

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											
/ /												20180567		THEFT											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		07/25/2018		1314		1314		1314		1703															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		07/25/2018		Wed		07/25/2018													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		THEFT / CSHOPLIFT						812 - 014 (1)		230C															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		THEFT / CSHOPLIFT						812 - 014 (1)		230C															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3304 EAST BAY DRIVE		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
ISLAND BAZAAR		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1															
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		99. Other									
02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other													
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other													
04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other													
		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		34. Other													
# 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					
02		01		01		00		00		01. Handgun		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 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		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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		17. Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		01		4		SNIADACH		DEBBIE		FL		34217		941 778-3443							
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3304 EASTBAY DRIVE		HOLMES BEACH		FL		34217		941 778-3443																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
ISLAND BAZAAR		MANAGER																							
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		F		09/21/1951		66		0		0		00 00		02		02				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		3		V		01		4		SNIADACH		DEBBIE		FL		34217		941 778-3443							
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3304 EASTBAY DRIVE		HOLMES BEACH		FL		34217		941 778-3443																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
ISLAND BAZAAR		MANAGER																							
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		F		09/21/1951		66		0		0		00 00		02		02				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		A		01		2		ROMANO		CARLA ANNE		- -											
Maiden Name		Nickname/Street Name		City		State		Zip		Business Phone															
				PALM HARBOR		FL		34684		-															
Last Known Address (Street, Apt. Number)		Employer/School		Address		Social Security Number																			
3099 LANDING WAY						-																			
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																	
R550101658781 FL								-																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
BLUE SUN DRESS																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		10/18/1965		52		506		130		BRO		BRO		L		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN																							
THEFT																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						WALKER		312																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT . COPEMAN				307				07/26/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
						HALL		WALKER		07/26/2018															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		07/26/2018															
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. Original 2. Supplement: 1Agency Report Number
20180567

ADM	Date of Supplement _/_/____	Primary Offense Description THEFT		Victim #1 Name (Last, First, Middle) SNIADACH DEBBIE						
	Original Date 07/25/2018									
CODES	V/W Code V - Victim W - Witness C - Reporting Person	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Race N-N/A W-White B-Black	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal			
	Injury Type 00. N/A 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	V/W Code # 3	V. Type W	Name (Last, First, Middle or Business) TILELLI MADISON		Residence Phone 941 778-3443				
	Address (Street, Apt. Number) City State Zip 3304 EASTBAY DRIVE HOLMES BEACH FL 34217					Business Phone _____				
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2	V/W Code # 3	V. Type W	Name (Last, First, Middle or Business) ELLIS SYDNEY ANGELIQUE		Residence Phone 941 778-3443				
	Address (Street, Apt. Number) City State Zip _____					Business Phone _____				
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Rec. Missing Z-other	Name (Last, First, Middle) _____		Residence Phone _____			
	Maiden Name Nickname/Street Name Place of Birth _____					Business Phone _____				
SUSPECT OR MISSING PERSONS	Last Known Address (Street, Apt. Number) City State Zip _____		Occupation Employer/School Address _____		Social Security Number _____					
	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number OBTS Number _____					
SUSPECT OR MISSING PERSONS	Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)							
	Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style	
SUSPECT OR MISSING PERSONS	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers				
	Last Known Address (Street, Apt. Number) City State Zip _____		Occupation Employer/School Address _____		Social Security Number _____					
SUSPECT OR MISSING PERSONS	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number OBTS Number _____					
	Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)							
SUSPECT OR MISSING PERSONS	Race	Sex	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers				
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary	4. Disabled 5. Endangered 6. Disaster Victim	7. Voluntary Adult 8. Unknown	Foul Play Suspected ? 1. Yes 2. No	Missing Before ? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available 1. Yes 2. No 8. Unknown	MCIC Form Provided ? 1. Yes 2. No	
	Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)		Accompanied By					
MISSING PERSON / RUNAWAY	Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)					
	Property Carried		ID. Type/Number		ID. Type/Number					
MISSING PERSON / RUNAWAY	Probable Destination		Name/Address		Transportation Mode					
	Recovery Information 0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other	
ADMINISTRATIVE	Officer(s) Reporting WALKER	ID. Number(s)/Locator code 312	Signature of Officer Reporting		Unit	Date 07/26/2018				
	Officer Reviewing (If Applicable) SGT. COPEMAN	ID. Number 307	Routed To	Referred To	Assigned To HALL	By WALKER	Date 07/26/2018			
Signature of Officer Reviewing				Page	Page					

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: FL0410400
Agency Report Number: 20180567

ADM
Date of Supplement: ___/___/___
Original Date Reported: 07/25/2018

Case Reference: THEFT

NARRATIVE

ON 07/25/2018, AT 1314 HOURS, I WAS DISPATCHED TO 3304 EASTBAY DRIVE, IN REFERENCE TO A SHOPLIFTING. UPON ARRIVAL I SPOKE WITH MANAGER (DEBBIE SNIADACH), WHO ADVISED AN UNKNOWN FEMALE WHO WAS DESCRIBED AS BEING APPROX 50 YEARS OF AGE, WITH BRAIDED HAIR AND A BASEBALL CAP, WALKED PAST ALL POINTS OF PURCHASE WITH SEVERAL ITEMS OF MERCHANDISE. (SNIADACH) ADVISED THE WOMAN JUMPED INTO A WHITE HYUNDAI CAR WHICH WAS IN THE PARKING LOT AND HEADED SOUTHBOUND ON EASTBAY DRIVE. (SNIADACH) ADVISED THERE WERE TWO WHITE MALES ALSO IN THE VEHICLE. WHILE SPEAKING WITH THE (SNIADACH), SHE WAS ABLE TO GATHER A LIST OF MERCHANDISE THAT WAS TAKEN FROM THE STORE. THE LIST INCLUDES A BODY GLOVE BATHING SUIT TOP (FLOWER PATTERN), FIT KICKS MEN'S SHOES, REEF SANDALS, SANUK MENS SIZE 8 SANDALS, AND A BODY GLOVE BATHING SUIT BOTTOM (FLOWER PATTERN). THE TOTAL VALUE OF MERCHANDISE IS (\$231.96).

THE SUSPECT IS SEEN ON INSTORE VIDEO SURVEILLANCE ENTERING THE BUSINESS AT 1118 HOURS AND EXITING THE BUSINESS AT 1210 HOURS WITHOUT PAYING FOR THE MERCHANDISE. THE SUSPECT WAS WEARING A BLUE SUNDRESS DURING THIS INCIDENT. THE SUSPECT THEN RETURNS TO THE STORE AT 1259 HOURS, WEARING DIFFERENT CLOTHES WITH A BASEBALL HAT, CARRYING A WHITE BACK-PACK STYLE PURSE. THE DEFENDANT THEN GRABS EIGHT BATHING SUITS FROM THE RACKS AND ATTEMPTS TO ENTER THE CHANGING ROOM. (SNIADACH) ADVISED SHE THEN TOLD THE SUSPECT SHE WAS ONLY ALLOWED TO HAVE FOUR ITEMS IN THE CHANGING ROOM AT ONE TIME. (SNIADACH) STATED THE SUSPECT THEN GOT UPSET AND BEGAN TELLING (SNIADACH) HOW RUDE SHE WAS WHILE SLAMMING THE MERCHANDISE ON THE COUNTER.(SNIADACH) ADVISED THE SUSPECT THEN LEFT THE STORE AND ENTERED A WHITE HYUNDAI CAR WHICH HAD THE LICENSE PLATE BENT UP IN AN ATTEMPT TO HIDE THE TAG NUMBER. THE VEHICLE THEN TRAVELED SOUTH BOUND ON EASTBAY DRIVE LEAVING THE AREA.

AFTER REVIEWING THE SURVEILLANCE VIDEO, I RECOGNIZED THE SUSPECT FROM A SUSPICIOUS PERSONS BOLO THAT WAS SENT FROM THE LONGBOAT KEY POLICE DEPARTMENT. THE BOLO ADVISED A FEMALE IDENTIFIED AS (CARLA ROMANO), AND TWO MALES IDENTIFIED AS (KODY MOURADIAN) AND (JEREMY WOOD). THE BOLO STATED THE SUBJECTS WERE SEEN WALKING BEHIND HOUSES AND CARRYING BAGS AWAY. A VEHICLE WAS ALSO LISTED AS A WHITE 2013 HYUNDAI ELANTRA BEARING FLORIDA TAG (6071UX). THE BOLO PROVIDED PICTURES OF THE SUSPECTS AND THE VEHICLE THAT WERE TAKEN AT THE TIME OF THEIR ENCOUNTER ON 07/24/2018. THE SAME STYLE WHITE BACK-PACK STYLE PURSE WAS ALSO PHOTOGRAPHED IN THE SUSPECTS VEHICLE.

I ALSO CONTACTED THE MANATEE COUNTY SHERIFF'S OFFICE IN REGARDS TO TWO THEFTS FROM THE CITY OF ANNA MARIA WHERE THE WITNESS'S ADVISED A WHITE FEMALE IN HER 50'S WAS SEEN TAKING PHONES AND PURSES FROM VICTIMS TOWELS AND LEAVING WITH TWO YOUNGER MALES, ONE OF WHICH HAD NUMEROUS TATTOOS. THE SUSPECTS IN THE MSO CASES WERE ALSO SEEN LEAVING THE AREA IN A WHITE 4-DOOR CAR.

I THEN RETURNED AND SPOKE WITH (SNIADACH). I PRESENTED (SNIADACH) WITH A PHOTOGRAPHIC LINE-UP ADVISEMENT SHEET. (SNIADACH) READ, INITIALLED, AND UNDERSTOOD THE LINE-UP. WHILE LOOKING AT THE LINE-UP, (SNIADACH) ADVISED SHE WAS NOT 100 % SURE BUT FELT THAT PHOTOGRAPH #4 MOST CLOSELY RESEMBLED THE SHOPLIFTING SUSPECT. (SNIADACH) SIGNED AND DATED PHOTO #4. PHOTO #4 WAS (CARLA ROMANO).

Report Contains		Related Report Number(s)	Name of Officer Reporting		I.D. Number/Locator Code	
			WALKER		312	
Signature of Officer Reporting		Officer Reviewing (if Applicable)	I.D. Number	Unit	Date	
		SGT . COPEMAN	307		07/26/2018	
Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date
				HALL	WALKER	07/26/2018
Case Status	CA	Clearance Type		Date Cleared	Arrest Number	Number Arrested
		1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A	07/26/2018	
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 2. Arrest Juvenile Warn/Dismiss 1. Original 2. Supplement

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180567**

ADM
Date of Supplement: **07/26/2018**
Original Date Reported: **07/25/2018**

Case Reference: **THEFT**

NARRATIVE

ON 07/26/2018, AT 1115 HOURS, I RESPONDED TO 3304 EASTBAY DRIVE, IN REFERENCE TO A FOLLOW-UP INVESTIGATION. UPON ARRIVAL I SPOKE WITH WITNESS (SYDNEY ELLIS) IN A PRIVATE OFFICE. I PROVIDED A PHOTOGRAPHIC LINE-UP ADVISEMENT SHEET WHICH (ELLIS) ADVISED SHE READ, INITIALED, AND UNDERSTOOD. (ELLIS) WAS THEN PROVIDED SIX PHOTOGRAPHS. (ELLIS) ADVISED SHE WAS UNABLE TO PROVIDE ANY INFORMATION REGARDING THIS PHOTO LINE-UP.

I THEN SPOKE WITH WITNESS (MADISON TILELLI) IN A PRIVATE OFFICE. I PROVIDED A PHOTOGRAPHIC LINE-UP ADVISEMENT SHEET WHICH (TILELLI) ADVISED SHE READ, INITIALED, AND UNDERSTOOD. (TILELLI) WAS THEN PROVIDED SIX PHOTOGRAPHS WHICH WERE PLACED IN A DIFFERENT ORDER FROM (ELLIS). (TILELLI) ADVISED SHE RECOGNIZED THE SUSPECT IN PHOTOGRAPH # 4 AS THE SHOPLIFTER FROM THE DAY BEFORE. (TILELLI) INITIALED AND DATED PHOTOGRAPH #4.

I THEN TURNED THE PHOTO LINE-UPS AND SURVEILLANCE VIDEO OVER TO SGT/DET HALL, WHO PLACED THEM INTO EVIDENCE AND COMPLETED A CAPIAS REQUEST FOR (CARLA ROMANO).

ADMINISTRATIVE	Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code				
					WALKER		312				
	Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Date				
			SGT . COPEMAN		307		07/26/2018				
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date
						SGT . DET HALL		OFC WALKER		07/26/2018	
Case Status		Clearance Type		Date Cleared		Arrest Number		Number Arrested			
CA		1.Arrest 2.Exceptional 3.Unfounded 4. V / W Refused to Cooperate		07/26/2018							
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page of	
1.Extradition Declined						6. Juvenile/No Custody					

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															
/ /		20180568				POSSESS.																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		07/25/2018		1915		1915		1915		2000															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		07/25/2018				Wed		07/25/2018											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		COV/OTHER		C		0 - 0 (0)		0000																	
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area Zone															
2800 GULF DR SOUTH BOUND		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No		0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned											
0		0		0		0		0		0		0		0											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		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															
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		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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				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		0		1		5		CITY OF HOLMES BEACH															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1021 BIG PINE RD		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		N		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		S		1		A		1		2		MATTOX											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1021 BIG PINE RD		SARASOTA		FL		34232																			
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		N		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee		R-Rec. Missing Z-other		A		1		2		MATTOX		STEFAN		DONNIE		941 217-9290							
Maiden Name		Nickname/Street Name		City		State		Zip		Business Phone															
1021 BIG PINE RD		SARASOTA		FL		34232																			
Occupation		Employer/School		Address		Social Security Number																			
CAR DEALER		SELF																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
M320784800270		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
B		M		01/27/1980		38		5-10		180		BRO		BLK											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT . COPEMAN		307		338		07/25/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		3		A		07/25/2018		338		1													
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
20180568

ADM	Date of Supplement _ / _ / _		Holmes Beach Police Department					Agency Report Number 20180568																						
	Original Date Reported 07/25/2018										Primary Offense Description POSSESS.		Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH																	
THEFT	Theft Type Codes									00																				
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other																													
CODES	Person Codes			Status Codes			Damage Codes																							
	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																							
PROPERTY	Property Type																													
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment																				
PROPERTY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>A</td> <td>1</td> <td>1</td> <td>8</td> <td>0</td> <td>D</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	A	1	1	8	0	D				
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
A	1	1	8	0	D																									
PROPERTY	Serial Number																													
	Owner Applied Number																													
PROPERTY	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	.02 OF GREEN LEAFY SUBSTANCE MARIJUANA																													
PROPERTY	Value					Value Recovered																								
	0.00					07/25/2018																								
PROPERTY	Serial Number																													
	Owner Applied Number																													
PROPERTY	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	Value					Value Recovered																								
PROPERTY	Date Recovered					SCIC/NCIC																								
	_ / _ / _					_ / _ / _																								
PROPERTY	Serial Number																													
	Owner Applied Number																													
PROPERTY	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	Value					Value Recovered																								
PROPERTY	Date Recovered					SCIC/NCIC																								
	_ / _ / _					_ / _ / _																								
PROPERTY	Serial Number																													
	Owner Applied Number																													
PROPERTY	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	Value					Value Recovered																								
PROPERTY	Date Recovered					SCIC/NCIC																								
	_ / _ / _					_ / _ / _																								
TOTALS	Property Stolen					Change in Property Stolen Value																								
	0.00					0.00																								
TOTALS	Property Recovered					Change in Property Recovered Value																								
	0.00					0.00																								
CODES	Activity				Type				Unit																					
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other				A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other				1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item																					
DRUGS	Activity	E	Type	M	Description	GREEN LEAF		Quantity	0.2	Unit	1	Estimated Street Value	\$5																	
	Activity		Type		Description			Quantity		Unit		Estimated Street Value																		
	Activity		Type		Description			Quantity		Unit		Estimated Street Value																		
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date																					
	Ofc M. VANHORN		338						07/25/2018																					
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To																					
	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 **20180568**

ADM Date of Supplement
 ___/___/___
 Original Date Reported
07/25/2018

Case Reference
POSSESSION COV

INFORMATION:

WHILE ON STATIONARY PATROL I OBSERVED THE DRIVER TRAVELING SOUTH BOUND ON THE 3100 BLOCK OF GULF DR, NOT WEARING HIS SEATBELT. I MADE THE TRAFFIC STOP ON GULF NEAR 28TH STREET. UPON CONTACTING THE DRIVER I NOTICIED THE SMELL OF BURNT MARIJUANA. THE DRIVER ALSO STATED HE DID NOT HAVE HIS DRIVERS LICENSE ON HIS PERSON, AND ALSO ADMITTED TO NOT WEARING HIS SEATBELT. OFC M. WALKER ARRIVED SHORTLY AFTER THE VEHICLE STOPPED AND ASSISTED ME WITH THE DRIVER AS I SEARCHED THE VEHICLE. THE DRIVER STATED UPON BEING TOLD I SMELLED MARIJUANA, THAT HE JUST HAD A LITTLE BIT POINTING TO THE DRIVERS SIDE DOOR POCKET.

