

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 20160891		Primary Offense Description DUI																			
EVENT DATA		Original Day Reported Sat		Date 10/29/2016		Time (mil) 0109		Time Dispatched (mil) 0109		Time Arrived (mil) 0109		Time Completed (mil) 0600																					
EVENT DATA		Incident Type		Incident: Day Sat		Date 10/29/2016		Time (mil) 0109		Day Sat		Date 10/29/2016		Time (mil) 0600																			
EVENT DATA		OFF/INC #1		Type 4		Description DUI		A-Attempted C-Committed C		Statute Violation Number - Chapter, Section, Sub 316 - 193 (1A)		NCIC/UCR Code 5400																					
EVENT DATA		OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																					
EVENT DATA		Incident Location (Street Number, Street, Apt.) 5200 GULF DR				City HOLMES BEACH				Zip 34217		District		Grid		Area		Zone															
EVENT DATA		Business Name/Area Identifier				Forced Entry 0. N/A 1. Yes 2. No 0				Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 0																							
EVENT DATA		Location Type				01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel				05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket				10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.				15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison				20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure				25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle				30. Other Mobile 39. Other 26			
EVENT DATA		# OFF/INC. 1		# Victims 1		# Offenders 1		# Prem. Ent. 0		# Veh. Stolen 0		Type of Weapon 00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other 00											
CODES		V/W Code V - Victim W - Witness C - Reporting Person		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		Sex N - N/A M - Male F - Female U - Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal													
CODES		Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Heir/Parent		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Stepl-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 1 V		# 1		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA		Residence Phone -		Address (Street, Apt. Number) City State Zip		Business Phone -		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement													
VICTIM / WITNESS		OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 1 V		# 1		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA		Residence Phone -		Address (Street, Apt. Number) City State Zip		Business Phone -		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement													
VICTIM / WITNESS		OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 1 V		# 1		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA		Residence Phone -		Address (Street, Apt. Number) City State Zip		Business Phone -		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement													
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		Code 1		Susp.# 2		Juvenile 2		Name (Last, First, Middle) BRAATEN ANDREW WALLACE		Maiden Name		Nic. name/Street Name		Place of Birth FLORIDA		Residence Phone 941 524-2336											

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number 20160891

Form containing sections: ADM, CODES, VICTIM / WITNESS (x2), SUSPECT OR MISSING PERSONS (x2), MISSING PERSON / RUNAWAY, and ADMINISTRATIVE. Includes fields for dates, descriptions, names, addresses, and signatures.

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20160891

ADM	Date of Supplement / /		Primary Offense Description DUI					Victim #1 Name (Last, First, Middle) STATE OF FLORIDA									
	Original Date Reported 10/29/2016																
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			9. Other							
	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		0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense		9. Other			
PROPERTY	Property Type										Brand		Model Name/Number				
	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			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Serial Number	Owner Applied Number				Value	Value Recovered		Date Recovered / /				SCIC/NCIC				
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Description (Size, Color, Caliber, Barrel Length, Etc.)						
Serial Number	Owner Applied Number				Value	Value Recovered		Date Recovered / /		SCIC/NCIC							
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Serial Number	Owner Applied Number				Value	Value Recovered		Date Recovered / /				SCIC/NCIC				
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Description (Size, Color, Caliber, Barrel Length, Etc.)						
Serial Number	Owner Applied Number				Value	Value Recovered		Date Recovered / /		SCIC/NCIC							
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Serial Number	Owner Applied Number				Value	Value Recovered		Date Recovered / /				SCIC/NCIC				
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Description (Size, Color, Caliber, Barrel Length, Etc.)						
Serial Number	Owner Applied Number				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
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							10/30/2016							
	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
20160891

ADM	Date of Supplement / /	Original Date Reported 10/29/2016	Primary Offense Description DUI	Victim #1 Name (Last, First, Middle) STATE OF FLORIDA
------------	---------------------------	---	---	---

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
--	--	---	---	--	---

Person Code A	Person # 1	Vehicle # 1	Status 9	Damage 0	Type 2	Year 1998	Make FORD	Model PKUP	Style PKUP		
Tag Reg./Doc. # Y10AUS		Reg. State FL		Reg. Year 2017		Decal Number 01570429		Tag Type			
VIN/Hull/FAA 1FTZF0865WKB76702								Estimated Value \$2,000			
Condition <input type="checkbox"/> 1. Window Closed			<input type="checkbox"/> 2. Locked			<input checked="" type="checkbox"/> 3. Keys in Ignition			Insurance Company MENDOTA		
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 N	Reason/Authority DUI		
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="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;"></div>
--

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 10/30/2016
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

Agency ORI Number: FL0410400 Agency Report Number: 20160891

ADM
Date of Supplement: / /
Original Date Reported: 10/29/2016

Case Reference: DUI

NARRATIVE

ON 10/29/2016 AT 01:09HRS I WAS CONDUCTING STATIONARY RADAR FACING SOUTH IN THE 5200 BLK OF GULF DR. WHILE I WAS CONDUCTING STATIONARY RADAR I OBSERVED A WHITE FORD PICKUP TRAVELING NORTH ON GULF DR. AT 38MPH IN A POSTED 25MPH ZONE. I PULLED ONTO GULF DR. TO GET BEHIND THE WHITE PICKUP BEARING FLORIDA REGISTRATION (FL,Y10AUS). THE WHITE FORD TURNED RIGHT ONTO MARINA DR. I ACTIVATED MY EMERGENCY WARNING LIGHTS AS THE WHITE FORD WAS TURNING LEFT INTO THE PARKING LOT AT 5410 MARINA DR. THE WHITE FORD HAD A SLOW RESPONSE AND DROVE AROUND TO THE REAR OF THE PARKING LOT AND FINALLY STOPPING IN A PARKING SPACE.

I APPROACHED THE WHITE FORD PICKUP 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 DRIVER'S LICENSE AND WAS IDENTIFIED AS ANDREW W. BRAATEN BY HIS FLORIDA DRIVER'S LICENSE (B635019940260). MR. BRAATEN WAS UNABLE TO LOCATE THE REGISTRATION AND PROOF OF INSURANCE. I ADVISED MR. BRAATEN FOR THE REASON FOR THE STOP THAT HE WAS TRAVELING AT 38MPH IN A POSTED 25MPH ZONE. AS I COMMUNICATED WITH MR. BRAATEN I OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON AND/OR ABOUT HIS PERSON AND HIS SPEECH TO BE SLURRED. I ASKED MR. BRAATEN HOW MUCH ALCOHOL HE HAD CONSUMED TONIGHT AND HE STATED "THREE BEERS". I ASKED MR. BRAATEN WHERE HE WAS COMING FROM AND HE STATED HE WAS AT PARTY IN CORTEZ. I ASKED MR. BRAATEN 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 PARKING LOT AT 5410 MARINA DR. (ISLAND SHOPPING CENTER). THE PARKING LOT SURFACE WAS SMOOTH AND LEVELED. LIGHTING CONDITIONS CONSISTED OF HEADLIGHTS FROM PATROL VEHICLE #15, BUILDING LIGHTS, STREET LIGHTS, AND MY FLASH LIGHT. THERE WERE NO SURFACE DEFECTS WHERE THE EVALUATIONS WERE PERFORMED.

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 BORES
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
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
		OBTS Number	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: **20160891**

ADM Date of Supplement: / /
Original Date Reported: **10/29/2016**

Case Reference: **DUI**

MEDICAL PROBLEMS:

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

HORIZONTAL GAZE NYSTAGMUS (EXPLAINED):

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

WALK AND TURN: (EXPLAINED AND DEMONSTRATED)

MR. BRAATEN WAS IN SNEAKERS DURING THE EVALUATION. I INSTRUCTED AND DEMONSTRATED THE EVALUATION FOR MR. BRAATEN AT WHICH TIME HE ADVISED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THE INSTRUCTIONAL STAGE, MR. BRAATEN WAS ASKED TO STAND WITH HIS RIGHT FOOT IN FRONT OF HIS LEFT, HEEL TO TOE, ON THE LINE AND HIS HANDS DOWN AT HIS SIDE. MR. BRAATEN WAS UNSTEADY ON HIS FEET DURING THIS PHASE AND WAS UNABLE TO STAY IN THE POSITION THAT I DEMONSTRATED FOR HIM. MR. BRAATEN 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. BRAATEN WAS INSTRUCTED NOT TO STOP ONCE HE STARTED THE EVALUATION. DURING THE PERFORMANCE PHASE, MR. BRAATEN PERFORMED THE EVALUATION, BY WALKING 9 STEPS FORWARD, NOT HEEL TO TOE, AND WAS USING HIS ARMS TO BALANCE. MR. BRAATEN LOST HIS BALANCE ON STEP 4, AND MADE AN IMPROPER TURN. MR. BRAATEN CONTINUED AS INSTRUCTED, AND WALKED 10 STEPS BACK, NOT HEEL TO TOE ON STEP 2, AND USED ARMS TO BALANCE.

