

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 20160951		Primary Offense Description BURGLARY															
Original Day Reported Sun		Date 11/20/2016		Time (mil) 0840		Time Dispatched (mil) 0840		Time Arrived (mil) 0844		Time Completed (mil) 0944															
Incident Type		3. Misdemeanor		5. Ordinance		Incident: Day Sun		Date 11/20/2016		Time (mil)		Day Sun		Date 11/20/2016		Time (mil)									
1. Felony		4. Traffic Misdemeanor		9. Other		From Sun		To Sun		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code													
OFF/INC #1		Type 1		Description BURGLARY		A-Attempted C-Committed		C		810 - 2 ( ) 3b		2200													
OFF/INC #2						A-Attempted C-Committed																			
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4401 GULF DR #A		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A		2. No		1		0. N/A		2. Unoccupied		3. Abandoned									
		1. Yes		1. Occupied												2									
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		31. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle						01									
# OFF/INC. 01		# Victims 01		# Offenders 01		# Prem. Ent. 01		# Veh. Stolen 00		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
										00. N/A		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
V/W Code		O - Other		Victim Type		0. N/A		4. Business		Race		N - N/A		I - American Indian		Sex		N - N/A		Residence Type		Residence Status		Extent of Injury	
V - Victim				1. Juvenile		5. Government		W - White		O - Oriental/Asian		W - White		U - Unknown		M - Male		1. City		4. Out-of-State		0. N/A		0. None	
W - Witness				2. L.E. Officer		6. Church		B - Black				F - Female				2. County				1. Full Year		2. Part Year		1. Minor	
C - Reporting Person				3. Adult		9. Other						U - Unknown								3. Non-Resident				2. Serious	
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Steal-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Child		09. Step-Parent		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other				02. Stranger				13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both		1		V		01		3		GARST		ROBERT		WEBSTER		904 547-1568									
2.#2										4401 GULF DR #A		HOLMES BEACH		FL		34217		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)																									
Synopsis of Involvement																									
HOMEOWNER																									
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		M		10/11/1965		51		1		1		0		00 00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both																									
2.#2																									
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)		Maiden Name		Nc. name/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																							
2.#2																									
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																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		J. PIERCE		309													
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT. K. POWERS		320		PATROL		11/20/2016									
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date		DET													
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
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  
**20160951**

<b>ADM</b>	Date of Supplement / /		<b>Primary Offense Description</b> <b>BURGLARY</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>GARST ROBERT WEBSTER</b>									
	Original Date Reported <b>11/20/2016</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    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			<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>	Serial Number		Owner Applied Number		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b> <b>DIAMOND WEDDING RING</b>												
	Value <b>7,000.00</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		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>												
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC										
<b>PROPERTY</b>																	
	Serial Number		Owner Applied Number		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>												
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC										
<b>PROPERTY</b>																	
	Serial Number		Owner Applied Number		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>												
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC										
<b>PROPERTY</b>																	
	Serial Number		Owner Applied Number		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>												
	Value		Value Recovered		Date Recovered / /		SCIC/NCIC										
<b>TOTALS</b>	Property Stolen		<b>7,000.00</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>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>	<b>MAIN STONE IS 3/4 CT</b> <b>TOTAL WEIGHT 1.5 CT WITH BAGUETTES</b> <b>WHITE GOLD 2 BANDS MOLDED TOGETHER</b> <b>LONG RECTANGULAR BAGUETTES IN CIRCLE, MISSING 1</b>																
	Officer(s) Reporting <b>J. PIERCE</b>			ID. Number(s)/Locator code <b>309</b>			Signature of Officer Reporting			Unit <b>PATROL</b>			Date <b>11/20/2016</b>				
Officer Reviewing (If Applicable) <b>SGT. K. POWERS</b>			ID. Number <b>320</b>			Routed To			Referred To			Assigned To <b>DET</b>		By <b>DET</b>		Date / /	
Signature of Officer Reviewing												Page of					