DRIVER:

STEFAN DONNIE MATTOX B/M 01/27/1980 WAS ISSUED TWO CIVIL CITATIONS NO SEATBELT AND NO DRIVERS LICENSE ON PERSON. HE WAS ALSO GIVEN A CITY ORDINANCE VIOLATION WHICH HE SIGNED, AND WAS RELEASED FROM THE SCENS.

SEARCH/EVIDENCE:

THE GREEN LEAFY SUBSTANCE WAS OBSERVED IN THE DRIVERS SIDE DOOR AND WAS LAYING LOOSELY AND WAS READILY VISIBLE. I SEIZED THE SUSPECTED MARIJUANA AND CONDUCTED A FIELD TEST, WHICH WAS POSITIVE FOR THE PRESENCE OF MARIJUANA. THE MARIJUANA WAS PACKED AND SEALED IN A HYPD EVIDENCE BAG, AND PLACED IN TEMP EVIDENCE LOCKER #3.

VEHICLE:

2001 MERCEDES 2RD GREY IN COLOR BEARING FL DEALER PLATE PI263Q.

STATUS:

CLOSED BY ARREST COV.

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code				
					OFC M. VANHORN		338				
	Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Date				
			SGT. COPEMAN		307		07/25/2018				
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date	
										___/___/___	
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared	
CA				2.Exceptional		1		J-Juvenile		A	
										07/25/2018	
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		Arrest Number		Number Arrested	
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1	
								OBTS Number		Page of	
										1	

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															
/ /		20180569				BURGLARY																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Thu		07/26/2018		1443		1443		1450		1545															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From Tue		07/24/2018		1630		To Wed		07/25/2018		1530									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		1		THEFT/bVEHICLE		C		812 - 014 (1)		230F															
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															
5503 MARINA DRIVE		HOLMES BEACH		34217						W80															
Business Name/Area Identifier		Forced Entry		Occupancy																					
KEYES MARINA SLIP #6		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 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		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		25													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		1		0		00. N/A 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		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		V		1		3		PAGLIA		MICHAEL		D		352 895-7275									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5960 S.E. 13TH. AVE.		OCALA		FL		34480																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		VICTIM																							
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		07/17/1963		55		2		1		0		00 00		02						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		1		S		1		2		UNKNOWN															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/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		S		1		2		UNKNOWN															
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
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																	
						JASON HIGGINS		331																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN		SGT. COPEMAN		307		331		07/26/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
DET HALL		DET		SGT. COPEMAN		SGT. COPEMAN		07/26/2018																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
I																									
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											
												1		4											

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180569

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180569			
	Original Date Reported 07/26/2018		Primary Offense Description BURGLARY		Victim #1 Name (Last, First, Middle) PAGLIA MICHAEL D						
THEFT	Theft Type Codes 00. N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public Access Building 09. From Vehicle 11. By Computer 99. Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper. Machine 10. Extortion 12. Fraud									Theft Type 01	
	Person Codes V - Victim S - Suspect			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense			9. Other	
CODES	Property Type 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 D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor I. Plant/Citrus N. Construction Machinery S. Sports Equipment X. Structure										
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
PROPERTY	V	1	1	1	0	E	1	REEL	SHIMANO	2500	
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) FISHING REEL						
	Value 700.00		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	V	1	2	1	0	E	5	REEL	SHIMANO	5000 SARAGOSA	
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) FISHING REEL						
	Value 3,500.00		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	S	1	3	1	0	E	4	REELS	SHIMANO		
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) FISHING REEL						
	Value 2,800.00		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	S	1	4	1	0	E	10	RODS	SHIMANO		
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) FISHING RODS						
	Value 400.00		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
TOTALS	Property Stolen		7,400.00				Change in Property Stolen Value				
	Property Recovered		0.00				Change in Property Recovered Value				
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use T. Traffic K. Dispense/Distribute			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter				
	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
PROP. DETAIL / NARR.	RODS AND REELS/ 30LB BRAIDED LINES FOR 40LBS OR MORE.										
ADMINISTRATIVE	Officer(s) Reporting JASON HIGGINS		ID. Number(s)/Locator code 331		Signature of Officer Reporting			Unit		Date 07/26/2018	
	Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To DET HALL		Referred To		Assigned To DET	By SGT. COPEMAN	Date 07/26/2018
	Signature of Officer Reviewing										
		Page		Page							
		2		of		4					

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 **20180569**

Date of Supplement __/__/____
Original Date Reported 07/26/2018

Case Reference

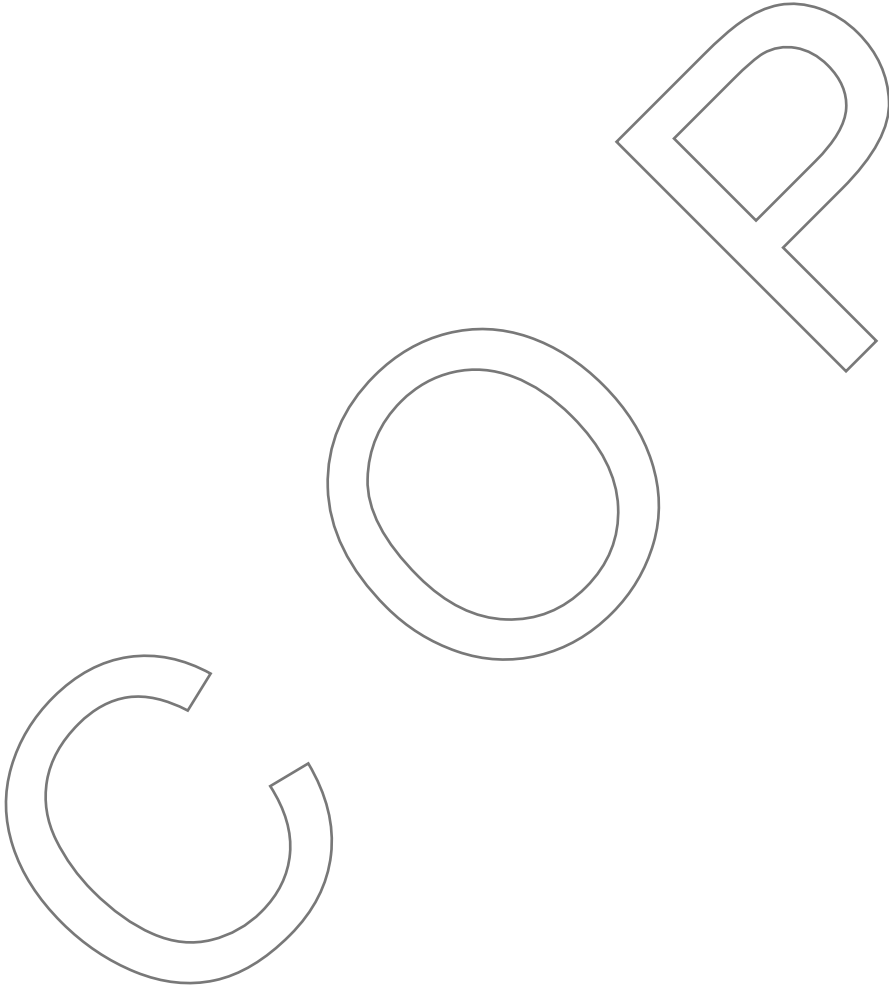
PAGLIA CAME TO POLICE DEPT. TO REPORT THE AFOREMENTIONED ITEMS WERE UNLAWFULLY REMOVED FROM HIS BOAT BY AN UNKNOWN SUBJECT. PAGLIA WAS PARKED AT SLIP #6 AT KEYES MARINA, LOCATED AT 5503 MARINA DRIVE, HOLMES BEACH, FL 34217.

PAGLIA LAST SAW ITEMS ON 07/24/2018 AT 1630 HRS., AND REALIZED THE THEFT ON 07/25/2018 AT 1530 HRS. PAGLIA WAS UNABLE TO PROVIDE SERIAL NUMBERS AT THE TIME OF INCIDENT REPORT.

I WENT TO KEYES MARINA, AND SPOKE TO JIM KEYES. KEYES SAID, HE REVIEWED THE SURVEILLANCE FOOTAGE AND DID NOT SEE A RECORDING OF PEOPLE ENTERING OR LEAVING THE VICTIM'S BOAT REMOVING ITEMS. KEYES ADVISED THAT HIS CAMERAS ARE MOTION ACTIVATED. KEYES ALSO SAID VICTIM'S SON, OR SON-IN-LAW HAS BEEN TAKING THE BOAT OUT THROUGHUOT THE WEEK AND HASN'T REPORTED ANY PROBLEMS.

NO FURTHER INFORMATION AVAILABLE AT THIS TIME.

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit DET
Signature of Officer Reviewing	Routed To DET HALL	Referred To DET	Assigned To SGT . COPEMAN
Date 07/26/2018	Date 07/26/2018	Date 07/26/2018	Date 07/26/2018
Case Status I	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 3 of 4

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180569

ADM	Date of Supplement _ / _ / _		Primary Offense Description BURGLARY						Victim #1 Name (Last, First, Middle) PAGLIA MICHAEL D										
	Original Date Reported 07/26/2018																		
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other		Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other		Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other		Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local								
	Person Code V		Person # 1		Vehicle # 1		Status 1		Damage 0		Type 7		Year 2017		Make TIDEWT		Model 2500		Style
VEHICLE / VESSEL	Tag Reg./Doc. # FL5506RK		Reg. State		Reg. Year 2018		Decal Number		Tag Type										
	VIN/Hull/FAA NLPCB117J617										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 25.2		Hull Material		Propulsion		Boat Type										
	Recovery Address/Geographic Indicator								Date Recovered _ / _ / _		Value Recovered								
	Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No		Reason/Authority								
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																
	Towed By		Storage Location		SCIC/NCIC		Location of Original Theft												
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type											
VIN/Hull/FAA										Estimated Value									
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		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													
VEHICLE INV. / NARRATIVE																			
ADMINISTRATIVE				Signature of Officer Reporting				Name of Officer Reporting JASON HIGGINS				I.D. Number/Locator Code 331		Unit 331					
				Signature of Officer Reviewing				Officer Reviewing (If Applicable) SGT. COPEMAN				I.D. Number 307		Date 07/26/2018					
Routed To DET HALL				Referred To				Assigned To DET				By		Date _ / _ / _					
Case Status A		Clearance Type		1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared _ / _ / _		Arrest Number		Number Arrested					
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page 4		Page 4							

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report:	<input checked="" type="checkbox"/>	Juvenile Warn/Dismiss:	<input type="checkbox"/>	1. Original	<input type="checkbox"/>	2. Supplement:	1					
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description										
	____/____/____													20180570		COV/ALCOHOL										
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
	Thu		07/26/2018		1639		1639		1641		1721															
	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		07/26/2018		Thu		07/26/2018												
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub			NCIC/UCR Code													
		5	COV/ALCOHOL							0 - 6 (6-3A)			0000													
	OFF/INC #2					A-Attempted C-Committed																				
	Incident Location (Street Number, Street, Apt.)													City		Zip		District		Grid		Area		Zone		
	100 52ND ST													HOLMES BEACH		34217										
	Business Name/Area Identifier													Forced Entry		Occupancy										
BEACH													0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1					
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		99. Other	
													03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field			
													04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway			
													09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				27	
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00									
01	01	02	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											
V/W Code			Victim Type			Race			Sex			Residence Type			Residence Status		Extent of Injury									
V - Victim W - Witness C - Reporting Person			0. N/A 1. Juvenile 2. L.E. Officer 3. Adult			N - N/A W - White B - Black			I - American Indian O - Oriental/Asian U - Unknown			N - N/A M - Male F - Female U - Unknown			0. N/A 1. City 2. County			0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal						
Injury Type			03. Laceration			07. Loss of Teeth			Victim Relationship To Offender			06. Parent			10. Step-Child		14. Teacher		17. Friend							
00. N/A			04. Unconscious			08. Burns			00. N/A			03. Spouse			11. In-Law		15. Child of Boy/Girl		18. Neighbor							
01. Gunshot			05. Poss. Broken Bones			09. Abrasions/Bruises			01. Undetermined			04. Ex-Spouse			08. Child		12. Other Family		19. Sitter/Day Care							
02. Stabbed			06. Poss. Internal Injury			99. Other			02. Stranger			05. Co-Habitant			09. Step-Parent		13. Student		16. Boy/Girl Friend							
OFF/INC Indicator		V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone											
1.#1 3.Both 2.#2		1	V	01	CITY OF HOLMES BEACH										941 708-5804											
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	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		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			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 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													
										SGT. COPEMAN			307													
Signature of Officer Reporting					Officer Reviewing (If Applicable)			I.D. Number		Unit		Date														
					SGT. COPEMAN			307				07/26/2018														
Signature of Officer Reviewing					Routed To		Referred To		Assigned To		By		Date													
Case Status			Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA					1				J		07/26/2018				2											
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 of Page												
1.Extradition Declined																										

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180570

ADM	Date of Supplement ____/____/____	Primary Offense Description COV/ALCOHOL		Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH								
	Original Date 07/26/2018											
CODES	V/W Code V - Victim W - Witness C - Reporting Person	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Race N-N/A W-White B-Black	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal					
	Injury Type 00. N/A 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	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone					
	Address (Street, Apt. Number)			City	State	Zip	Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator 1.#1 2.#2	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone						
Address (Street, Apt. Number)			City	State	Zip	Business Phone						
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code	Susp. #	Juvenile	Name (Last, First, Middle)			Residence Phone			
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone			
Last Known Address (Street, Apt. Number)			City	State	Zip	Business Phone						
Occupation			Employer/School			Address			Social Security Number			
Driver's License State/Number			Immigration and Naturalization Number			Other ID. Number		OBTS Number	SCIC/NCIC			
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code	Susp. #	Juvenile	Name (Last, First, Middle)			Residence Phone			
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone			
Last Known Address (Street, Apt. Number)			City	State	Zip	Business Phone						
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							
Incident Type 1. Runaway 2. Parental 3. Involuntary	4. Disabled 5. Endangered 6. Disaster Victim	7. Voluntary Adult 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		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						
Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit	Date 07/26/2018				
Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date ____/____/____					
Signature of Officer Reviewing						Page	Page of					

NARRATIVE CONTINUATION

1. Offense	1	Juvenile Warn/Dismiss		1. Original	
2. Arrest				2. Supplement	1
Agency ORI Number			Agency Report Number		
FL0410400			20180570		

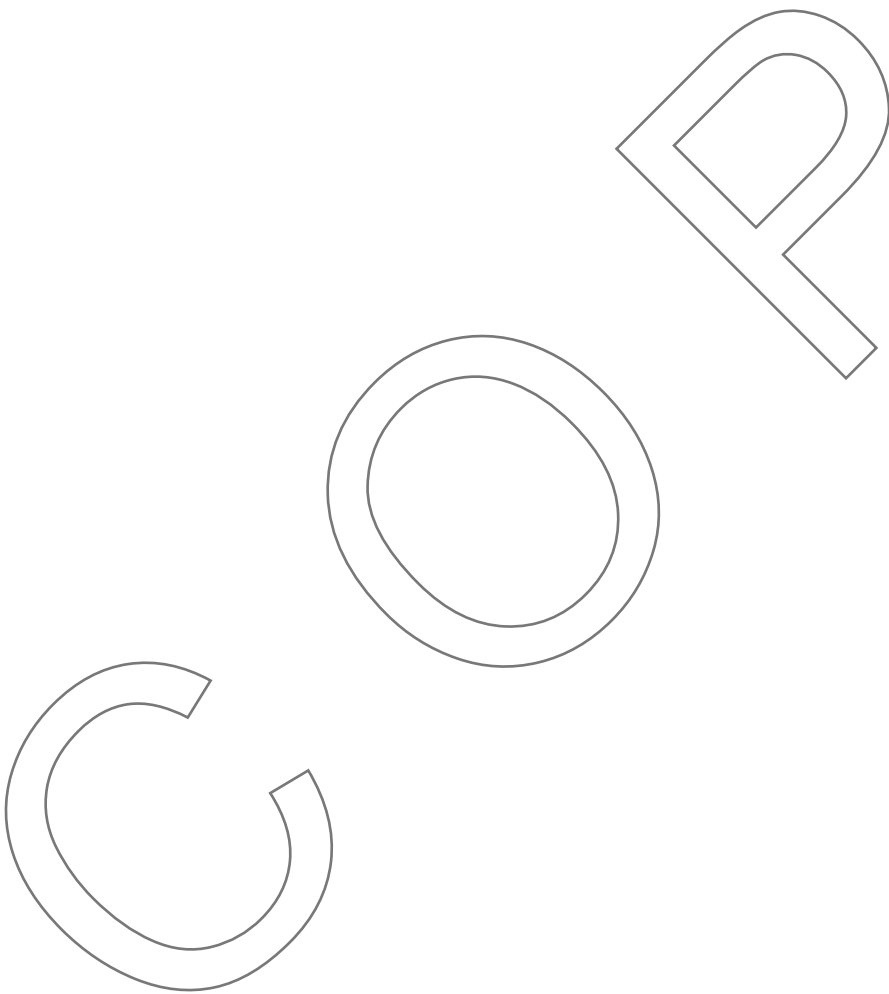
Holmes Beach Police Department

Case Reference

Date of Supplement	_/_/____
Original Date Reported	07/26/2018

ON LISTED DATE AND TIME I RESPONDED TO 100 BLK 52ND ST DUE TO JUVENILES DRINKING ON THE BEACH. UPON ARRIVAL OFFICER HIGGINS AND MYSELF APPROACHED A RED TENT AND SAW THE TWO LISTED JUVENILE WITH BEER CANS IN THE CUP HOLDERS OF THE CHAIRS. BOTH JUVENILES STATED THAT THEY HAD BEEN DRINKING. I ASKED JUV#1 IF I COULD LOOK IN THE COOLER AND HE STATED YES AND HE OPEN IT. INSIDE THE COOLER WERE 12 MORE BEERS CANS UNOPENED. IT WAS A MIXTURE OF BUDLIGHT AND COORES LIGHT BEER. BOTH JUVENILES WERE RUN THROUGH FCIC NCIC AND CAME BACK CLEAR. PARENTS WERE CONTACTED DUE TO ALCOHOL BEING IN THE THE JUVENILES SYSTEM. JUV#1 BLOW A .020 ON THE PBT. AND JUV#2 BLEW A .016. BOTH JUVENILE WERE GIVEN COV CITATION AND TURNED OVER TO THEIR PARENTS. NFA