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 307
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		OBTS Number	Number Arrested
Page		Page	Page
of		of	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: **20160891**

ADM
Date of Supplement: / /
Original Date Reported: **10/29/2016**

Case Reference: **DUI**

ONE LEG STAND: (EXPLAINED AND DEMONSTRATED)

PRIOR TO THE START OF THE EVALUATION, MR. BRAATEN WAS ASKED IF HE HAD ANY PHYSICAL LIMITATIONS OR INJURIES, WHICH WOULD IMPEDE HIM FROM BEING ABLE TO PERFORM THE EVALUATION. MR. BRAATEN STATED THAT HE HAD A PRIOR ANKLE INJURY. I ADVISED MR. BRAATEN TO STAND ON THE OPPOSITE ANKLE FOR THE EVALUATION. FOR THE FIRST PHASE OF THE EVALUATION, MR. BRAATEN WAS ASKED TO BALANCE ON HIS FOOT RAISING HIS FOOT 6 INCHES OFF THE GROUND. MR. BRAATEN WAS ASKED TO COUNT OUT LOUD BEGINNING WITH 1-1000, 2-1000, 3-1000 AND SO FORTH UNTIL HE WAS ASKED TO STOP. MR. BRAATEN 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. BRAATEN STOOD ON HIS LEFT FOOT, AND USED HIS ARMS TO BALANCE. MR. BRAATEN PUT HIS FOOT DOWN THREE TIMES DURING THE EVALUATION ON COUNT 14, 20, AND 25.

ROMBERG BALANCE EXERCISE: (EXPLAINED AND DEMONSTRATED)

MR. BRAATEN WAS ASKED TO STAND WITH HIS FEET TOGETHER AND HIS ARMS TO HIS SIDE. I ADVISED MR. BRAATEN 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 21 SECONDS IN A 30 SECOND TIME INTERVAL. MR. BRAATEN HAD A CIRCULAR SWAY DURING THE EVALUATION AND DID NOT HAVE EYES COMPLETELY CLOSED.

BASED ON MY TRAINING, EXPERIENCE, AND OBSERVATIONS, I PLACED MR. BRAATEN INTO CUSTODY. I LATER TRANSPORTED MR. BRAATEN TO HBPD WHERE I CONDUCTED THE 20 MINUTE OBSERVATION PERIOD AND READ HIM IMPLIED CONSENT. MR. BRAATEN REFUSED TO PROVIDE A BREATH SAMPLE. I THEN READ MR. BRAATEN HIS MIRANDA WARNING AND HE REFUSED TO ANSWER ANY QUESTIONS. I LATER TRANSPORTED MR. BRAATEN TO MCSO JAIL TO BE PROCESSED.

MR. BRAATEN WAS ISSUED THE FOLLOWING CITATIONS: 6627XBK (DUI); A2H59XE (REFUSAL TO SUBMIT TO BAL TEST); A2H59UE (SPEEDING);

NARRATIVE

ADMINISTRATIVE	Report Contains		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		10/30/2016	
Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date	
						/ /	
Case Status	Clearance Type		A-Adult J-Juvenile	Date Cleared	Arrest Number	Number Arrested	
	1. Arrest 2. Exceptional 3. Unfounded			/ /			
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody		Page of	
1. Extradition Declined							

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Date of Supplement / /
Original Date Reported 10/29/2016

Case Reference
DUI

Agency ORI Number FL0410400	Agency Report Number 20160891
--------------------------------	----------------------------------

ADM	<p>A2H59VE (FAILED TO DISPLAY REGISTRATION); A2H59WE (NO PROOF OF INSURANCE).</p> <p>NOTE: DUE TO PRINTER PROBLEMS, A COPY OF THE INTOXILYZER REPORT WILL BE PROVIDED AT A LATER DATE.</p>
-----	--

NARRATIVE

ADM	Report Contains	Related Report Number(s)	Name of Officer Reporting BORES	I.D. Number/Locator Code 326						
ADM	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Date 10/30/2016						
ADM	Signature of Officer Reviewing	Routed To	Referred To	Assigned To						
ADM	Case Status	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Clearance Type</th> </tr> <tr> <td style="width: 50%;">1. Arrest 2. Exceptional</td> <td style="width: 50%;">3. Unfounded</td> </tr> </table>	Clearance Type		1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile	Date Cleared / /	Arrest Number	Number Arrested
Clearance Type										
1. Arrest 2. Exceptional	3. Unfounded									
ADM	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number	Page of				

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										
	/ /													20160899		COV NOISE										
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
	Sat		10/29/2016		2220		2220		2220		2250															
	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		Sat		10/29/2016		2220		Sat		10/29/2016		2250								
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub			NCIC/UCR Code													
		5	COV/NOISE							0 - 0 (0)			0000													
	OFF/INC #2																									
	Incident Location (Street Number, Street, Apt.)															City	Zip	District	Grid	Area	Zone					
	3012 AVENUE E															HOLMES BEACH	34217									
	Business Name/Area Identifier															Forced Entry		Occupancy								
															0. N/A 1. Yes		0. N/A 1. Occupied			2. Unoccupied 3. Abandoned		0				
Location Type																									01	
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other																									01	
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon	02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00										
1	1	1	0	0												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		I - American Indian O - Oriental/Asian 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			Victim Relationship To Offender																							
00. N/A 01. Gunshot 02. Stabbed			03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury			07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other			00. N/A 01. Undetermined 02. Stranger			03. Spouse 04. Ex-Spouse 05. Child 09. Step-Parent			06. Parent 07. Brother/Sister 08. Other Family 13. Student			10. Step-Child 11. In-law 12. Other Family 16. Boy/Girl Friend			14. Teacher 15. Child of Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee			21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known		
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)			City			State		Zip		Residence Phone												
1.#1 3.Both 2.#2	1	V	1	3			MILLER			DEBBIE		FL		260 341-6264												
Address (Street, Apt. Number)															City		State		Zip		Business Phone					
3010 AVENUE E															HOLMES BEACH		FL		34217							
Other Contact Info. (Time Available, Interpreter, etc.)															Synopsis of Involvement											
															CALLER											
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?													
2			W	F									Yes <input type="checkbox"/> No <input type="checkbox"/>													
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)			City			State		Zip		Residence Phone												
1.#1 3.Both 2.#2																										
Address (Street, Apt. Number)															City		State		Zip		Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)															Synopsis of Involvement											
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?													
													Yes <input type="checkbox"/> No <input type="checkbox"/>													
OFF/INC Indicator	Suspect Code		Code		Susp.#	Juvenile	Name (Last, First, Middle)			Place of Birth		Residence Phone														
1.#1 3.Both 2.#2	1		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		1		2		IMES			CHARLES ROBERT														
Maiden Name															Nic. name/Street Name		Place of Birth		Residence Phone							
Last Known Address (Street, Apt. Number)															City		State		Zip		Business Phone					
3012 AVENUE E															HOLMES BEACH		FL		34217							
Occupation			Employer/School			Address			Social Security Number																	
MUSICIAN																										
Driver's License Number/State			Immigration and Naturalization Number			Other I.D. Number			OBTS Number (Arrested)			SCIC/NCIC														
I520156611890			FL																							
Clothing (Describe)															Scars/Marks/Tatoos (Location/Describe)											
SHORTS AND TEE SHIRT																										
Race	Sex	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style																
W	M	05/29/1961		55	508	220		GRY	L	W																
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																					
LT		HEV																								
SEE NARRATIVE PAGE...																										
ADMINISTRATIVE	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						10/30/2016													
	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							
																		of								

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: FL0410400
 Agency Report Number: 20160899

ADM
 Date of Supplement: / /
 Original Date Reported: 10/29/2016

Case Reference: COV NOISE

NARRATIVE

ON 10/29/2016 AT 22:20HRS I WAS DISPATCHED TO THE AREA OF 30TH ST AND AVENUE E FOR A NOISE COMPLAINT. HBPD DISPATCH ADVISED THAT THE COMPLAINANT STATED THERE WAS A LIVE BAND PLAYING OUTSIDE AND BEING VERY LOUD.

UPON MY ARRIVAL I COULD HEAR LOUD AMPLIFIED LIVE MUSIC PLAYING, PEOPLE YELLING AND LAUGHING IN THE POOL AREA WHILE STANDING OUTSIDE OF THE RESIDENCE IN FRONT OF 3012 AVENUE E. I LISTENED TO THE NOISE OF A LIVE BAND PLAYING AND A GROUP OF PEOPLE IN THE REAR OF THE RESIDENCE AS THEY CONTINUED TO BE LOUD AND PLAY THEIR MUSIC AT A LOUD VOLUME. ANY PERSON AFFECTED WOULD CONSIDER THIS TO BE EXCESSIVE OR UNREASONABLE AND A NOISE DISTURBANCE DUE TO THE NOISE WHICH COULD BE HEARD FROM THE STREET AS WELL IN THE NEIGHBOR'S PROPERTY. I ATTEMPTED TO MAKE CONTACT WITH THE RESIDENTS WHICH I KNOCKED ON THE FRONT DOOR AND RANG THE DOOR BELL THREE TIMES WITH NO ANSWER DUE TO THE EXCESSIVE NOISE. THERE WAS A SIGN ON THE FRONT DOOR POINTING FOR "MUSIC" IN THE REAR OF THE HOUSE. I WALKED TO THE REAR OF THE PROPERTY AND MADE CONTACT WITH THE GROUP OF PEOPLE AND THE LIVE BAND WHO CONTINUED TO PLAY. I YELLED FOR THE BAND TO STOP PLAYING AND MADE CONTACT WITH THE LEAD SINGER WHO ALSO RENTS THE HOUSE. THE WHITE MALE IDENTIFIED AS CHARLES R. IMES BY HIS FLORIDA DL (I520156611890) WHO ADVISED HE WAS UNAWARE OF THE TIME. IT SHOULD BE NOTED THAT THE COMPLAINANT ADVISED THAT HIS RESIDENCE, LIVING AND SLEEPING AREA ARE ONE HOUSES AWAY FROM THE VIOLATOR'S RESIDENCE.

