

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department						Agency Report Number				Primary Offense Description													
/ /								20160932				CRIMINAL MISCHIEF													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		11/12/2016		1036		1036		1036		1050															
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		Fri		11/11/2016		1700		To		Sat		11/12/2016		1030					
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		806 - 13 ( b1 )		NCIC/UCR Code											
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
7100 GULF DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
NAUTILUS CONDOMINIUMS		0. N/A 1. Yes		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle										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		UK		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
VW Code		Victim Type		Race		Sex		Residence Type		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		06. Parent		10. Steal-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		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		05. Child		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known											
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		NAUTILUS CONDOMINIUMS		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
7100 GULF DR		HOLMES BEACH		FL		34217		941 778-1970																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		2		N		N		01/27/1954		62		1		1		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		O		1		DAHLQUIST DAVID		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
7100 GULF DR #101		HOLMES BEACH		FL		34217		941 778-1970																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
MANAGER / NAUTILUS CONDOMINIUMS		CONTACT FOR BUSINESS VICTIM																							
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		2		W		M		01/27/1954		62		1		1		0		00 00		00				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 A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other						-													
Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
				20160933-35		OGLINE		322																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. COPEMAN		307		307		11/12/2016																	
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											

# PROPERTY REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160932**

<b>ADM</b>	Date of Supplement / /		<b>CRIMINAL MISCHIEF</b>					<b>NAUTILUS CONDOMINIUMS</b>					Original Date Reported <b>11/12/2016</b>		Primary Offense Description		Victim #1 Name (Last, First, Middle)		Agency Report Number <b>20160932</b>									
<b>THEFT</b>	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										<b>00</b>																	
<b>CODES</b>	Person Codes			Status Codes			Damage Codes			Other																		
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense 9. Other																		
<b>PROPERTY</b>	Property Type		Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		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		V		1		1		9		2		Z		1		WOOD FENCE											
<b>PROPERTY</b>	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)							
																					<b>GRAFFITI TO FENCING</b>							
	Value					100.00					Value Recovered										Date Recovered		/ /		SCIC/NCIC			
<b>PROPERTY</b>	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value										Value Recovered										Date Recovered		/ /		SCIC/NCIC			
<b>PROPERTY</b>	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value										Value Recovered										Date Recovered		/ /		SCIC/NCIC			
<b>PROPERTY</b>	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value										Value Recovered										Date Recovered		/ /		SCIC/NCIC			
<b>TOTALS</b>	Property Stolen										100.00										Change in Property Stolen Value							
	Property Recovered										0.00										Change in Property Recovered Value							
<b>CODES</b>	Activity										Type										Unit							
	P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate S. Sell    D. Deliver    Z. Other B. Buy    E. Use T. Traffic    K. Dispense/Distribute										A. Amphetamine    H. Hallucinogen    S. Synthetic B. Cocaine    M. Marijuana    U. Unknown C. Cocaine    O. Opium/Derivative    Z. Other E. Heroin    P. Paraphernalia/Equipment										1. Gram    5. Pound    9. Dose Unit/Item 2. Milligram    6. Ton 3. Kilogram    7. Liter 4. Ounce    8. Milliliter							
<b>DRUGS</b>	Activity		Type		Description										Quantity		Unit		Estimated Street Value									
<b>PROP. DETAIL / NARR.</b>	1) GRAFFITI SPRAY PAINTED IN RED "TRUMP KKK" AND "KKK" IN BLACK PERMANENT MARKER ON GATES TO DUMPSTER FENCE																											
<b>ADMINISTRATIVE</b>	Officer(s) Reporting					ID. Number(s)/Locator code					Signature of Officer Reporting					Unit					Date							
	OGLINE					322															11/12/2016							
	Officer Reviewing (If Applicable)					ID. Number					Routed To					Referred To					Assigned To					By		Date
SGT. COPEMAN					307																						/ /	
Signature of Officer Reviewing																				Page		Page						
																						of						

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20160932**

ADM Date of Supplement  
/ /  
Original Date Reported  
**11/12/2016**

Case Reference  
**CRIMINAL MISCHIEF**

NARRATIVE

I WAS ON PATROL AND FOUND THE GATES TO THE WOODEN SLAT FENCE AROUND THE DUMPSTER FOR NAUTILUS CONDOMINIUMS SPRAY PAINTED WITH RED PAINT FACING GULF DRIVE AFTER AN UNIDENTIFIED W/F PEDESTRIAN POINTED IT OUT TO ME. SHE ALSO INFORMED ME THERE WAS MORE GRAFFITI ALONG GULF DR ON POLES, BENCHES, AND SIGNS. THE RED PAINT HAD 'TRUMP KKK' IN VERY LARGE LETTERS AND, UPON CLOSER LOOK, I FOUND 'KKK' WRITTEN IN SMALLER LETTERS IN BLACK PERMANENT MARKER. I HAD DISPATCH MAKE CONTACT WITH THE PREMISES AND THE MANAGER, DAVID DAHLQUIST, CAME OUT AND TOLD ME THE FENCE WAS FINE AROUND 1700 HOURS ON 11/11/16. HE SAID HE HAS NO IDEA WHO WOULD HAVE DONE IT.

AFTER CHECKING THE AREA, I DISCOVERED MORE GRAFFITI NEARBY THAT SHOWED ALL OF THE CASES WERE THE SAME AND FROM AT LEAST 2 PEOPLE, ONE MALE AND ONE FEMALE, BASED UPON THE HANDWRITING STYLE AND MY EXPERIENCE. THE RELATED CASES WERE 20160933-0935. THERE WERE NO LEADS TO FOLLOW UP ON NOR ANY PHYSICAL EVIDENCE TO PROCESS OTHER THAN TAKING PICTURES OF THE GRAFFITI. I TOOK 4 PICTURES OF THE GRAFFITI AND UPLOADED THE DIGITAL IMAGES INTO THE CASE FILES DATABASE OF THE HSPD INTRANET.

Report Contains	Related Report Number(s) <b>20160933-35</b>	Name of Officer Reporting <b>OGLINE</b>	I.D. Number/Locator Code <b>322</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>307</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		Number Arrested	
OBTS Number		Page of	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1										
Date of Supplement / /		Holmes Beach Police Department										Agency Report Number 20160933		Primary Offense Description CRIMINAL MISCHIEF													
Original Day Reported Sat		Date 11/12/2016		Time (mil) 1052		Time Dispatched (mil) 1052		Time Arrived (mil) 1052		Time Completed (mil) 1113																	
Incident Type		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)											
1. Felony		4. Traffic Misdemeanor		9. Other		From Thu		11/10/2016		1200		To Sat		11/12/2016		1030											
OFF/INC #1		Type 3		Description DAMAGE PROP-CRI		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		806 - 13 ( b1 )		NCIC/UCR Code													
OFF/INC #2						A-Attempted C-Committed																					
Incident Location (Street Number, Street, Apt.)		7005 GULF DR		City HOLMES BEACH		Zip 34217		District		Grid		Area		Zone													
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											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile				03											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile															
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																	
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																	
# OFF/INC. 01		# Victims 01		# Offenders UK		# Prem. Ent. 00		# Veh. Stolen 00		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other 00							
V/W Code		V - Victim O - Other		Victim Type		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		Sex		N - N/A M - Male F - Female U - Unknown		Residence Type		0. N/A 1. City 2. County 3. Florida 4. Out-of-State		Residence Status		0. None 1. Minor 2. Serious 3. Fatal	
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Ste-Child 11. In-law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known									
OFF/INC Indicator		1. #1 3. Both 2. #2		V/W Code # 1		V. Type 4		Name (Last, First, Middle or Business) SATO REAL ESTATE		City		State FL		Zip 34216		Residence Phone -		Business Phone 941 778-7200									
Address (Street, Apt. Number)		519 PINE AVE		City ANNA MARIA		State FL		Zip 34216		Business Phone 941 778-7200		Synopsis of Involvement															
Other Contact Info. (Time Available, Interpreter, etc.)																											
If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race N		Sex N		Date of Birth		Age		Res. Type 0		Res. Status 0		Extent of Injury 0		Injury Type(s) 00 00		Relationship 00		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		1. #1 3. Both 2. #2		V/W Code # 1		V. Type 3		Name (Last, First, Middle or Business) SATO JOSHUA		City		State FL		Zip 34216		Residence Phone -		Business Phone 941 778-7200									
Address (Street, Apt. Number)		519 PINE AVE		City ANNA MARIA		State FL		Zip 34216		Business Phone 941 778-7200		Synopsis of Involvement															
Other Contact Info. (Time Available, Interpreter, etc.)																											
PROPERTY MANAGER / SATO REAL ESTATE																											
CONTACT FOR VICTIM BUSINESS																											
If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race W		Sex M		Date of Birth 03/12/1985		Age 31		Res. Type 1		Res. Status 1		Extent of Injury 0		Injury Type(s) 00 00		Relationship 00		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		1. #1 3. Both 2. #2		Suspect Code		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code		Susp.#		Juvenile		Name (Last, First, Middle)													
Maiden Name				Nic. name/Street Name				Place of Birth				Residence Phone															
Last Known Address (Street, Apt. Number)				City				State		Zip		Business Phone															
Occupation				Employer/School				Address				Social Security Number															
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC											
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
SEE NARRATIVE																											
Person/Unit Notified				Related Report Number(s) 20160932-35		Name of Officer Reporting OGLINE		I.D. Number/Locator Code 322																			
Signature of Officer Reporting				Officer Reviewing (If Applicable) SGT. COPEMAN		I.D. Number 307		Unit		Date 11/12/2016																	
Signature of Officer Reviewing				Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
Exception Type		1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page of													

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20160933**

<b>ADM</b>	Date of Supplement / /		<b>CRIMINAL MISCHIEF</b>					<b>SATO REAL ESTATE</b>					Agency Report Number <b>20160933</b>			
	Original Date Reported <b>11/12/2016</b>												Primary Offense Description		Victim #1 Name (Last, First, Middle)	
<b>THEFT</b>	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												<b>00</b>			
<b>CODES</b>	Person Codes			Status Codes			Damage Codes			Other						
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense						
<b>PROPERTY</b>	Property Type												Brand		Model Name/Number	
	A. Auto Accessory/Parts    E. Equipment/Tool    J. Jewelry/Precious Metal    O. Office Equipment    T. TV/Video/VCR    Y. Farm Equipment B. Bicycle    F. Food/Liquor/Consumable    K. Clothing/Fur    P. Art/Collection    U. Currency/Negotiable    Z. Miscellaneous C. Camera/Photo Equipment    G. Gun    L. Livestock    Q. Computer Equipment    V. Credit Card/Non-Negotiable    W. Boat/Motor D. Drug    H. Household Appliance/Goods    M. Musical Instrument    R. Radio/Stereo    X. Structure															
<b>PROPERTY</b>	Code    Person    Item #    Status    Damage    Property Type    Quantity    Name												Brand		Model Name/Number	
	Serial Number    Owner Applied Number    Description (Size, Color, Caliber, Barrel Length, Etc.)															
	Value				Value Recovered				Date Recovered		SCIC/NCIC					
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						
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						
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						
Code    Person    Item #    Status    Damage    Property Type    Quantity    Name												Brand		Model Name/Number		
Serial Number    Owner Applied Number    Description (Size, Color, Caliber, Barrel Length, Etc.)																
Value				Value Recovered				Date Recovered		SCIC/NCIC						
<b>TOTALS</b>	Property Stolen		50.00					Change in Property Stolen Value								
	Property Recovered		0.00					Change in Property Recovered Value								
<b>CODES</b>	Activity			Type			Unit			Other						
	P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate			A. Amphetamine    H. Hallucinogen    S. Synthetic			1. Gram    5. Pound    9. Dose Unit/Item			B. Sell    D. Deliver    Z. Other						
<b>DRUGS</b>	Activity		Type		Description		Quantity		Unit		Estimated Street Value					
	Activity		Type		Description		Quantity		Unit		Estimated Street Value					
	Activity		Type		Description		Quantity		Unit		Estimated Street Value					
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date							
	OGLINE		322						11/12/2016							
Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date				
SGT. COPEMAN		307										/ /				
Signature of Officer Reviewing											Page		Page			
											of					

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number  Agency Report Number

<b>ADM</b>	Date of Supplement / /
	Original Date Reported 11/12/2016

Case Reference  
**CRIMINAL MISCHIEF**

NARRATIVE

WHILE CHECKING THE AREA FOR GRAFFITI REPORTED BY A PEDESTRIAN, I FOUND THE VACATION RENTAL SIGN FOR SATO REAL ESTATE VANDALIZED BY A PURPLE PERMANENT MARKER WITH 'TRUMP' AND A HEART SHAPE DRAWN ON IT. I HAD DISPATCH CONTACT THE COMPANY AND THE PROPERTY MANAGER, JOSHUA SATO, RESPONDED. HE SAID THE SIGN WAS FINE ON 11/10/16 AROUND NOON WHEN HE CHECKED THE PROPERTY PRIOR TO A TENANT ARRIVING. HE SAID HE DID NOT KNOW WHO WOULD HAVE DONE IT. IN LOOKING AT THE HANDWRITING, IT APPEARED TO HAVE BEEN DONE BY A FEMALE SUBJECT.