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160951**

ADM Date of Supplement  
 / /  
 Original Date Reported  
**11/20/2016**

Case Reference  
**BURGLARY**

ON 11-20-16 I RESPONDED TO 4401 GULF DR #A IN REFERENCE TO A PAST BURGLARY. UPON ARRIVAL I SPOKE WITH THE OWNER OF THE RESIDENCE (ROBERT GARST). GARST STATED THAT HE NOTICED HIS SLIDER WAS NOT CLOSING PROPERLY ON FRIDAY NIGHT UPON RETURNING FROM THE RESIDENCE AT 9PM. THE LOCKING MECHANISM HAD BEEN BROKEN ALREADY BUT HE WAS UNABLE TO CLOSE IT PROPERLY. THE NEXT MORNING ON SAT HE OBSERVED THE PLASTIC SECURITY GAURDS THAT ASSIST WITH SECURING THE SLIDER; BROKEN AND STUCK IN THE SLIDER TRACK. HIS WIFE THEN ADVISED HIM HER RING WAS MISSING FROM THE BEDROOM DRESSER. THE BACK SLIDER GIVES DIRECT ACCESS INTO THE BEDROOM IN WHICH THE RING WAS MISSING. SGT PILATO THEN ARRIVED ON SCENE. WE OBSERVED THE SLIDER AND ASCERTAINED THAT AS THE POINT OF ENTRY. THE SLIDER HAD BEEN A FEW INCHES OPEN SO THE SUSPECT JUST HAD TO PUSH ON THE SLIDER TO BREAK THE PLASTIC GUARDS. I DUSTED THE INTERIOR AND EXTERIOR DOOR FOR PRINTS AND SGT PILATO LIFTED THEM PRODUCING 4 LATENT PRINT CARDS. THE RING APPEARED TO BE THE ONLY ITEM TAKEN. IT WAS 2 RINGS MOLDED INTO 1. VALUED AT \$7,000 WITH 1.5 CT TOTAL. ROBERT GARST FILLED OUT AN AFFIDAVIT AND I PLACED THE FINGERPRINT CARDS INTO EVIDENCE. THERE ARE NO SUSPECTS AT THIS TIME. IT IS BELIEVED BUT NOT CERTAIN THAT THE TIME FRAME OF THE INCIDENT WAS BETWEEN 6PM AND 9PM ON FRIDAY NIGHT WHEN THE OWNER OF THE RESIDENCE TOOK HIS FAMILY TO THE PUBLIC BEACH.

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>J. PIERCE</b>	I.D. Number/Locator Code <b>309</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . K. POWERS</b>	I.D. Number <b>320</b>	Unit <b>PATROL</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To <b>DET</b>
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
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			
ADM	Date of Supplement / /					Holmes Beach Police Department						Agency Report Number 20160953		Primary Offense Description DUI					
	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)								
Mon		11/21/2016		1941		1941		1941		0100									
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		Mon		11/21/2016		1941		To		Tue			
1. /22/2016		0100																	
EVENT DATA	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																		
	Incident Location (Street Number, Street, Apt.)																		
	4400 GULF DR HOLMES BEACH 34217																		
	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																		
	01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 39. Other 26																		
# 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			
1	1	1	0	0	00. N/A 01. Handgun														
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury							
V - Victim 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		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal			
Injury Type		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Host/ant		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			
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															
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)		Residence Phone													
1.#1 2.#2	3. Both	1	V	1	5	STATE OF FLORIDA													
Address (Street, Apt. Number) City State Zip Business Phone																			
Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement																			
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>						
0		2	N	N			0	0	0	00 00	00								
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)		Residence Phone													
1.#1 2.#2	3. Both																		
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"/>						
0																			
OFF/INC Indicator	Suspect Code	Core		Susp.#	Juvenile	Name (Last, First, Middle)		Place of Birth		Residence Phone									
1.#1 2.#2	1	S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		1	2	BRITAIN		JEANNE HELEN		941 920-3538									
Maiden Name Nic. name/Street Name City State Zip Business Phone																			
Last Known Address (Street, Apt. Number) City State Zip Business Phone																			
7306A HOLMES BLVD HOLMES BEACH FL 34217 941 366-7727																			
Occupation		Employer/School		Address		Social Security Number													
PARALEGAL		CASWELL LEGAL		6842 GULF OF MEXICO DR		-													
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC											
B635428548870 FL																			
Clothing (Describe) Scars/Marks/Tatoos (Location/Describe)																			
BLACK PANTS AND RED SHIRT																			
Race	Sex	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style									
W	F	10/27/1954		62	506	120	BLU	BLK	S	W									
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers														
LT	THN																		
SEE NARRATIVE PAGE . .																			
ADMINISTRATIVE	Person/Unit Notified				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. COPEMAN								307										
	Signature of Officer Reviewing				Routed To				Referred To				Assigned To						
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		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					

# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
**20160953**

<b>ADM</b>	Date of Supplement / /		<b>PERSON(S) REPORT</b>										Agency Report Number <b>20160953</b>															
<b>CODES</b>	Original Date <b>11/21/2016</b>		Primary Offense Description <b>DUI</b>				Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>																					
<b>VICTIM / WITNESS</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		4. Business 5. Government 6. Church 9. Other		<b>Race</b> N-N/A W-White B-Black		I-American Indian O-Oriental/Asian U-Unknown		<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>VICTIM / WITNESS</b>	<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 _____												<b>Business Phone</b>													
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																		
		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>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 _____												<b>Business Phone</b>													
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																		
		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
		<b>Dom. Violence</b>		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Res. Type</b>		<b>Res. Status</b>		<b>Extent of Injury</b>		<b>Injury Type(s)</b>		<b>Relationship</b>		<b>Ethnicity</b>		<b>Will Victim prefer charge?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing 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 _____												<b>Business Phone</b>													
			Last Known Address (Street, Apt. Number) _____ City _____ State _____ Zip _____												<b>Business Phone</b>													
			Occupation _____ Employer/School _____ Address _____												<b>Social Security Number</b>													
			Driver's License State/Number _____ Immigration and Naturalization Number _____ Other ID. Number _____ OBTS Number _____												<b>SCIC/NCIC</b>													
			Clothing (Describe) _____ Scars/Marks/Tatoos (Location/Describe) _____																									
		<b>Race</b>		<b>Sex</b>		<b>Date of Birth or Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>										
		<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b>																
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing 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 _____												<b>Business Phone</b>													
			Last Known Address (Street, Apt. Number) _____ City _____ State _____ Zip _____												<b>Business Phone</b>													
			Occupation _____ Employer/School _____ Address _____												<b>Social Security Number</b>													
			Driver's License State/Number _____ Immigration and Naturalization Number _____ Other ID. Number _____ OBTS Number _____												<b>SCIC/NCIC</b>													
			Clothing (Describe) _____ Scars/Marks/Tatoos (Location/Describe) _____																									
		<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<b>Age</b>		<b>Height</b>		<b>Weight</b>		<b>Eye Color</b>		<b>Hair Color</b>		<b>Hair Length</b>		<b>Hair Style</b>								
		<b>Complexion</b>		<b>Build</b>		<b>Facial Hair</b>		<b>Teeth</b>		<b>Speech/Voice</b>		<b>Special Identifiers</b>																
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parent 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary 8. Unknown		<b>Foul Play Suspected?</b> 1. Yes 2. No		<b>Missing Before?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided?</b> 1. Yes 2. No											
		<b>Date Last Seen</b>		<b>Time Last Seen</b>		<b>Location Last Seen (Address, City, St.)</b>						<b>Accompanied By</b>																
		<b>Mental/Physical Condition</b>						<b>Medication Required/Type</b>						<b>Doctor/Dentist (Name, Phone Number)</b>														
		<b>Property Carried</b>						<b>ID. Type/Number</b>						<b>ID. Type/Number</b>														
		<b>Probable Destination</b>						<b>Name/Address</b>						<b>Transportation Mode</b>														
		<b>Recovery Information</b> 0. N/A 1. Voluntary						2. Located-Not Returned		3. Hospitalized		4. HRS Custody		5. Law Enforcement Custody		6. Returned to Parent		7. Deceased		9. Other								
<b>ADMINISTRATIVE</b>	<b>Officer(s) Reporting</b> <b>BORES</b>		<b>ID. Number(s)/Locator code</b> <b>326</b>				<b>Signature of Officer Reporting</b>				<b>Unit</b>				<b>Date</b> <b>11/22/2016</b>													
		<b>Officer Reviewing (If Applicable)</b> <b>SGT. COPEMAN</b>		<b>ID. Number</b> <b>307</b>		<b>Routed To</b>		<b>Referred To</b>		<b>Assigned To</b>		<b>By</b>		<b>Date</b> / /														
		<b>Signature of Officer Reviewing</b>												<b>Page</b>		<b>Page</b>												
														of														