THIS NOISE WOULD NOT BE CONSIDERED TO BE USUAL NOISE FOR A RESIDENTIAL NEIGHBORHOOD SUCH AS THIS FOR THIS TIME OF DAY. I FIND THAT THIS NOISE TO BE EXCESSIVE AND UNREASONABLE NOISE AND A VIOLATION OF THE CITY OF HOLMES BEACH NOISE ORDINANCE WHICH STATES IN PART, (IT IS HEREBY DECLARED THAT THE MAKING, CREATION OR MAINTENANCE OF EXCESSIVE OR UNREASONABLE NOISE WITHIN THE CITY AFFECTS AND IS A DETRIMENT TO PUBLIC HEALTH, COMFORT, CONVENIENCE, SAFETY, WELFARE ON THE PROSPERITY OF THE PEOPLE OF THE CITY OF HOLMES BEACH. EXCESSIVE AND UNREASONABLE NOISE CAN CAUSE ADVERSE EFFECTS ON HUMANS AND DEPRIVE PEOPLE OF THE PEACEABLE ENJOYMENT OF THEIR PRIVATE PR OPERTY.)

I EXPLAINED THE NOISE ORDINANCE TO MR. IMES AS PEOPLE STARTED TO LEAVE THE RESIDENCE. I ISSUED MR. IMES A CITATION FOR THE NOISE VIOLATION WHICH HE STATED THAT HE APPOLIGIZED. I RECIEVED NO OTHER NOISE COMPLAINTS THAT NIGHT.

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 / /
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
OBTS Number		Page of	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dissmiss:	1. Original	2. Supplement: 1																											
ADM	Date of Supplement / /			Holmes Beach Police Department										Agency Report Number 20160902		Primary Offense Description DUI																												
	Original Day Reported Sun			Date 10/30/2016			Time (mil) 0251			Time Dispatched (mil) 0251			Time Arrived (mil) 0251			Time Completed (mil) 0308																												
EVENT DATA	Incident Type			Incident: Day			Date			Time (mil)			Day			Date			Time (mil)																									
	1. Felony			3. Misdemeanor			5. Ordinance			From Sun			Date 10/30/2016			Time (mil) 0251			To Sun			Date 10/30/2016			Time (mil) 0308																			
	2. Traffic Felony			4. Traffic Misdemeanor			9. Other			A-Attempted			C-Committed			C			Statute Violation Number - Chapter, Section, Sub			NCIC/UCR Code																						
	OFF/INC #1			Type			Description			A-Attempted			C-Committed			C			316 - 193 (1A)			5400																						
	OFF/INC #2			Type			Description			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			Occuancy			0. N/A			2. Unoccupied			0																
																1. Yes			2. No			0			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			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/Incendary			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			13. Unknown			99. Other		
V/W 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			5. Government			W - White			O - Oriental/Asian			1. City			4. Out-of-State			1. Full Year			1. Minor																				
C - Reporting Person			2. L.E. Officer			6. Church			B - Black			U - Unknown			2. County						2. Part Year			2. Serious																				
			3. Adult			9. Other															3. Non-Resident			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			12. Other Family			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			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									0			0			0			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 3.Both																											-																	
2.#2																											-																	
Address (Street, Apt. Number)															City			State			Zip			Business Phone																				
Other Contact Info. (Time Available, Interpreter, etc.)															Synopsis of Involvement																													
If V/W Code is V, W or C Fill in this Line			Dom. Violence			Race			Sex			Date of Birth			Age			Res. Type			Res. Status			Extent of Injury			Injury Type(s)			Relationship			Ethnicity			Will Victim prefer charge?								
																																							Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator			Suspect Code			Code			Susp.#			Juvenile			Name (Last, First, Middle)															Residence Phone														
1.#1 3.Both			S-Suspect E-Escapee R-Rec. Missing			A-Arrestee M-Missing Z-other			1			2			PASI K															-														
2.#2																														-														
Maiden Name															Nic. name/Street Name			Place of Birth			Residence Phone																							
																		NEW YORK			941 524-8856																							
Last Known Address (Street, Apt. Number)															City			State			Zip			Business Phone																				
4511 123RD ST W															CORTEZ			FL			34215			-																				
Occupation			Employer/School			Address			Social Security Number																																			
HAIR STYLIST			SMART STYLE HAIR			13140 S TAMIAMI TRL			-																																			
Driver's License Number/State			Immigration and Naturalization Number			Other I.D. Number			OBTS Number (Arrested)			SCIC/NCIC																																
P220793919550			FL																																									
Clothing (Describe)															Scars/Marks/Tatoos (Location/Describe)																													
SHORTS AND HOODIE															TATTOO LEFT ANKLE, RIGHT FORARM, CHEST																													
Race			Sex			Date of Birth			Age			Height			Weight			Eye Color			Hair Color			Hair Length			Hair Style																	
W			F			12/15 1991			24			502			90			BRO			BRO			L			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						10/31/2016																																
Signature of Officer Reviewing			Routed To			Referred To			Assigned To			By			Date																													
Case Status			Clearance Type			1.Arrest			3.Unfounded			A-Adult			Date Cleared			Jail Number			Number Arrested																							
						2.Exceptional						J-Juvenile			/ /																													
Exception Type			1.Extradition Declined			2. Arrest on Primary Offense			3. Death of Offender			5. Prosecution Declined			OBTS Number			Page			Page																							
			Secondary Offense Without Prosecution			4. V / W Refused to Cooperate			6. Juvenile/No Custody						of																													

PERSON(S) REPORT

Holmes Beach Police Department

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

Agency Report Number
20160902

ADM	Date of Supplement / /		PERSON(S) REPORT										Agency Report Number 20160902													
	Original Date 10/30/2016		Primary Offense Description DUI				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													
VICTIM / WITNESS	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"/>	
	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		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone									
SUSPECT OR MISSING PERSONS	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					
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		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone									
SUSPECT OR MISSING PERSONS	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			
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 4. Disabled 7. Voluntary 2. Parente 5. Endangered Adult 3. Involuntary 6. Disaster Victim 8. Unknown		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																	
MISSING PERSON / RUNAWAY	Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)																					
	Property Carried		ID. Type/Number				ID. Type/Number																			
MISSING PERSON / RUNAWAY	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 BORES		ID. Number(s)/Locator code 326		Signature of Officer Reporting				Unit		Date 10/31/2016															
	Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To		By Date															
Signature of Officer Reviewing						Page				Page																

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20160902

ADM	Date of Supplement / /		Holmes Beach Police Department					Agency Report Number 20160902										
	Original Date Reported 10/30/2016										Primary Offense Description DUI		Victim #1 Name (Last, First, Middle) STATE OF FLORIDA					
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. Ev. Computer 12. Fraud 99. Other									Theft Type								
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other											
CODES	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		
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number								
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
	Value			Value Recovered			Date Recovered / /			SCIC/NCIC								
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)												
TOTALS	Property Stolen		0.00			Change in Property Stolen Value												
	Property Recovered		0.00			Change in Property Recovered Value												
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use K. Dispense/Distribute T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Cocaine M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter											
	Activity	Type	Description					Quantity	Unit	Estimated Street Value								
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 BORES		ID. Number(s)/Locator code 326		Signature of Officer Reporting			Unit		Date 10/31/2016								
	Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To		By							
	Signature of Officer Reviewing																	
											Page of							

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160902

ADM	Date of Supplement / /	Original Date Reported 10/30/2016	Primary Offense Description DUI	Victim #1 Name (Last, First, Middle) STATE OF FLORIDA
------------	---------------------------	---	---	---

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
--	--	---	---	--	---

Person Code A	Person # 1	Vehicle # 1	Status 9	Damage 0	Type 1	Year 2004	Make CHRY	Model 4DR	Style 4DR		
Tag Reg./Doc. # GMPDJJP		Reg. State FL		Reg. Year 2017		Decal Number 14768435		Tag Type			
VIN/Hull/FAA 3C8FY68B44T202147							Estimated Value \$5,000				
Condition <input type="checkbox"/> 1. Window Closed			<input type="checkbox"/> 2. Locked			<input checked="" type="checkbox"/> 3. Keys in Ignition			Insurance Company GEICO		
Color (Top/Bottom) SILVER			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 N	Reason/Authority DUI		
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="text-align: center; font-size: 2em; opacity: 0.5;"> </div>

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 10/31/2016
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

Agency ORI Number: FL0410400 Agency Report Number: 20160902

ADM Date of Supplement: / /
Original Date Reported: 10/30/2016

Case Reference: DUI

NARRATIVE

ON 10/30/2016 AT 02:51HRS I WAS ON PATROL TRAVELING SOUTHBOUND IN THE 4000 BLK OF GULF DR. WHILE ON PATROL I WAS TRAVELING DIRECTLY BEHIND A SILVER CHRYSLER BEARING FLORIDA REGISTRATION (FL,GMPDJP) ALSO TRAVELING SOUTH. THE SILVER CHRYSLER APPROACHED THE INTERSECTION OF MANATEE AVE AND GULF DR. WHEN IT MADE A LEFT TURN ONTO MANATEE AVE HEADING EAST. I OBSERVED THAT THE SILVER CHRYSLER HAD A PASSENGER SIDE TAIL LIGHT OUT. I ACTIVATED MY EMERGENCY WARNING LIGHTS AND THE SILVER CHRYSLER PULLER OVER TO THE RIGHT IN THE 700 BLK OF MANATEE AVE.