BASED UPON THE PROXIMITY OF THE AREA AND THE SAME MARKER BEING USED IN 2 OTHER CASES, I DETERMINED THIS CASE WAS RELATED TO CASE 3's: 20160932, 0934, & 0935. THERE WERE NO LEADS TO FOLLOW UP ON NOR ANY PHYSICAL EVIDENCE TO PROCESS, OTHER THAN TAKE PICTURES OF THE GRAFFITI. I TOOK 2 PICTURES OF THE GRAFFITI AND UPLOADED THE DIGITAL IMAGES INTO THE CASE FILES DATABASE OF THE HBPD INTRANET AS EVIDENCE.

<b>ADM</b>	Report Contains	Related Report Number(s) 20160932-35	Name of Officer Reporting OGLINE	I.D. Number/Locator Code 322	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit Date 11/12/2016	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /	
	Case Status	<b>Clearance Type</b> 1. Arrest 2. Exceptional 3. Unfounded 4. 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	Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department						Agency Report Number				Primary Offense Description													
/ /								20160934				CRIMINAL MISCHIEF													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		11/12/2016		1116		1116		1116		1129															
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		Fri		11/11/2016		1700		To		Sat		11/12/2016		1030					
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		806 - 13 ( b1 )		NCIC/UCR Code											
OFF/INC #2						A-Attempted C-Committed																			
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
6900 GULF DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occuancy		0. N/A 1. Yes		2. No		0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0									
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other		26									
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		30. Other Mobile		99. Other											
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		30. Other Mobile		99. Other											
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		30. Other Mobile		99. Other											
# 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		UK		00		00		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. 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		Victim Relationship To Offender		06. Parent		10. Ste-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-He/Intant		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		1		5		CITY OF HOLMES BEACH															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5801 MARINA DR		HOLMES BEACH		FL		34217																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		0		00 00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
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																								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																							
Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
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# PROPERTY REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160934**

<b>ADM</b>	Date of Supplement / /		<b>CRIMINAL MISCHIEF</b>					<b>CITY OF HOLMES BEACH</b>																																																																																												
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<b>CODES</b>	<b>Activity</b> P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other					<b>Type</b> A. Amphetamine B. Cocaine C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other					<b>Unit</b> 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item																																																																																									
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<b>PROP. DETAIL / NARR.</b>	1) RED, PURPLE, AND BLACK PERMANENT MARKER GRAFFITI ON 3 POWER POLES, 2 TROLLEY STOP BENCHES, AND 2 STREET SIGNS BETWEEN THE 66th & 70th STREETS CONSISTING OF TRUMP RELATED RACIST REMARKS REGARDING THE KKK, THE DEPORTATION OF MUSIIMS & MEXICANS, AND 'DIE FAG'																																																																																																			
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date																																																																																										
	OGLINE		322							11/12/2016																																																																																										
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By																																																																																									
SGT. COPEMAN		307																																																																																																		
Signature of Officer Reviewing										Page _____ of _____																																																																																										

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number  Agency Report Number

ADM Date of Supplement   
 Original Date Reported

Case Reference  
**CRIMINAL MISCHIEF**

ADM NARRATIVE

I FOUND 3 POWER POLES, 2 TROLLEY STOP BENCHES, AND 2 STREET SIGNS TAGGED WITH PURPLE, BLACK, AND RED PERMANENT MARKERS. THE HANDWRITING FROM THE BLACK MARKER APPEARS TO BE MALE AND THE PURPLE AND RED APPEARS TO BE FEMALE. THE GRAFFITI CONSISTED OF RACIST REMARKS REGARDING THE KKK, THE DEPORTATION OF MEXICANS AND MUSLIMS, AND ONE THAT STATED 'DIE FAG' WITH HEART SHAPES AIMED AT TRUMP. I NOTICED THE PURPLE MARKER WAS FADING THE FURTHER SOUTH THE GRAFFITI WENT, WHICH I DETERMINED THE SUSPECTS MOVED SOUTH AS THEY COMMITTED MULTIPLE OFFENSES OF CRIMINAL MISCHIEF, AND THE RED MARKER, WHICH HAD A SMALLER TIP, WAS BEING USED IN CONJUNCTION WITH THE PURPLE MARKER.

THESE AREAS ARE MAINTAINED BY THE CITY SO I HAD DISPATCH LEAVE A NOTE FOR PUBLIC WORKS TO RESPOND ON MONDAY TO REMOVE OR COVER UP THE GRAFFITI. I DETERMINED THIS CASE WAS RELATED TO THE OTHERS IN THE AREA AND DOCUMENTED UNDER CASE #'s: 20160932, 0933, & 0935. THERE WERE NO LEADS TO FOLLOW UP ON NOR ANY PHYSICAL EVIDENCE TO PROCESS OTHER THAN TAKING PICTURES OF THE GRAFFITI. I TOOK A TOTAL OF 10 PICTURES OF THE GRAFFITI AND UPLOADED THE DIGITAL IMAGES INTO THE CASE FILES DATABASE OF THE HBPD INTRANET AS EVIDENCE.

Report Contains	Related Report Number(s) 20160932-35	Name of Officer Reporting OGLINE	I.D. Number/Locator Code 322
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit Date 11/12/2016
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /
Case Status	<b>Clearance Type</b> 1. Arrest 2. Exceptional 3. Unfounded A-Adult J-Juvenile	Date Cleared / /	Arrest Number Number Arrested
<b>Exception Type</b> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody OBTS Number Page of 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 20160935		Primary Offense Description CRIMINAL MISCHIEF									
	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)														
Sat		11/12/2016		1131		1131		1131		1205															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)									
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Fri		11/11/2016		1700		To		Sat		11/12/2016		1030					
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		806		-		13		( b1 )		NCIC/UCR Code			
OFF/INC #2						A-Attempted		C-Committed																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
201		69th ST		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occuancy		0. N/A		2. No		0		0. N/A		2. Unoccupied		0		1. Occupied		3. Abandoned		0			
1. Yes																									
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00			
01		01		UK		00		00		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown		00			
01. Handgun																									
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		2. L.E. Officer		5. Government		W - White		O - Oriental/Asian		1. City		4. Out-of-State		1. Full Year									
C - Reporting Person		3. Adult		9. Other		6. Church		B - Black		U - Unknown		2. County				2. Part Year									
3. Non-Resident																3. Non-Resident									
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Ste-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-He/Intant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both		1		V		1		4		ISLAND REAL ESTATE															
2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
6101 MARINA DR		HOLMES BEACH		FL		34217		941 778-6066																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
Fill in this Line		2		N		N						0		0		0		00		00		H		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both		1		O		1		3		PEREZ															
2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
6101 MARINA DR		HOLMES BEACH		FL		34217		941 778-6066																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
GUEST SERVICES SUPERVISOR / ISLAND REAL ESTATE		CONTACT FOR BUSINESS VICTIM																							
If V/W Code is V, W or C		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
Fill in this Line		2		W		F		01/15/1994		22		1		1		0		00		00		H		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)															
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing																							
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							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
				20160932-34		OGLINE		322																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. COPEMAN		307				11/12/2016																	
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		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page													
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody																			

# PROPERTY REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160935**

<b>ADM</b>	Date of Supplement / /		<b>CRIMINAL MISCHIEF</b>					<b>ISLAND REAL ESTATE</b>					Agency Report Number <b>20160935</b>							
	Original Date Reported <b>11/12/2016</b>												Primary Offense Description		Victim #1 Name (Last, First, Middle)					
<b>THEFT</b>	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												<b>00</b>							
<b>CODES</b>	Person Codes			Status Codes			Damage Codes			Other										
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense										
<b>PROPERTY</b>	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							
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number										
	V	1	1	9	2	Z	1	GRAFFITI												
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	Value			Value Recovered			Date Recovered			SCIC/NCIC										
20.00						/ /														
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	Value			Value Recovered			Date Recovered			SCIC/NCIC										
						/ /														
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	Value			Value Recovered			Date Recovered			SCIC/NCIC										
						/ /														
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	Value			Value Recovered			Date Recovered			SCIC/NCIC										
						/ /														
<b>TOTALS</b>	Property Stolen			20.00			Change in Property Stolen Value													
	Property Recovered			0.00			Change in Property Recovered Value													
<b>CODES</b>	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							
<b>DRUGS</b>	Activity	Type	Description				Quantity	Unit	Estimated Street Value											
<b>PROP. DETAIL / NARR.</b>	1) 'KKK HEART SHAPE 'TRUMP' IN PURPLE PERMANENT MARKER ON TOP FENCE RAIL																			
<b>ADMINISTRATIVE</b>	Officer(s) Reporting			ID. Number(s)/Locator code			Signature of Officer Reporting			Unit			Date							
	OGLINE			322									11/12/2016							
	Officer Reviewing (If Applicable)			ID. Number			Routed To			Referred To			Assigned To			By			Date	
SGT. COPEMAN			307															/ /		
Signature of Officer Reviewing												Page	Page							
													of							

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160935**

ADM	Date of Supplement / /
	Original Date Reported 11/12/2016

Case Reference  
**CRIMINAL MISCHIEF**

NARRATIVE

WHILE CHECKING THE AREA FOR REPEATED ACTS OF GRAFFITI RELATED TO TRUMP, I FOUND THE FEMALE SUSPECT HAD TAGGED THE TOP RAIL OF THE WEST WHITE PRIVACY FENCE TO THIS LOCATION IN PURPLE PERMANENT MARKER WITH 'KKK' HEART SHAPE 'TRUMP'. I HAD DISPATCH CONTACT THE VACATION RENTAL COMPANY FOR THE PROPERTY, ISLAND REAL ESTATE, AND CLAUDIA PEREZ RESPONDED. BASED UPON THE MARKER USED AND THE HANDWRITING, I RELATED THIS CASE TO THE OTHERS REPORTED UNDER CASE #'s: 20160932-0934. I TOOK 4 PHOTOGRAPHS TO DOCUMENT THE GRAFFITI AND THE LOCATION. I UPLOADED THE DIGITAL IMAGES INTO THE CASE FILES DATABASE OF THE HBPD INTRANET AS EVIDENCE. THERE WERE NO LEADS TO FOLLOW UP ON NOR ANY OTHER PHYSICAL EVIDENCE TO PROCESS OR COLLECT.

ADMINISTRATIVE	Report Contains	Related Report Number(s) <b>20160932-34</b>	Name of Officer Reporting <b>OGLINE</b>	I.D. Number/Locator Code <b>322</b>
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>322</b>
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To
	Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number <b>322</b>
				Page of

OFFENSE-INCIDENT REPORT

FL0410400

Gang Related

2

Juvenile in Report: N

Juvenile Warn/Dismiss:

1. Original 2. Supplement: 1

Holmes Beach Police Department

Agency Report Number 20160937

Primary Offense Description BATTERY

Original Day Reported Sat 11/12/2016 Time (mil) 2321 Time Dispatched (mil) 2321 Time Arrived (mil) 2321 Time Completed (mil) 0100

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day Sat Date 11/12/2016 Time (mil) 2321 To Sun Date 11/13/2016 Time (mil) 0100

OFF/INC #1 Type 3 Description BATTERY A-Attempted C-Committed Statute Violation Number - Chapter, Section, Sub 784 - 03 ( ) NCIC/UCR Code 130B

OFF/INC #2 A-Attempted C-Committed ( )

Incident Location (Street Number, Street, Apt.) 5626 GULF DR City HOLMES BEACH Zip 34217 District Grid Area Zone

Business Name/Area Identifier HARRINGTON HOUSE Forced Entry 0. N/A 1. Yes 2. No 0 Occuancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 0

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 99. Other 02

# OFF/INC. # Victims # Offenders # Prem. Ent. # Veh. Stolen Type of Weapon 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other 00

VW Code V - Victim W - Witness C - Reporting Person O - Other Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other Race N - N/A W - White B - Black I - American Indian O - Oriental/Asian U - Unknown Sex N - N/A M - Male F - Female U - Unknown Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal

Injury Type 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Heir/Parent 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Ste-Child 11. In-law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known

OFF/INC Indicator 1.#1 3.Both 2.#2 1 V 1 3 Name (Last, First, Middle or Business) %REDACTED% Residence Phone - Address (Street, Apt. Number) City State Zip Business Phone - Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement VICTIM

If VW Code is V, W or C Fill in this Line Dom. Violence 1 Race W Sex F Date of Birth 12/23/1964 Age 51 Res. Type 4 Res. Status 3 Extent of Injury 1 Injury Type(s) 09 Relationship 16 Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1.#1 3.Both 2.#2 1 V 1 3 Name (Last, First, Middle or Business) Residence Phone - Address (Street, Apt. Number) City State Zip Business Phone - Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement

If 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 No

OFF/INC Indicator 1.#1 3.Both 2.#2 1 Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other Code 1 Susp.# 1 Juvenile 2 Name (Last, First, Middle) BURKE BARRY Residence Phone - Maiden Name Nic. name/Street Name Place of Birth NEW YORK State NY Zip 11768 Business Phone -

Last Known Address (Street, Apt. Number) 47 STEERS AVE City NORTHPORT State NY Zip 11768 Business Phone -

Occupation GENERAL CONTRACTOR Employer/School SELF EMPLOYED Address Social Security Number - -

Driver's License Number/State 587177253 NY Immigration and Naturalization Number Other I.D. Number OBTS Number (Arrested) SCIC/NCIC

Clothing (Describe) KAKAI SHORTS AND BLUE SHIRT Scars/Marks/Tatoos (Location/Describe) TATOO RIGHT ANKLE

Race W Sex M Date of Birth 03/08/1961 Age 55 Height 509 Weight 225 Eye Color BLU Hair Color GRY Hair Length S Hair Style S

Complexion LT Build HEV Facial Hair Teeth Speech/Voice Special Identifiers

SEE NARRATIVE PAGE...