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20160953**

<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>11/21/2016</b>													
<b>THEFT</b>	<b>Theft Type Codes</b>										<b>Theft Type</b>			
	00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. Ev. Computer    12. Fraud    99. Other													
<b>CODES</b>	<b>Person Codes</b>			<b>Status Codes</b>			<b>Damage Codes</b>							
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense 9. Other				
<b>PROPERTY</b>	<b>Property Type</b>													
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-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		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value			Value Recovered			Date Recovered		SCIC/NCIC					
<b>PROPERTY</b>	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value			Value Recovered			Date Recovered		SCIC/NCIC					
<b>PROPERTY</b>	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value			Value Recovered			Date Recovered		SCIC/NCIC					
<b>PROPERTY</b>	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value			Value Recovered			Date Recovered		SCIC/NCIC					
<b>PROPERTY</b>	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value			Value Recovered			Date Recovered		SCIC/NCIC					
<b>TOTALS</b>	Property Stolen							0.00		Change in Property Stolen Value				
	Property Recovered							0.00		Change in Property Recovered Value				
<b>CODES</b>	<b>Activity</b>			<b>Type</b>			<b>Unit</b>							
	P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Cocaine C. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other			1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item	
<b>DRUGS</b>	Activity	Type	Description					Quantity	Unit	Estimated Street Value				
	Activity	Type	Description					Quantity	Unit	Estimated Street Value				
	Activity	Type	Description					Quantity	Unit	Estimated Street Value				
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date				
	BORES		326							11/22/2016				
	Officer Reviewing (If Applicable)		ID. Number		Routed To	Referred To	Assigned To	By	Date					
	SGT. COPEMAN		307						/ /					
Signature of Officer Reviewing										Page	Page			
											of			

# VEHICLE REPORT

1. Original  
2. Supplement 1

## Holmes Beach Police Department

Agency Report Number  
**20160953**

<b>ADM</b>	Date of Supplement / /	Original Date Reported <b>11/21/2016</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>2011</b>	Make <b>MERZ</b>	Model <b>2DR</b>	Style <b>2DR</b>
Tag Reg./Doc. # <b>Y18KBH</b>		Reg. State <b>FL</b>		Reg. Year <b>2018</b>		Decal Number <b>01265999</b>		Tag Type	
VIN/Hull/FAA <b>WDBSK7BA6BF166653</b>								Estimated Value <b>\$100,000</b>	
Condition <input type="checkbox"/> 1. Window Closed		<input type="checkbox"/> 2. Locked		<input checked="" type="checkbox"/> 3. Keys in Ignition		Insurance Company <b>AUTO CLUB SOUTH</b>		Lien Holder	
Color (Top/Bottom) <b>WHITE</b>		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)							
Vessel Name		Length		Hull Material		Propulsion		Boat Type	
Recovery Address/Geographic Indicator						Date Recovered / /		Value Recovered	
Recovery Loc.	Recovery Code	Original Reporting Agency		Report Number		Hold Y - Yes N - No	Reason/Authority <b>DUI</b>		
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key		<input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire		<input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition		<input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt.	
<input type="checkbox"/> 2. Tires/Wheels		<input type="checkbox"/> 3. Radio/CB		<input type="checkbox"/> 4. Battery		<input type="checkbox"/> 5. Interior		<input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts	
<input type="checkbox"/> 8. Major Body Part		<input type="checkbox"/> 9. Tag/Decal Stolen		<input type="checkbox"/> 10. Other - Spec.		Towed By		Storage Location	
SCIC/NCIC		Location of Original Theft							

