTING STATIONARY RADAR I OBSERVED A WHITE FORD SUV TRAVELING SOUTHBOUND AT 42MPH IN A POSTED 25MPH ZONE. I PULLED ONTO GULF DR AND GOT BEHIND THE WHITE FORD SUV BEARING PENNSYLVANIA REGISTRATION (PA,EZM4975). THE WHITE SUV TURNED LEFT ONTO MANATEE AVE. I ACTIVATED MY EMERGENCY WARNING LIGHTS AND THE SUV PULLED OVER TO THE RIGHT IN THE 700 BLK OF MANATEE AVE.

I APPROACHED THE SUV AND MADE CONTACT WITH THE FEMALE DRIVER. I REQUESTED FOR THE DRIVER'S LICENSE, REGISTRATION, AND PROOF OF INSURANCE. THE DRIVER HANDED ME HER FLORIDA ID CARD (W656555713620) AND WAS IDENTIFIED AS MELANIE P. WARNER. I ADVISED MRS. WARNER OF THE REASON FOR THE STOP. MRS. WARNER STATED THAT SHE WAS LEAVING WORK AT THE UGLY GROUPER AND WANTED TO GET HOME. MRS. WARNER FURTHER STATED THAT SHE NEVER HAD A DRIVER'S LICENSE AND THAT HER HUSBAND USUALLY DRIVERS HER TO WORK.

MRS. WARNER WAS ISSUED A CITATION FOR SPEEDING AND FOR NO VALID DL. MRS. WARNER CONTACTED A LICENSED DRIVER TO DRIVE THE SUV HOME. NO FURTHER ACTION TAKEN.