Person/Unit Notified Signature of Officer Reporting Signature of Officer Reviewing Case Status 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

Name of Officer Reporting BORES I.D. Number 326 Unit PATROL Date 11/14/2016

Signature of Officer Reporting SGT. K. POWERS Routed To Referred To Assigned To By Date

Clearance Type 1. Arrest 2. Exceptional 3. Unfounded A-Adult J-Juvenile Date Cleared Jail Number Number Arrested

OBTS Number Page of

# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
20160937

ADM	Date of Supplement / /	Primary Offense Description <b>BATTERY</b>		Victim #1 Name (Last, First, Middle) <b>%REDACTED%</b>		Agency Report Number 20160937							
	Original Date <b>11/12/2016</b>												
CODES	V/W Code V - Victim W - Witness C - Reporting Person	O - Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal			
	Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known			
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2 3.Both	V/W Code #	V. Type	Name (Last, First, Middle or Business)			City		State	Zip	Residence Phone	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"/>
	OFF/INC Indicator 1.#1 2.#2 3.Both	V/W Code #	V. Type	Name (Last, First, Middle or Business)			City		State	Zip	Residence Phone	Business Phone	
Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement							
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2 3.Both	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing R-Rec. Missing Z-other	Code	Susp. #	Juvenile	Name (Last, First, Middle)			Place of Birth		Residence Phone	
	Maiden Name		Nickname/Street Name		City		State		Zip	Business Phone			
Last Known Address (Street, Apt. Number)		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		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers								
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2 3.Both	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing R-Rec. Missing Z-other	Code	Susp. #	Juvenile	Name (Last, First, Middle)			Place of Birth		Residence Phone	
	Maiden Name		Nickname/Street Name		City		State		Zip	Business Phone			
Last Known Address (Street, Apt. Number)		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		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers								
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary	4. Disabled 7. Voluntary 8. Endangered Adult 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							
Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)									
Property Carried		ID. Type/Number		ID. Type/Number									
Probable Destination		Name Address		Transportation Mode									
Recovery Information 1. Voluntary 2. Located-Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 9. Other													
ADMINISTRATIVE	Officer(s) Reporting <b>BORES</b>	ID. Number(s)/Locator code <b>326</b>	Signature of Officer Reporting		Unit <b>PATROL</b>	Date <b>11/14/2016</b>							
	Officer Reviewing (If Applicable) <b>SGT. K. POWERS</b>	ID. Number <b>320</b>	Routed To	Referred To	Assigned To	Date / /							
Signature of Officer Reviewing					Page	Page							
					of								

# NARRATIVE CONTINUATION

1. Offense	2	Juvenile Warn/Dismiss		1. Original	1
2. Arrest		2. Supplement			
Agency ORI Number			Agency Report Number		
FL0410400			20160937		

## Holmes Beach Police Department

Date of Supplement	/ /
Original Date Reported	11/12/2016

Case Reference  
**BATTERY**

\*\*\*DOMESTIC RELATED\*\*\*

ON 11/12/2016 AT 23:21HRS I WAS DISPATCHED TO 5626 GULF DR. FOR A REPORT OF A PHYSICAL DOMESTIC DISPUTE BETWEEN A MALE AND FEMALE CALLED IN BY A WITNESS. UPON ARRIVAL I WAS MET WITH A WHITE MALE WHO WAS THE WITNESS. THE WITNESS STATED THAT HE OBSERVED AN OLDER WHITE MALE AND FEMALE IN A VERBAL ARGUMENT IN FRONT OF 5626 GULF DR. (HARRINGTON HOUSE). THE WITNESS FURTHER STATED THAT THE MALE SLAPED THE FEMALE IN THE FACE WITH AN OPEN HAND CAUSING HER TO FALL TO THE GROUND. THE MALE AND FEMALE THEN WALKED TO THE SIDE OF THE BUILDING.

I WALKED TO THE SIDE OF THE BUILDING AND LOCATED A WHITE MALE AND FEMALE MATCHING THE DESCRIPTION SITTING ON A BENCH. I MADE CONTACT WITH THE MALE WHO WAS IDENTIFIED AS BARRY BURKE BY HIS NEW YORK DL (587177253). SGT. COPEMAN SEPERATED THE FEMALE WHO WAS IDENTIFIED AS %REDACTED% AND WALKED OUT FRONT. I INTERVIEWED MR. BURKE WHO STATED THAT HE AND %REDACTED% ARE ENGAGED AND ARE STAYING IN A UNIT AT THE HARRINGTON HOUSE. MR. BURKE FURTHER STATED THAT HE AND %REDACTED% HAD A LITTLE TOO MUCH TO DRINK TONIGHT AND COULD NOT FIND THEIR UNIT AND STARTED TO ARGUE. I ASKED IF HE SLAPED %REDACTED% AND HE STATED "NO" IT WAS ONLY VERBAL.

I WALKED OUT FRONT TO TALK TO %REDACTED% AND IMMEDIATELY NOTICED THAT HER LEFT SIDE OF HER FACE WAS RED AND WAS SWELLING. %REDACTED% BEGAN TO PUT HER HAIR OVER THE RED AEA TO CONCEAL IT FROM ME AND SGT. COPEMAN. I ASKED HER IF MR. BURKE SLAPPED HER TONIGHT WHICH SHE STATED "NO" AND THAT THE RED SWOLLEN MARKS ARE FROM MENOPAUSE. MS. PINCHUCK AGAIN STATED THAT HE DID NOT SLAP HE RAND BEGAN TO PLED FOR THE POLICE TO DO NOTHING TO HIM. %REDACTED% WAS UNCOOPERATIVE DURING THE INVESTIGATION.

BASED OFF THE WITNESS' SWORN AFFIDAVIT AND THE MARKS ON %REDACTED% FACE THAT ARE CONSISTANT FROM THE WITNESS' STATEMENT I PLACED MR. BURKE INTO CUSTODY FOR BATTERY. I LATER TRANSPORTED MR. BURKE TO MCSO TRANSPORTATION TO BE PROCESSED AT MCSO JAIL. NO FURTHER ACTION TAKEN.

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
	SGT. K. POWERS	320	PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status	Clearance Type	Date Cleared	Arrest Number
	1. Arrest 2. Exceptional 3. Unfounded	/ /	
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number
1. Extradition Declined			OBTS Number
	3. Death of Offender 4. V / W Refused to Cooperate		Page of

NARRATIVE

ADMINISTRATIVE



# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Case Reference

Agency ORI Number **FL0410400** Agency Report Number **20160937**

ADM	Date of Supplement <b>11/13/2016</b>
	Original Date Reported <b>11/13/2016</b>

NARRATIVE

ON LISTED DATE AND TIME I RESPONDED TO 5626 GULF DR DUE TO A DOMESTIC. UPON ARRIVAL OFFICER BORES SPOKE TO THE WITNESS AND GOT A DESCRIPTION OF THE SUSPECT. I GOT THE WITNESS (JANSEN, CONTACT INFO AND WE STARTED CHECKING THE AREA. THE DESCRIPTION WAS A WHITE MALE 40 TO 50 YRS UNBUTTONED POLO STYLE SHIRT WITH TAN SHORTS, HEAVY SET. JANSEN STATED THAT HE SAW THE SUSPECT HIT THE VICTIM IN THE FACE WITH AN OPEN HAND. JANSEN STATED THAT THE VICTIM THEN FELL TO THE GROUND. BOTH THE VICTIM AND THE SUSPECT WALKED AROUND THE BUILDING AND HE LOST SIGHT OF THEM. WHILE CHECKING THE AREA WE FOUND A PERSON MATCHING THAT DESCRIPTION. OFFICER BORES TALKED TO THE SUSPECT (BURKE) AND I WALKED WITH THE VICTIM (%REDACTED%) AROUND THE CORNER AND ASKED HER WHAT WAS GOING ON. SHE STATED NOTHING AND THAT SHE WAS FINE. WHILE TALKING TO HER I COULD SEE HER LEFT CHEEK WAS RED AND SWOLLEN. WHEN ASKED MORE ABOUT HER CHEEK %REDACTED% BECAME UNCOOPERATIVE.

BASED ON THE WITNESS STATEMENTS AND THE PHYSICAL EVIDENCE OFFICER BORES PLACED BURKE UNDER ARREST FOR THE BATTERY. AN AFFIDAVIT WAS DONE BY THE WITNESS, PHOTO'S OF THE INJURY WERE ALSO TAKEN, %REDACTED% WAS GIVEN A DOMESTIC PACKET BUT REFUSED TO SIGN OR TAKE IT DO TO HER NOT WANTING HER BOYFRIEND OF 12 YEARS TO BE ARRESTED. BURKE WAS PLACED IN THE BACK OF OFFICER BORES TRUCK AND TRANSPORTED TO THE STATION TO COMPLETE PAPER. NFA

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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description															
/ /		Sun 11/13/2016				20160938				DUI															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		11/13/2016		0244		0244		0244		0600															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sun		11/13/2016		0244		Sun		11/13/2016		0600									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DUI				C		316 - 193 ( 1A )		5400															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		MARIJUANA-POSSE				C		893 - 13 ( 6 )		350A															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
5200 GULF DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No 3. Abandoned		0		2. Unoccupied 3. Abandoned 0													
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		28. Lake/Waterway		29. Motor Vehicle											
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		26											
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendary		13. Drugs			
2		1		1		0		0		01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		1. American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Host/ant		09. Step-Parent		13. Student				20. Employee		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		0		00		00						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		0		00		00						Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		1		1		2		JORGE		NICHOLAS		RYAN		FLORIDA		941 704-4889							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
4413 99TH ST W APT A		BRADENTON		FL		34210		941 782-1122																	
Occupation		Employer/School		Address		Social Security Number																			
COOK		BRIDGE STREET BISTRO		111 GULF DR		-																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
J620636863480		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
CHEF'S JACKET AND BLACK PANTS																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		09/28/1986		30		511		220		HAZ		BLK		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
SEE NARRATIVE PAGE...																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						BORES		326																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. K. POWERS				320		PATROL		11/14/2016																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
										/ /															
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