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	Date
	SGT . COPEMAN	307	07/26/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date
Case Status	Clearance Type	Date Cleared	Arrest Number
CA	1.Arrest 2.Exceptional 3.Unfounded 4. V / W Refused to Cooperate	07/26/2018	2
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		2. Supplement: <input checked="" type="checkbox"/> 1											
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description															
		/ /										20180571		DEATH															
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
		Thu		07/26/2018		1843		1843		1845		2101																	
		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		07/26/2018		Thu		07/26/2018															
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
		9		DEATH				C		0 - 0 (0)		0000																	
		OFF/INC #2																											
		Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
		5300		GULF DR #610		HOLMES BEACH		34217																					
		Business Name/Area Identifier		Forced Entry		Occupancy																							
				0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1																	
		Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile															
		01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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						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							
		00		01		00		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							
		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		06. Parent		10. Step-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		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				20. Employee		99. Other Known													
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
		1.#1 2.#2		1		C		1		3		ROSAS		941 778-1769															
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
		5300		GULF DR #610		HOLMES BEACH		FL		34317																			
		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		01/29/1929		89		1		1		0		00 00		03				Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
		1.#1 2.#2		1		3		3		ROSAS																			
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
		5300		GULF DR #610		HOLMES BEACH		FL		34317																			
		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone															
		1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		1		2		ROSAS															
		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
		5300		GULF DR #610		HOLMES BEACH		FL		34217																			
		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																			
		R220-774-22-268-0		FL																									
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																									
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
		W		M		07/28/1922		95		508																			
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
								SGT . COPEMAN		307																			
		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
				SGT . COPEMAN		307		307		07/26/2018																			
		Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																	
								DET		SGT . COPEMAN		07/26/2018																	
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180571**

ADM	Date of Supplement __/__/____
	Original Date Reported 07/26/2018

Case Reference

ON LISTED DATE AND TIME I RESPONDED TO 5300 GULF DR #610 DUE TO A POSSIBLE CARDIAC ARREST. UPON ARRIVAL EMS WAS RIGHT BEHIND ME. EMS BEGAN WORKING ON THE SUBJECT AS SOON AS THE GOT IN THE UNIT. I SPOKE TO THE WIFE.

(BETTY)STATED HE (ROSAS) WAS NOT FEELING WELL AND BENT OVER TO PICK UP SOME MEDICATION HE DROPPED AND PASSED OUT. BETTY CONTACTED 911. EMS ARRIVED AND STARTED CPR. CPR WAS DONE FOR ABOUT 20MIN. WHEN BETTY ASKED THEM TO STOP. ER ON CALL DOCTOR WAS CALLED (DR. MUFFSHA) ADVISED THEY COULD STOP CPR. MR. ROSAS DOCTOR WAS CONTACTED (PALHAM) AND DR KOSFFELD CALLED BACK ADVISING THEY WOULD SIGN DEATH CERTIFICATE. M.E (NOLE ASBORN) WAS CONTACTED AND GIVEN THE INFO. MANASOTA FUNERAL HOME WAS CONTACT AND RESPONDED TO PICK UP MR.ROSAS.

DET. HALL WAS CONTACT AND ADVISED OF THE CASE. PHOTO WERE TAKEN. MR. ROSAS HAD A WEDDING BAND ON WHICH WAS TAKEN OFF AND GIVEN TO HIS WIFE. HE ALSO HAD HEARING AIDS THAT WERE GIVEN TO HER AS WELL. NFA

NARRATIVE

C O P Y

Report Contains	Related Report Number(s)	Name of Officer Reporting SGT .COPEMAN	I.D. Number/Locator Code 307
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT .COPEMAN	I.D. Number 307	Unit DET
Signature of Officer Reviewing	Routed To	Referred To	Assigned To SGT .COPEMAN
Case Status	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded 4. V / W Refused to Cooperate	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 SGT .COPEMAN
			Number Arrested 07/26/2018
			OBTS Number
			Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/>		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/>											
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
/ /						20180572		THEFT																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		07/27/2018		1310		1311		1316		1343															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		07/24/2018		0900		To		Wed		07/25/2018		0900							
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		THEFT / OTHERS		C		812 - 014 (1)		230G																	
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															
2714 AVENUE C		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 2		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		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/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.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		01		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		05. Co-Habitant		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		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		17. Friend		20. Employee		99. Other Known									
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		V		01		3		GEBBIA		CHERYL		FL		34217		941 778-0045							
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2714 AVENUE C		HOLMES BEACH		FL		34217																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		OWNER OF STOLEN ITEMS																					
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		12/11/1945		72		1		1		0		00 00		00		W		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing 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															
SEE NARRATIVE ON OTHER PAGE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. M. PILATO		306		PATROL		07/27/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		Date																	
DET SGT		PATROL		07/28/2018																					
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 1 Juvenile 1. Original
 2. Arrest Warn/Dismiss 2. Supplement

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180572**

ADM	Date of Supplement __/__/____
Original Date Reported 07/27/2018	

Case Reference
LARCENY

ON 07/27/18 AT 1311 HOURS I WAS DISPATCHED TO 2714 AVENUE C IN REFERENCE TO THE THEFT OF A GARDEN HOSE AND HOSE REEL. UPON ARRIVAL I SPOKE WITH THE VICTIM, MS. GEBBIA. GEBBIA INFORMED ME THAT ON THE MORNING OF 07/25/18 SHE NOTICED THE GARDEN HOSE AND HOSE REEL ON THE SOUTH SIDE OF HER HOUSE WAS GONE. THE HOSE IS A 75 FOOT YELLOW HOSE. THE HOSE REEL IS PLASTIC AND GREY IN COLOR. GABBIA STATED TO ME THAT A NEIGHBOR OF HERS NOTICED TWO INDIVIDUALS IN GABBIA'S YARD ON 07/24/18 IN THE AFTERNOON. THE NEIGHBOR STATED TO GABBIA THAT ONE WAS A WHITE MALE WITH BLONDE HAIR. THE OTHER INDIVIDUAL WAS A HISPANIC MALE. THE NEIGHBOR DID NOT WITNESS THE MEN TAKE THE HOSE OR THE HOSE REEL.

NO FURTHER ACTION TAKEN AT THIS TIME.

NARRATIVE

C O P

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		L. DIEHL	333
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	SGT. M. PILATO	306	PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			DET SGT
By	Date	Arrest Number	Number Arrested
	07/27/2018	PATROL	07/28/2018
Case Status	Clearance Type	Date Cleared	Arrest Number
	1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile __/__/____	
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
1. Extradition Declined			OBTS Number
			Page 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		2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description													
/ /												20180573		COV/NOISE													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Thu		07/26/2018		2325		2325		2327		2356																	
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		07/26/2018		Thu		07/26/2018															
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
9		COV/NOISE				C		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															
204 72ND ST		HOLMES BEACH		34217																							
Business Name/Area Identifier		Forced Entry		Occupancy																							
		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1																	
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field																	
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.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
00		00		00		00		00		00. N/A 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 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		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		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		04. Ex-Spouse		08. 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		20. Employee											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
1.#1 3.Both 2.#2		1		V		01		5		CITY OF HOLMES BEACH		941 708-5804															
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		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		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone									
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing 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																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
SGT . COPEMAN		SGT . COPEMAN		307		307		07/27/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																			
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180573**

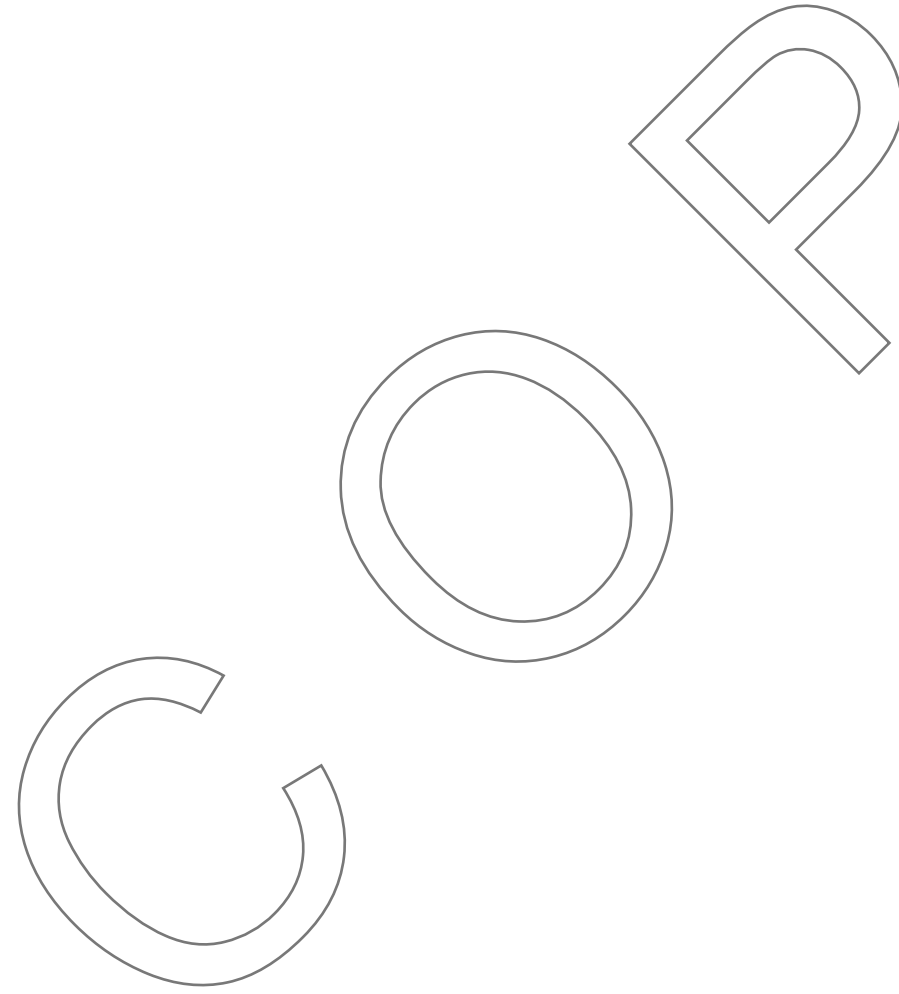
ADM	Date of Supplement ___/___/___
	Original Date Reported 07/26/2018

Case Reference

ON LISTED DATE AND TIME I RESPONDED TO A NOISE COMPLAINT. THE CALLER STATED THAT THEY BELIEVED THE ADDRESS TO BE 206 72ND ST. UPON ARRIVAL I HEARD NOTHING, AFTER 15 MIN. OF SEARCH THE AREA I HEARD A QUICK YELL COME FROM THE AREA OF 204 72ND ST. I STOOD OUT IN FRONT OF THE HOUSE FOR A COUPLE MORE MIN. AND HEARD A QUICK SCREAM. WHILE I WAS STILL OUT IN FRONT OF THE HOME ONE OF THE RENTERS CAME OUT AND I ASKED IF I COULD SPEAK WITH HIM. I ADVISED HIM THAT THERE WAS A NOISE COMPLAINT FROM THIS AREA AND I COULD HEAR A QUICK YELL AND A SCREAM COME FROM THE HOUSE. HE LAUGH AND STATED THAT THEY WERE IN THE MIDDLE OF A HIGH STAKES POOL GAME IN THE GARAGE. THE GARAGE DOOR WAS CLOSED. I ADVISED HIM OF THE NOISE ORD. AND HE STATED THAT THEY WOULD END THE GAME AND APOLOGIZED FOR THE NOISE.

THERE WERE NO VIOLATION OF THE NOISE ORD. AT THIS TIME. NO SUSTAINED READING COULD BE RECORDED. NFA

NARRATIVE



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

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report:	N	Juvenile Warn/Demiss:	1. Original	2. Supplement:	1										
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description															
/ /												20180574		THEFT															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																			
Fri		07/27/2018		1540		1540		1540		1615																			
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		07/26/2018		1030		To		Fri		07/27/2018		1300											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
1		LARCENY/THEFT		A		812 - 014 (2C1)		230G																					
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																	
752		MANATEE AVE		HOLMES BEACH		34217																							
Business Name/Area Identifier		Forced Entry		Occupancy																									
KINGFISH BOAT RAMP		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		3																			
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		99. Other													
02. Apartment/Condo		06. Gas Station		07. Liquor Sales		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other															
03. Residence-Other		08. Bar/Nightclub		09. Supermarket		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		18. School/University		19. Jail/Prison		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		27													
# 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		88. Unknown		99. Other		00	
01		01		01		00		00		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		99. Other		00			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																	
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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		17. Friend		20. Employee		99. Other Known											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone													
1.#1 3.Both 2.#2		1		V		01		3		GOETZ		MIAMISBURG		OH		45342		937 572-2690											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
2602 HIGHLAND VILLAGE LN		MIAMISBURG		OH		45342		-																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																											
		VICTIM																											
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		03/12/1989		29		4		1		0		00 00		00		CA		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		1		S		01		8		UNKNOWN																			
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
		UNKNOWN																											
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																											
		SUSPECT																											
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/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		S		01		8		UNKNOWN																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
		UNKNOWN																											
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																					
						C. LABRANCHE		318																					
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																					
		SGT. M. PILATO		306		PATROL		07/27/2018																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																			
		DET SGT								07/28/2018																			
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested															
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180574**

ADM	Date of Supplement ___/___/___
	Original Date Reported 07/27/2018

Case Reference
LARCENY/THEFT

NARRATIVE

ON 7/27/18 I MET WITH JACOB GOETZ AT THE POLICE STATION REPORTING HIS FISHING RODS WERE STOLEN FROM THE FAR WEST PICNIC TABLE AT KINGFISH BOAT RAMP (752 MANATEE AVE) SOMETIME BETWEEN 1000 HOURS AND 1300 HOURS ON 7/26/18. JACOB SAID HE LEFT THEM ON THE PICNIC TABLE WHILE HE WAS PACKING UP PADDLE BOARDS BECAUSE OF AN ONCOMING STORM, LOADED THE BOARDS IN HIS CAR WHICH WAS NEAR THE PICNIC TABLE, AND THEN LEFT. HE NOTICED HE DID NOT HAVE HIS FISHING RODS AT AROUND 1200-1300 HOURS AND WENT BACK TO KINGFISH TO SEE IF THEY WERE STILL THERE. THE ITEMS WERE NOT THERE ON HIS ARRIVAL.

ITEMS STOLEN:

FLY ROD

ROD- BRO TEMPLE FORK OUTFITTERS MANGROVE SERIES 8 WEIGHT 9FT \$300

REEL-BLK WATERWORKS-LAMSON REMIX 3.5 \$150

LINE-GRN/WHI RIO FRESHWATER OUTBOUND SHORT WF8F \$90

CONVENTIONAL FISHING ROD

ROD- BLK COUNTOUR XT6 GRAPHITE 7FT \$80

REEL-BLK DAIWA SPIN REEL \$100

LINE-STANDARD FISHING LINE \$10

JACOB DID NOT OBSERVE ANYTHING OUT OF THE ORDINARY THAT WOULD HELP IN IDENTIFYING A SUSPECT. HE CALLED THE POLICE DEPARTMENT YESTERDAY ON HIS WAY BACK TO HIS VACATION STAY AND SAID HE WOULD RETURN ON TODAY'S DATE MAKE A FULL REPORT. HE FILLED OUT AN AFFIDAVIT. AS OF THIS TIME, THERE HAVE BEEN NO FISHING RODS RETURNED TO THE POLICE DEPARTMENT SINCE THE TIME OF INCIDENT. THIS CASE SHOULD BE FORWARDED TO DETECTIVE HALL FOR REVIEW AND SUBSEQUENT INVESTIGATION.