I APPROACHED THE SILVER CHRYSLER ON THE DRIVER'S SIDE AND MADE CONTACT WITH THE DRIVER. I IMMEDIATELY NOTICED THAT THE DRIVER HAD RED AND WATERY EYES. I REQUESTED FOR HER DRIVER'S LICENSE, REGISTRATION, AND PROOF OF INSURANCE. THE DRIVER HANDED ME HER DRIVER'S LICENSE, REGISTRATION, AND PROOF OF INSURANCE. THE DRIVER WAS IDENTIFIED AS SHANNON M. PASIK BY HER FLORIDA DRIVER'S LICENSE (P220793919550). I ADVISED MS. PASIK FOR THE REASON FOR THE STOP THAT HER PASSENGER SIDE TAIL LIGHT WAS OUT AND SHE WAS UNAWARE OF. AS I COMMUNICATED WITH MS. PASIK I OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON AND/OR ABOUT HER PERSON AND HER SPEECH TO BE SLURRED. I ASKED MS. PASIK HOW MUCH ALCOHOL SHE HAD CONSUMED TONIGHT AND SHE STATED "NOTHING". I ASKED MS. PASIK WHERE SHE WAS COMING FROM TONIGHT WHICH SHE STATED THAT SHE WAS PICKING UP HER FRIEND AT DECOY DUCKS BAR. I ASKED WHERE THEY GOING AND SHE STATED THAT THEY WERE HEADING TO BRADENTON. I ASKED MS. PASIK TO EXIT THE VEHICLE AND STEP TO THE FRONT OF MY PATROL VEHICLE SO I COULD ADMINISTER FIELD SOBRIETY EXERCISES TO HER. AS MS. PASIK EXITED THE VEHICLE SHE LOST BALANCE AND FELL INTO THE SIDE OF HER VEHICLE. I ASKED MS. PASIK AGAIN HOW MUCH ALCOHOL SHE CONSUMED WHICH SHE STATED "1/2 A BEER".

FIELD SOBRIETY EXERCISES:

THESE EVALUATIONS WERE PERFORMED ON THE SHOULDER OF THE ROAD IN THE 700 BLK OF MANATEE AVE. THE STREET SURFACE WAS DRY, SMOOTH AND LEVELED. LIGHTING CONDITIONS CONSISTED OF HEADLIGHTS FROM PATROL VEHICLE #15, STREET LIGHTS, AND MY FLASH LIGHT. THERE WERE NO SURFACE DEFECTS WHERE THE EVALUATIONS WERE PERFORMED.

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 307
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
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
		OBTS Number	Number Arrested
		Page	Page
		of	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: 20160902

ADM Date of Supplement: / /
Original Date Reported: 10/30/2016

Case Reference: DUI

MEDICAL PROBLEMS:

I QUESTIONED MR. PASIK TO RULE OUT ANY MEDICAL CONDITIONS REQUIRING TREATMENT. MS. PASIK STATED THAT SHE WAS NOT DIABETIC OR EPILEPTIC. I ASKED MS. PASIK IF SHE WAS TAKING ANY MEDICATIONS OR DRUGS AND SHE STATED "YES". MS. PASIK ADVISED THAT SHE IS CURRENTLY TAKING CELEXA 10MG THAT IS PERSCRIBED FROM HER DOCTOR FOR HER DEPRESSION. I DID NOT OBSERVE ANY INDICATION THAT MS. PASIK NEEDED MEDICAL TREATMENT.

HORIZONTAL GAZE NYSTAGMUS (EXPLAINED):

I OBSERVED THE LACK OF SMOOTH PURSUIT, DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION, AND AN ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES IN BOTH OF MS. PASIK'S EYES. MS. PASIK WAS TOLD TO KEEP HER HEAD STILL DURING THE EVALUATION AND HAD A FRONT TO REAR SWAY.

WALK AND TURN: (EXPLAINED AND DEMONSTRATED)

MS. PASIK WAS WEARING SANDALS DURING THE EVALUATION AND TOOK THEM OFF FOR THE EVALUATION. I INSTRUCTED AND DEMONSTRATED THE EVALUATION FOR MS. PASIK AT WHICH TIME SHE ADVISED THAT SHE UNDERSTOOD THE INSTRUCTIONS. DURING THE INSTRUCTIONAL STAGE, MS. PASIK WAS ASKED TO STAND WITH HER RIGHT FOOT IN FRONT OF HER LEFT, HEEL TO TOE, ON THE LINE AND HER HANDS DOWN AT HER SIDE. AS I WAS EXPLAINING THE INSTRUCTIONS TO MS. PASIK SHE BEGAN THE EXERCISE BEFORE BEING TOLD TO BEGIN. SHE WAS TOLD TO GO BACK TO THE POSTITION THAT I EXPLAINED AND DEMONSTRATED. WHILE IN THIS POSITION, MS. PASIK WAS UNABLE TO STAY IN THE POSITION. MS. PASIK WAS ASKED TO WALK 9 STEPS HEEL TO TOE, THEN TAKE A SERIES OF SMALL STEPS WITH HER RIGHT FOOT TO TURN AROUND, WHILE KEEPING THE WEIGHT ON HER LEFT FOOT AND TO WALK BACK 9 STEPS HEEL TO TOE, MEANWHILE COUNTING OUT LOUD, LOOKING DOWN AT THE LINE AND IF SHE STEPS OFF THE LINE TO STEP BACK ON THE LINE AND CONTINUE WALKING. MS. PASIK WAS INSTRUCTED NOT TO STOP ONCE SHE STARTED THE EVALUATION. DURING THE PERFORMANCE PHASE, MS. PASIK PERFORMED THE EVALUATION, BY STARTING ON THE WRONG FOOT AND COUNTING 8 STEPS FORWARD, NOT HEEL TO TOE ON STEPS 2, 5, AND 8, AND ALSO STEPPED OFF THE LINE AT STEP 8. MS. PASIK ALSO USED HER

NARRATIVE

ADMINISTRATIVE	Report Contains		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		10/31/2016
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		/ /		
Exception Type				OBTS Number		Page Page
1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		5. Prosecution Declined 6. Juvenile/No Custody		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: 20160902

ADM Date of Supplement: / /
Original Date Reported: 10/30/2016

Case Reference: DUI

ARMS FOR BALANCE. DURING THE TURN MS. PASIK MADE AN IMPROPER TURN AND WAS LOSING HER BALANCE. MS. PASIK CONTINUED, AND WALKED 9 STEPS BACK, NOT HEEL TO TOE ON STEP 2, 8, AND STEPED OFF THE LINE ON STEP 2. MS. PASIK CONTINUED TO USE HER ARMS FOR BALANCE.

ONE LEG STAND: (EXPLAINED AND DEMONSTRATED)

PRIOR TO THE START OF THE EVALUATION, MS. PASIK WAS ASKED IF SHE HAD ANY PHYSICAL LIMITATIONS OR INJURIES, WHICH WOULD IMPEDE HER FROM BEING ABLE TO PERFORM THE EVALUATION. MS. PASIK STATED THAT SHE DID NOT HAVE ANY PHYSICAL LIMITATIONS. FOR THE FIRST PHASE OF THE EVALUATION, MS. PASIK WAS ASKED TO BALANCE ON HER FOOT RAISING HER FOOT 6 INCHES OFF THE GROUND. MS. PASIK WAS ASKED TO COUNT OUT LOUD BEGINNING WITH 1-1000, 2-1000, 3-1000 AND SO FORTH UNTIL SHE WAS ASKED TO STOP. MS. PASIK WAS INSTRUCTED TO LOOK DOWN AT HER FOOT, KEEPING HER FOOT LEVEL TO THE GROUND, HER ARMS AT HER SIDE AND BOTH LEGS STRAIGHT. MS. PASIK STOOD ON HER LEFT FOOT, AND USED HER ARMS TO BALANCE. MS. PASIK PUT HER FOOT DOWN THREE TIMES AFTER COUNTING TO NUMBERS 9, 13, AND 21. MS. PASIK DID NOT LOOK AT HER FOOT AS INSTRUCTED AND STARED STRAIGHT AHEAD. MS. PASIK REACHED 22 SECONDS IN 30 SECONDS TIME INTERVAL.

ROMBERG BALANCE EXERCISE: (EXPLAINED AND DEMONSTRATED)

MS. PASIK WAS ASKED TO STAND WITH HER FEET TOGETHER AND HER ARMS TO HER SIDE. I ADVISED MS. PASIK TO PUT HER HEAD BACK, CLOSE HER EYES AND ESTIMATE THE PASSAGE OF 30 SECONDS TO HERSELF. WHEN SHE WAS FINISHED TO BRING HER HEAD FORWARD AND OPEN HER EYES. SHE ESTIMATED 50 SECONDS WHEN SHE OPENED HER EYES AND LOOKED FORWARD. MS. PASIK ALSO HAD A CIRCULAR SWAY DURING THE EVALUATION.