# PERSON(S) REPORT

## Holmes Beach Police Department

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

Agency Report Number  
**20160938**

<b>ADM</b>	Date of Supplement / /		<b>PERSON(S) REPORT</b>										Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/> 1 2. Original Supplement: <input type="checkbox"/> 1																												
	Original Date <b>11/13/2016</b>		Primary Offense Description <b>DUI</b>				Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						Agency Report Number <b>20160938</b>																												
<b>CODES</b>	<b>V/W Code</b> V - Victim W - Witness C - Reporting Person		<b>Victim Type</b> 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		<b>Race</b> N-N/A W-White B-Black		<b>Sex</b> N-N/A M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A 1. City 2. County		<b>Residence Status</b> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		<b>Extent of Injury</b> 0. None 1. Minor 2. Serious 3. Fatal																												
	<b>Injury Type</b> 00. N/A 01. Gunshot 02. Stabbed			03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury			07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other			<b>Victim Relationship To Offender</b> 00. N/A 01. Undetermined 02. Stranger			03. Spouse 04. Ex-Spouse 05. Co-Habitant			06. Parent 07. Brother/Sister 08. Child 09. Step-Parent			10. Step-Child 11. In-Law 12. Other Family 13. Student			14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend			17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee			21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known													
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>V/W Code #</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>										<b>Residence Phone</b>																								
	Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																				
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>V/W Code #</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>										<b>Residence Phone</b>																								
	Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																				
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect A-Arrestee		<b>E-Escapee</b> M-Missing		<b>R-Rec. Missing</b> Z-other		<b>Code</b>		<b>Susp. #</b>		<b>Juvenile</b>		<b>Name (Last, First, Middle)</b>										<b>Residence Phone</b>																
	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		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/Tattoos (Location/Describe)										Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style			
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect A-Arrestee		<b>E-Escapee</b> M-Missing		<b>R-Rec. Missing</b> Z-other		<b>Code</b>		<b>Susp. #</b>		<b>Juvenile</b>		<b>Name (Last, First, Middle)</b>										<b>Residence Phone</b>																
	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		Last Known Address (Street, Apt. Number)		City		State		Zip		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/Tattoos (Location/Describe)										Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parente 3. Involuntary		<b>4. Disabled</b> 5. Endangered 6. Adult 7. Voluntary 8. Unknown		<b>Foul Play Suspected?</b> 1. Yes 2. No		<b>Missing Before?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided?</b> 1. Yes 2. No																										
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By																																		
Mental/Physical Condition		Medication Required/Type										Doctor/Dentist (Name, Phone Number)																													
Property Carried		ID. Type/Number										ID. Type/Number																													
Probable Destination		Name/Address										Transportation Mode																													
Recovery Information		0. N/A 1. Voluntary		2. Located-Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other																															
<b>ADMINISTRATIVE</b>	Officer(s) Reporting <b>BORES</b>		ID. Number(s)/Locator code <b>326</b>				Signature of Officer Reporting				Unit <b>PATROL</b>		Date <b>11/14/2016</b>																												
	Officer Reviewing (If Applicable) <b>SGT. K. POWERS</b>		ID. Number <b>320</b>				Routed To		Referred To		Assigned To		By <b>By</b>		Date																										
	Signature of Officer Reviewing		Page										Page																												

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20160938**

<b>ADM</b>	Date of Supplement / /		<b>Primary Offense Description</b> <b>DUI</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>STATE OF FLORIDA</b>							
	Original Date Reported <b>11/13/2016</b>														
<b>THEFT</b>	<b>Theft Type Codes</b>										<b>Theft Type</b>				
	00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. Ev. Computer    12. Fraud    99. Other														
<b>CODES</b>	<b>Person Codes</b>			<b>Status Codes</b>			<b>Damage Codes</b>								
	V - Victim S - Suspect A - Arrestee O - Other			1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other								
<b>PROPERTY</b>	<b>Property Type</b>														
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat/Motor X. Structure Y. Farm Equipment Z. Miscellaneous		
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number		
	A	1	1	8	0	D	1	<b>MARIJUANA</b>							
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
<b>TOTALS</b>	Property Stolen			0.00			Change in Property Stolen Value								
	Property Recovered			0.00			Change in Property Recovered Value								
<b>CODES</b>	<b>Activity</b>					<b>Type</b>					<b>Unit</b>				
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other					A. Amphetamine B. Cocaine C. Marijuana E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other					1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item				
<b>DRUGS</b>	Activity	P	Type	M	Description <b>MARIJUANA</b>				Quantity	6.5	Unit	1	Estimated Street Value		
	Activity		Type		Description				Quantity		Unit		Estimated Street Value		
	Activity		Type		Description				Quantity		Unit		Estimated Street Value		
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date					
	<b>BORES</b>		<b>326</b>					<b>PATROL</b>		<b>11/14/2016</b>					
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date		
	<b>SGT. K. POWERS</b>		<b>320</b>										/ /		
Signature of Officer Reviewing											Page	Page			
											of				

# VEHICLE REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160938**

<b>ADM</b>	Date of Supplement / /	Original Date Reported <b>11/13/2016</b>	Primary Offense Description <b>DUI</b>	Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>
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<b>Person Code</b> V- Victim S- Suspect A- Arrestee O- Other	<b>Status Code</b> 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other	<b>Damage Code</b> 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other	<b>Type</b> 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other	<b>Recovery Location</b> 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other	<b>Recovery Code</b> <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local
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Person Code <b>A</b>	Person # <b>1</b>	Vehicle # <b>1</b>	Status <b>9</b>	Damage <b>0</b>	Type <b>1</b>	Year <b>2006</b>	Make <b>LINC</b>	Model <b>4DR</b>	Style <b>4DR</b>					
Tag Reg./Doc. # <b>612PYW</b>		Reg. State <b>FL</b>		Reg. Year <b>2017</b>		Decal Number <b>13513095</b>		Tag Type						
VIN/Hull/FAA <b>1LNFM87A06Y641067</b>								Estimated Value <b>\$3,000</b>						
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition				Insurance Company <b>ALLSTATE</b>				Lien Holder						
Color (Top/Bottom) <b>WHITE</b>														
Vessel Name			Length			Hull Material			Propulsion		Boat Type			
Recovery Address/Geographic Indicator						Date Recovered / /		Value Recovered						
Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No <b>N</b>		Reason/Authority <b>DUI</b>				
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.			Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.			Towed By <b>ELMERS</b>			Storage Location <b>BRADENTON</b>		SCIC/NCIC		Location of Original Theft	

Person Code	Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style					
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type						
VIN/Hull/FAA								Estimated Value						
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition				Insurance Company				Lien Holder						
Color (Top/Bottom)														
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;">                     (Large circular stamp or watermark)                 </div>
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Signature of Officer Reporting	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code <b>326</b>	Unit <b>PATROL</b>
Signature of Officer Reviewing	Officer Reviewing (If Applicable) <b>SGT. K. POWERS</b>	I.D. Number <b>320</b>	Date <b>11/14/2016</b>
Routed To	Referred To	Assigned To	By
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile Custody
OBTS Number	Page	Page	of

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

ADM	Date of Supplement / /
	Original Date Reported 11/13/2016

Case Reference  
DUI

Agency ORI Number FL0410400	Agency Report Number 20160938
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NARRATIVE

ON 11/13/2016 AT 02:44HRS I WAS CONDUCTING STATIONARY RADAR IN THE 5200 BLK OF GULF D.R FACING SOUTHBOUND. WHILE CONDUCTING STATIONARY RADAR I OBSERVED A WHITE 4DR LINCOLN TRAVEL TO THE LEFT OVER THE SOLID DOUBLE YELLOW LINES. THE LINCOLN CONTINUED ON GULF DR. AS THE RIGHT TIRES TRAVELED TO THE RIGHT OVER THE SOLID WHITE FOG LINE INTO THE BICYCLE LANE. I PULLED ONTO GULF DR. AND GOT BEHIND THE WHITE LINCOLN BEARING FLORIDA REGISTRATION (FL,612PYW). THE WHITE LINCOLN TURNED LEFT ONTO S. HARBOR DR. AS I GOT BEHIND. BASED OFF THE DRIVING PATTERN AND MY SUSPICION THAT THE DRIVER COULD BE IMPAIRED OR HAVING A MEDICAL ISSUE I ACTIVATED MY EMERGENCY WARNING LIGHTS. THE WHITE LINCOLN STOPPED IN FRONT OF 206 S. HARBOR DR.

I APPROACHED THE WHITE LINCOLN ON THE DRIVER'S SIDE AND MADE CONTACT WITH THE DRIVER. I IMMEDIATELY NOTICED THAT THE DRIVER HAD RED, WATERY EYES. I REQUESTED FOR HIS DRIVER'S LICENSE, REGISTRATION, AND PROOF OF INSURANCE. THE DRIVER HANDED ME HIS DOCUMENTS THAT I REQUESTED, AND WAS IDENTIFIED AS NOCHOLAS R. JORGE BY HIS FLORIDA DRIVER'S LICENSE (J620336863450). I ASKED MR. JORGE WHERE HE WAS COMING FROM TONIGHT WHICH HE WAS WATCHING THE UFC FIGHT AT A FRIENDS HOUSE ON 65<sup>TH</sup> ST. I ADVISED MR. JORGE FOR THE REASON FOR THE STOP THAT HE DROVE OVER THE YELLOW LINES AND BACK OVER THE WHITE LINE INTO THE BICYCLE LANE. AS I COMMUNICATED WITH MR. JORGE I OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON AND/OR ABOUT HIS PERSON AND HIS SPEECH TO BE SLURRED. I ASKED MR. JORGE HOW MUCH ALCOHOL HE HAD CONSUMED TONIGHT AND HE STATED "THREE BEERS". I ASKED MR. JORGE TO EXIT THE VEHICLE AND STEP TO THE FRONT OF MY PATROL VEHICLE SO I COULD ADMINISTER FIELD SOBRIETY EXERCISES TO HIM. AS MR. JORGE EXITED THE VEHICLE I OBSERVED THE ODOR OF RAW MARIJUANA ON AND/ OR ABOUT HIS PERSON. I ASKED THE FRONT PASSENGER TO EXIT THE VEHICLE AND STEP TO THE FRONT UNTIL SGT. COPEMAN ARRIVED ON SCENE.

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 . K . POWERS	I.D. Number 320	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared / /		Arrest Number	Number Arrested
OBTS Number		Page of	Page

# 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: **20160938**

**ADM**  
Date of Supplement: / /  
Original Date Reported: **11/13/2016**

Case Reference: **DUI**

FIELD SOBRIETY EXERCISES:

THESE EVALUATIONS WERE PERFORMED IN THE STREET IN FRONT OF 206 S. HARBOR DR. THE STREET SURFACE WAS 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.

MEDICAL PROBLEMS:

I QUESTIONED MR. JORGE TO RULE OUT ANY MEDICAL CONDITIONS REQUIRING TREATMENT. MR. JORGE STATED THAT HE WAS NOT DIABETIC OR EPILEPTIC. I ASKED MR. JORGE IF HE WAS TAKING ANY MEDICATIONS OR DRUGS AND HE STATED "NO". MR. JORGE STATED "I DIDN'T WANT TO DRIVE THE VEHICLE TONIGHT". I DID NOT OBSERVE ANY INDICATION THAT MR. JORGE 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. JORGE'S EYES. MR. JORGE WAS TOLD TO KEEP HIS HEAD STILL AND TO FOLLOW THE STIMULUS, AND HAD A FRONT TO REAR SWAY DURING THE EVALUATION. I DID NOT OBSERVE THE LACK OF CONVERGENCE IN MR. JORGE'S EYES.

WALK AND TURN: (EXPLAINED AND DEMONSTRATED)

MR. JORGE WAS IN CROCS DURING THE EVALUATION. I INSTRUCTED AND DEMONSTRATED THE EVALUATION FOR MR. JORGE AT WHICH TIME HE ADVISED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THE INSTRUCTIONAL STAGE, MR. JORGE 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. JORGE BEGAN TO WALK ON THE LINE BEFORE BEING TOLD TO START. I TOLD HIM TO STOP AND GO BACK TO THE POSITION I EXPLAINED AND DEMONSTRATED FOR HIM. MR. JORGE WAS UNSTEADY ON HIS FEET DURING THIS PHASE AND WAS UNABLE TO STAY IN THE POSITION THAT I DEMONSTRATED FOR HIM. MR. JORGE BEGAN TO WALK ON THE TWO MORE TIMES BEFORE BEING TOLD TO START AND WAS

NARRATIVE

<b>ADMINISTRATIVE</b>	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				<b>BORES</b>	<b>326</b>		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date	
			<b>SGT . K . POWERS</b>	<b>320</b>	<b>PATROL</b>	<b>11/14/2016</b>	
Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date	
						/ /	
Case Status		Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1. Arrest      3. Unfounded 2. Exceptional		/ /			
Exception Type		1. Arrest on Primary Offense 2. Arrest on Primary Offense Secondary Offense Without Prosecution		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number	
1. Extradition Declined		3. Death of Offender 4. V / W Refused to Cooperate				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: **20160938**

**ADM**  
Date of Supplement: / /  
Original Date Reported: **11/13/2016**

Case Reference: **DUI**

JORGE HAD A FRONT TO REAR SWAY DURING THE EVALUATION AND DID NOT HAVE EYES COMPLETELY CLOSED. I ALSO OBSERVED EYE LID TREMORS IN BOTH OF MR. JORGE'S EYES.

BASED ON MY TRAINING, EXPERIENCE, AND OBSERVATIONS, I PLACED MR. JORGE INTO CUSTODY. DURING SEARCH INCIDENT TO ARREST I LOCATED A CLEAR PLASTIC BAG WITH MARIJUANA IN HIS FRONT LEFT POCKET. I FURTHER LOCATED A CLEAR PLASTIC BAG WITH MARIJUANA INSIDE THE CENTER CONSOLE OF THE WHITE LINCOLN, SIX BURNT MARIJUANA CIGAREETS IN THE FRONT ASHTRAY AS WELL AS PIECES OF MARIJUANA BETWEEN BOTH DRIVER AND PASSENGER SEATS AND CONSOLE. THE MARIJUANA WAS FIELD TESTED POSITIVE AND HAD THE TOTAL WEIGHT OF 6.5 GRAMS. THE MARIJUANA WAS TRANSPORTED TO TH ESTATION AND PLACED INTO EVIDENCE BY SGT. COPEMAN. I LATER TRANSPORTED MR. JORGE TO MCSO JAIL WHERE I CONDUCTED THE 20 MINUTE OBSERVATION PERIOD AND READ HIM IMPLIED CONSENT. MR. JORGE REFUSED TO PROVIDE A BREATH SAMPLE. I THEN READ MR. JORGE HIS MIRANDA WARNING AND HE REFUSED TO ANSWER ANY QUESTIONS.