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

PROPERTY REPORT

ADM	Date of Supplement 07/27/2018		Holmes Beach Police Department				Agency Report Number 20180574								
	Original Date Reported 07/27/2018		Primary Offense Description LARCENY/THEFT		Victim #1 Name (Last, First, Middle) GOETZ JACOB A										
THEFT	Theft Type Codes										Theft Type				
	00. N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public Access Building 09. From Vehicle 11. By Computer 99. Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper. Machine 10. Extortion 12. Fraud										99				
CODES	Person Codes			Status Codes			Damage Codes								
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense					
PROPERTY	Property Type														
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure		Y. Farm Equipment Z. Miscellaneous
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number					
	V	01	6	1	0	S	1	FISHING LINE							
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) STANDARD								
PROPERTY	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	10.00						_/_/_								
	Description (Size, Color, Caliber, Barrel Length, Etc.)														
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number					
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
PROPERTY	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Description (Size, Color, Caliber, Barrel Length, Etc.)														
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number					
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
PROPERTY	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
	Description (Size, Color, Caliber, Barrel Length, Etc.)														
TOTALS	Property Stolen				10.00			Change in Property Stolen Value							
	Property Recovered				0.00			Change in Property Recovered Value							
CODES	Activity			Type			Unit								
	P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Barbiturate C. Cocaine E. Heroin					
DRUGS	Activity			Type			Unit			Estimated Street Value					
	Activity			Type			Unit			Estimated Street Value					
	Activity			Type			Unit			Estimated Street Value					
PROP. DETAIL / NARR.	STANDARD FISHING LINE														
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date				
	C. LABRANCHE		318								07/27/2018				
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By				
Signature of Officer Reviewing										Date					
										Page of					

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
/ /						20180575		LARCENY OF CREDIT CARD																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		07/27/2018		1600		1900		1900		2100															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		07/27/2018		1500		To		Fri		07/27/2018		1900							
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		LARCENY/THEFT		C		817 - 60 (1)		230*																	
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															
4000 GULF DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
MANATEE PUBLIC BEACH PICNIC AREA		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned 0																	
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other		99. Other											
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		28. Lake/Waterway		29. Motor Vehicle											
04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		24. Other Structure				27											
09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison																					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		V		1		3		RELLIER		JEAN-CLAUDE													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
CITIZEN OF FRANCE		LE-PLESSIS PATE		FL																					
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		M		10/11/1956		61		4		3		0		00 00		02		N		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing 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															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		309		07/28/2018		OFC M. VANHORN		338																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
B. HALL		DET		PATROL		07/28/2018																			
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
A																									
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180575**

ADM Date of Supplement
 ___/___/___
 Original Date Reported
07/27/2018

Case Reference
LARCENY OF CREDIT CARD

NARRATIVE

INFORMATION:

I WAS CONTACTED BY CHARLENE RELIER WHO IS THE DAUGHTER OF THE VICTIM JEAN-CLAUDE RELIER. THE SUBJECTS ARE CITIZENS OF FRANCE, HENCE CHARLENE SPOKE THE BEST ENGLISH. I WAS ADVISED THAT JEAN-CLAUDE WAS AT THE PICNIC TABLE AND ACCIDENTLY LEFT HIS WALLET ON THE TABLE. WHEN HE REALIZED AND RETURNED TO THE SCENE HIS WALLET HAD BEEN TURNED INTO THE BEACH CAFE BUT HIS CREDIT CARD AND \$10 WAS MISSING.

CREDIT CARD INFORMATION:

JEAN-CLAUDE DID NOT HAVE THE CREDIT CARD NUMBER AVAILABLE. THE CARD IS DESCRIBED AS A VISA GOLD ISSUED IN THE COUNTRY OF FRANCE. I ADVISED CHARLENE TO HAVE HER FATHER IMMEDIATLEY CONTACT THE CREDIT CARD COMPANY AND SHUT DOWN THE CARD. THIS WAS ACCOMPLISHED WITHIN MINUTES. CHARLENE THEN SHOWED ME A SCREEN SHOT OF THE CREDIT CARD WHERE THE CARD HAD BEEN USED AT SLIMS IN ANNA MARIA.

ACTION TAKEN:

I WENT TO SLIMS PLACE 204 PALMETTO AVE IN ANNA MARIA. I CONTACTED THE OWNER WHO WAS ABLE TO POSSIBLY SHOW A SUSPECT USING THE CARD AT THE ATM OUTSIDE THE BUSINESS. THE POSSIBLE SUSPECT WAS A WHITE MALE APPROX 30 YEARS OLD. THE POSSIBLE SUSPECT HAD RED SHORT HAIR.

LACK OF INVESTIGATIVE LEADS:

DUE TO COMMUNICATION ISSUES WITH THE VICTIM LIVING OUT OF THE US, I AM UNABLE TO SECURE ANY MORE INFORMATION.

EMAIL OF CHARLENE RELIER:

C.RELIER@GMAIL.COM THIS IS THE ONLY METHOD OF COMMUNICATION AS THE FAMILY HAS RETURNED TO FRANCE ON 7/28/2018.

STATUS:

CLOSED.

Report Contains	Related Report Number(s)	Name of Officer Reporting OFC M. VANHORN	I.D. Number/Locator Code 338
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit PATROL
Signature of Officer Reviewing	Routed To B. HALL	Referred To DET	Assigned To PATROL
Case Status A	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded 4. V / W Refused to Cooperate	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	Number Arrested
Page		Page	Page

OFFENSE-INCIDENT REPORT

FL0410400	Gang Related <input type="checkbox"/>	1	Holmes Beach Police Department										Juvenile in Report: <input type="checkbox"/> N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement: <input type="checkbox"/>	1														
ADM	Date of Supplement _/_/____												Agency Report Number 20180576		Primary Offense Description WEAPON																
	Original Day Reported Sat		Date 07/28/2018			Time (mil) 0203			Time Dispatched (mil) 0203			Time Arrived (mil) 0203			Time Completed (mil) 0700																
EVENT DATA	Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Sat		Date 07/28/2018		Time (mil) 0203		To Sat		Date 07/28/2018		Time (mil) 0700														
	OFF/INC #1	Type 1	Description WEAPON				A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub 790 - 221 ()			NCIC/UCR Code 5200																	
	OFF/INC #2	Type 1	Description WEAPON				A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub 790 - 23 ()			NCIC/UCR Code 5200																	
	Incident Location (Street Number, Street, Apt.) 4000 GULF DR																		City HOLMES BEACH		Zip 34217		District		Grid		Area		Zone		
Business Name/Area Identifier MANATEE COUNTY PUBLIC BEACH PARKING LOT																		Forced Entry 0. N/A 1. Yes		2. No		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 99. Other 25																															
# OFF/INC. 1		# Victims 1		# Offenders 1		# Prem. Ent. 0		# Veh. Stolen 0		Type of Weapon 00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other 03											
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		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-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	
OFF/INC Indicator 1.#1 2.#2		V/W Code 3		# 1		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA										Residence Phone - - - - -													
Address (Street, Apt. Number) City State Zip Business Phone																															
Other Contact Info. (Time Available, Interpreter, etc.)																															
Synopsis of Involvement																															
If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race N		Sex N		Date of Birth 05/05/2000		Age 18		Res. Type 0		Res. Status 0		Extent of Injury 0		Injury Type(s) 00 00		Relationship 00		Ethnicity N		Will Victim prefer charge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
OFF/INC Indicator 1.#1 2.#2		V/W Code 3		# 1		V. Type 3		Name (Last, First, Middle or Business) MONTEMARANO NADIA LOUISE										Residence Phone 309 706-3458													
Address (Street, Apt. Number) City State Zip Business Phone																															
Other Contact Info. (Time Available, Interpreter, etc.)																															
Synopsis of Involvement WITNESS, OWNER AND PASSENGER OF VEHICLE																															
If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race W		Sex F		Date of Birth 05/05/2000		Age 18		Res. Type 1		Res. Status 0		Extent of Injury 0		Injury Type(s) 00 00		Relationship 01		Ethnicity N		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator 1.#1 2.#2		Suspect Code S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other		Code A		Susp.# 1		Juvenile 2		Name (Last, First, Middle) KOKKO JOSHUA DOUGLAS																	
Maiden Name Nickname/Street Name Place of Birth Residence Phone 941 301-6633																															
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) T SHIRT SHORTS MULTIPLE UPPER BODY, ARMS																															
Race W		Sex M		Date of Birth 01/18/1993		Age 25		Height 5-8		Weight 150		Eye Color BRO		Hair Color BRO		Hair Length M		Hair Style													
Complexion MED		Build THN		Facial Hair B		Teeth		Speech/Voice		Special Identifiers GANG MEMBER																					
NARRATIVE																															
ADMINISTRATIVE																															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting OFC M. VANHORN		I.D. Number/Locator Code 338																							
Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT. J. PIERCE		I.D. Number 309		Unit PATROL		Date 07/28/2018																							
Signature of Officer Reviewing		Routed To D/SGT HALL		Referred To DET		Assigned To PATROL		By 07/28/2018																							
Case Status CA		Clearance Type 1.Arrest 2.Exceptional 1		3.Unfounded		A-Adult J-Juvenile A		Date Cleared 07/28/2018		Jail Number		Number Arrested 1																			
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 1		Page of																			

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180576

ADM	Date of Supplement ____/____/____		PERSON(S) REPORT						Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Original Supplement: <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1																					
	Original Date 07/28/2018		Primary Offense Description WEAPON			Victim #1 Name (Last, First, Middle) STATE OF FLORIDA					Agency Report Number 20180576																			
CODES	V/W Code V - Victim W - Reporting Person C - Reporting Person		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		Race N-N/A W-White B-Black		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal																	
	Injury Type 00. N/A 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																	
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2 3.Both		V/W Code # 3 W 2		V. Type 3		Name (Last, First, Middle or Business) MILIAN-DIAZ					City CORNELIO		State FL		Zip 34208		Residence Phone 941 254-0854												
	Address (Street, Apt. Number) 503 31ST AVE E		City BRADENTON		State FL		Zip 34208		Business Phone _____ - _____		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement WITNESS AND PASSENGER OF VEHICLE		Residence Phone 941 704-6537		Business Phone _____ - _____													
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2 3.Both		V/W Code # 3 W 3		V. Type 3		Name (Last, First, Middle or Business) ROBLERO					City ANARELI		State FL		Zip 34203		Residence Phone 941 704-6537												
	Address (Street, Apt. Number) 1003 57TH AVE TER E		City BRADENTON		State FL		Zip 34203		Business Phone _____ - _____		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement WITNESS BACK SEAT PASSENGER		Residence Phone 941 704-6537		Business Phone _____ - _____													
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2 3.Both		Suspect Code S-Suspect A-Arrestee		E-Escapee R-Rec. Missing M-Missing Z-other		Code Susp. #		Juvenile		Name (Last, First, Middle) [REDACTED]					Maiden Name [REDACTED]		Nickname/Street Name [REDACTED]		Place of Birth [REDACTED]		Residence Phone _____ - _____								
	Last Known Address (Street, Apt. Number) [REDACTED]		City [REDACTED]		State [REDACTED]		Zip [REDACTED]		Business Phone _____ - _____		Occupation [REDACTED]		Employer/School [REDACTED]		Address [REDACTED]		Social Security Number ____ - ____ - ____		Driver's License State/Number [REDACTED]		Immigration and Naturalization Number [REDACTED]		Other ID. Number [REDACTED]		OBTS Number [REDACTED]		SCIC/NCIC [REDACTED]			
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2 3.Both		Suspect Code S-Suspect A-Arrestee		E-Escapee R-Rec. Missing M-Missing Z-other		Code Susp. #		Juvenile		Name (Last, First, Middle) [REDACTED]					Maiden Name [REDACTED]		Nickname/Street Name [REDACTED]		Place of Birth [REDACTED]		Residence Phone _____ - _____								
	Last Known Address (Street, Apt. Number) [REDACTED]		City [REDACTED]		State [REDACTED]		Zip [REDACTED]		Business Phone _____ - _____		Occupation [REDACTED]		Employer/School [REDACTED]		Address [REDACTED]		Social Security Number ____ - ____ - ____		Driver's License State/Number [REDACTED]		Immigration and Naturalization Number [REDACTED]		Other ID. Number [REDACTED]		OBTS Number [REDACTED]		SCIC/NCIC [REDACTED]			
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 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.) [REDACTED]		Accompanied By [REDACTED]					
	Mental/Physical Condition [REDACTED]		Medication Required/Type [REDACTED]		Doctor/Dentist (Name, Phone Number) [REDACTED]		Property Carried [REDACTED]		ID. Type/Number [REDACTED]		ID. Type/Number [REDACTED]		Probable Destination [REDACTED]		Name/Address [REDACTED]		Transportation Mode [REDACTED]		Recovery Information 0. N/A 1. Voluntary		2. Located-Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other			
ADMINISTRATIVE	Officer(s) Reporting OFC M. VANHORN		ID. Number(s)/Locator code 338		Signature of Officer Reporting [REDACTED]		Unit PATROL		Date 07/28/2018		Officer Reviewing (If Applicable) SGT. J. PIERCE		ID. Number 309		Routed To D/SGT HALL		Referred To DET		Assigned To PATROL		By PATROL		Date 07/28/2018		Signature of Officer Reviewing [REDACTED]		Page 1		Page of	

NARRATIVE CONTINUATION

1. Offense	2	Juvenile Warn/Dismiss	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest				2. Supplement	1
Agency ORI Number			Agency Report Number		
FL0410400			20180576		

Holmes Beach Police Department

Date of Supplement	ADM
___/___/___	
Original Date Reported	Case Reference
07/28/2018	FELONY FIREARMS CHARGES (3)

INFORMATION:

WHILE ON PATROL I OBSERVED A DARK BLUE VOLKSWAGEN WITH TWO OCCUPANTS SEATED IN THE VEHICLE AND TWO STANDING OUTSIDE. I ALSO OBSERVED OPEN ALCOHOL BEING CONSUMED, AND THE PARK AREA WAS CLOSED. I MADE CONTACT WITH THE SUBJECTS TWO MALES AND TWO FEMALES. THE ARRESTED SUBJECT IS THE FIRST I ATTEMPTED TO IDENTIFY. THE SUBJECT VERBALLY IDENTIFIED HIMSELF AS JOSHUA KOKKO, AND HE STATED HE HAD TO PEE VERY BADLY, I ALLOWED HIM TO MOVE WITHIN SIGHT OF ME TO AN AREA FOR HIM TO RELIEVE HIMSELF.

I MADE CONTACT WITH CORNELIO MILIAN-DIAZ IN THE CAR, HE GAVE ME HIS GIRLFRIENDS LICENSE, LATER I WAS ABLE TO RETRIEVE MILIAN-DIAZ LICENSE FROM HIS WALLET. I WAS ALSO ATTEMPTING TO GATHER IDENTIFICATION FOR THE TWO FEMALE SUBJECTS, ONE STANDING OUTSIDE (MONTEMARANO) AND ONE SEATED IN THE BACKSEAT (ROBERLO). WHEN THE PASSENGER OPENED THE PASSENGER SIDE DOOR I SHINED MY FLASHLIGHT IN THE VEHICLE AND OBSERVED THE HANDLE OF A SHOTGUN PLACED ALONG THE DRIVERS SIDE DOOR FLOORBOARD. THE WEAPON WAS WRAPPED IN A LT MAROON SHIRT, HOWEVER THE HANDLE WAS READILY VISABLE TO ME AND APPEARED TO HAVE BEEN ALTERED BY CUTTING. I CALLED FOR BACKUP AND OFC A. DESANTIS, SGT J. PIERCE ARRIVED WITHIN 2 MINUTES.

SEARCH AND SECURE WEAPON:

AS OTHER OFFICERS SECURED ALL FOUR SUBJECTS, I SECURED THE SHOTGUN, WHICH WAS WRAPPED IN A SHIRT FROM THE BARREL TO THE TRIGGER AREA. I CHECKED THE WEAPON FOR AMMUNITION LOCATING ONE 3 INCH GREEN IN COLOR .410 GUAGE LIVE SHOTGUN SHELL CHAMBERED, OFC DESANTIS THEN CLEARED THE MAGAZINE TUBE OF TWO MORE LIVE SHELLS, ONE GREEN IN COLOR AND ONE SHORTER MAROON SHELL.