BASED ON MY TRAINING, EXPERIENCE, AND OBSERVATIONS, I PLACED MS. PASIK INTO CUSTODY. WHILE TRANSPORTING MS. PASIK TO MCSO JAIL SHE BECAME AGITATED AND EMOTIONAL IN THE BACK OF MY PATROL VEHICLE. SHE CONTINUED TO BE INSULTING THE ENTIRE TRIP TO THE JAIL AND TRIED TO GET OUT OF THE REAR OF MY PATROL VEHICLE BY PULLING ON THE DOOR HANDLE. I CONTINUED TO TRANSPORT MS. PASIK

ADMINISTRATIVE	Report Contains		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		10/31/2016	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date
						/ /	
Case Status	Clearance Type		1. Arrest	3. Unfounded	A-Adult	Date Cleared	
			2. Exceptional		J-Juvenile	/ /	
Exception Type	2. Arrest on Primary Offense		3. Death of Offender	5. Prosecution Declined		Arrest Number	
1. Extradition Declined	Secondary Offense Without Prosecution		4. V / W Refused to Cooperate	6. Juvenile/No Custody		Number Arrested	
						OBTS Number	
						Page of Page	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

ADM	Date of Supplement / /
	Original Date Reported 10/30/2016

Case Reference
DUI

Agency ORI Number FL0410400	Agency Report Number 20160902
--------------------------------	----------------------------------

NARRATIVE

TO MCSO JAIL WHERE I CONDUCTED THE 20 MINUTE OBSERVATION, AND READ HER IMPLIED CONSENT I THEN OBTAINED THE FOLLOWING BREATH SAMPLES FROM MS. PASIK: .121/.119 BAC. I THEN READ MS. PASIK HER MIRANDA WARNING AND OBTAINED AND INTERVIEW (SEE ATTACHED).

THE FOLLOWING CITATIONS WERE ISSUED: 6628XBK (DUI); A2H59ZE (IMPROPER TAIL LIGHTS).

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting BORES	I.D. Number/Locator Code 326	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Date 10/31/2016	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date	
	Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number OBTS Number

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1							
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description								
														20160903		CAMPING								
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)													
	Sun		10/30/2016		0330		0330		0330		0400													
	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		10/30/2016				Sun		10/30/2016												
	OFF/INC #1	Type	Description			A-Attempted C-Committed		A		Statute Violation Number - Chapter, Section, Sub			NCIC/UCR Code											
		5	CAMPING							42 - 3 ()			0000											
	OFF/INC #2																							
	Incident Location (Street Number, Street, Apt.)													City	Zip	District	Grid	Area	Zone					
	3302 GULF DRIVE													HOLMES BEACH	34217									
	Business Name/Area Identifier													Forced Entry		Occupancy								
													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		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other	
													02. Apartment/Condo		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field			
													03. Residence-Other		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway			
													04. Hotel/Motel		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		02	
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs									
01	01	01	00	00	00. N/A 01. Handgun		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown 99. Other									
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		N - N/A W - White B - Black		I - 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			Victim Relationship To Offender			06. Parent			10. Stepp-Child			14. Teacher			17. Friend			21. Employer						
00. N/A			07. Loss of Teeth			00. N/A			11. In-law			15. Child of Boy/Girl			18. Neighbor			22. Landlord/Tenant						
01. Gunshot			08. Burns			01. Undetermined			05. Child			12. Other Family			19. Sitter/Day Care			23. Acquaintance						
02. Stabbed			09. Abrasions/Bruises			02. Stranger			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 2.#2		1	V	01	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				0	0	0	00 00	00		Yes <input type="checkbox"/> No <input type="checkbox"/>											
OFF/INC Indicator		V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone									
1.#1 3.Both 2.#2															-									
Address (Street, Apt. Number)														City	State	Zip	Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)														Synopsis of Involvement										
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?											
													Yes <input type="checkbox"/> No <input type="checkbox"/>											
OFF/INC Indicator		Suspect Code		Code	Susp.#	Juvenile	Name (Last, First, Middle)										Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		1	01	2	WEBSTER GEORGE W										-							
Maiden Name							Nic. name/Street Name					Place of Birth			Residence Phone									
												CALIFORNIA			-									
Last Known Address (Street, Apt. Number)														City	State	Zip	Business Phone							
HOMELESS																								
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												
W123319600680					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	02/28/1960		56	511	190	BLU	BRO	S	S														
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																			
LT	MED																							
NARRATIVE																								
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)				I.D. Number				Unit		Date										
SGT. COPEMAN								307						10/31/2016										
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		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page		of										
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 **20160903**

ADM	Date of Supplement / /
Original Date Reported 10/30/2016	

Case Reference

ON 10/30/2016, AT 0330 HOURS, I WAS DISPATCHED TO 3302 GULF DRIVE, IN REFERENCE TO A SUSPICIOUS CIRCUMSTANCE. THE CALLER STATED THERE WAS AN UNKNOWN BANGING GOING ON UNDERNEATH THEIR CONDO IN THE PARKING GARAGE. UPON ARRIVAL I LOCATED GEORGE WEBSTER WHO DID NOT HAVE PERMISSION TO BE ON THE PROPERTY. WEBSTER WHO IS HOMELESS, WAS CAMPING ON THE PROPERTY. WEBSTER WAS ISSUED A NOTICE TO APPEAR AND ONCE HIS PROPERTY WAS LOCATED IN THE BUSHES IT WAS PLACED INSIDE THE HOLMES BEACH POLICE DEPARTMENTS EVIDENCE LOCKER FOR SAFE KEEPING.

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting WALKER	I.D. Number/Locator Code 312
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1															
ADM	Date of Supplement / /					Holmes Beach Police Department						Agency Report Number 20160908		Primary Offense Description THEFT																	
	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																				
Tue		11/01/2016		0900		0900		0900		1030																					
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																			
1. Felony		3. Misdemeanor		5. Ordinance		From		Mon		10/31/2016		1700		To		Tue		11/01/2016		0900											
2. Traffic Felony		4. Traffic Misdemeanor		9. Other																											
EVENT DATA	OFF/INC #1	Type	Description			A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		812 - 014 ()		2B4		NCIC/UCR Code		230G											
	OFF/INC #2					A-Attempted		C-Committed																							
	Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone								
	506 56TH ST												HOLMES BEACH		34217																
Business Name/Area Identifier												Forced Entry		Occupancy		0		0		2. Unoccupied		0									
ANNA MARIA ISLAND WATERSPORTS												0. N/A		0. N/A		1. Yes		2. No		1. Occupied		3. Abandoned									
Location Type												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		30. Other Mobile									
03. Residence-Other												07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other									
04. Hotel/Motel												08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway											
09. Supermarket												09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00									
01		01		02		01		01		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown		99. Other									
01		01		02		01		01		01. Handgun		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other													
CODES	V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																		
	V - Victim		0. N/A		N - N/A		I - American Indian		0. N/A		0. N/A		0. None																		
	W - Witness		1. Juvenile		W - White		O - Oriental/Asian		1. City		1. Full Year		1. Minor																		
	C - Reporting Person		2. L.E. Officer		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		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known													
VICTIM / WITNESS	OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																				
	1.#1 3.Both		1		C		1		3		GROVES		941 773-7175																		
	2.#2										DANIEL																				
	Address (Street, Apt. Number)												City		State		Zip		Business Phone												
505 56TH ST												HOLMES BEACH		FL		34217		-													
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement																			
												M. NAGER																			
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
2		2		W		M		11/21/1988		27		1		1		0		00 00		02				Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1.#1 3.Both		1		V		01		4		ANNA MARIA ISLAND WATERSPORTS		941 773-7175																			
2.#2																															
Address (Street, Apt. Number)												City		State		Zip		Business Phone													
505 56TH ST												HOLMES BEACH		FL		34217		-													
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement																			
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
2		2		N		N						0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone																			
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing		S		1		8		UNKNOWN		941 773-7175																			
2.#2		A-Arrestee M-Missing Z-other																													
Maiden Name												Nic. name/Street Name		Place of Birth		Residence Phone															
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone													
Occupation												Employer/School		Address		Social Security Number															
Driver's License Number/State												Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC													
Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)																			
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style													
W		M																													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																					
SEE NARRATIVE																															
ADMINISTRATIVE	Person/Unit Notified												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												SGT. M. PILATO		306		PATROL		11/01/2016												
Signature of Officer Reviewing												Routed To		Referred To		Assigned To		By		Date											
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested																	
				2.Exceptional				J-Juvenile		/ /																					
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																	
				Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody																							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20160908

ADM	Date of Supplement / /		THEFT					GROVES					DANIEL				
	Original Date Reported 11/01/2016																
THEFT	Theft Type Codes										Theft Type 00						
	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			9. Other							
	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		0. N/A 1. Arson		2. Criminal Mischief 3. During other Offense		9. Other		
PROPERTY	Property Type										Description (Size, Color, Caliber, Barrel Length, Etc.)						
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug		E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus		J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery		O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment		T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Vegotiable W. Boat/Motor X. Structure		Y. Farm Equipment Z. Miscellaneous						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)												
PROPERTY	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.)												
PROPERTY	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.)												
PROPERTY	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.)												
PROPERTY	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. 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								
	SGT. M. PILATO		306				PATROL		11/01/2016								
ADMINISTRATIVE	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date				
	SGT. M. PILATO		306										/ /				
ADMINISTRATIVE	Signature of Officer Reviewing										Page		Page				
											of		of				

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160908

ADM	Date of Supplement / /	Original Date Reported 11/01/2016	Primary Offense Description THEFT	Victim #1 Name (Last, First, Middle) GROVES DANIEL
------------	---------------------------	---	---	--

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
--	--	---	---	--	---

Person Code V	Person # 1	Vehicle # 1	Status 3	Damage 9	Type 7	Year 2016	Make YAMAHA	Model VD DEL	Style JETSKI	
Tag Reg./Doc. # FL1789RE		Reg. State FL		Reg. Year 2016		Decal Number 11458344		Tag Type VESSEL		
VIN/Hull/FAA YAMA14412D616							Estimated Value \$12,000			
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) BLK RED		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) DELUXE JETSKI WITH DAMAGE ON REAR								
Vessel Name		Length 010		Hull Material FIBERGLASS		Propulsion INBOARD		Boat Type JETSKI		
Recovery Address/Geographic Indicator CAUSEWAY					Date Recovered 11/01/2016		Value Recovered \$12,000			
Recovery Loc.	Recovery Code	Original Reporting Agency HBPD		Report Number 20160908		Hold Y - Yes N - No N	Reason/Authority			
Method of Theft <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.		Storage Location RETURNED TO OWNER		SCIC/NCIC		Location of Original Theft 505 65TH ST		