MR. JORGE WAS ISSUED THE FOLLOWING CITATIONS: 6629XBK (DUI); A2H5ATE (FAILED TO DRIVE WITHIN SINGLE LANE). MR. JORGE WAS ALSO CHARGED WITH POSSESSION OF MARIJUANA LESS THAN 20 GRAMS.

NARRATIVE

<b>ADMINISTRATIVE</b>	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				<b>BORES</b>	<b>326</b>		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date	
			<b>SGT . K . POWERS</b>	<b>320</b>	<b>PATROL</b>	<b>11/14/2016</b>	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date
						/ /	
Case Status		Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1. Arrest 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	
1. Extradition Declined		3. Death of Offender 4. V / W Refused to Cooperate				Page of	

# PROPERTY REPORT

1. Original  
2. Supplement

2

<b>ADM</b>	Date of Supplement <b>11/13/2016</b>		<b>Holmes Beach Police Department</b>				Agency Report Number <b>20160938</b>				
	Original Date Reported <b>11/13/2016</b>		Primary Offense Description			Victim #1 Name (Last, First, Middle)					
<b>THEFT</b>	<b>Theft Type Codes</b> 00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. Ev. Computer    12. Fraud    99. Other										Theft Type <b>00</b>
	<b>Person Codes</b> V - Victim    A - Arrestee S - Suspect    O - Other			<b>Status Codes</b> 1. Stolen    2. Recovered    3. Stolen and Recovered    4. Recovered for Other Jurisdiction    5. Lost    6. Found    7. Safekeeping    8. Evidence/Seized    9. Other			<b>Damage Codes</b> 0. N/A    1. Arson    2. Criminal Mischief    3. During other Offense    9. Other				
<b>CODES</b>	<b>Property Type</b> A. Auto Accessory/Parts    B. Bicycle    C. Camera/Photo Equipment    D. Drug    E. Equipment/Tool    F. Food/Liquor/Consumable    G. Gun    H. Household Appliance/Goods    I. Plant/Citrus    J. Jewelry/Precious Metal    K. Clothing/Fur    L. Livestock    M. Musical Instrument    N. Construction Machinery    O. Office Equipment    P. Art/Collection    Q. Computer Equipment    R. Radio/Stereo    S. Sports Equipment    T. TV/Video/VCR    U. Currency/Negotiable    V. Credit Card/Non-Vegotiable    W. Boat/Motor    X. Structure    Y. Farm Equipment    Z. Miscellaneous										
	Code <b>A</b>	Person <b>1</b>	Item # <b>1</b>	Status <b>8</b>	Damage <b>0</b>	Property Type <b>D</b>	Quantity <b>6</b>	Name <b>JOINT BUTTS</b>		Brand	Model Name/Number
<b>PROPERTY</b>	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>6 SMALL JOINT BUTTS IN A CONTAINER</b>						
	Value		Value Recovered <b>1.00</b>		Date Recovered <b>11/13/2016</b>		SCIC/NCIC				
<b>PROPERTY</b>	Code <b>A</b>	Person <b>1</b>	Item # <b>2</b>	Status <b>8</b>	Damage <b>0</b>	Property Type <b>D</b>	Quantity <b>1</b>	Name <b>MARAJUANA</b>		Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>6.5 GRAMS IN BAGGIE</b>						
	Value		Value Recovered <b>1.00</b>		Date Recovered <b>11/13/2016</b>		SCIC/NCIC				
<b>PROPERTY</b>											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
<b>PROPERTY</b>											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
<b>PROPERTY</b>											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
<b>TOTALS</b>	Property Stolen		<b>0.00</b>		Change in Property Stolen Value						
	Property Recovered		<b>2.00</b>		Change in Property Recovered Value						
<b>CODES</b>	<b>Activity</b> P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate S. Sell    D. Deliver    Z. Other B. Buy    E. Use T. Traffic    K. Dispense/Distribute			<b>Type</b> A. Amphetamines    H. Hallucinogen    S. Synthetic B. Barbiturate    M. Marijuana    U. Unknown C. Cocaine    O. Opium/Derivative    Z. Other E. Heroin    P. Paraphernalia/Equipment			<b>Unit</b> 1. Gram    5. Pound    9. Dose Unit/Item 2. Milligram    6. Ton 3. Kilogram    7. Liter 4. Ounce    8. Milliliter				
	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
<b>DRUGS</b>	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
<b>PROP. DETAIL / NARR.</b>	<b>PLACED IN LOCKER #1</b>										
<b>ADMINISTRATIVE</b>	Officer(s) Reporting <b>SGT. COPEMAN</b>		ID. Number(s)/Locator code <b>307</b>		Signature of Officer Reporting				Unit	Date <b>11/13/2016</b>	
	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>		ID. Number <b>307</b>		Routed To	Referred To	Assigned To	By	Date <b>    /    /    </b>		
	Signature of Officer Reviewing										

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Case Reference

Agency ORI Number **FL0410400** Agency Report Number **20160938**

ADM	Date of Supplement <b>11/13/2016</b>
	Original Date Reported <b>11/13/2016</b>

NARRATIVE

ON LISTED DATE AND TIME I RESPONDED TO BACK UP OFFICER BORES ON A TRAFFIC STOP. OFFICER BORE SUSPECTED THE DRIVER OF BEING INTOXICATED. I STOOD BY WITH THE VEHICLE AND PASSENGER WHILE OFFICER BORES CONDUCTED HIS INVESTIGATION. AFTER OFFICER BORES PLACED THE DRIVER UNDER ARREST I STOOD BY WITH THE VEHICLE UNTIL ELMERS TOWING RESPONDED TO TAKE THE VEHICLE. WHILE OFFICER BORES WAS SEARCHING THE SUSPECT AND THE VEHICLE HE FOUND MARIJUANA. I TOOK THE MARIJUANA BACK TO THE STATION WERE IT TEST POSITIVE OF MARIJUANA AND WEIGHTED 6.5 GRAMS IN BAGGIE AND 6 SMALL JOINT CUTTS PHOTO WERE TAKEN AND THE ITEMS PLACE IN LOCKER #1. NFA

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

OFFENSE-INCIDENT REPORT

FL0410400

Gang Related

2

Juvenile in Report: N

Juvenile Warn/Dismiss:

1. Original 2. Supplement: 1

Holmes Beach Police Department

Agency Report Number 20160940

Primary Offense Description DOMESTIC

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

# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
**20160940**

<b>ADM</b>	Date of Supplement / /		Primary Offense Description <b>DOMESTIC</b>						Victim #1 Name (Last, First, Middle) <b>%REDACTED%</b>															
	Original Date <b>11/13/2016</b>																							
<b>CODES</b>	<b>V/W Code</b> V - Victim O - Other W - Witness C - Reporting Person		<b>Victim Type</b> 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other			<b>Race</b> N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		<b>Sex</b> N-N/A M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		<b>Residence Status</b> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		<b>Extent of Injury</b> 0. None 1. Minor 2. Serious 3. Fatal										
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>V. Type</b> Name (Last, First, Middle or Business)		<b>Address (Street, Apt. Number)</b> City State Zip		<b>Residence Phone</b> -		<b>Business Phone</b> -		Other Contact Info. (Time Available, Interpreter, etc.)													
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>V. Type</b> Name (Last, First, Middle or Business)		<b>Address (Street, Apt. Number)</b> City State Zip		<b>Residence Phone</b> -		<b>Business Phone</b> -		Other Contact Info. (Time Available, Interpreter, etc.)													
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code Susp. # Juvenile</b> Name (Last, First, Middle)		<b>Maiden Name</b> Nickname/Street Name		<b>Place of Birth</b> City State Zip		<b>Residence Phone</b> -		<b>Business Phone</b> -		<b>Occupation</b> Employer/School Address		<b>Social Security Number</b> - -							
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code Susp. # Juvenile</b> Name (Last, First, Middle)		<b>Maiden Name</b> Nickname/Street Name		<b>Place of Birth</b> City State Zip		<b>Residence Phone</b> -		<b>Business Phone</b> -		<b>Occupation</b> Employer/School Address		<b>Social Security Number</b> - -							
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 4. Disabled 7. Voluntary 2. Parent 5. Endangered Adult 3. Involuntary 6. Disaster Victim 8. Unknown		<b>Foul Play Suspected ?</b> 1. Yes 2. No		<b>Missing Before ?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided ?</b> 1. Yes 2. No		<b>Date Last Seen</b> Time Last Seen		<b>Location Last Seen (Address, City, St.)</b> Accompanied By							
<b>MISSING PERSON / RUNAWAY</b>	<b>Date Last Seen</b> Time Last Seen		<b>Location Last Seen (Address, City, St.)</b> Accompanied By		<b>Mental/Physical Condition</b> Medication Required/Type		<b>Doctor/Dentist (Name, Phone Number)</b>		<b>Property Carried</b> ID. Type/Number		<b>ID. Type/Number</b>		<b>Probable Destination</b> Name Address		<b>Transportation Mode</b>									
<b>ADMINISTRATIVE</b>	<b>Officer(s) Reporting</b> <b>WALKER</b>		<b>ID. Number(s)/Locator code</b> <b>312</b>		<b>Signature of Officer Reporting</b>		<b>Unit</b>		<b>Date</b> <b>11/14/2016</b>		<b>Officer Reviewing (If Applicable)</b>		<b>ID. Number</b>		<b>Routed To</b>		<b>Referred To</b>		<b>Assigned To</b>		<b>By</b>		<b>Date</b> / /	
<b>ADMINISTRATIVE</b>	<b>Officer Reviewing (If Applicable)</b>		<b>ID. Number</b>		<b>Routed To</b>		<b>Referred To</b>		<b>Assigned To</b>		<b>By</b>		<b>Date</b> / /		<b>Signature of Officer Reviewing</b>		<b>Page</b>		<b>Page</b>		<b>of</b>			

# NARRATIVE CONTINUATION

## Holmes Beach Police Department

1. Offense	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number		Agency Report Number			
FL0410400		20160940			

Date of Supplement	/ /
Original Date Reported	11/13/2016

Case Reference

ON 11/13/2016, AT 2103 HOURS, I WAS DISPATCHED TO 4000 GULF DRIVE, IN REFERENCE TO A DOMESTIC DISTURBANCE. THE CALLER STATED THAT A MAN AND WOMAN WERE IN A VERBAL ARGUMENT WHEN THE MALE APPROACHED THE FEMALE WHO WAS SITTING AT THE BUS STOP AND PUNCHED HER IN THE FACE. THE CALLER ADVISED THE MALE THEN ENTERED HIS DARK PICKUP TRUCK BEARING FLORIDA TAG #(GHEA03), AND LEFT THE SCENE. UPON ARRIVAL I SPOKE WITH VICTIM %REDACTED%, WHO STATED SHE WAS IN AN ARGUMENT WITH HER BOYFRIEND ABOUT HER NOT WANTING TO TAKE A PICTURE AT THE BEACH. %REDACTED% STATED HER BOYFRIEND PATRICK MAHER THEN WALKED UP TO HER AND PUNCHED HER IN THE FACE WHILE SHE WAS SEATED ON THE BUS STOP BENCH. %REDACTED% HAD BLOOD AROUND HER MOUTH AND A CUT ON HER LIP WHICH WAS CONSISTANT TO BEING PUNCHED. OFFICER BORES GOT A SWORN AFFIDAVIT FROM THE WITNESS WHO STATED SHE OBSERVED %REDACTED% AND MAHER IN AN ARGUMENT WHEN MAHER APPROACHED %REDACTED% PUNCHING HER WITH A CLOSED FIST 3 OR 4 TIMES. PICTURES WERE ALSO TAKEN OF %REDACTED% INJURIES AND THE BLOOD ON THE GROUND. A CAPIAS REQUEST WAS COMPLETED FOR MAHER FOR BATTERY (DOMESTIC). %REDACTED% REFUSED EMS AND HAD A FRIEND RESPOND TO TAKE HER HOME.