INTERVIEW/SWORN AFFIDAVIT NADIA LOUISE MONTEMARANO:

I READ MONTEMARANO HER MIRANDA RIGHTS AS SHE WAS SEATED IN THE BACK OF MY PATROL VEHICLE AT APPROX 0230 HRS 7/28/2018. MONTEMARANO AGREED TO BE INTERVIEWED. SHE STATED THAT SHE PICKED UP CORNELIO (HER BOYFRIEND) AND HE BOUGHT BEER FOR THE GROUP. SHE STATED THAT CORNELIO'S FRIEND LATER IDENTIFIED AS JOSHUA KOKKO CAME OUT OF CORNELIO'S HOUSE WITH A SHIRT COVERING THE GUN AND "SHOVED IT UNDER THE SEAT. SHE STATED THAT THE "WHITE GUY" (KOKKO) WAS DRIVING, CORNELIO WAS FRONT PASSENGER AND SHE AND THE OTHER GIRL WERE IN THE BACK SEAT. MONTEMARANO WAS DIFFICULT TO KEEP ON TRACT, AS SHE KEPT ASKING QUESTIONS ABOUT GOING TO JAIL, OR IF CORNELIO WAS GOING TO JAIL. I THEN ASKED MONTEMARANO TO COMPLETE A SWORN AFFIDAVIT, WHICH SHE COMPLETED.

INTERVIEW/SWORN AFFIDAVIT CORNELIO MILIAN-DIAZ:

I READ MILIAN-DIAZ HIS MIRANDA RIGHTS AT 0301HRS 7/28/2018 AS HE WAS SEATED IN THE BACK OF MY PATROL VEHICLE. I INITIALLY SPOKE TO MILIAN-DIAZ ABOUT HIS GANG INVOLVEMENT. HE STATED THAT HE USED TO BE WITH THE "ROLLIN 20'S" (SP?) AND THAT HE DOESN'T DO THAT ANYMORE. WHEN I ASKED HIM SPECIFIC QUESTIONS ABOUT REPRESENTATION OF GANG COLORS ETC I EXPLAINED THAT I HAD YEARS OF EXPERIENCE IN GANG INVESTIGATIONS. HE STATED HE REPRESENTS "CALI" STYLE (CALIFORNIA) I TOLD HIM MY EXPERIENCE IS THAT CRIPS SHOW RIGHT SIDE REPRESENTATION OF COLORS. HE STATED HE "REPS" LEFT SIDE. I NOTED UPON SEARCHING HIM FOR WEAPONS PRIOR HE HAD A BLUE BANDANA IN HIS LEFT BACK POCKET.

CONT NEXT SUPP NARRATIVE PAGE.

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		OFM M. VANHORN	338
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	SGT. J. PIERCE	309	PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
	D/SGT HALL	DET	PATROL
Case Status	Clearance Type	Date Cleared	Arrest Number
CA	1.Arrest 2.Exceptional 3.Unfounded 4. V / W Refused to Cooperate	07/28/2018	1
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number
1.Extradition Declined			Page of

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180576

ADM	Date of Supplement ___/___/___							Original Date Reported 07/28/2018					Primary Offense Description FELONY FIREARMS					Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																											
THEFT	Theft Type Codes															Theft Type 00																													
	00. N/A 01. Burglary					02. Robbery 03. Shoplifting					04. Pocket Picking 05. Purse Snatching					06. Embezzlement 07. From Coin Oper. Machine					08. From Public Access Building					09. From Vehicle 10. Extortion					11. By Computer 12. Fraud					99. Other									
CODES	Person Codes V - Victim S - Suspect					Status Codes 1. Stolen 2. Recovered					3. Stolen and Recovered 4. Recovered for Other Jurisdiction					5. Lost 6. Found					7. Safekeeping 8. Evidence/Seized					9. Other					Damage Codes 0. N/A 1. Arson					2. Criminal Mischief 3. During other Offense					9. Other				
	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug					E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus					J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery					O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment					T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure					Y. Farm Equipment Z. Miscellaneous																			
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number																										
	O		2		1		8		0		D		2		ALPRAZOLAM																														
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.) TWO GREEN RECTANGLE PILLS S93																																		
Value					Value Recovered					Date Recovered					SCIC/NCIC																														
0.00					07/28/2018																																								
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number																										
	V		1		2		8		0		Z		1		EMPTY BOTTLE																														
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.) MODELO BRAND BEER BOTTLE																																		
Value					Value Recovered					Date Recovered					SCIC/NCIC																														
0.00					07/28/2018																																								
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number																										
	V		1		3		8		0		Z		1		EMPTY BOTTLE																														
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.) MODELO BRAND BEER BOTTLE																																		
Value					Value Recovered					Date Recovered					SCIC/NCIC																														
0.00					07/28/2018																																								
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number																										
	V		1		4		8		0		Z		1		EMPTY BOTTLE																														
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.) MODELO BRAND BEER BOTTLE																																		
Value					Value Recovered					Date Recovered					SCIC/NCIC																														
0.00					07/28/2018																																								
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number																										
	V		1		5		8		0		Z		1		EMPTY BOTTLE																														
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.) MODELO BRAND BEER BOTTLE																																		
Value					Value Recovered					Date Recovered					SCIC/NCIC																														
0.00					07/28/2018																																								
TOTALS	Property Stolen					0.00					Change in Property Stolen Value																																		
	Property Recovered					0.00					Change in Property Recovered Value																																		
CODES	Activity P. Possess S. Sell B. Buy T. Traffic					R. Smuggle D. Deliver E. Use K. Dispense/Distribute					M. Manufacture/Produce/Cultivate Z. Other					Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin					H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment					S. Synthetic U. Unknown Z. Other					Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce					5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item									
	Activity					Type					Description					Quantity					Unit					Estimated Street Value																			
DRUGS	Activity					Type					Description					Quantity					Unit					Estimated Street Value																			
	Activity					Type					Description					Quantity					Unit					Estimated Street Value																			
PROP. DETAIL / NARR.																																													
ADMINISTRATIVE	Officer(s) Reporting					ID. Number(s)/Locator code					Signature of Officer Reporting					Unit					Date																								
	OFC VANHORN					338															07/28/2018																								
	Officer Reviewing (If Applicable)					ID. Number					Routed To					Referred To					Assigned To					By					Date														
SGT. J. PIERCE					309					B. HALL					DET					PATROL					07/28/2018																				
Signature of Officer Reviewing																				Page					Page																				
																				of																									

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180576

ADM	Date of Supplement _ / _ / _		Holmes Beach Police Department					Agency Report Number 20180576				
	Original Date Reported 07/28/2018										Primary Offense Description FELONY FIREARMS	
THEFT	Theft Type Codes									00		
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other											
CODES	Person Codes			Status Codes			Damage Codes					
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson					
PROPERTY	Property Type											
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment		
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	V		1	6	8	0	Z	1	EMPTY BOTTLE			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ONE MODELO BRAND BEER BOTTLE							
PROPERTY	Value		Value Recovered		Date Recovered		SCIC/NCIC					
			0.00		07/28/2018							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ONE CIGAR WRAPPING CONTAINING MARIJUANA							
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	V		1	7	8	0	D	1	JOINT			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ONE CIGAR WRAPPING CONTAINING MARIJUANA							
PROPERTY	Value		Value Recovered		Date Recovered		SCIC/NCIC					
			0.00		07/28/2018							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ONE LT MAROON T SHIRT							
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	A		1	8	8	0	K	1	T SHIRT			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ONE LT MAROON T SHIRT							
PROPERTY	Value		Value Recovered		Date Recovered		SCIC/NCIC					
			0.00		07/28/2018							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) .410 GAUGE SHOTGUNS SHELLS							
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	A		1	9	8	0	Z	3	.410 SHELLS			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) .410 GAUGE SHOTGUNS SHELLS							
PROPERTY	Value		Value Recovered		Date Recovered		SCIC/NCIC					
			0.00		07/28/2018							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) .410 GAUGE SHORT BARREL AND STOCK							
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	A		1	10	8	0	G	1	.410 SHOTGUN	MOSSBERG		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) .410 GAUGE SHORT BARREL AND STOCK							
PROPERTY	Value		Value Recovered		Date Recovered		SCIC/NCIC					
			0.00		07/28/2018							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) .410 GAUGE SHORT BARREL AND STOCK							
TOTALS	Property Stolen		0.00				Change in Property Stolen Value					
	Property Recovered		0.00				Change in Property Recovered Value					
CODES	Activity			Type			Unit					
	P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other					
DRUGS	Activity		Type	Description			Quantity	Unit	Estimated Street Value			
	Activity		Type	Description			Quantity	Unit	Estimated Street Value			
	Activity		Type	Description			Quantity	Unit	Estimated Street Value			
PROP. DETAIL / NARR.	SHOTGUN RUN THRU FCIC/NCIC CLEAR ALL NOT LISTED AS STOLEN.											
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date	
	OFC VANHORN		338						PATROL		07/28/2018	
	Officer Reviewing (If Applicable)		ID. Number	Routed To		Referred To	Assigned To	By		Date		
SGT. J. PIERCE		309	B. HALL		DET	PATROL		PATROL	07/28/2018			
Signature of Officer Reviewing											Page	Page
											of	

NARRATIVE CONTINUATION

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

ADM	Date of Supplement ____/____/____	Holmes Beach Police Department		Agency ORI Number FL0410400	Agency Report Number 20180576
	Original Date Reported 07/28/2018	Case Reference FELONY FIREARMS VIOLATIONS (3)			

NARRATIVE

INTERVIEW/SWORN AFFIDAVIT CORNELIO MILIAN-DIAZ CONTINUED:

CORNELIO STATED THAT THE GUN WAS NOT HIS, HOWEVER INITIALLY WOULD NOT SAY WHO'S GUN IT WAS. HE STATED THAT IT WASN'T NADIA'S (MONTEMARANO). HE THEN STATED THAT HE JUST BOUGHT THE BEER. WHEN ASKED ABOUT JOSHUA HE STATED HE HAS KNOWN HIM FOR ABOUT A YEAR, BUT DOES NOT "RUN" WITH HIM MUCH. I ASKED CORNELIO TO COMPLETE A SWORN AFFIDAVIT WHICH HE COMPLETED. IN THE SWORN AFFIDAVIT CORNELIO STATES THE GUN WAS NOT HIS, OR NADIA'S, OR THE OTHER "MEXICAN" GIRL (ARNARELI ROBERLO) HE WROTE THAT "I KNOW JOSH WAS DRIVING" "WE WERE CLUE LESS ABOUT FIREARM"

ATTEMPT INTERVIEW OF ANARELI ROBERLO:

I ATTEMPTED TO INTERVIEW ROBERLO AT THE SCENE TO NO AVAIL. I HAD NO RAPPORT WITH HER AND COULD NOT GLEAN ANY INFORMATION.

DISPOSITION OF WITNESSES:

NADIA MONTEMARANO WAS ENCOURAGED TO GET AN UBER DRIVER IMMEDIATELY AFTER COMPLETING HER INTERVIEW. I WAS CONCERNED FOR HER SAFETY, AS SHE HAD COOPERATED WITH LAW ENFORCEMENT. I EXPLAINED TO HER MY CONCERNS FOR HER SAFETY, TELLING HER THAT GANG MEMBERS HAVE BEEN KNOWN TO HURT, INTIMIDATE, AND SOMETIMES KILL WITNESSES THAT COOPERATE WITH LAW ENFORCEMENT. I ASKED IF THE HISPANIC FEMALE (ROBERLO) OR THE WHITE MALE (KOKKO) KNEW WHERE SHE LIVED. SHE STATED NO SHE HAD JUST MET THEM. I WAS AWARE THAT CORNELIO WAS HER BOYFRIEND BUT STRONGLY ADVISED NADIA TO STAY AWAY FROM ANY CONTACT WITH ANYONE INVOLVED WITH THIS CASE DUE TO GANG MEMBERSHIP. SHE STATED THAT SHE AND HER FAMILY LOVES CORNELIO AND THAT SHE WOULD STAY CLOSE TO CORNELIO BUT NOT HAVE CONTACT WITH THE OTHER TWO SUBJECTS (KOKKO, ROBERLO) SHE WAS TRANSPORTED FROM THE SCENE BY HER SELF ARRANGED UBER DRIVER.

ANARELI ROBERLO WAS ALLOWED TO SPEAK WITH KOKKO WHILE HE WAS IN CUSTODY IN MY PATROL VEHICLE, IN MY PRESENCE. THEY KISSED AND KOKKO STATED TO ROBERLO "THAT GUN WASN'T MINE" ROBERLO WAS ADVISED TO GET AN UBER AND WAS RELEASED FROM THE SCENE.

CORNELIO WAS TRANSPORTED BY ME TO HIS RESIDENCE AT 503 31ST ST AVE EAST BRADENTON. WHILE AT THE RESIDENCE I MADE CONTACT WITH CORNELIO MILIAN-DIAZ SR (941)301-5337. I EXPLAINED WHAT OCCURRED AND STRESSED THE FACTS THAT CORNELIO NEEDED TO STAY AWAY FROM THE CRIMINAL ACTIVITIES GOING ON.

ARRESTED JOSHUA DOUGLAS KOKKO:

KOKKO WAS ORIGINALLY TRANSPORTED TO HYPD BY SGT J. PIERCE. OFC A. DESANTIS WAS ASSISTING ME WITH REQUIRED FORMS AT HYPD WHILE I TRANSPORTED MILIAN-DIAZ TO HIS RESIDENCE. I MADE CONTACT WITH KOKKO AT 0425 HRS 7/28/2018, IN THE BOOKING ROOM OF HYPD. UPON READING KOKKO HIS MIRANDA RIGHTS HE STATED "WHY THE FUCK I AM GONNA TALK TO YOU?" WE COMPLETED BOOKING FORMS AND REPORTS AND THEN I TRANSPORTED KOKKO TO THE MCSO JAIL AT THE PORT OF MANATEE WITHOUT INCIDENT. THE CONVERSATIONS BETWEEN HIM AND I AT TIMES BECAME HOSTILE HOWEVER NO ADDITIONAL RESTRAINT OTHER THAN HANDCUFFS, THAT WERE DOUBLE LOCKED CHECKED FOR TENSION WAS NEEDED.

CONTINUED NEXT SUPPLEMENTAL PAGE.

ADMINISTRATIVE	Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		
					OFC M. VANHORN		338		
	Signature of Officer Reporting		Officer Reviewing (if Applicable)		I.D. Number		Date		
			SGT. J. PIERCE		309		07/28/2018		
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To		
		D/SGT HALL		DET		PATROL			
Case Status		Clearance Type		Date Cleared		Arrest Number		Number Arrested	
CA		1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate		A-Adult J-Juvenile 07/28/2018				1	
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		5. Prosecution Declined		Page	
1. Extradition Declined				4. V / W Refused to Cooperate		6. Juvenile/No Custody		of	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180576**

Date of Supplement ___/___/___
Original Date Reported 07/28/2018

Case Reference
FELONY FIREARMS (3)

ADM	<p>PROPERTY/DISPOSITION:</p> <p>I SECURED AND PHOTOGRAPHED THE SHOTGUN, SHOTGUN SHELLS, AND T SHIRT IN SEPARATE PAPER EVIDENCE BAGS. PROPERTY IS REQUESTED SUBMISSION TO THE FDLE CRIME LAB FOR DNA AND FINGERPRINT ANALYSIS AND THEN TO (IBIS) AND (NIBIN). I PROTECTED ALL ITEMS FROM POSSIBLE CROSS CONTAMINATION, BY CONSISTENT USE AND CHANGING OF NITRILE GLOVES PRIOR TO REHANDLING EVIDENCE.</p> <p>VEHICLE/DISPOSITION:</p> <p>1999 VOLKSWAGEN 2 DR (BEETLE) DK BLUE IN COLOR, BEARING FL REGISTRATION DWS9D VIN 3VWBC21CXXM445547, REGISTERED TO NADIA MONTEMARANO. THE VEHICLE WAS SECURED AND LEFT AT THE SCENE FOR REMOVAL BY OWNER.</p> <p>STATUS:</p> <p>PENDS D/SGT HALL INVESTIGATION SUPERVISION AND POSSIBLE REFERRALS TO ADDITIONAL CRIMINAL JUSTICE AGENCIES.</p>
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NARRATIVE

ADM	Report Contains	Related Report Number(s)	Name of Officer Reporting M. VANHORN	I.D. Number/Locator Code 338
ADM	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Date 07/28/2018
ADM	Signature of Officer Reviewing	Routed To B. HALL	Referred To DET	Assigned To PATROL
ADM	Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	A-Adult J-Juvenile A	Date Cleared 07/28/2018
ADM	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
			Arrest Number	Number Arrested 1
			OBTS Number	Page of 1

NARRATIVE CONTINUATION

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

ADM	Date of Supplement 07/28/2018
	Original Date Reported 07/28/2018

Holmes Beach Police Department

Agency ORI Number FL0410400	Agency Report Number 20180576
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Case Reference
POSSESSION OF CONCEALED WEAPON BY CONVICTED FELON

NARRATIVE

ON 07/28/18, I WAS REQUESTED AS BACKUP BY OFC. M. VANHORN, AT 4000 GULF DRIVE, IN REFERENCE TO A SUSPICIOUS VEHICLE AND PERSONS WITH A SHORT BARREL SHOTGUN.