Report Contains	Related Report Number(s)	Name of Officer Reporting BORES	I.D. Number/Locator Code 326
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit Date 10/25/2016
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Arrest Number	Number Arrested
		OBTS Number	Page of Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report		N		Juvenile Warn/Dismiss		1. Original		2. Supplement		1													
ADM	Date of Supplement					Holmes Beach Police Department					Agency Report Number					Primary Offense Description																	
	/ /										20160885					CAMPING																	
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																						
	Tue		10/25/2016		0215		0215		0214		0300																						
	Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																				
	1. Felony		3. Misdemeanor		5. Ordinance		9. Other		From		Tue		10/25/2016		To		Tue		10/25/2016														
	2. Traffic Felony		4. Traffic Misdemeanor																														
	OFF/INC #1	Type	Description				A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub					NCIC/UCR Code																	
	5	CAMPING									42 - 3 ()																						
	OFF/INC #2						A-Attempted		C-Committed																								
	Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone												
4000 GULF DRIVE										HOLMES BEACH		34217																					
Business Name/Area Identifier										Forced Entry		Occ. Vacancy																					
PUBLIC BEACH										0. N/A		2. No		2		0. N/A		2. Unoccupied		0													
Location Type										1. Yes		1. Occupied																					
01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other							
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other		04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other							
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	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00							
01	01	01	00	00	00. N/A	01. Handgun	04. Firearm	06. Blunt Object	09. Explosives	11. Threat/Intimidation	12. Simulated Weapon	88. Unknown	99. Other																				
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury		O - Other		0. N/A		4. Business		N - N/A		I - American Indian		N - N/A		3. Florida		0. N/A		0. None			
V - Victim		0. N/A		N - N/A		I - American Indian		0. N/A		0. N/A		1. Full Year		1. Minor		W - Witness		1. Juvenile		W - White		O - Oriental/Asian		M - Male		1. City		2. Landlord/Tenant		1. Full Year		1. Minor	
C - Reporting Person		1. Adult		W - Black		U - Unknown		F - Female		2. County		3. Non-Resident		2. Serious		3. Fatal		2. L.E. Officer		O - Unknown		U - Unknown		2. County		3. Non-Resident		2. Serious		3. Fatal			
Injury Type		Victim Relationship To Offender		Race		Sex		Residence Type		Residence Status		Extent of Injury		0. N/A		04. Business		00. N/A		03. Spouse		06. Parent		10. Stepl-Child		14. Teacher		17. Friend		21. Employer			
00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A		00. N/A			
01. Gunshot		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined		01. Undetermined			
02. Stabbed		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger		02. Stranger			
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Residence Phone	Business Phone																
1.#1 3.Both	1	V	01	5	CITY OF HOLMES BEACH	N	N		0	0	0	00 00	00	00	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	-																
2.#2																																	
Address (Street, Apt. Number)										City		State		Zip		Business Phone	Residence Phone	-	-														
5801 MARINA DRIVE										HOLMES BEACH		FL		34217		-	-	-	-														
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																							
If V/W Code is V, W or C	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"/>	Residence Phone	Business Phone																		
Fill in this Line	2	N	N											-	-																		
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Residence Phone	Business Phone																
1.#1 3.Both																-	-																
2.#2																-	-																
Address (Street, Apt. Number)										City		State		Zip		Business Phone	Residence Phone	-	-														
5801 MARINA DRIVE										HOLMES BEACH		FL		34217		-	-	-	-														
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																							
If V/W Code is V, W or C	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"/>	Residence Phone	Business Phone																		
Fill in this Line														-	-																		
OFF/INC Indicator	Suspect Code	Code	Susp. #	Juvenile	Name (Last, First, Middle)	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Residence Phone	Business Phone															
1.#1 3.Both	S-Suspect	A	01	2	OVERACKER	N	F	07/12	1960	56	505	150	BLU	BLN	L	S	-	-															
2.#2	E-Escapee	Z-Other															-	-															
A-Arrestee																	-	-															
Maiden Name					Nic. name/Street Name					Place of Birth					Residence Phone																		
										NEW YORK					-																		
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone	Residence Phone	-	-														
HOMELESS										HOLMES BEACH		FL		34217		-	-	-	-														
Occupation					Employer/School					Address					Social Security Number																		
HOSTESS					SAND BAR										-																		
Driver's License Number/State					Immigration, and Naturalization Number					Other I.D. Number					OBTS Number (Arrested)					SCIC/NCIC													
01621176075207					WI																												
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)																							
Race	Sex	Date of Birth		Age	Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style		Residence Phone	Business Phone															
W	F	07/12		1960	56		505		150		BLU		BLN		L		-	-															
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers	Residence Phone	Business Phone	Residence Phone	Business Phone	Residence Phone	Business Phone	Residence Phone	Business Phone	Residence Phone	Business Phone	Residence Phone	Business Phone																
L	THN					-	-	-	-	-	-	-	-	-	-	-	-																
ON 10/25/2016, AT 0215 HOURS, WHILE ON ROUTINE PATROL AT 4000 GULF DRIVE, I LOCATED CAROL OVERACKER, SLEEPING IN THE CHANGING STALL AFTER HOURS. OVERACKER IS HOMELESS AND WAS ISSUED A TRESPASS WARNING ALONG WITH A NOTICE TO APPEAR FOR CAMPING.																																	
Person/Unit Notified					Related Report Number(s)					Name of Officer Reporting					I.D. Number/Locator Code																		
										WALKER					312																		
Signature of Officer Reporting										Officer Reviewing (If Applicable)					Unit					Date													
										SGT. COPEMAN					307					10/25/2016													
Signature of Officer Reviewing										Routed To					Referred					Assigned To					By								
Case Status					Clearance Type					Date Cleared					Jail Number					Number Arrested													
					1. Arrest					/ /																							
Exception Type					1. Arrest on Primary Offense					3. Death of Offender					5. Prosecution Declined					Page													
1. Extradition Declined					2. Secondary Offense Without Prosecution					4. V / W Refused to Cooperate					6. Juvenile/No Custody					of													