NARRATIVE

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	/ /	Number Arrested
1. Extradition Declined	3. Unfounded 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number
2. Arrest on Primary Offense Secondary Offense Without Prosecution			Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1									
Date of Supplement / /		Holmes Beach Police Department						Agency Report Number 20160942		Primary Offense Description BURGLARY															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		11/16/2016		1320		1320		1325		1345															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From Sat		04/16/2016		0800		To Mon		11/14/2016		0800									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		BURGLARY				C		810 - 2 ( ) 3b		2200															
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
510		56TH ST		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 1. Occupied																					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov/Police Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		01		01		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
VW Code		Victim Type		Race		Sex		Residence Type		Extent of Injury															
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		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		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		FEDEWA		SUSAN		517 898-6187											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
510		56TH ST		HOLMESBEACH		FL		34217		-															
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		F		07/10/1949		67		1		2		0		00 00		01				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		1																							
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?	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)															
1.#1 3.Both 2.#2		1		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		1		8		UNKNOWN													
Maiden Name		Nic. name/Street Name		Place of Birth																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
<p>ON THE ABOVE DATE AND TIME I RESPONDED TO THE ABOVE LOCATION FOR A BURGLARY PAST. I ARRIVED AND MET WITH SUSAN FEDEWA. SHE STATED A UNKNOWN SUSPECT FORCED ENTRY TO A WINDOW ON THE SOUTH EAST CORNER OF THE RESIDENCE. THE SUSPECT TOOK A SMALL BLACK BOSE RADIO THAT WAS AROUND 15 YEARS OLD. THEY HAD NO FURTHER INFORMATION ON THE RADIO. SUSAN STATED THEY WERE LAST AT THE RESIDENCE AROUND 4/15/16 AND RETURNED 11/14/16. THE CRIME COULD HAVE OCCURED ANYTIME DURING THAT PERIOD. OFFICER OGLINE DUSTED FOR LATENT PRINTS AND DID NOT LOCATE ANY. THE VICTIM WAS ISSUED A CASE NUMBER. I ALSO REMINDED THEM ABOUT THE HOUSE CHECK PROGRAM. THEY STATED THEY WOULD USE THE PROGRAM NEXT TIME THEY LEFT.</p>																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						J. FLEISCHER		314																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. COPEMAN		307				11/16/2016																	
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													

# PROPERTY REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160942**

<b>ADM</b>	Date of Supplement / /		<b>Primary Offense Description</b> <b>BURGLARY</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>FEDewa SUSAN</b>				
	Original Date Reported <b>11/16/2016</b>											
<b>THEFT</b>	<b>Theft Type Codes</b> 00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. Ev. Computer    12. Fraud    99. Other										<b>Theft Type</b> <b>01</b>	
	<b>Person Codes</b> V - Victim    A - Arrestee S - Suspect    O - Other			<b>Status Codes</b> 1. Stolen    2. Recovered    3. Stolen and Recovered    4. Recovered for Other Jurisdiction    5. Lost    6. Found			<b>Damage Codes</b> 7. Safekeeping    8. Evidence/Seized    9. Other    0. N/A    1. Arson    2. Criminal Mischief    3. During other Offense    9. Other					
<b>CODES</b>	<b>Property Type</b> A. Auto Accessory/Parts    B. Bicycle    C. Camera/Photo Equipment    D. Drug    E. Equipment/Tool    F. Food/Liquor/Consumable    G. Gun    H. Household Appliance/Goods    I. Plant/Citrus    J. Jewelry/Precious Metal    K. Clothing/Fur    L. Livestock    M. Musical Instrument    N. Construction Machinery    O. Office Equipment    P. Art/Collection    Q. Computer Equipment    R. Radio/Stereo    S. Sports Equipment    T. TV/Video/VCR    U. Currency/Negotiable    V. Credit Card/Non-Vegotiable    W. Boat/Motor    X. Structure    Y. Farm Equipment    Z. Miscellaneous											
	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
<b>PROPERTY</b>	<b>V</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>R</b>	<b>1</b>	<b>RADIO</b>	<b>BOSE</b>	<b>SMALL AND BLACK</b>		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value <b>400.00</b>		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>TOTALS</b>	Property Stolen		<b>400.00</b>		Change in Property Stolen Value							
	Property Recovered		<b>0.00</b>		Change in Property Recovered Value							
<b>CODES</b>	<b>Activity</b> P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate S. Sell    D. Deliver    Z. Other B. Buy    E. Use T. Traffic    K. Dispense/Distribute			<b>Type</b> A. Amphetamine    H. Hallucinogen    S. Synthetic B. Cocaine    M. Marijuana    U. Unknown C. Cocaine    O. Opium/Derivative    Z. Other E. Heroin    P. Paraphernalia/Equipment			<b>Unit</b> 1. Gram    5. Pound    9. Dose Unit/Item 2. Milligram    6. Ton 3. Kilogram    7. Liter 4. Ounce    8. Milliliter					
	<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>			
<b>DRUGS</b>	<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>			
	<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>			
	<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>			
<b>ADMINISTRATIVE</b>	Officer(s) Reporting <b>J. FLEISCHER</b>		ID. Number(s)/Locator code <b>314</b>		Signature of Officer Reporting			Unit		Date <b>11/16/2016</b>		
	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>		ID. Number <b>307</b>		Routed To		Referred To		Assigned To		By	
	Signature of Officer Reviewing											
											Page of	

# NARRATIVE CONTINUATION

## Holmes Beach Police Department

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

Agency ORI Number **FL0410400** Agency Report Number **20160942**

Case Reference

ADM	Date of Supplement / /
	Original Date Reported 11/16/2016

Q  
O  
C

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b> J. FLEISCHER	<b>I.D. Number/Locator Code</b> 314
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b> SGT. COPEMAN	<b>I.D. Number</b> 307	<b>Unit</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b>
<b>Case Status</b>	<b>Clearance Type</b> 1. Arrest 2. Exceptional	3. Unfounded 4. V / W Refused to Cooperate	<b>Date Cleared</b> / /
<b>Exception Type</b> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 6. Juvenile/No Custody	<b>Arrest Number</b>  <b>OBTS Number</b>
			<b>Number Arrested</b>  <b>Page of Page</b>

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement / /		Holmes Beach Police Department						Agency Report Number 20160943				Primary Offense Description BICYCLE THEFT													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		11/16/2016		1627		1627		1631		1641															
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 Tue		11/15/2016		2200		To Wed		11/16/2016		0645									
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code											
3		LARC								812 - 14 ( 2e )				230D											
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
457		62nd ST		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occuancy		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		01											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		UK		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		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		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		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Heir/Intant		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		1		3		WEBSTER		PATRICIA		C		906 420-1389									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
457		62nd 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		W		F		09/24/1944		72		1		1		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																							
Maiden Name		Nic. name/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
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 . COPEMAN				307				11/16/2016																	
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									
1.Extradition Declined																of									

# PROPERTY REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160943**

<b>ADM</b>	Date of Supplement / /		<b>Primary Offense Description</b> <b>BICYCLE THEFT</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>WEBSTER PATRICIA C</b>				
	Original Date Reported <b>11/16/2016</b>											
<b>THEFT</b>	<b>Theft Type Codes</b> 00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. Ev. Computer    12. Fraud    99. Other										<b>Theft Type</b> <b>99</b>	
	<b>Person Codes</b> V - Victim    S - Suspect    A - Arrestee    O - Other			<b>Status Codes</b> 1. Stolen    2. Recovered    3. Stolen and Recovered    4. Recovered for Other Jurisdiction    5. Lost    6. Found    7. Safekeeping    8. Evidence/Seized    9. Other			<b>Damage Codes</b> 0. N/A    1. Arson    2. Criminal Mischief    3. During other Offense    9. Other					
<b>CODES</b>	<b>Property Type</b> A. Auto Accessory/Parts    B. Bicycle    C. Camera/Photo Equipment    D. Drug    E. Equipment/Tool    F. Food/Liquor/Consumable    G. Gun    H. Household Appliance/Goods    I. Plant/Citrus    J. Jewelry/Precious Metal    K. Clothing/Fur    L. Livestock    M. Musical Instrument    N. Construction Machinery    O. Office Equipment    P. Art/Collection    Q. Computer Equipment    R. Radio/Stereo    S. Sports Equipment    T. TV/Video/VCR    U. Currency/Negotiable    V. Credit Card/Non-Vegotiable    W. Boat/Motor    X. Structure    Y. Farm Equipment    Z. Miscellaneous											
	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>		<b>Brand</b>	<b>Model Name/Number</b>	
<b>PROPERTY</b>	<b>V</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>B</b>	<b>1</b>	<b>BICYCLE</b>		<b>HUFFY</b>	<b>CRUISER</b>	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>DARK BLUE 26" WOMENS-SEE NARRATIVE BELOW</b>							
	Value <b>200.00</b>		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>		<b>Brand</b>	<b>Model Name/Number</b>	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>		<b>Brand</b>	<b>Model Name/Number</b>	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>		<b>Brand</b>	<b>Model Name/Number</b>	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>PROPERTY</b>	<b>Code</b>	<b>Person</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>		<b>Brand</b>	<b>Model Name/Number</b>	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC					
<b>TOTALS</b>	Property Stolen		<b>200.00</b>		Change in Property Stolen Value							
	Property Recovered		<b>0.00</b>		Change in Property Recovered Value							
<b>CODES</b>	<b>Activity</b> P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate    T. Traffic    S. Sell    D. Deliver    Z. Other    B. Buy    E. Use    K. Dispense/Distribute			<b>Type</b> A. Amphetamine    H. Hallucinogen    S. Synthetic    B. Cocaine    M. Marijuana    U. Unknown    C. Cocaine    O. Opium/Derivative    Z. Other    E. Heroin    P. Paraphernalia/Equipment			<b>Unit</b> 1. Gram    5. Pound    9. Dose Unit/Item    2. Milligram    6. Ton    3. Kilogram    7. Liter    4. Ounce    8. Milliliter					
	<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>			
<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>				
<b>Activity</b>	<b>Type</b>	<b>Description</b>				<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b>				
<b>PROP. DETAIL / NARR.</b>	1) FRONT WIRE BASKET, SMALL BROWN FAKE LEATHER ZIPPERED BAG ON HANDLEBARS, INOPERABLE FRONT & REAR LIGHTS, SILVER RIMS, BLACK WALL TIRES											
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	<b>OGLINE</b>		<b>322</b>							<b>11/16/2016</b>		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	
<b>SGT. COPEMAN</b>		<b>307</b>										
Signature of Officer Reviewing										/ /	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 **20160943**

ADM	Date of Supplement / /
	Original Date Reported 11/16/2016

Case Reference  
**THEFT (1st DEGREE)**

SOMETIME BETWEEN LISTED DATES AND TIMES, UNKNOWN PERSON(S) REMOVED THE VICTIM'S BICYCLE FROM THE FRONT OF HER RESIDENCE AND FLED IN UNKNOWN DIRECTION OF TRAVEL WITH OR ON THE BICYCLE. THE VICTIM SAID SHE FORGOT TO LOCK THE BICYCLE TO THE OTHER BICYCLE THEY HAVE UP FRONT. THE VICTIM STATED SHE HAD NO IDEA WHO TOOK IT NOR DID SHE KNOW WHAT THE MODEL OR SERIAL NUMBER WERE, ONLY THAT IT WAS A CRUISER STYLE BIKE WITH NO GEARS. THERE WERE NO LEADS TO FOLLOW UP ON NOR ANY PHYSICAL EVIDENCE TO PROCESS AT THE SCENE.