UPON ARRIVAL, OFC. M. VANHORN AND SGT. J. PIERCE HAD FOUR SUBJECTS STANDING OUTSIDE OF THE VEHICLE WITH THEIR HANDS ON THE VEHICLE. OFC. VANHORN BEGAN DETAINING THE SUBJECTS FOR INVESTIGATION. OFC. VANHORN REQUESTED I PLACE (CORNELIO MILIAN-DIAZ) IN THE BACK OF MY PATROL VEHICLE. OFC. VANHORN CLEARED THE WEAPON AND SECURED IT. SGT. PIERCE HAD (NADIA MONTEMARANO) STAND BY THE FRONT OF MY VEHICLE AND REQUESTED I SPEAK WITH HER. (MONTEMARANO) APPEARED TO BE INTOXICATED AND POSSIBLY ON OTHER SUBSTANCES. SHE HAD A SMALL CLUTCH WALLET IN HER POSSESSION AND GAVE ME PERMISSION TO SEARCH IT. I DISCOVERED TWO RECTANGULAR GREEN/YELLOW PRESCRIPTION PILLS INSIDE THE ZIPPED PART OF HE WALLET. THEY WERE NOT IN A CONTAINER. SHE STATED SHE HAD A PRESCRIPTION FOR THE PILLS BUT IT WAS NOT ON HER AND HER PARENTS WERE OUT OF TOWN SO THEY COULD NOT GET IT TO HER. THE PILLS WERE IDENTIFIED BY 'PILL IDENTIFIER' AS ALPRAZOLAM. (MONTEMARANO) WENT WITH OFC. VANHORN TO BE INTERVIEWED. WHILE OFC. M. VANHORN WAS CONDUCTING HIS INTERVIEWS, HE REQUESTED I CONDUCT A SEARCH OF THE VEHICLE.

WHILE SEARCHING THE VEHICLE, I OBSERVED A HALF FULL 12FL OZ BOTTLE OF 'MODELO' BEER IN THE FRONT CENTER CUP HOLDER, A CASE OF 'MODELO' BEER IN THE FRONT PASSENGER FLOOR BOARD, AN EMPTY 12FL OZ BOTTLE OF 'MODELO' BEER ON THE FRONT PASSENGER FLOOR BOARD AND A BURNT CIGAR/BLUNT IN THE DOOR CREASE BETWEEN THE FRONT PASSENGER SEAT AND DOOR. OFC. VANHORN LATER STATED (MILLIAN-DIAZ) WAS SITTING IN THE FRONT RIGHT PASSENGER SEAT WHEN HE ARRIVED ON SCENE. I OBSERVED A SPILLED 12FL OZ THAT WAS NOW EMPTY, BOTTLE OF 'MODELO' BEER IN THE REAR LEFT PASSENGER SEAT FLOOR BOARD BEHIND THE DRIVER SEAT. OFC. VANHORN LATER STATED (ROBLERO) WAS SITTING IN THE REAR, MIDDLE, SEAT OF THE VEHICLE WHEN HE ARRIVED ON SCENE. I OBSERVED TWO EMPTY 12FL OZ BOTTLES OF 'MODELO' BEER IN FRONT OF THE VEHICLE, IN A LINE FROM THE PICNIC BENCH AREA OF THE MANATEE PUBLIC BEACH. I TOOK PHOTOS OF THE EVIDENCE AND COLLECTED THE BOTTLES, BLUNT AND PRESCRIPTION PILLS TO PLACE IN TO EVIDENCE.

I PLACED THE SHOTGUN, AMMO AND OTHER EVIDENCE COLLECTED IN THE BACK OF MY PATROL VEHICLE ONCE OFC. VANHORN TRANSFERRED (MILIAN-DIAZ) FROM MY VEHICLE TO HIS, CLEARING THE BACK OF MY PATROL VEHICLE. THE EVIDENCE WAS SECURED. I FOLLOWED BEHIND SGT. PIERCE, TO THE HYPD STATION, WHILE HE WAS TRANSFERRING THE ARRESTED SUBJECT (JOSHUA KOKKO). ONCE AT THE STATION, I PLACED ALL THE EVIDENCE INTO THE EVIDENCE ROOM AND SECURED IT. I TRANSFERRED (KOKKO) FROM SGT. PIERCE'S VEHICLE TO THE BOOKING ROOM IN THE HYPD STATION, WHERE I HANDCUFFED HIM TO THE ANCHORED BENCH.

OFC. VANHORN ARRIVED AND READ (KOKKO) HIS MIRANDA RIGHTS. (KOKKO) STATED HE DID NOT WANT TO TALK TO OFC. VANHORN. I ATTEMPTED TO SPEAK WITH (KOKKO).

(KOKKO) INTERVIEW:
(KOKKO) STATED HE WAS NOT DRIVING THE VEHICLE AT ANY TIME. (KOKKO) STATED (MONTEMARANO) AND HER BOYFRIEND (MILIAN-DIAZ) PICKED HIM AND HIS GIRLFRIEND (ANARELIA ROBLERO) UP AT HIS PLACE AND BROUGHT THEM TO THE BEACH. (KOKKO) STATED THEY HAD SOME DRINKS AT THE BEACH AND WERE JUST HANGING OUT.

CONTINUE TO NEXT PAGE

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

NARRATIVE CONTINUATION

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

ADM	Date of Supplement
	07/28/2018
ADM	Original Date Reported
	07/28/2018

Holmes Beach Police Department

Agency ORI Number	Agency Report Number
FL0410400	20180576

Case Reference
POSSESSION OF CONCEALED WEAPON BY CONVICTED FELON

PAGE 2 CONTINUATION

(KOKKO) STATED HE WAS NOT AWARE THE SHOTGUN WAS IN THE VEHICLE AND HOW HIS SHIRT WAS WRAPPED OVER IT. (KOKKO) STATED HE TOOK HIS SHIRT OFF BEFORE HE GOT IN TO THE VEHICLE TO COME TO THE BEACH AND HADN'T WORN IT ANYTIME AFTER. (KOKKO) STATED IF HE KNEW THE GUN WAS THERE HE WOULD HAVE RUN BECAUSE HE SAW THE POLICE VEHICLE BEFORE IT APPROACHED THEM. (KOKKO) STATED HE HAD A CHANCE TO DO WHATEVER HE HAD TO DO. (KOKKO) STATED HE IS ON PROBATION AND WAS CONVICTED OF A FELON, SO HE WOULD NOT BE CARRYING A WEAPON BECAUSE HE DOES NOT WANT TO GET IN ANY MORE TROUBLE. (KOKKO) STATED IF HE WAS TO BE CARRYING A WEAPON, IT WOULD'VE BEEN A PISTOL BECAUSE IT'S SMALLER AND EASIER TO HIDE OR TOSS. (KOKKO) STATED THE SHOTGUN ISN'T AS SMALL AS A PISTOL SO HE WOULDN'T EVEN THINK OF CARRYING IT.

(KOKKO) STATED THE ONLY TIME HE HAD SEEN THE SHOTGUN BEFORE WAS PRIOR TO APPROXIMATELY SATURDAY, 07/21/18. (KOKKO) STATED (MILIAN-DIAZ) WAS PRESENT WHEN HE SAW THE WEAPON. (KOKKO) STATED SOMEONE HAD GOTTEN SHOT IN THE FOOT OUT IN ONECO, ON 10TH STREET, ON APPROXIMATELY 07/21/18. (KOKKO) STATED THE POLICE WERE INVOLVED. (KOKKO) STATED HE THINKS THE PERSON THAT WAS SHOT IN THE FOOT WAS CALLED "DRAT" AND WAS (MONTEMARANO'S) EX BOYFRIEND. (KOKKO) THINKS THERE WAS A LOVERS QUARREL INVOLVING (MILIAN-DIAZ) AND "DRAT". (KOKKO) STATED HE WAS NOT PRESENT WHEN THE SHOOTING OCCURRED. (KOKKO) STATED THE POLICE GOT A SHOTGUN CASING FOR EVIDENCE AND ARRESTED A SUBJECT BY THE NAME OF "EDDIE". HE STATED THE POLICE NEVER RECOVERED THE WEAPON. WHEN I ASKED HIM IF HIS DNA AND/OR FINGER PRINTS WOULD BE ON THE WEAPON, (KOKKO) STATED, "THEY SHOULDN'T BE". (KOKKO) LATER ASKED ME, WHAT IF EVERYONE'S DNA AND FINGER PRINTS, THAT WAS IN THE VEHICLE, WAS FOUND ON THE WEAPON. I ADVISED HIM THEY COULD BE CHARGED AS WELL. (KOKKO) ASKED IF HIS GIRLFRIEND (ROBLERO) COULD BE AS WELL. (KOKKO) STATED HE IS NOT AFFILIATED WITH ANY GANGS. (KOKKO) STATED HE DID NOT UNDERSTAND HOW HE GETS ARRESTED JUST BECAUSE A DRUNK PILLED OUT WHITE "BITCH", REFERRING TO (MONTEMARANO), SAID HE WAS DRIVING HER VEHICLE. (KOKKO) STATED HE DID NOT HAVE HE KEYS. (KOKKO) STATED (ROBLERO) TOLD OFC. VANHORN THAT HE WAS NOT DRIVING, THAT THE WHITE "BITCH" WAS DRIVING, AND WE DON'T BELIEVE THEM.

I ASSISTED OFC. VANHORN WITH PACKAGING THE EVIDENCE. I FIELD TESTED THE BURNT CIGAR/BLUNT. IT TESTED POSITIVE FOR THC WHICH IS THE MAIN CHEMICAL IN MARIJUANA. I WEIGHED THE BLUNT IN AT .4GRAMS. NFI.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	Signature of Officer Reviewing	Routed To	Assigned To	Date
	Case Status	Clearance Type	Date Cleared	Arrest Number
	Exception Type	1. Arrest 2. Exceptional	3. Unfounded 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody

A. DESANTIS **336**
SGT. J. PIERCE **309** **07/29/2018**
B. HALL **DET** **PATROL** **07/29/2018**
CA **1** **A** **07/28/2018**
1. Extradition Declined **2. Arrest on Primary Offense** **3. Death of Offender** **5. Prosecution Declined**
Secondary Offense Without Prosecution **4. V / W Refused to Cooperate** **6. Juvenile/No Custody**

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																															
/ /		20180578				PROPERTY/FOUND																																			
Original Day Reported		Sun		Date		07/29/2018		Time (mil)		0845		Time Dispatched (mil)		0845		Time Arrived (mil)		0847		Time Completed (mil)		0915																			
Incident Type		1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																							
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Sun		07/29/2018		0845		To		Sun		07/29/2018		0915																					
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		0		-		0		(0) 0000																	
OFF/INC #2						A-Attempted		C-Committed																																	
Incident Location (Street Number, Street, Apt.)		5300		BEACH		City		HOLMES BEACH		Zip		34217		District		00		Grid		00		Area		00		Zone		00													
Business Name/Area Identifier		BEACH		Forced Entry		0. N/A		2. No		0		Occupancy		0. N/A		2. Unoccupied		1. Occupied		3. Abandoned		0																			
Location Type		01. Residence Single		06. Gas Station		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		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		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																99													
# 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		88. Unknown		99. Other		00													
01		00		00		00		00		00. N/A		01. Handgun		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		0. N/A		Extent of Injury		0. None		1. Minor		2. Serious		3. Fatal									
W - Witness		C - Reporting Person		1. Juvenile		5. Government		2. L.E. Officer		6. Church		W - White		O - Oriental/Asian		M - Male		1. City		4. Out-of-State		1. Full Year		2. Part Year		3. Non-Resident															
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant		23. Acquaintance		99. Other Known	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee																									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone		Business Phone		1.#1 3.Both		1		C		1		3		PLUMB		TERRY		LUV		803 372-2400		-		-	
2.#2										ROCK HILL		SC		29730																											
Address (Street, Apt. Number)		858 EDEN TERRACE		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"/>													
2		W		M		11/25/1944		73		4		3		0		00 00																									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone		Business Phone		1.#1 3.Both		1		O		2		3		DE RANGO		ROBYN		LUV		-		-			
2.#2										CHANNON		IL		60410																											
Address (Street, Apt. Number)		25661 S. BRIDLE PATH		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"/>													
2		W		F		07/27/1998		20		4		3		0		00 00																									
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		1.#1 3.Both		1		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																															
SEE NARRATIVE																																									
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 To		Assigned To		By		Date											
						OFC. HURT		339		SGT. J. PIERCE		309						07/29/2018																							
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		J-Juvenile		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																							
																		1		of		3																			

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180578

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180578																										
	Original Date Reported 07/29/2018		Primary Offense Description PROPERTY/FOUND		Victim #1 Name (Last, First, Middle) PLUMB TERRY																													
THEFT	Theft Type Codes									Theft Type 00																								
	00. N/A 01. Burglary			02. Robbery 03. Shoplifting		04. Pocket Picking 05. Purse Snatching		06. Embezzlement 07. From Coin Oper. Machine		08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other																								
CODES	Person Codes			Status Codes			Damage Codes																											
	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																											
PROPERTY	Property Type																																	
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment																								
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number															
	O		2		1		6		0		Z		1		PURSE																			
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) RED PURSE WITH CONTENTS													
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC																		
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number															
	O		2		2		6		0		U		4		CURRENCY																			
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) 80 DOLLARS US CURRENCY (20 DOLLAR BILLS)													
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC																		
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number															
	O		2		3		6		0		Z		1		VAPE PEN																			
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) RED VAPE PEN													
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC																		
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number															
	O		2		4		6		0		K		1		SUNGLASSES																			
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) BLUE SUNGLASSES													
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC																		
PROPERTY	Code		Person		Item #		Status		Damage		Property Type		Quantity		Name		Brand		Model Name/Number															
TOTALS	Property Stolen										Change in Property Stolen Value																							
	0.00																																	
TOTALS	Property Recovered										Change in Property Recovered Value																							
	0.00																																	
CODES	Activity						Type						Unit																					
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute						M. Manufacture/Produce/Cultivate Z. Other						A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item																					
DRUGS	Activity		Type		Description		Quantity		Unit		Estimated Street Value																							
	Activity		Type		Description		Quantity		Unit		Estimated Street Value																							
	Activity		Type		Description		Quantity		Unit		Estimated Street Value																							
PROP. DETAIL / NARR.	1 RED PURSE CONTAINING ILLINOIS ID, 3 CREDIT CARDS, \$80 USC, AND MISC ITEMS.																																	
ADMINISTRATIVE	Officer(s) Reporting					ID. Number(s)/Locator code					Signature of Officer Reporting					Unit					Date													
	OFC. HURT					339															07/29/2018													
	Officer Reviewing (If Applicable)					ID. Number					Routed To					Referred To					Assigned To					By					Date			
SGT. J. PIERCE					309																									___/___/___				
Signature of Officer Reviewing															Page					Page														
															2					of 3														

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180578**

ADM	Date of Supplement __/__/____
	Original Date Reported 07/29/2018

Case Reference
PROPERTY FOUND

NARRATIVE

THE ABOVE LISTED ITEMS WERE GIVEN TO ME, BY THE CALLER (TERRY PLUMB) OUTSIDE 104 46TH ST. PLUMB STATED HE FOUND THE ITEMS WHILE WALKING ON THE BEACH OUTSIDE OF MARTINQUE NORTH APPROX. 53RD ST AND THE BEACH. THE ITEMS WERE PLACED INTO PROPERTY FOR SAFEKEEPING. AT TIME OF REPORT OWNER COULD NOT BE CONTACTED.

COPIED

Report Contains	Related Report Number(s)	Name of Officer Reporting OFC. HURT	I.D. Number/Locator Code 339
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit Date 07/29/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date __/__/____
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared __/__/____
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Arrest Number	Number Arrested
		OBTS Number	Page 3 of 3

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																	
						20180579				BAKER ACT																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Sun		07/29/2018		1300		1301		1305		1400																	
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		07/29/2018		1230		Sun		07/29/2018		1300											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
9		BAKER ACT				C		394 - 467 ()		9000																	
OFF/INC #2																											
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
4255 GULF DR UNIT 117		HOLMES BEACH		34217		00		00		00		00															
Business Name/Area Identifier		Forced Entry		Occupancy																							
		0. N/A 1. Yes		0. N/A 1. Occupied		2. No 3. Abandoned		0		0		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile															
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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		00		01		00		00		00. N/A 01. Handgun		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 W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. 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		04. Ex-Spouse		08. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance		99. Other Known									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee													
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone											
1.#1 3.Both 2.#2		1		O		1		3		LINN		RACHEL		E													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
4255 GULF DR #117		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		M		07/06/1967		51		1		1		0		00 00		00		00		Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone											
1.#1 3.Both 2.#2																											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
																								Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/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																									
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																			
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
SGT. M. PILATO		306		PATROL		08/01/2018																					
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													
														1 of 1													

PERSON(S) REPORT

Holmes Beach Police Department

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

Agency Report Number 20180579

Form with sections: ADM, CODES, VICTIM / WITNESS, SUSPECT OR MISSING PERSONS, MISSING PERSON / RUNAWAY, ADMINISTRATIVE. Includes fields for Date of Supplement, Primary Offense Description, Victim Name, V/W Code, Injury Type, Race, Sex, Residence Status, etc.