Person Code	Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type	
VIN/Hull/FAA								Estimated Value	
Condition <input type="checkbox"/> 1. Window Closed		<input type="checkbox"/> 2. Locked		<input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder	
Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)							
Vessel Name		Length		Hull Material		Propulsion		Boat Type	
Recovery Address/Geographic Indicator						Date Recovered / /		Value Recovered	
Recovery Loc.	Recovery Code	Original Reporting Agency		Report Number		Hold Y - Yes N - No	Reason/Authority		
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key		<input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire		<input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition		<input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt.	
<input type="checkbox"/> 2. Tires/Wheels		<input type="checkbox"/> 3. Radio/CB		<input type="checkbox"/> 4. Battery		<input type="checkbox"/> 5. Interior		<input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts	
<input type="checkbox"/> 8. Major Body Part		<input type="checkbox"/> 9. Tag/Decal Stolen		<input type="checkbox"/> 10. Other - Spec.		Towed By		Storage Location	
SCIC/NCIC		Location of Original Theft							

<b>VEHICLE INV. / NARRATIVE</b>	<div style="border: 1px solid gray; border-radius: 50%; width: 80%; margin: auto; padding: 20px;"> <p style="font-size: 2em; text-align: center;">C</p> </div>								
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Signature of Officer Reporting	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code <b>326</b>	Unit
Signature of Officer Reviewing	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>	I.D. Number <b>307</b>	Date <b>11/22/2016</b>
Routed To	Referred To	Assigned To	By
Case Status	<b>Clearance Type</b> 1. Arrest 2. Exceptional	3. Unfounded	Date Cleared / /
<b>Exception Type</b> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile Custody
OBTS Number	Page	Page	of

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: FL0410400      Agency Report Number: 20160953

ADM Date of Supplement: / /  
Original Date Reported: 11/21/2016

Case Reference: DUI

NARRATIVE

ON 11/21/2016 AT 19:41 HRS HYPD WAS DISPATCHED TO THE AREA OF EAST BAY DR. AND MANATEE AVE. FOR A REPORT OF A RECKLESS DRIVER IN A WHITE MERCEDES. MCSO DEPUTY MANNING WAS STOPPED IN THE AREA OF 6<sup>TH</sup> AVE. AND MANATEE AVE. AND OBSERVED THE WHITE MERCEDES TRAVELING WESTBOUND ON MANATEE AVE. DEP. MANNING GOT DIRECTLY BEHIND THE WHITE MERCEDES NOW TRAVELING NORTHBOUND ON GULF DR. THE WHITE MERCEDES BEARING FLORIDA REGISTRATION (FL Y18K2H) WHICH HAD A DIFFICULT TIME MAINTAINING SPEED. DEPUTY MANNING NOTICED THAT THE LEFT TIRES OF THE WHITE MERCEDES TRAVEL TO THE LEFT OVER THE SOLID DOUBLE YELLOW LINES ON GULF DR. (SEE ATTACHED SWORN AFFIDAVIT). DEPUTY MANNING CONDUCTED A TRAFFIC STOP OF THE MERCEDES IN THE 4400 BK OF GULF DR. ON HIS SUSPICION THAT THE DRIVER COULD BE IMPAIRED OR HAVING A MEDICAL ISSUE FROM THE DRIVING PATTERN AND THAT THERE WERE MULTIPLE VEHICLES ON THE ROAD.