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		

Signature of Officer Reporting	Name of Officer Reporting SGT. M. PILATO	I.D. Number/Locator Code 306	Unit PATROL
Signature of Officer Reviewing	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Date 11/01/2016
Routed To	Referred To	Assigned To	By
Case Status		Date Cleared	
Arrest Number		Number Arrested	

Exception Type 1. Extradition Declined	Clearance Type 2. Arrest on Primary Offense Secondary Offense Without Prosecution	1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile	Date Cleared / /	Arrest Number	OBTS Number	Page of
---	---	-----------------------------	--------------	-----------------------	---------------------	---------------	-------------	------------

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: FL0410400
 Agency Report Number: 20160908

ADM
 Date of Supplement: / /
 Original Date Reported: 11/01/2016

Case Reference: BOAT THEFT

NARRATIVE

ON THIS DATE, I WAS DISPATCHED TO THE PD IN REFERENCE TO THE THEFT OF A JETSKI FROM ANNA MARIA ISLAND WATERSPORTS. (505 56TH ST) WHILE IN ROUTE, I WAS ADVISED THAT CHIEF TOKAJER HAD SEEN A VESSEL MATCHING THAT DESCRIPTION ON THE CAUSEWAY WHILE HE WAS ON HIS WAY IN THIS MORNING. I WAS ALSO ADVISED THAT HE SENT OFFICER OGLE TO GO AND CHECK OUT THE VEHICLE. UPON ARRIVAL, I MET WITH THE REPORTING PERSON(DANIEL GROVES) WHO IS PART OWNER IN THE BUSINESS. HE STATED THAT THE LAST TIME THEY SAW THE VESSEL WAS ON OCTOBER 31, 2016 AT 5:00PM. HE STATED THAT SOMETIME DURING THE NIGHT, UNKNOWN SUSPECT(S) BROKE THE CABLE AND STOLE ONE OF THE NEW JETSKIS. HE GAVE ME THE FLORIDA TAG NUMBER OF FL1789RE. (VIN NUMBER YAMA14120616) WHILE SPEAKING WITH HIM, OFFICER OGLE ADVISED THAT THE JETSKI HE WENT TO LOOK AT WAS THE STOLEN JETSKI. I ADVISED DANIEL TO GO AND GET HIS TRAILER AND MEET ME ON THE CAUSEWAY. WHILE IN ROUTE, I CONTACTED KEYES MARINA AND ASKED THEM TO CHECK THEIR SECURITY VIDEO FOR ANY POSSIBLE SUSPECTS. I THEN DROVE TO THE BEGINNING OF THE CAUSEWAY AND OBSERVED THE STOLEN JETSKI BEACHED UP ON THE BEACH. NO IMMEDIATE DAMAGE WAS OBSERVED ON THE JETSKI. I BEGAN PHOTOGRAPHING THE JETSKI AND OBSERVED A SET OF GM KEYS LEFT ON THE RIGHT SIDE FOOTBOARD OF THE VESSEL. I TOOK THOSE AND PLACED THEM INTO EVIDENCE. I CONTACTED CHIEF TOKAJER AND HE CONTACTED BRADENTON PD TO ADVISE OF OUR LOCATION. DUE TO THE AMOUNT OF WATER AND DEW ON THE JETSKI, NO FINGERPRINTS WERE TAKEN. I CONTINUED TO PHOTOGRAPH THE STOLEN JETSKI UNTIL GROVES ARRIVED. OFFICER OGLE AND I ASSISTED HIM ON THE RECOVERY AND OFFICER OGLE ASSISTED IN PUTTING THE JETSKI BACK ON THE TRAILER. AFTER MEETING WITH BRADENTON PD, WE WENT BACK TO KEYES MARINA AND OBSERVED THE VIDEO. I OBSERVED TWO WHITE MALES WITH SHORT TRIMMED BEARDS STEALING THE JETSKIS. DET SGT HALL GOT A COPY OF THE VIDEO FOR EVIDENCE AND TO TRY TO IDENTIFY BOTH WHITE MALE SUBJECTS. WHILE WORKING ON THE VIDEOS, I WENT BACK AND PHOTOGRAPHED WHERE THE CABLE WAS CUT AND THE JETSKI WAS ORIGINALLY LOCATED. GROVES FILLED OUT A STOLEN VEHICLE AFFIDAVIT AS DET SGT HALL BEGAN CHECKING THE AREA FOR THE PLACEMENT OF THE FOUND KEYS. WHILE CHECKING IT OUT, HE OBSERVED A CADILLAC ON THE FAR EAST SIDE OF THE PARKING LOT ON 56TH STREET. I WENT OUT TO MY PATROL TRUCK AND RETRIEVED THE KEYS AND PRESSED THE REMOTE. THE KEYS BELONGED TO THAT VEHICLE. DET SGT HALL CONTACTED DISPATCH AND RAN THE VEHICLES FLORIDA TAG NUMBER. DISPATCH ADVISED THAT THE VEHICLE WAS STOLEN OUT OF THE MANATEE COUNTY SHERIFFS OFFICE ON OCTOBER 31, 2016. OFFICER OGLE AND DET SGT HALL WORKED THE RECOVERY OF THE STOLEN VEHICLE AND I CLEARED THE SCENE.

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

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															
/ /		20160909				STOLEN VEHICLE RECOVER																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		11/01/2016		1102		1102		1102		1206															
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		Tue		11/01/2016		Tue		11/01/2016													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		1		THEFT OF VEH		C		812 - 014 (2B4)		2400															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		3		THEFT/bVEHICLE		C		812 - 014 (1)		230F															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
5501		MARINA DR		HOLMES BEACH		34217		0000		0000		0000		0000											
Business Name/Area Identifier		Forced Entry		Occupancy																					
KEYES MARINA		0. N/A 1. Yes		0. N/A 1. Occupied		2. No 0		2. Unoccupied 3. Abandoned		0															
Location Type		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															
04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
		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		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		02		00		01		00. N/A 01. Handgun		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown					
																				00					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		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		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		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		04. Ex-Spouse		09. Step-Parent		13. Student				20. Employee		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		01		3		PANSIERA		TIMOTHY		T		-									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
4221 129TH ST W		CORTEZ		FL		34215		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		REGISTERED OWNER																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2		W		M		09/16/1950		66		2		1		0		00 00		00							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		01		3		PANSIERA		TIMOTHY		T		-									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
4221 129TH ST W		CORTEZ		FL		34215		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		REGISTERED OWNER																							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee R-Rec. Missing Z-other		S		01		8		UNKNOWN													
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M																							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE PAGE . . .																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. M. PILATO		306		PATROL		11/01/2016																			
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											

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160909

ADM	Date of Supplement / /	Original Date Reported 11/01/2016	Primary Offense Description STOLEN VEHICLE RECOVER	Victim #1 Name (Last, First, Middle) PANSIERA TIMOTHY T
------------	---------------------------	---	--	---

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
--	--	---	---	--	---

Person Code V	Person # 01	Vehicle # 1	Status 2	Damage 0	Type 1	Year 2002	Make CADT	Model DEVILL	Style
Tag Reg./Doc. # RML6I		Reg. State FL		Reg. Year 2017		Decal Number 13930047		Tag Type REGULAR	
VIN/Hull/FAA 1G6KD54Y42U298769								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) WHI/WHI		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) NONE							
Vessel Name		Length		Hull Material		Propulsion		Boat Type	
Recovery Address/Geographic Indicator 5501 MARINA DR						Date Recovered 11/01/2016		Value Recovered \$20,000	
Recovery Loc. 4	Recovery Code 3	Original Reporting Agency MANATEE COUNTY SHERIFF'S OFF			Report Number 160032031		Hold Y - Yes N - No N	Reason/Authority	
Method of Theft <input type="checkbox"/> 0. N/A <input checked="" 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 N/A		SCIC/NCIC		Location of Original Theft RESIDENCE	

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	

Signature of Officer Reporting	Name of Officer Reporting OGLE	I.D. Number/Locator Code 313	Unit PATROL
Signature of Officer Reviewing	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Date 11/01/2016
Routed To	Referred To	Assigned To DET	By DET
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	Page of
---------------	-----------------	-------------	------	---------

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160909**

ADM
 Date of Supplement: / /
 Original Date Reported: **11/01/2016**

Case Reference: **THEFT OF AUTO - RECOVERY**

NARRATIVE

I RESPONDED TO THE LISTED LOCATION TO ASSIST IN PROCESSING A RECOVERED STOLEN VEHICLE. I ARRIVED ON SCENE AND WAS DIRECTED TO PROCESS THE PASSENGER SIDE OF THE VEHICLE (WHITE CADILLAC, FL TAG RML6I). I PROCESSED THE FRONT PASSENGER EXTERIOR AND INTERIOR DOOR AND THE FRONT PASSENGER INTERIOR COMPARTMENT.

I WAS ABLE TO LIFT 2 SETS OF PRINTS FROM THE EXTERIOR OF THE FRONT PASSENGER DOOR:

- * SET #1 WAS OBTAINED FROM THE TOP LEFT CORNER OF THE DOOR JUST BELOW THE WINDOW.
- * SET #2 WAS OBTAINED FROM DIRECTLY ABOVE THE DOOR HANDLE.