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

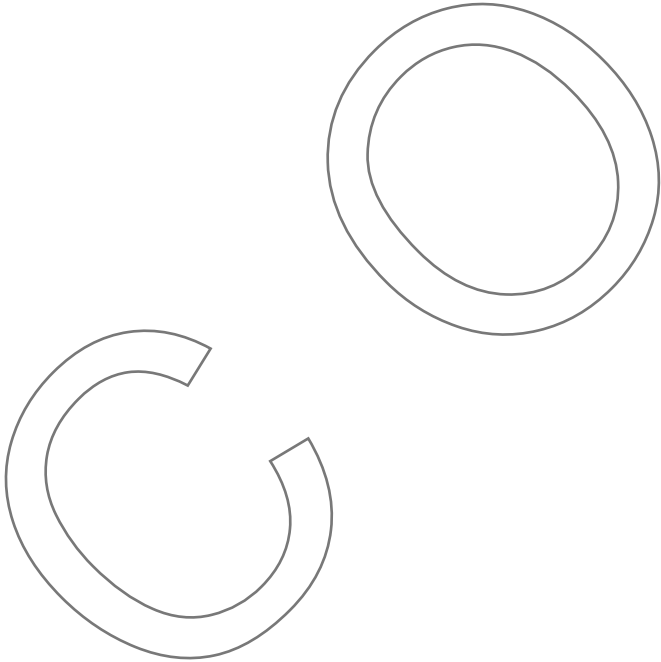
Agency ORI Number **FL0410400** Agency Report Number **20180579**

ADM	Date of Supplement ____/____/____
Original Date Reported 07/29/2018	

Case Reference

ON THE ABOVE DATE AND TIME, I WAS DISPATCHED TO 4255 GULF DR. IN REFERENCE TO A POSSIBLE DOMESTIC DISTURBANCE. ONCE ON SCENE I OBSERVED A FEMALE WHO WAS LATER IDENTIFIED AS RACHEL E. LINN STANDING IN THE FRONT YARD SCREAMING AT A FELLOW OFFICER, MYSELF AND OFC. FRASER WALKED UP TO ASSIST OFFICERS ON SCENE IN CALMING DOWN MS.LINN, WHO WE KNOW FROM PAST DEALINGS HAS AN ALTERED MENTAL STATE. MS. LINN WAS SCREAMING SAYING HER FATHER ATTACKED HER AND WAS IN A PANIC. MYSELF AND OFC. DIEHL WENT TO THE CONDO HER AND HER FATHER SHARED IN AN ATTEMPT TO FIGURE OUT WHAT WAS GOING ON. OFC DIEHL AND MYSELF WERE ABLE TO LOCATE THE FATHER ASLEEP BEHIND A LOCKED DOOR. AFTER SPEAKING WITH THE FATHER I WENT BACK OUTSIDE TO SPEAK WITH MS. LINN AND ASSIST OTHER OFFICERS. I WAS ABLE TO LOCATE THE OTHER OFFICERS WALKING OUT OF THE POOL AREA WITH MS LINN DETAINED FOR HER SAFETY. I WAS TOLD BY SGT. PILATO WHO WAS ON SCENE THAT SHE WAS GOING AS A BAKER ACT. MYSELF AND OFC. FRASER TRANSPORTED MS. LINN TO SUNCOAST BEHAVIORAL HEALTH FOR ASSISTANCE. WHILE EN ROUTE TO SUNCOAST MS. LINN BEGAN MAKING MANY RANDOM FACTS. MS. LINN BEGAN MAKING SEXUAL ADVANCES TOWARDS OFC. FRASER AND MYSELF. SHE THEN BEGAN STATING THAT SHE WANTED US TO DRIVE HER TO CHICAGO SO SHE "CAN FIX IT." ONCE AT THE CLINIC SHE BECAME INCREASINGLY IRRITATED AND BEGAN MAKING STATEMENTS THAT WE SHOULD WEAR SPIT MASKS BECAUSE SHE IS A SPITTER AND HAS "GENITAL HERPES". WITH THE ASSISTANCE FROM CLINIC STAFF WE WERE ABLE TO GET MS. LINN INTO A SECLUDED ROOM UNTIL SHE CALMED DOWN TO GET HELP. OVER THE PAST FEW DAYS THIS OFFICER HAS ASSISTED OTHER OFFICERS IN DEALING WITH MS. LINN, OVER THE PAST FEW DAYS SHE HAS BECOME INCREASINGLY MORE VIOLENT AND AGITATED AND I BELIEVE THAT WITHOUT ASSISTANCE SHE WOULD EITHER HARM HERSELF OR OTHERS. NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting A. HURT	I.D. Number/Locator Code 339
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Date Cleared ____/____/____	Arrest Number OBTS Number
		Number Arrested	Page of

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

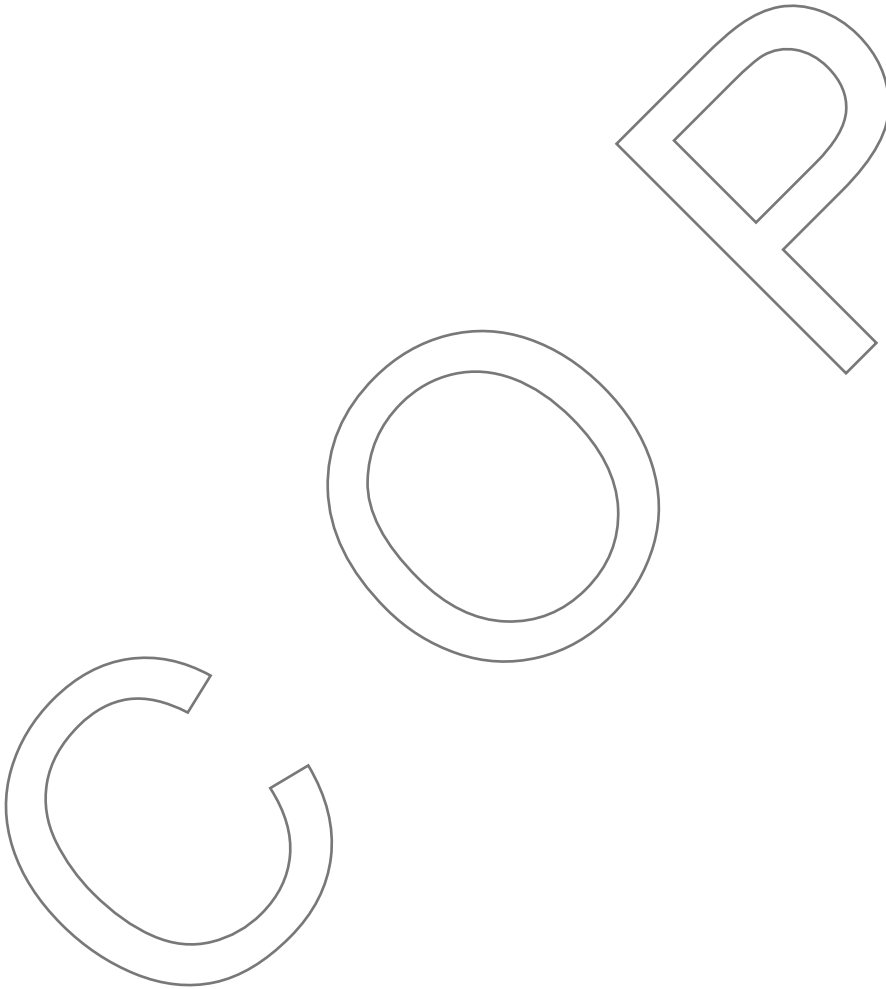
ADM	Date of Supplement 08/01/2018
	Original Date Reported 07/29/2018

Case Reference
BAKER ACT

Agency ORI Number FL0410400	Agency Report Number 20180579
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ON THIS DATE, OFFICERS WERE DISPATCHED TO THE AREA OF THE 300 BLK OF 43RD STREET IN REFERENCE TO A POSSIBLE PHYSICAL DOMESTIC VIOLENCE SITUATION. UPON MY ARRIVAL, I HEARD A FEMALE VOICE SCREAMING BY THE POOL WHILE TALKING TO OFFICERS. I THEN WENT OVER TO THE SUSPECT TO TRY AND SPEAK WITH HER AND SHE BEGAN GETTING AGGRESSIVE TOWARDS ME. EARLIER ON THIS DATE, I OBSERVED THE SUSPECT AT SAINT BERNARDS CATHOLIC CHURCH YELLING AND ARGUING WITH A TREE IN THE NORTHEAST LOT OF THE PROPERTY. AS I BEGAN TO WALK OVER TO HER, SHE WENT INSIDE THE CHURCH SO I DID NOT MAKE CONTACT WITH HER. AFTER MULTIPLE ATTEMPTS TO CALM HER DOWN AND SHE INSISTED THAT SHE WAS A TERRORIST AND WAS GROWING MORE AGGRESSIVE TOWARDS OFFICERS, I MADE THE DECISION THAT SHE IS A DANGER TO HERSELF AND OTHERS IN HER DEMEANOR AND TO PREVENT ANY FURTHER THREAT, I ADVISED OFFICERS TO BAKER ACT HER AND TRANSPORT HER TO GET AN EVALUATION. OFFICERS COMPLIED AND TOOK HER INTO CUSTODY BEFORE TRANSPORTING HER TO SUNCOAST. NFI

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting SGT. M. PILATO	I.D. Number/Locator Code 306														
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL														
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By														
Case Status	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Clearance Type</td> <td style="width: 20%;">1. Arrest</td> <td style="width: 20%;">3. Unfounded</td> <td style="width: 20%;">A-Adult</td> <td style="width: 20%;">Date Cleared</td> <td style="width: 20%;">Arrest Number</td> <td style="width: 20%;">Number Arrested</td> </tr> <tr> <td></td> <td>2. Exceptional</td> <td></td> <td>J-Juvenile</td> <td>___/___/___</td> <td></td> <td></td> </tr> </table>	Clearance Type	1. Arrest	3. Unfounded	A-Adult	Date Cleared	Arrest Number	Number Arrested		2. Exceptional		J-Juvenile	___/___/___			OBTS Number	Page of
Clearance Type	1. Arrest	3. Unfounded	A-Adult	Date Cleared	Arrest Number	Number Arrested											
	2. Exceptional		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														

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															
20180580		COV NOISE				20180580		COV NOISE																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Mon		07/30/2018		2328		2334		2338		0005															
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		07/29/2018		2328		Mon		07/30/2018		0005									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/NOISE		C		0 - 30 (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													
3711 4TH AVE		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
ANNA CABANA BUNGALOWS		0. N/A 1. Yes		0. N/A 1. Occupied		2. No 0		2. Unoccupied 3. Abandoned		0															
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
02. Apartment/Condo		06. Gas Station		07. Liquor Sales		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other											
03. Residence-Other		08. Bar/Nightclub		09. Supermarket		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field													
04. Hotel/Motel		09. Supermarket				13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway													
						14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				04									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		01		00		00		00. N/A 01. Handgun		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown					
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		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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				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		01		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		N						0		0		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)		Residence Phone															
1.#1 3.Both 2.#2		1		V		01		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		N						0		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 E-Escapee R-Rec. Missing Z-other		A		01		2		ERRINGTON															
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				KENNETH																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
640 LEDGE RD		SEEKONK		MA		02771																			
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																	
S66222748		MA																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		03/23/1972		46																			
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
SEE NARRATIVE ON OTHER PAGE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						L. DIEHL		333																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE				309		PATROL		07/30/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
		J. THOMAS		CODE		PATROL		07/30/2018																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		07/30/2018				1											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number FL0410400	Agency Report Number 20180580
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Date of Supplement ___/___/___
Original Date Reported 07/30/2018

Case Reference
COV NOISE

ADM

ON 07/29/2018 AT 1128 HOURS I WAS DISPATCHED TO 3711 4TH AVE IN REFERENCE TO A LOUD POOL PARTY. UPON ARRIVAL I COULD HEAR A LARGE GROUP OF PEOPLE YELLING AND TALKING IN THE POOL AREA. USING MY DECIBEL READER, I WAS ABLE TO TAKE A NOISE READING FROM AN ADJACENT RESIDENCE, 202 38TH STREET. I OBTAINED A DECIBEL READING OF 60 DECIBELS, A VIOLATION OF THE CITY NOISE ORDINANCE, ANYTHING GREATER THAN 50 DECIBELS AFTER 10PM. I THEN MADE CONTACT WITH THE VIOLATING PARTY. THEIR WAS A GROUP OF ABOUT TEN PEOPLE IN THE POOL AREA. THE RESIDENCE CONTAINS MULTIPLE UNITS OF WHICH FIVE UNITS WERE BEING RENTED BY THE VIOLATING PARTY. I RECOGNIZED SEVERAL OF THE INDIVIDUALS FROM A CALL I ASSISTED OFFICER DESANTIS ON AT 3709 4TH AVE. ON THAT CALL, OFFICER DESANTIS AND I INFORMED THE PARTY OF THE CITY NOISE ORDINANCE AND THAT THEY NEEDED TO KEEP THE NOISE DOWN. THE PARTY COMPLIED AND STATED THEY WOULD NOT BE PROBLEM FOR THE REST OF THEIR STAY. I ISSUED A COV CITATION TO MR. ERRINGTON. MR ERRINGTON SIGNED THE CITATION AND THE PARTY APOLOGIZED AND STATED THEY WILL GO INSIDE FOR THE NIGHT.

PROPERTY MANAGED BY ISLAND VACATION PROPERTIES. A TOTAL 15 OCCUPANTS WERE STAYING IN 5 UNITS.

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting L. DIEHL	I.D. Number/Locator Code 333
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit PATROL
Signature of Officer Reviewing	Routed To J. THOMAS	Referred To CODE	Assigned To PATROL
Case Status CA	Clearance Type 1. Arrest 1 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A
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 07/30/2018	Arrest Number 1
		OBTS Number	Page 1 of

USA Rev. 01/23/2003

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															
20180581		COV/OTHER				2309		2307		2309		0210													
Original Day Reported		Sun		07/29/2018		Time (mil)		2306		Time Dispatched (mil)		2307		Time Arrived (mil)		2309		Time Completed (mil)		0210					
Incident Type		1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)							
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Sun		07/29/2018		2306		To		Mon		07/30/2018		0210					
OFF/INC #1		Type		Description		A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code													
5		COV/OTHER				C				0 - 4 (9)		0000													
OFF/INC #2						A-Attempted		C-Committed																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4105		5TH AVE		HOLMES BEACH		34217		00		00		00		W80											
Business Name/Area Identifier		VACASA RENTAL		Forced Entry		Occupancy																			
0. N/A		1. Yes		2. No		0		0. N/A		1. Occupied		2. Unoccupied		3. Abandoned		0									
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other		99. Other											
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle										03					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		01		00		00		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown					
										01. Handgun		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other		00					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim		0. N/A		N - N/A		N - N/A		0. N/A		0. N/A		0. None													
W - Witness		1. Juvenile		W - White		M - Male		1. City		1. Full Year		1. Minor													
C - Reporting Person		2. L.E. Officer		B - Black		F - Female		2. County		2. Part Year		2. Serious													
		3. Adult		U - Unknown		U - Unknown				3. Non-Resident		3. Fatal													
Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Step-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		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				20. Employee		99. Other Known											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both		1		V		01		CITY OF HOLMES BEACH		-		-		-		-		-		-					
2.#2																									
Address (Street, Apt. Number)		City		State		Zip				Business Phone															
3004 AVE C		HOLMES BEACH		FL		34217				941 782-8699															
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
VACASA RENTALS		ON-CALL MAINTENANCE TECH/REPRESENTATIVE																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		2		W		M		04/12/1993		25		0		0		0		00 00		00		H		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		01		2		LANGER		-		-		-		-		-		-		-	
2.#2																									
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Hannah		JANE		ALQUIPPA		412 529-126																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
324 CANTERBURY DR		ALQUIPPA		PA		15001		-																	
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																	
31146827 PA																									
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		05/29/1996		22		53		120		BLU		BRO		L		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN																							
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
A. DESANTIS						336																			
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		309		07/30/2018																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
J. THOMAS		CODE		PATROL		07/30/2018																			
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested											
CA		1		1		A		07/30/2108		1		1													
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page													
1.Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined				1		3													
		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		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: 20180581

ADM Date of Supplement: ____/____/____
Original Date Reported: 07/29/2018

Case Reference: COV/OTHER

NARRATIVE

ON 07/29/18, OFC. M. VANHORN AND I WERE DISPATCHED TO 4104 6TH AVE, IN REFERENCE TO AN ABANDONED 911 CALL. WHILE ENROUTE, DISPATCH ADVISED THE CALLER WAS CALLING IN REFERENCE TO A NOISE COMPLAINT OF A POOL PARTY BEHIND HIS RESIDENCE.