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting <b>OGLINE</b>	I.D. Number/Locator Code <b>322</b>	
	Signature of Officer Reporting		Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>322</b>	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By <b>OGLINE</b>
	Case Status		Clearance Type		Date Cleared	Arrest Number
	Exception Type		1. Arrest 2. Exceptional		3. Unfounded 4. A-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		
				OBTS Number	Page of	

# OFFENSE-INCIDENT REPORT

<b>FL0410400</b>	Gang Related <input type="checkbox"/>	2	<b>Holmes Beach Police Department</b>										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									
<b>ADM</b>	Date of Supplement / /		<b>Agency Report Number</b> 20160944										<b>Primary Offense Description</b> RETAIL THEFT												
<b>EVENT DATA</b>	Original Day Reported		Date			Time (mil)			Time Dispatched (mil)			Time Arrived (mil)			Time Completed (mil)										
	Thu		11/17/2016			1730			1730			1731			2000										
	<b>Incident Type</b>		Date		Time (mil)		Day		Date		Time (mil)														
	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		Thu		11/17/2016		1730		To		Thu		11/17/2016		2000				
	<b>OFF/INC #1</b>		<b>Type</b>		<b>Description</b>		A-Attempted C-Committed		C		<b>Statute Violation Number - Chapter, Section, Sub</b>			<b>NCIC/UCR Code</b>											
	3		THEFT/RETAIL						812		- 014 ( ) 3A )			230C											
	<b>OFF/INC #2</b>		<b>Type</b>		<b>Description</b>		A-Attempted C-Committed		C		0 - 0 ( ) ( )			0000											
	9		TRESPASS/WARN																						
	<b>Incident Location (Street Number, Street, Apt.)</b>										<b>City</b>		<b>Zip</b>		<b>District</b>		<b>Grid</b>		<b>Area</b>		<b>Zone</b>				
	5424 MARINA DR										HOLMES BEACH		34217												
<b>Business Name/Area Identifier</b>										<b>Forced Entry</b>		<b>Occupancy</b>													
JESSIE'S ISLAND STORE										0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0							
<b>Location Type</b>										01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile			
02. Apartment/Condo										06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other					
03. Residence-Other										07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other					
04. Hotel/Motel										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other					
09. Supermarket										09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		06					
<b># OFF/INC.</b>		<b># Victims</b>		<b># Offenders</b>		<b># Prem. Ent.</b>		<b># Veh. Stolen</b>		<b>Type of Weapon</b>		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					
2		1		1		0		0		01. Handgun										00					
<b>V/W Code</b>		<b>Victim Type</b>		<b>Race</b>		<b>Sex</b>		<b>Residence Type</b>		<b>Residence Status</b>		<b>Extent of Injury</b>													
V - Victim W - Witness C - Reporting Person		O - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		S - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County 3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
<b>Injury Type</b>		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. Co-Heir/ant		08. Child		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		16. Boy/Girl Friend		20. Employee		99. Other Known							
<b>OFF/INC Indicator</b>		<b>V/W Code</b>		<b>#</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>										<b>Residence Phone</b>							
1.#1 3.Both 2.#2		3		V		1		4		JESSIE'S ISLAND STORE										-					
<b>Address (Street, Apt. Number)</b>										<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b>									
5424 MARINA DR										HOLMES BEACH		FL		34217		941 778-6903									
<b>Other Contact Info. (Time Available, Interpreter, etc.)</b>										<b>Synopsis of Involvement</b>															
										INCIDENT LOCATION															
<b>If V/W Code is V, W or C Fill in this Line</b>		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b>	
2		N		N		N		03/12/1959		57		2		1		0		00 00		01				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>OFF/INC Indicator</b>		<b>V/W Code</b>		<b>#</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>										<b>Residence Phone</b>							
1.#1 3.Both 2.#2		3		W		2		3		KOBROSLY										941 504-2604					
<b>Address (Street, Apt. Number)</b>										<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b>									
2388 LANDINGS CIR										BRADENTON		FL		34209		-									
<b>Other Contact Info. (Time Available, Interpreter, etc.)</b>										<b>Synopsis of Involvement</b>															
										OWNER AND WITNESS															
<b>If V/W Code is V, W or C Fill in this Line</b>		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b>	
2		W		M		M		03/12/1959		57		2		1		0		00 00		01				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>OFF/INC Indicator</b>		<b>Suspect Code</b>		<b>Core</b>		<b>Susp.#</b>		<b>Juvenile</b>		<b>Name (Last, First, Middle)</b>										<b>Residence Phone</b>					
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other		1		2		CUMMINS										-			
<b>Maiden Name</b>										<b>Nic. name/Street Name</b>										<b>Place of Birth</b>		<b>Residence Phone</b>			
																				DISTRICT OF COLUMBIA		-			
<b>Last Known Address (Street, Apt. Number)</b>										<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b>									
HOMELESS																-									
<b>Occupation</b>										<b>Employer/School</b>										<b>Address</b>		<b>Social Security Number</b>			
UNEMPLOYED																						-			
<b>Driver's License Number/State</b>										<b>Immigration and Naturalization Number</b>		<b>Other I.D. Number</b>		<b>OBTS Number (Arrested)</b>		<b>SCIC/NCIC</b>									
C552072654510										FL															
<b>Clothing (Describe)</b>										<b>Scars/Marks/Tatoos (Location/Describe)</b>															
SHORTS AND TEE SHIRT																									
<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>							
W		M		12/11/1965		50		601		200		BLU		BLN		L		S							
<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b>															
LT		THN																							
<b>SEE NARRATIVE PAGE...</b>																									
<b>Person/Unit Notified</b>										<b>Related Report Number(s)</b>					<b>Name of Officer Reporting</b>					<b>I.D. Number/Locator Code</b>					
															BORES					326					
<b>Signature of Officer Reporting</b>										<b>Officer Reviewing (If Applicable)</b>					<b>I.D. Number</b>					<b>Unit</b>		<b>Date</b>			
SGT. COPEMAN															307							11/18/2016			
<b>Signature of Officer Reviewing</b>										<b>Routed To</b>					<b>Referred To</b>					<b>Assigned To</b>		<b>By</b>			
<b>Case Status</b>										<b>Clearance Type</b>		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		<b>Date Cleared</b>		<b>Jail Number</b>		<b>Number Arrested</b>			
																/ /									
<b>Exception Type</b>										1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		<b>OBTS Number</b>		<b>Page of</b>					
																		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: **20160944**

**ADM**  
 Date of Supplement: / /  
 Original Date Reported: **11/17/2016**

Case Reference: **RETAIL THEFT**

**NARRATIVE**

ON 11/17/2016 AT 17:30HRS I WAS DISPATCHED TO 5424 MARINA DR (JESSIE'S ISLAND STORE) FOR A REPORT OF RETAIL THEFT. THE CALLER ADVISED THAT A WHITE MALE LEFT THE STORE WITH BEER WITHOUT PAYING. THE CALLER GAVE A DESCRIPTION AND DIRECTION OF TRAVEL.

BEFORE MY ARRIVAL OFFICER OGLINE ADVISED THAT HE WAS IN CONTACT WITH THE WHITE MALE WHO WAS IDENTIFIED AS BRUCE L. CUMMINS BY HIS FLORIDA ID CARD (C552072654510). THE OWNER WHO WAS IDENTIFIED AS MONDHER KOBROSLY OF THE STORE ADVISED THAT HE WATCHED ON SURVEILLANCE MR. CUMMINS ENTER THE STORE AND PICK A 24OZ. CAN OF BUDWEISER LITE BEER. MR. KOBROSLY FURTHER STATED THAT HE OBSERVED MR. CUMMINS TAKE THE BEER AND CONCEALED THE CAN INSIDE HIS SHIRT UNDER HIS LEFT ARM AND WALKED OUT THE FRONT DOOR. MR. CUMMINS LEFT THE STORE PASSING ALL POINTS OF SALE AND FAILED TO PAY FOR THE BEER. MR. KOBROSLY STATED THAT HE CONFRONTED MR. CUMMINS OUTSIDE AT WHICH TIME MR. CUMMINS LEFT THE BEER AND WALKED AWAY. AT THAT TIME MR. CUMMINS WAS PLACED INTO CUSTODY AND PUT IN THE REAR OF MY PATROL VEHICLE.

MR. CUMMINGS WAS CHARGED WITH RETAIL THEFT AND ALSO ISSUED A TRESPASS WARNING PER THE OWNER'S REQUEST. ATTACHED IS THE SWORN AFFIDAVIT FROM MR. KOBROSLY AND THE RECIEP FOR THE BEER. A COPY OF THE SURVEILLANCE VIDEO WILL BE AVAILABLE AT A LATER DATE. NO FURTHER ACTION TAKEN.

Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
			<b>BORES</b>	<b>326</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
	<b>SGT . COPEMAN</b>	<b>307</b>		<b>11/18/2016</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By
Case Status	Clearance Type	1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile
				Date Cleared / /
Exception Type	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
1.Extradition Declined				OBTS Number
				Page of

# OFFENSE-INCIDENT REPORT

<b>FL0410400</b>	Gang Related	<b>2</b>	<b>Holmes Beach Police Department</b>										Juvenile in Report: <b>N</b>	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement: <b>1</b>													
<b>ADM</b>	Date of Supplement / /		<b>Agency Report Number</b> 20160946										<b>Primary Offense Description</b> COV ALCOHOL																
<b>EVENT DATA</b>	Original Day Reported		Date			Time (mil)			Time Dispatched (mil)			Time Arrived (mil)			Time Completed (mil)														
	Thu		11/17/2016			2035			2035			2035			2100														
	<b>Incident Type</b>		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																
	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		11/17/2016		2035		Thu		11/17/2016		2100												
	<b>OFF/INC #1</b>		<b>Type</b>		<b>Description</b>		A-Attempted C-Committed		<b>Statute Violation Number - Chapter, Section, Sub</b>		<b>NCIC/UCR Code</b>																		
5		COV/ALCOHOL				C		0 - 6 ( 6-3A )		0000																			
<b>OFF/INC #2</b>																													
<b>Incident Location (Street Number, Street, Apt.)</b>												<b>City</b>		<b>Zip</b>		<b>District</b>		<b>Grid</b>		<b>Area</b>		<b>Zone</b>							
3000 GULF DR												HOLMES BEACH		34217															
<b>Business Name/Area Identifier</b>												<b>Forced Entry</b>		<b>Occupancy</b>															
												0. N/A 1. Yes		0. N/A 1. Occupied								2. Unoccupied 3. Abandoned		0					
<b>Location Type</b>																													
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				26			
<b># OFF/INC.</b>		<b># Victims</b>		<b># Offenders</b>		<b># Prem. Ent.</b>		<b># Veh. Stolen</b>		<b>Type of Weapon</b>		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							
1		1		1		0		0		00. N/A 01. Handgun																			
<b>V/W Code</b>		<b>Victim Type</b>		<b>Race</b>		<b>Sex</b>		<b>Residence Type</b>		<b>Residence Status</b>		<b>Extent of Injury</b>																	
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															
<b>Injury Type</b>		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		<b>Victim Relationship To Offender</b>		06. Parent 07. Brother/Sister 05. Child 09. Step-Parent		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															
<b>OFF/INC Indicator</b>		<b>V/W Code</b>		<b>#</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>		<b>Residence Phone</b>																			
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH																			
<b>Address (Street, Apt. Number)</b>												<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b>											
<b>Other Contact Info. (Time Available, Interpreter, etc.)</b>												<b>Synopsis of Involvement</b>																	
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		N		N		N						0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>OFF/INC Indicator</b>		<b>V/W Code</b>		<b>#</b>		<b>V. Type</b>		<b>Name (Last, First, Middle or Business)</b>		<b>Residence Phone</b>																			
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH																			
<b>Address (Street, Apt. Number)</b>												<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b>											
<b>Other Contact Info. (Time Available, Interpreter, etc.)</b>												<b>Synopsis of Involvement</b>																	
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		N		N		N						0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>OFF/INC Indicator</b>		<b>Suspect Code</b>		<b>Core</b>		<b>Susp.#</b>		<b>Juvenile</b>		<b>Name (Last, First, Middle)</b>		<b>DAVID</b>		<b>LOUIS</b>															
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		1		1		2		VANCIL																			
<b>Maiden Name</b>												<b>Nic. name/Street Name</b>		<b>Place of Birth</b>		<b>Residence Phone</b>													
														FLORIDA															
<b>Last Known Address (Street, Apt. Number)</b>												<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Business Phone</b>											
2413 AVE C APT B												BRADENTON BEACH		FL		34217													
<b>Occupation</b>				<b>Employer/School</b>				<b>Address</b>				<b>Social Security Number</b>																	
COOK				CITY PIER																									
<b>Driver's License Number/State</b>				<b>Immigration and Naturalization Number</b>				<b>Other I.D. Number</b>				<b>OBTS Number (Arrested)</b>				<b>SCIC/NCIC</b>													
V524172592670				FL																									
<b>Clothing (Describe)</b>												<b>Scars/Marks/Tatoos (Location/Describe)</b>																	
JEANS AND BLACK JACKET																													
<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>											
W		M		07/27/1959		57		509		150		BLU		BRO		S		S											
<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b>																			
LT		THN																											
<b>SEE NARRATIVE PAGE . .</b>																													
<b>NARRATIVE</b>																													
<b>Person/Unit Notified</b>												<b>Time</b>		<b>Related Report Number(s)</b>				<b>Name of Officer Reporting</b>				<b>I.D. Number/Locator Code</b>							
																		BORES				326							
<b>Signature of Officer Reporting</b>												<b>Officer Reviewing (If Applicable)</b>				<b>I.D. Number</b>				<b>Unit</b>		<b>Date</b>							
SGT. COPEMAN																307						11/18/2016							
<b>Signature of Officer Reviewing</b>												<b>Routed To</b>				<b>Referred To</b>				<b>Assigned To</b>				<b>By</b>					
<b>Case Status</b>				<b>Clearance Type</b>				1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		<b>Date Cleared</b>		<b>Jail Number</b>		<b>Number Arrested</b>											
												/ /																	
<b>Exception Type</b>				2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		<b>OBTS Number</b>		<b>Page</b>		<b>Page</b>													
1.Extradition Declined																of													

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20160946</b>
---------------------------------------	---

Date of Supplement / /
Original Date Reported <b>11/17/2016</b>

Case Reference  
**COV ALCOHOL**

ADM

NARRATIVE

ON 11/17/2016 AT 20:35 HRS I WAS DISPATCHED TO THE AREA OF THE 3000 BLK OF GULF DR FOR A REPORT OF TWO SUSPICIOUS MALES. UPON ARRIVAL I OBSERVED A WHITE MALE STUMBLING DOWN THE SIDEWALK ON GULF DR.