NO OTHER PRINTS WERE DISCOVERED ON THE PASSENGER SIDE OF THE VEHICLE.

THE OWNER ARRIVED SCENE AND IDENTIFIED THE VEHICLE AS HIS. HE SEARCHED THROUGH THE VEHICLE AND EVERYTHING WAS THERE EXCEPT FOR HIS WHITE MIKE GOLF SHOES.

HE SIGNED FOR AND TOOK POSSESSION OF THE RECOVERED STOLEN VEHICLE THAT HE WAS THE OWNER OF. I PLACED THE 2 LATENT PRINT CARDS IN THE EVIDENCE LOCKER FOR PRINT CARDS. I PHOTOGRAPHED THE VEHICLE AND PLACED THE PHOTOS WITH THIS CASE.

Report Contains	Related Report Number(s) 20160908	Name of Officer Reporting OGLE	I.D. Number/Locator Code 313
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To DET
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Date Cleared / /	Arrest Number Number Arrested
		OBTS Number	Page of

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															
/ /		20160915				BURGLARY																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		11/02/2016		1644		1644		1658		1819															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		To		Fri		10/21/2016		1915											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		BURGLARY		C		810 - 2 (4a)		2200																	
OFF/INC #2		A-Attempted C-Committed																							
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3909 EAST BAY DR #100		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy		2. Unoccupied		3. Abandoned		2															
ISLAND FAMILY PHYSICIANS		0. N/A 1. Yes		0. N/A 1. Occupied																					
Location Type		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		07. Liquor Sales		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other											
03. Residence-Other		08. Bar/Nightclub		09. Supermarket		12. Drug Store/Hospital		17. Gov/Plbldg Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field													
04. Hotel/Motel						13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway													
						14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		14											
# 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		01		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
VW 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		I - 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		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				09. Step-Parent		13. Student						20. Employee		99. Other Known							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		3 KOSFELD		941 720-2054															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3909 EAST BAY DR #100		HOLMES BEACH		FL		34217		941 778-1007																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		MD / ISLAND FAMILY PHYSICIANS		BUSINESS OWNER																			
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2				W		M		02/10/1961		55		1		1		0		00 00		00				Yes <input checked="" 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		Core		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		1		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		1		2		WEBB		FLORA DAWSON													
Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone																			
ROGERS, FLORA JANE				VA																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
502 MAGNOLIA AVE		ANNA MARIA		FL		34216																			
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																	
W100244568900		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		10/30/1956		60		411						BLN		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						OGLINE		322																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. V. MCGOWIN				304		PATROL		11/03/2016																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
						DET		MCGOWIN		11/03/2016															
Case Status		Clearance Type		1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
										/ /															
Exception Type		1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
														of											

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20160915

ADM	Date of Supplement / /		Primary Offense Description BURGLARY					Victim #1 Name (Last, First, Middle) KOSFELD SCOTT LEE							
	Original Date Reported 11/02/2016														
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. Ev. Computer 12. Fraud 99. Other										Theft Type 01				
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other								
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Vegotiable W. Boat/Motor X. Structure Y. Farm Equipment Z. Miscellaneous		
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name					Brand	Model Name/Number	
PROPERTY	S	1	1	1	0	Z	1	PAPER							
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) REAM OF COPY MACHINE PAPER								
	Value 5.00			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					
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			5.00			Change in Property Stolen Value								
	Property Recovered			0.00			Change in Property Recovered Value								
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use T. Traffic K. Dispense/Distribute			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Cocaine M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter								
	Activity	Type	Description				Quantity	Unit	Estimated Street Value						
Activity	Type	Description				Quantity	Unit	Estimated Street Value							
Activity	Type	Description				Quantity	Unit	Estimated Street Value							
ADMINISTRATIVE	Officer(s) Reporting OGLINE		ID. Number(s)/Locator code 322		Signature of Officer Reporting			Unit PATROL		Date 11/03/2016					
	Officer Reviewing (If Applicable) SGT. V. MCGOWIN		ID. Number 304		Routed To		Referred To		Assigned To DET MCGOWIN		By MCGOWIN				
	Signature of Officer Reviewing										Date 11/03/2016				
											Page of				

NARRATIVE CONTINUATION

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

ADM	Date of Supplement / /	Holmes Beach Police Department	Agency ORI Number FL0410400	Agency Report Number 20160915
	Original Date Reported 11/02/2016		Case Reference BURGLARY (UNOCCUPIED STRUCTURE/UNARMED)	

NARRATIVE

BETWEEN 1900 AND 1915 HOURS ON FRIDAY, OCTOBER 21st, 2016, THE SUSPECT, FLORA WEBB, ENTERED THE VICTIM'S BUSINESS WITH THE INTENTION OF COMMITTING A THEFT. THE SUSPECT RUMMAGED THROUGH SEVERAL LOCATIONS LOOKING FOR ITEMS TO TAKE AND EVENTUALLY LEFT AFTER REMOVING A REAM OF COPY PAPER VALUED AT APPROXIMATELY \$5. THE SUSPECT ENTERED/EXITED THROUGH THE FRONT OFFICE DOOR AFTER BEING ABLE TO UNLOCK THE DOOR BY UNKNOWN MEANS.

ACCORDING TO THE VICTIM, DR SCOTT KOSFELD, THERE WERE NO SIGNS OF FORCED ENTRY ANYWHERE. THE VICTIM PROVIDED ME WITH A COPY OF A VIDEO HE OBTAINED FROM A SURVEILLANCE CAMERA HE INSTALLED IN THE OFFICE AFTER HE RECENTLY STARTED HAVING MONEY TURN UP MISSING FROM HIS PETTY CASH DRAWER. I VIEWED THE VIDEO AND CAN CLEARLY SEE A MIDDLE AGED SHORT W/F WITH BLONDE HAIR GOING THROUGHOUT THE OFFICE LOOKING IN DRAWERS AND CHECKING AREAS AS IF SHE WAS LOOKING FOR SOMETHING. THE VICTIM ADVISED ME THAT ONE OF THE DRAWERS SHE OPENED WAS WHERE HE USUALLY KEEPS THE PETTY CASH BUT HE LEFT IT EMPTY AFTER HAVING MONEY MISSING 2 WEEKENDS IN A ROW. WHEN I ASKED HIM IF HE KNEW WHO THE W/F SUSPECT WAS, HE REPLIED HE DID AND IDENTIFIED HER AS A FORMER PATIENT OF HIS, FLORA WEBB, WHO WORKED IN THE SAME BUILDING AS HIS MEDICAL PRACTICE FOR HER HUSBAND. THE VICTIM ADVISED HE FOUND HER IN HIS OFFICE BACK IN MAY OF 2014 AFTER HE LOCKED UP TO GO GET SUPPLIES AFTER HOURS HE SAID WHEN HE RETURNED, HE FOUND THE FRONT DOOR UNLOCKED AND WEBB INSIDE HIS BUSINESS. HE SAID SHE TOLD HIM SHE FOUND THE DOOR UNLOCKED AND WAS INSIDE CHECKING TO MAKE SURE EVERYTHING WAS ALRIGHT. THE VICTIM SAID HE SUSPECTS WEBB OF HAVING A MASTER KEY OR SOMETHING, AS HE HAS HAD THINGS COME UP MISSING FOR A FEW YEARS NOW FROM TIME TO TIME AND NEVER HAD ANY SIGNS OF FORCED ENTRY INTO HIS OFFICE.

I UPLOADED THE VIDEO INTO THE CASE FILES DATABASE OF THE HRPD INTRANET AS EVIDENCE. I DID NOT RESPOND TO THE CRIME SCENE TO LOOK FOR ANY PHYSICAL EVIDENCE BECAUSE OF THE TIME FRAME SINCE THE CRIME OCCURRED. THE VICTIM SAID HE DID NOT REPORT IT IMMEDIATELY BECAUSE HE WANTED TO CONFER WITH HIS ATTORNEY FIRST. HE SAID HIS ATTORNEY WAS ON VACATION, WHICH LED TO THE DELAY IN HIM REPORTING IT. I OBTAINED A SWORN AFFIDAVIT FROM THE VICTIM AND NOTIFIED SGT HALL OF THE INCIDENT, DUE TO THE CIRCUMSTANCES OF WHO THE SUSPECT WAS. I DID NOT PURSUE THE SUSPECT IMMEDIATELY, AS SHE WAS NOT A FLIGHT RISK, SHE WAS NOT AWARE THAT A CRIMINAL ALLEGATION HAD BEEN MADE AGAINST HER, SHE LIVED IN ANNA MARIA, AND WORKED IN HOLMES BEACH. I PLACED THE ORIGINAL VICTIM'S SWORN AFFIDAVIT IN THE RECORDS BASKET. I DID NOT COMPLETE ANY ARREST PAPERWORK YET AND WILL COMPLETE A SUPPLEMENT REPORT WITH SUCH ONCE I CONFERRED WITH SGT HALL ON HOW TO PROCEED WITH THE CASE.