I ARRIVED ON SCENE AND LOCATED AND SPOKE WITH DEPUTY MANNING WHO ADVISED ME THAT DURING HIS CONTACT WITH THE DRIVER HE OBSERVED HER EYE'S TO BE WATERY AND BLOODSHOT. I MADE CONTACT WITH THE DRIVER WHO WAS IDENTIFIED AS JEANNE H. BRITTAIN BY HER FLORIDA DRIVER'S LICENSE (B635428548870). I ASKED MS. BRITTAIN WHERE SHE WAS COMING FROM WHICH SHE STATED WORK IN LONGBOAT KEY. AS I COMMUNICATED WITH MS. BRITTAIN I OBSERVED THE ODOR OF AN ALCOHOLIC BEVERAGE ON / AND OR ABOUT HER PERSON AND HER SPEECH TO BE SLURRED. I ASKED MS. BRITTAIN HOW MUCH ALCOHOL SHE HAD CONSUMED WHICH SHE STATED "NONE AT ALL". I ASKED MS. BRITTAIN TO STEP OUT OF HER VEHICLE AND STEP TO THE FRONT OF MY PATROL VEHICLE SO I CAN ADMINISTER FIELD SOBRIETY EXERCISES TO HER. AS MR. BRITTAIN WAS ATTEMPTING TO GET OUT OF HER VEHICLE SHE COULD NOT UNBUCKLE THE SEAT BELT. AFTER NUMEROUS ATTEMPTS I HAD TO POINT OVER TO MS. BRITTAIN HOW TO UNBUCKLE THE SAFETY BELT. MS. BRITTAIN EXITED THE VEHICLE BY HOLDING ONTO THE DOOR FOR SUPPORT AND WALKED TO MY PATROL VEHICLE.

FIELD SOBRIETY EXERCISES:

THESE EVALUATIONS WERE PERFORMED ON THE SIDEWALK IN THE 4400 BLK OF GULF DR. THE SIDEWALK SURFACE WAS DRY, SMOOTH AND LEVELED. LIGHTING CONDITIONS CONSISTED OF HEADLIGHTS FROM PATROL VEHICLE #15, STREET LIGHTS, AND MY FLASH LIGHT. THERE WERE NO SURFACE DEFECTS WHERE THE EVALUATIONS WERE PERFORMED. PHOTOS OF THE AREA AND LEVEL I USED ARE ATTACHED WITH THIS REPORT.

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

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160953**

**ADM**  
Date of Supplement: / /  
Original Date Reported: **11/21/2016**

Case Reference: **DUI**

**MEDICAL PROBLEMS:**

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

**HORIZONTAL GAZE NYSTAGMUS (EXPLAINED):**

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

**WALK AND TURN: (EXPLAINED AND DEMONSTRATED)**

AS I ASKED MS. BRITTAIN TO WALK OVER TO THE AREA FOR THE EVALUATION, SHE LOST HER BALANCE AND NEARLY FELL. MS. BRITTAIN WAS IN HEELED SHOES WHICH I ASKED HER TO TAKE THEM OFF DURING THE EVALUATION. MS. BRITTAIN HAD TO USE MY ARM FOR SUPPORT WHILE TAKING OFF HER SHOES. I INSTRUCTED AND DEMONSTRATED THE EVALUATION FOR MS. BRITTAIN AT WHICH TIME SHE ADVISED THAT SHE UNDERSTOOD THE INSTRUCTIONS. DURING THE INSTRUCTIONAL STAGE, MS. BRITTAIN WAS ASKED TO STAND WITH HER RIGHT FOOT IN FRONT OF HER LEFT, HEEL TO TOE, ON THE LINE AND HER HANDS DOWN AT HER SIDE. MS. BRITTAIN WAS UNABLE TO STAY IN POSITION AFTER MULTIPLE ATTEMPTS. AS I WAS EXPLAINING THE INSTRUCTIONS TO MS. BRITTAIN SHE BEGAN THE EXERCISE BEFORE BEING TOLD TO BEGIN THREE TIMES. SHE WAS TOLD TO GO BACK TO THE POSTITION THAT I EXPLAINED AND DEMONSTRATED. WHILE IN THIS POSITION, MS. BRITTAIN WAS UNABLE TO STAY IN THE POSITION. MS. BRITTAIN WAS ASKED TO WALK 9 STEPS HEEL TO TOE, THEN TAKE A SERIES OF SMALL STEPS WITH HER RIGHT