I MADE CONTACT WITH THE WHITE MALE WHO WAS IDENTIFIED AS DAVID L. VANCIL BY HIS FLORIDA ID CARD (V524172592670). MR. VANCIL EYES WERE RED, AND WATERY. I FURTHER OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON / AND OR ABOUT HIS PERSON AND HIS SPEECH TO BE SLURRED. IT WAS DIFFICULT TO COMMUNICATE WITH MR. VANCIL DUE TO HIS LEVEL OF INTOXICATION. I NOTICED THAT MR. VANCIL HAD A WHITE STYROFOAM CUP IN HIS HAND. I ASKED HIM WHAT WAS IN THE CUP AND MR. VANCIL YELLED "BEER!".

MR. VANCIL'S CUP WAS EMPTIED AND HE WAS ISSUED A NTA FOR VIOLATING HOLMES BEACH'S ORDINANCE FOR POSSESSING OPEN CONTAINER OF AN ALCOHOLIC BEVERAGE. MR. VANCIL WAS ALSO ISSUED A MANDATORY COURT DATE AND ARRANGED FOR A SOBER DRIVER TO PICK HIM UP. NO FURTHER ACTION TAKEN.

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code <b>326</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>326</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date / /
Case Status	<u>Clearance Type</u> 1. Arrest      3. Unfounded 2. Exceptional	A-Adult J-Juvenile	Date Cleared / /
<u>Exception Type</u> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
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/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1																	
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description																					
/ /		20160946				COV ALCOHOL																									
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																					
Thu		11/17/2016		2035		2035		2035		2100																					
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		Thu		11/17/2016		2035		Thu		11/17/2016		2100															
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																					
5		COV/ALCOHOL		C		0 - 6 ( 6-3A )		0000																							
OFF/INC #2		A-Attempted C-Committed																													
Incident Location (Street Number, Street, Apt.)				City				Zip		District		Grid		Area		Zone															
3000 GULF DR				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		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/Incendiary		13. Drugs									
1		1		1		0		0		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon									
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																			
V - Victim 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		06. Parent		10. Steal-Child		14. Teacher		17. Friend		21. Employer															
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant															
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		05. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance															
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Host/ant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known															
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1#1 3.Both 2#2		1		V		1		5		CITY OF HOLMES BEACH																					
Address (Street, Apt. Number)										City		State		Zip		Business Phone															
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
2		N		N		N						0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1#1 3.Both 2#2		1		V		1		5		CITY OF HOLMES BEACH																					
Address (Street, Apt. Number)										City		State		Zip		Business Phone															
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
2		N		N		N						0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone																	
1#1 3.Both 2#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		1		2		VANCIL		FLORIDA		LOUIS																	
Maiden Name										Nc. name/Street Name		Place of Birth		Residence Phone																	
												FLORIDA																			
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone															
2413 AVE C APT B										BRADENTON BEACH		FL		34217																	
Occupation				Employer/School				Address				Social Security Number																			
COOK				CITY PIER								- -																			
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC															
V524172592670				FL																											
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)																					
JEANS AND BLACK JACKET																															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style													
W		M		07/27/1959		57		509		150		BLU		BRO		S		S													
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								11/18/2016															
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 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: **20160946**

ADM	Date of Supplement / /
	Original Date Reported 11/17/2016

Case Reference  
**COV ALCOHOL**

NARRATIVE

ON 11/17/2016 AT 20:35 HRS I WAS DISPATCHED TO THE AREA OF THE 3000 BLK OF GULF DR FOR A REPORT OF TWO SUSPICIOUS MALES. UPON ARRIVAL I OBSERVED A WHITE MALE STUMBLING DOWN THE SIDEWALK ON GULF DR.

I MADE CONTACT WITH THE WHITE MALE WHO WAS IDENTIFIED AS DAVID L. VANCIL BY HIS FLORIDA ID CARD (V524172592670). MR. VANCIL EYES WERE RED, AND WATERY. I FURTHER OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON / AND OR ABOUT HIS PERSON AND HIS SPEECH TO BE SLURRED. IT WAS DIFFICULT TO COMMUNICATE WITH MR. VANCIL DUE TO HIS LEVEL OF INTOXICATION. I NOTICED THAT MR. VANCIL HAD A WHITE STYROFOAM CUP IN HIS HAND. I ASKED HIM WHAT WAS IN THE CUP AND MR. VANCIL YELLED "BEER!".

MR. VANCIL'S CUP WAS EMPTIED AND HE WAS ISSUED A NTA FOR VIOLATING HOLMES BEACH'S ORDINANCE FOR POSSESSING OPEN CONTAINER OF AN ALCOHOLIC BEVERAGE. MR. VANCIL WAS ALSO ISSUED A MANDATORY COURT DATE AND ARRANGED FOR A SOBER DRIVER TO PICK HIM UP. NO FURTHER ACTION TAKEN.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code <b>326</b>	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>326</b>	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By	
	Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 4. V / W Refused to Cooperate	A-Adult J-Juvenile	Date Cleared / /
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	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															
	/ /															20160947				WARRANT															
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																								
	Thu		11/17/2016		2018		2018		2019		2155																								
	Incident Type		Incident: Day		Date		Time (mil)		Day		Date																								
	1. Felony		3. Misdemeanor		5. Ordinance		9. Other		From		To																								
	2. Traffic Felony		4. Traffic Misdemeanor		6. Church		8. Other		Thu		Thu		11/17/2016																						
	OFF/INC #1	Type	Description			A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																							
		9	WARRANT			A		A		901 - 16 ( )																									
	OFF/INC #2					A-Attempted		C-Committed		- ( )																									
	Incident Location (Street Number, Street, Apt.)																							City		Zip		District		Grid		Area		Zone	
	200 29TH ST																							HOLMES BEACH		34217									
Business Name/Area Identifier																		Forced Entry		Occupancy		2. Unoccupied			0										
																		0. N/A		0. N/A		3. Abandoned													
																		1. Yes		2. No		2													
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. Govt/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					26										
# 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	00	00	00	00	00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown																				
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																							
V - Victim		0 - Other		0. N/A		N - N/A		0. N/A		0. N/A		0. N/A																							
W - Witness		1. Juvenile		1. Juvenile		W - White		1. In-Law		1. City		1. Full Year																							
C - Reporting Person		2. L.E. Officer		2. L.E. Officer		B - Black		U - Unknown		2. County		2. Part Year																							
		3. Adult		3. Adult								3. Non-Resident																							
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer																			
00. N/A		04. Unconscious		08. Burns		00. N/A		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		01. Undetermined		08. Ex-Spouse		09. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance																			
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known																			
OFF/INC Indicator		V/W Code #		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone																					
1.#1 3.Both		1		0		01		3		VANCIL		DAVENPORT		IA		52403																			
2.#2																																			
Address (Street, Apt. Number)																																			
1212 SCOTT STREET																																			
Other Contact Info. (Time Available, Interpreter, etc.)																																			
Synopsis of Involvement																																			
If V/W Code is V, W or C		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?											
Fill in this Line		2		N		M		06/09/1984		32		4		3		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)		City		State		Zip		Residence Phone																					
1.#1 3.Both																																			
2.#2																																			
Address (Street, Apt. Number)																																			
Other Contact Info. (Time Available, Interpreter, etc.)																																			
Synopsis of Involvement																																			
If V/W Code is V, W or C		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?											
Fill in this Line																								Yes <input type="checkbox"/> No <input type="checkbox"/>											
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		S-Suspect		E-Escapee																															
2.#2		A-Arrestee		Z-Other																															
Last Known Address (Street, Apt. Number)																																			
City																																			
State																																			
Zip																																			
Business Phone																																			
Occupation																																			
Employer/School																																			
Address																																			
Social Security Number																																			
Driver's License Number/State																																			
Immigration and Naturalization Number																																			
Other I.D. Number																																			
OBTS Number (Arrested)																																			
SCIC/NCIC																																			
Clothing (Describe)																																			
Scars/Marks/Tatoos (Location/Describe)																																			
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																									
NARRATIVE																																			
ON 11/17/2016, AT 2018 HOURS, I WAS DISPATCHED TO 2907 AVENUE B, IN REFERENCE TO TWO SUSPICIOUS PERSONS WHO WERE INTOXICATED WALKING DOWN THE STREET. I STOPPED THE SUBJECTS AND IDENTIFIED THE YOUNGER ONE AS DERICK VANCIL. UPON RUNNING VANCIL THROUGH FCIC/NCIC IT WAS DETERMINED THAT HE HAD A WARRANT OUT OF MANATEE COUNTY. AFTER DISPATCH CONFIRMED THE WARRANT I TRANSPORTED VANCIL TO THE MANATEE COUNTY SHERIFFS OFFICE DISTRICT ONE, WHERE HE WAS TURNED OVER TO TRANSPORT.																																			
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																																			
Signature of Officer Reviewing																																			
Routed To																																			
Referred																																			
Assigned To																																			
By																																			
Date																																			
Case Status																																			
Clearance Type																																			
1.Arrest																																			
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																																			
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of																																			

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dissmiss:	1. Original	2. Supplement: 1																														
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																																	
/ /												20160948		COV CAMPING																																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																																					
Fri		11/18/2016		0117		0117		0117		0145																																					
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																																					
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		11/18/2016		0117		Fri		11/18/2016		0145																															
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																																					
5		COV/OTHER						0 - 0 ( 0 )		0000																																					
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																																					
Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone																											
4000 GULF DR										HOLMES BEACH		34217																																			
Business Name/Area Identifier										Forced Entry		Occuancy																																			
COUNTY BEACH ACCESS										0. N/A 1. Yes		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned 0																																	
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile																																			
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile																																			
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		28. Lake/Waterway																																			
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		27																																	
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																																					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs																									
1		1		1		0		0		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		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. 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. Step-Child		14. Teacher		17. Friend		21. Employer																													
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant																													
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02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known																													
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																					
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH																																					
Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																							
2		N		N		N						0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>																							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																					
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH																																					
Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																							
2		N		N		N						0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>																							
OFF/INC Indicator		Suspect Code		Core		Susp.#		Juvenile		Name (Last, First, Middle)		BRIAN		EDWARD																																	
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		1		1		2		GASS																																					
Maiden Name		Nc. name/Street Name		Place of Birth		Residence Phone																																									
				NORTH CAROLINA																																											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
60 HONEYCOMB DR										WAYNESVILLE		NC		28786																																	
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																																							
8120005		NC																																													
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)																																					
JEANS AND TEE SHIRT																																															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																													
W		M		04/14/1960		56		509		170		BRO		BLK		S		S																													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																																					
LT		THN		C																																											
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. M. PILATO												306						PATROL						11/19/2016																							
Signature of Officer Reviewing						Routed To						Referred To						Assigned To						By						Date																	
Case Status						Clearance Type						1.Arrest 2.Exceptional						3.Unfounded						A-Adult J-Juvenile						Date Cleared						Jail Number						Number Arrested					
Exception Type						1.Extradition Declined						2. Arrest on Primary Offense Secondary Offense Without Prosecution						3. Death of Offender 4. V / W Refused to Cooperate						5. Prosecution Declined 6. Juvenile/No Custody						OBTS Number						Page 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: **20160948**

**ADM**  
 Date of Supplement: / /  
 Original Date Reported: **11/18/2016**

Case Reference: **COV CAMPING**

ON 11/18/2016 AT 01:17HRS I WAS PATROLLING 4000 GULF DR. (COUNTY BEACH ACCESS). WHILE ON PATROL I OBSERVED A RED MINI VAN BACKED IN A PARKING SPACE. THE PARK IS CLOSED AFTER 22:00HRS. I APPROACHED THE VEHICLE AND OBSERVED A WHITE MALE SLEEPING IN A SLEEPING BAG INSIDE THE VEHICLE.

I MADE CONTACT WITH THE MALE WHO WAS IDENTIFIED AS BRIAN E. GASS BY HIS NORTH CAROLINA DL(8120005). I ADVISED MR. GASS OF THE VIOLATION OF THE CITY ORDINANCE VIOLATION OF CAMPING. MR. GASS WAS ISSUED A CITATION FOR THE VIOLATION AND RELEASED. NO FURTHER ACTION TAKEN.

**NARRATIVE**

Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
			<b>BORES</b>	<b>326</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
	<b>SGT. M. PILATO</b>	<b>306</b>	<b>PATROL</b>	<b>11/19/2016</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By
Case Status	Clearance Type	1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile
				Date Cleared: / /
Exception Type	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
1.Extradition Declined				OBTS Number
				Page of