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													
/ /								20160887				COV CAMPING													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		10/26/2016		0357		0357		0357		0430															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		10/26/2016		0357		Wed		10/26/2016		0430									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/OTHER				C		0 - 0 (0)		0000															
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 GULF DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occuancy																					
COUNTY BEACH PARK		0. N/A 1. Yes		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0		0		0		0		0		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		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		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								27							
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other		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		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		1. American Indian O - Oriental/Asian 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		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		05. Child		12. Other Family		Friend		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		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		1		5		CITY OF HOLMES BEACH															
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		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH															
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 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		1		1		2		THOMAS III		CONNECTICUT		ABRAHAM											
Maiden Name		Nc. name/Street Name		City		State		Zip		Business Phone															
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
HOMELESS																									
Occupation		Employer/School		Address		Social Security Number																			
UNEMPLOYED																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
T520741933620		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
WHITE JEANS AND TEE SHIRT		TATOO LEFT HAND																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		10/02/1993		23		6		200		BRO		BLK		S		W							
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				10/26/2016																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
										/ /															
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

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: **20160887**

ADM
Date of Supplement: / /
Original Date Reported: **10/26/2016**

Case Reference: **COV CAMPING**

ON 10/26/2016 AT 03:57HRS I WAS ON PATROL AT 4000 GULF DR (COUNTY BEACH PARK) . WHILE ON PATROL I OBSERVED A WHITE MALE SLEEPING ON THE BUS STOP BENCH WITH A BLANKET WRAPPED AROUND HIM. I WOKEN THE MALE UP WHO WAS IDENTIFIED AS RICHARD A THOMAS III BY HIS FLORIDA ID CARD (T520741933620) . I ADVISED MR. THOMAS OF THE CITY ORDINANCE FOR SLEEPING AFTER HOURS AT THE PARK.

I ADVISED MR. THOMAS TO PACK UP HIS BELONGINGS FROM THE BUS STOP AREA. MR. THOMAS WAS ISSUED A NTA FOR VIOLATION OF CITY ORDINANCE FOR SLEEPING ON THE BENCH AFTER HOURS. HE WAS ALSO ISSUED A TRESPASS WARNING. NO FURTHER ACTION TAKEN.

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting BORES	I.D. Number/Locator Code 326
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit 326
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date 10/26/2016
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 4. V / W Refused to Cooperate	A-Adult J-Juvenile Date Cleared 10/26/2016
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		Number Arrested	
OBTS Number		Page of	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

ADM	Date of Supplement	10/27/2016
	Original Date Reported	10/27/2016

Case Reference
BATTERY, AGG.

Agency ORI Number	Agency Report Number
FL0410400	20160889

ON 10/27/16 AT APPROXIMATELY 1745 HOURS I ARRIVED IN THE CITY OF HOLMES BEACH FOR DUTY WHEN I WAS ADVISED BY THE DAYSHIFT OF A BATTERY INCIDENT INVOLVING EVRERETT A HODAPP AT CITGO. OFC. FRAPPIER HANDED OVER CAPIAS PAPERWORK FOR ARREST IF WE OR BRADENTON BEACH WERE TO LOCATE HODAPP. AT APPROXIMATELY 1800HRS BRADENTON BEACH ADVISED THEY WERE WITH HODAPP AND ASKED THAT AN OFFICER RESPOND. I ARRIVED AND ARRESTED HODAPP AT 1811HRS. HODAPP COMPLAINED HIS RIGHT WRIST WAS POSSIBLY BROKEN. I OBSERVED THAT IT WAS VISIBLY SWOLLEN. HE WAS HANDCUFFED WITH CAUTION REGARDING HIS INJURED WRIST. THE HANCUFFS WERE CHECKED FOR PROPER FIT AND HE WAS TRANSPORTED TO THE MANATEE COUNTY JAIL.

NARRATIVE

ADMINISTRATIVE	Report Contains		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. V. MCGOWIN	304	PATROL	10/27/2016	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date
						/ /	
Case Status		Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1. Arrest 2. Exceptional 3. Unfounded A-Adult J-Juvenile		/ /			
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		5. Prosecution Declined		OBTS Number	
1. Extradition Declined		3. Death of Offender 4. V / W Refused to Cooperate		6. Juvenile/No Custody		Page of	