**NARRATIVE**

<b>ADMINISTRATIVE</b>	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				<b>BORES</b>	<b>326</b>		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date	
			<b>SGT . COPEMAN</b>	<b>307</b>		<b>11/22/2016</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				OBTS Number		Page of	
1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody			

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20160953**

ADM Date of Supplement: / /  
Original Date Reported: **11/22/2016**

Case Reference: **DUI**

NARRATIVE

FOOT TO TURN AROUND, WHILE KEEPING THE WEIGHT ON HER LEFT FOOT AND TO WALK BACK 9 STEPS HEEL TO TOE, MEANWHILE COUNTING OUT LOUD, LOOKING DOWN AT THE LINE AND IF SHE STEPS OFF THE LINE TO STEP BACK ON THE LINE AND CONTINUE WALKING. MS. BRITTAIN WAS INSTRUCTED NOT TO STOP ONCE SHE STARTED THE EVALUATION. DURING THE PERFORMANCE PHASE, MS. BRITTAIN PERFORMED THE EVALUATION, BY STARTING ON THE WRONG FOOT AND COUNTING 9 STEPS FORWARD, NOT HEEL TO TOE ON EACH STEP, AND ALSO STEPPED OFF THE LINE AT STEPS 4,5,7, AND 8. MS. BRITTAIN ALSO USED HER ARMS AT WAIST HIEGHT FOR BALANCE. MS. BRITTAIN CONTINUED, AND WALKED 9 STEPS BACK, NOT HEEL TO TOE ON EACH STEP, AND STEPED OFF THE LINE ON STEPS 3,6, 7,8,AND 9. MS. BRITTAIN NEARLY LOST HER BALANCE ON STEPS 7, 8 AND 9. MS. BRITTAIN CONTINUED TO USE HER ARMS FOR BALANCE DURING THE EVALUATION.

ONE LEG STAND: (EXPLAINED AND DEMONSTRATED)

PRIOR TO THE START OF THE EVALUATION, MS. BRITTAIN WAS ASKED IF SHE HAD ANY PHYSICAL LIMITATIONS OR INJURIES, WHICH WOULD IMPEDE HER FROM BEING ABLE TO PERFORM THE EVALUATION. MS. BRITTAIN STATED THAT SHE HAD "SPRAINED ANKLES" FROM A PREVIOUS INJURY, AND "CRAMPING ISSUES". AS WELL AS SWOLLEN FEET AT NIGHT WHICH I ASKED IF ANY OF THOSE ALIMENTS WOULD IMPEAD HER BALANCE WHICH SHE STATED "NO". FOR THE FIRST PHASE OF THE EVALUATION, MS. BRITTAIN WAS ASKED TO BALANCE ON HER FOOT RAISING HER FOOT 6 INCHES OFF THE GROUND. MS. BRITTAIN WAS ASKED TO COUNT OUT LOUD BEGINNING WITH 1-1000, 2-1000, 3-1000 AND SO FORTH UNTIL SHE WAS ASKED TO STOP. MS. BRITTAIN WAS INSTRUCTED TO LOOK DOWN AT HER FOOT, KEEPING HER FOOT LEVEL TO THE GROUND. HER ARMS AT HER SIDE AND BOTH LEGS STRAIGHT. MS. BRITTAIN STARTED THE EVALUATION THREE TIMES BEFORE BEING TOLD TO START. MS. BRITTAIN STOCD ON HER LEFT FCOT, AND USED HER ARMS TO BALANCE AT SHOULDER LEVEL. MS. FASIK PUT HER FOOT DOWN AFTER THREE ATTEMPTS. I STOPPED MS. BRITTAIN AFTER THREE ATTEMPTS AND FEAR OF HER LOSING HER BALACE AND FALLING.