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting OGLINE		I.D. Number/Locator Code 322		
	Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT. V. MCGOWIN	I.D. Number 304	Unit PATROL	Date 11/03/2016		
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To DET MCGOWIN	By MCGOWIN	Date 11/03/2016	
	Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded		A-Adult J-Juvenile	Date Cleared / /	Arrest 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

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

ADM	Date of Supplement
	11/03/2016
ADM	Original Date Reported
	11/02/2016

Case Reference
BURGLARY (STRUCTURE)

Agency ORI Number	Agency Report Number
FL0410400	20160915

NARRATIVE

ON 11/3/2016 AROUND 1120 HOURS, I WAS CONTACTED BY SGT HALL AND INFORMED THAT THE SUSPECT, FLORA WEBB, IN MY BURGLARY CASE WAS AT WORK AT HER HUSBAND'S LAW FIRM, LOCATED AT 3909 EAST BAY DR, STE 115. I RESPONDED THERE WITH SGT HALL AND ARRESTED WEBB WITHOUT INCIDENT. HER HUSBAND WAS PRESENT AND INVOKED HER CONSTITUTIONAL RIGHTS ON HER BEHALF AND SAID HE WOULD COME TO THE STATION BEFORE ANY QUESTIONING. I TRANSPORTED HER TO THE STATION AND COMPLETED MY ARREST PAPERWORK. MEANWHILE, HER HUSBAND ARRIVED AND ADVISED THAT HE SOUGHT ASSISTANCE FROM ANOTHER ATTORNEY THAT HANDLED CRIMINAL LAW AND ADVISED HIS WIFE TO NOT MAKE ANY COMMENTS OR STATEMENTS. I THEN TRANSPORTED HER TO THE 7400 BLOCK OF MANATEE AVE W, WHERE I TURNED CUSTODY OF HER OVER TO MSO TO TRANSPORT TO MSO JAIL. I GAVE THE DEPUTY THE ORIGINAL ARREST PAPERWORK AND A COPY OF THE VICTIM'S SWORN AFFIDAVIT TO GIVE TO BOOKING. I PLACED A COPY OF THE ARREST PAPERWORK IN THE RECORDS BASKET. AT NO TIME DID THE DEFENDANT MAKE ANY STATEMENTS OR COMMENTS PERTAINING TO THE CHARGE AGAINST HER. I COMPLETED A SUPPLEMENTAL PERSONS REPORT TO REFLECT THE STATUS OF THE SUSPECT CHANGED TO A DEFENDANT.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To
	Case Status	Clearance Type	Date Cleared	Arrest Number
	Exception Type	1. Arrest 2. Exceptional	3. Unfounded	4. Adult J-Juvenile
	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

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

ADM	Date of Supplement
	11/04/2016
ADM	Original Date Reported
	11/02/2016

Case Reference
BURGLARY

Agency ORI Number	Agency Report Number
FL0410400	20160915

CONTINUATION:

AROUND 1120 HOURS, I CALLED OFFICER OGLINE TO RESPOND TO THE DEFENDANT'S OFFICE SINCE HER CAR WAS THERE. THE DEFENDANT WAS ARRESTED WITHOUT INCIDENT AND TRANSPORTED TO HYPD. HER ATTORNEY HUSBAND INVOKED HER RIGHTS AND SAID SHE WOULD NOT BE MAKING A STATEMENT. THE ARREST PAPERWORK WAS COMPLETED AND THE DEFENDANT WAS TRANSPORTED TO THE JAIL.

ON 11/04/2016, I FOLLOWED UP WITH DR. BARRESE'S OFFICE ON THE INCIDENT THAT SHE WAS FOUND IN THEIR OFFICE. I SPOKE TO JANICE BURNETT AT THE FRONT DESK. SHE SAID THAT SHE COMES IN OVER THE WEEKENDS AND CLEANS THE OFFICE. ABOUT 1 1/2 YEARS AGO, SHE WENT TO UNLOCK THE DOOR TO THE OFFICE AND SHE SAID THE LOCK FELT DIFFERENT. AS SHE WALKED IN, SHE HEARD THE DOOR INSIDE OF THE DR. OFFICE CLOSE. THE DEFENDANT CAME WALKING OUT WITH A SURPRISED LOOK ON HER FACE. THE DEFENDANT TOLD HER THAT SHE HAD HEARD FUNNY NOISES COMING FROM THEIR OFFICE SO SHE HAD COME UP TO CHECK IT OUT. BURNETT DID NOT NOTICE ANYTHING MISSING FROM THE OFFICE. THE LOCKS TO THE OFFICE WERE CHANGED DUE TO THE INCIDENT WITH THE DEFENDANT.

I FOLLOWED UP WITH THE MANAGER AT ISLAND FAMILY PHYSICIANS. MARY SAID THAT YEARS AGO THERE WAS A MASTER KEY THAT WOULD OPEN THE FRONT DOORS DOWNSTAIRS TO GET INTO THE BUILDING THAT WOULD OPEN SOME OF THE FRONT DOORS TO THE INDIVIDUAL OFFICES. IT IS POSSIBLE THAT THE DEFENDANT HAS ONE OF THESE KEYS SINCE HER LAW OFFICE IS IN THE BUILDING. THE SAID THAT IS WAS NEVER COMMON PRACTICE TO SHARE OFFICE SUPPLIES BETWEEN OFFICES AND THE DEFENDANT WOULD NEVER HAVE BEEN ISSUED A KEY TO THE DOCTOR'S OFFICE.

AS OF THIS REPORT, THERE IS NO FURTHER INFORMATION OR LEADS TO INVESTIGATE. THIS CASE HAS BEEN CLEARED WITH AN ARREST OF THE DEFENDANT.

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting		I.D. Number/Locator Code		
				DET/SGT HALL		311		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date		
						11/04/2016		
	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 6. Juvenile/No Custody		OBTS Number	Page of	
1. Extradition Declined		3. Death of Offender 4. V / W Refused to Cooperate						

PERSON(S) REPORT

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

Holmes Beach Police Department

ADM	Date of Supplement 11/07/2016		Agency Report Number 20160915											
	Original Date Reported 11/02/2016	Primary Offense Description BURG	Victim #1 Name (Last, First, Middle) KOSFELD SCOTT											
CODES	<u>V/W Code</u> V - Victim O - Other W - Witness C - Reporting Person		<u>Victim Type</u> 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		<u>Race</u> N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		<u>Residence Type</u> 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		<u>Residence Status</u> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		<u>Extent of Injury</u> 0. None 1. Minor 2. Serious 3. Fatal			
	<u>Injury Type</u> 00. N/A 03. Laceration 07. Loss of Teeth 08. Burns 01. Gunshot 04. Unconscious 09. Abrasions/Bruises 02. Stabbed 05. Poss. Broken Bones 99. Other			<u>Victim Relationship To Offender</u> 00. N/A 03. Spouse 07. Brother/Sister 10. Step-Child 01. Undetermined 04. Ex-Spouse 08. Child 11. In-Law 02. Stranger 05. Co-Habitant 09. Step-Parent 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 24. Other Known			
VICTIM / WITNESS	<u>OFF/INC Indicator</u> 1.#1 2.#2 3.Both 1 0 1		<u>V/W Code #</u> 1	<u>V. Type</u> 3	Name (Last, First, Middle or Business) BURNETT JANICE						Residence Phone 941 778-2271			
	Address (Street, Apt. Number) 3909 EAST BAY DR										City HOLMES BEACH	State FL	Zip 34217	Business Phone -
	Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement REPORTED OTHER INCIDENT							
	<u>If V/W Code is V, W or C Fill in this Line</u>	<u>Dom. Violence</u> 2	<u>Race</u> W	<u>Sex</u> F	<u>Date of Birth</u> 02/09/1957	<u>Age</u> 59	<u>Res. Type</u>	<u>Res. Status</u>	<u>Extent of Injury</u>	<u>Injury Type(s)</u>	<u>Relationship</u>	<u>Ethnicity</u>	<u>Will Victim prefer charge?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
VICTIM / WITNESS	<u>OFF/INC Indicator</u> 1.#1 2.#2 3.Both		<u>V/W Code #</u>	<u>V. Type</u>	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							
	<u>If V/W Code is V, W or C Fill in this Line</u>	<u>Dom. Violence</u>	<u>Race</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Res. Type</u>	<u>Res. Status</u>	<u>Extent of Injury</u>	<u>Injury Type(s)</u>	<u>Relationship</u>	<u>Ethnicity</u>	<u>Will Victim prefer charge?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
VICTIM / WITNESS	<u>OFF/INC Indicator</u> 1.#1 2.#2 3.Both		<u>V/W Code #</u>	<u>V. Type</u>	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							
	<u>If V/W Code is V, W or C Fill in this Line</u>	<u>Dom. Violence</u>	<u>Race</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Res. Type</u>	<u>Res. Status</u>	<u>Extent of Injury</u>	<u>Injury Type(s)</u>	<u>Relationship</u>	<u>Ethnicity</u>	<u>Will Victim prefer charge?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
SUSPECT OR MISSING PERSONS	<u>OFF / INC Indicator</u> 1.#1 2.#2 3.Both		<u>Suspect Code</u> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<u>Code</u>	<u>Susp. #</u>	<u>Juvenile</u>	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)							
	<u>Race</u>	<u>Sex</u>	<u>Date of Birth or Age</u>			<u>Height</u>	<u>Weight</u>	<u>Eye Color</u>	<u>Hair Color</u>	<u>Hair Length</u>	<u>Hair Style</u>			
	<u>Complexion</u>	<u>Build</u>	<u>Facial Hair</u>	<u>Teeth</u>	<u>Speech/Voice</u>	<u>Special Identifiers</u>								
	NARRATIVE													
	ADMINISTRATIVE	Officer(s) Reporting DET/SGT HALL		ID. Number(s)/Locator code 311		Signature of Officer Reporting				Unit		Date 11/07/2016		
Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date / / 		
Signature of Officer Reviewing										Page of 				