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>BORES</b>	I.D. Number/Locator Code <b>326</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>307</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
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# 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: 20160953

ADM  
Date of Supplement: / /  
Original Date Reported: 11/22/2016

Case Reference: DUI

**ROMBERG BALANCE EXERCISE: (EXPLAINED AND DEMONSTRATED)**

MS. BRITTAIN WAS ASKED TO STAND WITH HER FEET TOGETHER AND HER ARMS TO HER SIDE. I ADVISED MS. BRITTAIN TO PUT HER HEAD BACK, CLOSE HER EYES AND ESTIMATE THE PASSAGE OF 30 SECONDS TO HERSELF. WHEN SHE WAS FINISHED TO BRING HER HEAD FORWARD AND OPEN HER EYES. SHE ESTIMATED 19 SECONDS WHEN SHE OPENED HER EYES AND LOOKED FORWARD. MS. BRITTAIN ALSO HAD A FRONT TO REAR SWAY DURING THE EVALUATION AS I HELD UP MY ARMS TO PREVENT HER FROM FALLING IF SHE LOST HER BALANCE.

BASED ON MY TRAINING, EXPERIENCE, AND OBSERVATIONS, I PLACED MS. BRITTAIN INTO CUSTODY. DURING A SEARCH OF MS. BRITTAIN'S VEHICLE I LOCATED TWO EMPTY VENDANGE WINE BOXES (500ML) ON THE FRONT PASSENGER SIDE FLOOR. I LATER TRANSPORTED MS. BRITTAIN TO MCSO JAIL WHERE I CONDUCTED THE 20 MINUTE OBSERVATION, AND I THEN OBTAINED THE FOLLOWING BREATH SAMPLES FROM MS. BRITTAIN: .193/.180 BAC. I THEN READ MS. BRITTAIN HER MIRANDA WARNING AND OBTAINED AND INTERVIEW (SEE ATTACHED).

THE FOLLOWING CITATIONS WERE ISSUED: 6630XBK (DUI); A2H5AYE (FAILED TO DRIVE WITHIN SINGLE LANE); A2H5AZE (POSSESSION OF OPEN CONTAINER IN MOTOR VEHICLE).

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				BORES	326		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date	
			SGT . COPEMAN	307		11/22/2016	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date
						/ /	
Case Status		Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1. Arrest 2. Exceptional 3. Unfounded		/ /			
Exception Type		1. Arrest on Primary Offense 2. Arrest on 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  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

ADM	Date of Supplement <b>11/22/2016</b>
	Original Date Reported <b>11/21/2016</b>

Case Reference  
**DUI**

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20160953</b>
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NARRATIVE	<p>ON 11/21/2016, I RESPONDED TO THE 4400 BLOCK OF GULF DRIVE, IN REFERENCE TO A RECKLESS DRIVER. UPON ARRIVAL I STOOD BY FOR OFFICER SAFETY WHILE OFC. BORES AND DEP. MANNING COMPLETED THEIR INVESTIGATION. I COMPLETED A TOW SHEET FOR THE VEHICLE BUT HAD NO INTERACTION WITH THE DEFENDANT.</p>
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ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting <b>WALKER</b>	I.D. Number/Locator Code <b>312</b>	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	
	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	Arrest Number <b>/ /</b>