OFC. VANHORN PROCEEDED TO 5TH AVE TO LOCATED WHERE THE POOL PARTY WAS LOCATED. I ARRIVED AT THE COMPLAINANTS RESIDENCE TO ATTEMPT TO MAKE CONTACT. OFC. VANHORN STATED HE LOCATED THE RESIDENCE AND REQUESTED ME TO COME TO 4105 5TH AVE. I ARRIVED AT 4105 5TH AVE AND OBSERVED OFC. VANHORN MAKING CONTACT WITH THE RESIDENCE. OFC. VANHORN STATED HE OBSERVED A LARGE NUMBER OF WHAT APPEARED TO BE UNDERAGE PEOPLE AND A LOT OF ALCOHOLIC BEVERAGES. HE STATED HE OBSERVED A FEMALE RUN WHEN SHE SEEN HIM AT THE DOOR. I WALKED AROUND THE BACK OF THE RESIDENCE TO GATHER UP ALL PERSONS OUTSIDE AND LOOK FOR THE FEMALE THAT RAN. I OBSERVED TWO MALES OUT IN THE BACK POOL AREA. I REQUESTED THEY GO INSIDE THE RESIDENCE TO GATHER THEIR IDENTIFICATION AND SPEAK WITH OFC. VANHORN. OFC. VANHORN GATHERED ALL 12 OCCUPANT'S IDENTIFICATION. I CONDUCTED A CHECK OF ALL THE OCCUPANTS THROUGH NCIC/FCIC. NO WANTS OR WARRANTS WERE DISCOVERED. TWO OF THE OCCUPANTS WERE UNDER THE AGE OF 21, THE REST WERE ALL 21 YEARS OF AGE AND OLDER. THE FEMALE THAT RAN WAS IDENTIFIED BY HER PASSPORT AS (KATIE WESTCOTT).

(HANNAH LANGER) STATED SHE WAS THE PERSON THAT SIGNED THE RENTAL AGREEMENT. (LANGER) STATED SHE WAS 22 YEARS OF AGE. I ADVISED HER THAT SOMEONE 25 YEARS OF AGE OR OLDER HAD TO BE THE SIGNER OF THE RENTAL AGREEMENT. (LANGER) STATED WHEN SHE SIGNED THE RENTAL AGREEMENT ONLINE, IT STATED SHE HAD TO BE 21 YEARS OF AGE OR OLDER. I COULD NOT LOCATE A RENTAL AGENCY SIGN OR WINDOW STICKER ON THE RESIDENCE. I REQUESTED DISPATCH GATHER THE NAME OF THE RENTAL COMPANY AND THE OCCUPANCY ALLOWED FOR THE RESIDENCE. DISPATCH ADVISED THE RENTAL COMPANY WAS 'ISLAND REALTOR' WHICH WAS NOW 'VACASA RENTALS'. DISPATCH ADVISED THE OCCUPANCY ALLOWED WAS SIX PERSONS. WITH APPROVAL FROM SGT. J. PIERCE, I REQUESTED DISPATCH CONTACT 'VACASA RENTALS' AND INFORM THEM OF THE OCCUPANCY VIOLATION AND THAT THERE ARE TWO UNDER 21 YEARS OF AGE PERSONS IN THE RESIDENCE WITH A LOT OF ALCOHOLIC BEVERAGES PRESENT. I REQUESTED AN ON-CALL 'VACASA' REPRESENTATIVE TO COME OUT TO THE RESIDENCE. DISPATCH ADVISED SOMEONE WAS ENROUTE.

WHILE WAITING FOR THE 'VACASA' REPRESENTATIVE TO ARRIVE, I TOOK SOME PHOTOS OF ALL THE ALCOHOLIC BEVERAGES THAT WERE OUT IN PLAIN SITE IN THE RESIDENCE. 'VACASA' ON-CALL MAINTENANCE TECH (ABED LOPEZ) ARRIVED ON SCENE. (LOPEZ) WAS INFORMED OF THE SITUATION AND STATED HE DID NOT KNOW HOW OR WHY (LANGER) WAS ABLE TO RENT FROM THEM, NOT BEING 25 YEARS OF AGE OR OLDER. HE CONTACTED HIS SUPERVISOR AND ADVISED (LANGER) THAT THEY WERE BEING EVICTED AND HAD TO LEAVE BECAUSE SHE VIOLATED THE RENTAL AGREEMENT FOR OCCUPANCY AND SHE WAS NOT 25 YEARS OF AGE.

I COMPLETED A CITY ORDINANCE VIOLATION CITATION FOR VIOLATION OF 4-9 MAXIMUM OCCUPANCY. I ISSUED THE CITATION TO (LANGER) AND EXPLAINED IT. SHE SIGNED THE COURT COPY AND RECEIVED HER COPY. ALL OCCUPANTS GATHERED THEIR BELONGINGS AND CLEANED THE RESIDENCE. WHILE THE OCCUPANTS WERE LOADING THEIR BELONGINGS INTO THEIR VEHICLES, (WESTCOTT) APPROACHED SGT. PIERCE AND I, APOLOGIZING FOR RUNNING AND HIDING IN THE RESIDENCE. SHE DID NOT APPEAR TO BE INTOXICATED. THREE OF THE OCCUPANTS STATED THEY HAD NOT CONSUMED ALCOHOL FOR A FEW HOURS AND DID NOT APPEAR TO BE INTOXICATED. ALL PERSONS INVOLVED CLEARED THE AREA WITHOUT FURTHER INCIDENT.

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (if Applicable) SGT. J. PIERCE	I.D. Number 309	Unit PATROL
Signature of Officer Reviewing	Routed To J. THOMAS	Referred To CODE	Assigned To PATROL
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	A-Adult J-Juvenile A	Date Cleared 07/30/2108
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 3 of 3

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		Primary Offense Description											
												20180582		COV/NOISE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Mon		07/30/2018		0214		0217		0220		0312															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Mon		07/30/2018		0214		Mon		07/30/2018		0312									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/NOISE				C		0 - 30 (55)		0000															
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
108		72ND STREET		HOLMES BEACH		34217		00		00		00		W80											
Business Name/Area Identifier		Forced Entry		Occupancy																					
		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. 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				03											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		01		00		00		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		1		V		01		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						0		0		0		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)		Residence Phone															
1.#1 2.#2		1		V		01		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						0		0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee R-Rec. Missing Z-other		A		01		2		BERRONG		PAMELA		RENEE									
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
						217 361-5795																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
14806 ANNASARRA CT		CHESTERFIELD		MO		63017																			
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																	
Z114119001		MO																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		11/01/1967		50		5-5		145		BRO		BLN		L		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. DESANTIS		336																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE				309		PATROL		07/30/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
		J. THOMAS		CODE		PATROL				07/30/2018															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		3		A		07/30/2018				1													
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											
												1		2											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180582**

ADM Date of Supplement
 Original Date Reported
07/30/2018

Case Reference
COV/NOISE

NARRATIVE

ON 07/30/18, I WAS DISPATCH TO 72ND ST IN REFERENCE TO AN ANONYMOUS NOISE COMPLAINT OF LOUD MUSIC. DISPATCH ADVISED THE CALLER STATED THEY WERE CALLING FROM 73RD ST.

UPON ARRIVAL, I LOCATED THE MUSIC TO BE COMING FROM 108 72ND ST. I COULD HEAR THE MUSIC AND PEOPLE TALKING AND LAUGHING, FROM THE ROAD IN FRONT OF THE RESIDENCE. DUE TO THE AMBIENT NOISES, I WAS UNABLE TO GET A FAIR READING WITH THE NOISE METER. I WENT TO 105 73RD ST, DIRECTLY NORTH OF THE RESIDENCE IN QUESTION. THE MUSIC AND PEOPLE COULD BE HEARD MORE FROM THIS AREA. THE AMBIENT NOISE WAS LESS AND WAS NOT INTERFERING WITH MY READINGS AS MUCH. THE METER SHOWED AN AVERAGE OF 59dBS WITH SPIKES TO 63dBS WHEN THE PERSONS LAUGHED AND GOT LOUD IN THEIR CONVERSATION.

I MADE CONTACT WITH THE RESIDENCE IN THE BACK POOL AREA OF 108 72ND ST. I OBSERVED A MALE AND FEMALE IN THE POOL WITH ALCOHOLIC BEVERAGES. THEY BOTH APPEARED TO BE INTOXICATED. I INTRODUCED MYSELF AND INFORMED THEM OF THE NOISE COMPLAINT. I REQUESTED THEY TURN THE MUSIC OFF SO THAT I COULD SPEAK WITH THEM. THE TWO STATED THEY WERE BOTH ON THE RENTAL AGREEMENT. (PAMELA BERRONG) PROVIDED HER IDENTIFICATION AND STATED SHE WOULD RECEIVE THE CITATION. I EXPLAINED THE CITY NOISE ORDINANCE AND ADVISED THEM THAT THEY WERE VIOLATING IT.

I COMPLETED A CITY ORDINANCE VIOLATION CITATION FOR VIOLATION OF 30-55 NOISE ORDINANCE. I ISSUED THE CITATION TO (BERRONG) AND EXPLAINED IT. (BERRONG) SIGNED THE COURT COPY AND RECEIVED HER COPY. I ISSUED (BERRONG) A CITY ORDINANCE PAMPHLET AND EXPLAINED TO HER THE CONSEQUENCES FOR MULTIPLE VIOLATIONS. (BERRONG) WAS COOPERATIVE AND RESPECTFUL. THE AREA WAS CLEARED WITHOUT FURTHER INCIDENT.

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit PATROL
Signature of Officer Reviewing	Routed To J. THOMAS	Referred To CODE	Assigned To PATROL
Case Status CA	Clearance Type 1. Arrest 1 2. Exceptional	3. Unfounded 4. A-Adult J-Juvenile A	Date Cleared 07/30/2018
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			Number Arrested 1
Page			Page 1

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							
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description											
		/ /										20180583		DISTURBANCE											
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)													
		Mon		07/30/2018		1919		1919		1923		2139													
		Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)											
		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Mon		07/30/2018		1917		Mon		07/30/2018		1919							
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code													
		9		DISTURBANCE				C		-		()													
		OFF/INC #2										()													
		Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone											
		6000 HOLMES BLVD		HOLMES BEACH		34217								W80											
		Business Name/Area Identifier		Forced Entry		Occupancy																			
				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. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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						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		00. N/A 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		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
		Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer					
		00. N/A		04. Unconscious		08. Abrasions/Bruises		01. Undetermined		05. Co-Habitant		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant					
		01. Gunshot		05. Poss. Broken Bones		09. Other		02. Stranger				08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance					
		02. Stabbed		06. Poss. Internal Injury								09. Step-Parent		13. Student		17. 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		C		1		3		GREMLEY		CHRISTOPHER J		941 243-8228									
		Address (Street, Apt. Number)		City		State		Zip		Business Phone															
		7809 SAN JUAN AVE		BRADENTON		FL		34209																	
		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	
		2		W		M		11/18/1966		51		2		1		0		00 00		02		02		Will Victim prefer charge? 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		C		1		3		GREMLEY													
		Address (Street, Apt. Number)		City		State		Zip		Business Phone															
		307 61ST STREET		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	
		2		W		M		11/18/1966		51		2		1		0		00 00		02		02		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone									
		1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Z		1		2		WILLEMSSEN		PETRUS J											
		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																	
		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone															
		307 61ST STREET		HOLMES BEACH		FL		34217																	
		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															
		W452670493230 FL																							
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																					
		WHITE SHIRT AND SHORTS																							
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style					
		W		M		09/03/1949		68		510		150		BLU		WHI		S		S					
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers													
		MED																							
		SEE NARRATIVE CONTINUATION																							
		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code															
		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date															
		SGT. COPEMAN		307		HB11		07/30/2018																	
		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									
																1 of 3									

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180583**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
07/30/2018

Case Reference
DISTURBANCE

NARRATIVE

ON THE LISTED DATE AND TIME, I RESPONDED TO 307 61ST STREET IN REFERENCE TO A VERBAL DISTURBANCE. UPON ARRIVAL, I MADE CONTACT WITH PETRUS WILLEMSSEN WHO STATED "I DIDN'T CALL 911 THE OTHER GUY DID"; MEANING CHRISTOPHER GREMLEY CALLED. MR. GREMLEY WAS NOT ON SCENE AND COULD NOT BE REACHED BY PHONE. SEVERAL ATTEMPTS WERE MADE TO MAKE CONTACT. AT THIS TIME, I CONTINUED TO SPEAK WITH MR. WILLEMSSEN ABOUT THE INCIDENT. MR. WILLEMSSEN ADVISED WHILE HE WAS DRIVING HOME IN HIS VAN, A WHITE MALE (MR. GREMLEY) ON A BICYCLE STARTED WAVING HIS HAND AND YELLING "SLOW DOWN, THERE ARE CYCLISTS ON THE ROAD". MR. WILLEMSSEN YELLED BACK "YOU RAN THE STOP SIGN, THAT SIGN IS THERE FOR YOU TOO". MR. WILLEMSSEN WENT ON TO SAY MR. GREMLEY FLIPPED HIM THE MIDDLE FINGER AND SHOUTED "FUCK YOU". AT THIS POINT THEY BOTH BEGAN TO EXCHANGE WORDS AND AT ONE POINT MR. WILLEMSSEN ADMITTED TO SERVING HIS VEHICLE IN MR. GREMLEY'S DIRECTION TO SCARE HIM, WITH NO INTENT TO HURT HIM. MR. WILLEMSSEN WAS FOLLOWED HOME BY MR. GREMLEY WHERE THE DISTURBANCE ENDED.

AFTER SPEAKING WITH MR. WILLEMSSEN, MR. GREMLEY CALLED BACK ADVISING HE WAS AT ROD AND REEL PIER. MR. GREMLEY RETURNED TO THE HOLMES BEACH POLICE DEPARTMENT TWO HOURS AFTER THE INCIDENT OCCURRED TO SPEAK WITH LAW ENFORCEMENT. MR. GREMLEY STATED HE WAS RIDING HIS BIKE ON HOLMES BLVD. WHEN HE HEARD A ENGINE ACCELERATE BEHIND HIM. HE TURNED TO SEE THE VEHICLE AND OBSERVED A WHITE VAN (MR. WILLEMSSEN) DRIVING TOO FAST, SO HE STARTED TO WAVE HIS HANDS TO GET THE VEHICLE TO SLOW DOWN. MR. GREMLEY STATED MR. WILLEMSSEN CUT HIM OFF AND STOPPED HIS VEHICLE. AT THIS POINT MR. WILLEMSSEN STARTED TO YELL AT HIM AS HE CONTINUED TO RIDE HIS BIKE. MR. GREMLEY ADVISED MR. WILLEMSSEN CUT HIM OFF A COUPLE OF TIMES, SO HE MOVED HIS BIKE ONTO THE SIDEWALK. AS HE RODE HIS BIKE ON THE SIDEWALK, MR. WILLEMSSEN TRIED TO HIT HIM WITH THE VAN, BY MAKING A RIGHT TURN ONTO 61ST STREET RIGHT IN FRONT OF HIM AND STOPPED THE VEHICLE. MR. GREMLEY FOLLOWED MR. WILLEMSSEN HOME TO OBTAIN HIS ADDRESS WHERE THE INCIDENT ENDED. MR. GREMLEY STATED THE REASON HE LEFT THE INCIDENT LOCATION WAS DUE TO THE 911 CALL TAKER TELLING HIM TO LEAVE THE AREA. HE ALSO ADVISED HE HAD TWO WITNESSES WHO OBSERVED THE INCIDENT.

I TRIED TO MAKE CONTACT WITH THE FIRST WITNESS AT 5804 HOLMES BLVD, BUT WAS UNSUCCESSFUL. I SPOKE WITH A WITNESS, WHO WISHED TO REMAIN ANONYMOUS, AT 5803 HOLMES BLVD. THE WITNESS STATED HE OBSERVED A WHITE VAN AND A GUY ON A BIKE YELLING AT EACH OTHER. THE WITNESS STATED HE OBSERVED THE VAN WEAVE OVER BY THE CYCLIST BUT DID NOT SEE ANY INTENTIONAL ACT TO HIT THE CYCLIST. THE WITNESS WENT ON TO SAY IT APPEARED TO BE JUST A VERBAL DISPUTE BETWEEN THE TWO.

THIS INCIDENT APPEARS TO BE A VERBAL DISTURBANCE ONLY. NO FURTHER INFORMATION AT THIS TIME.

Report Contains		Related Report Number(s)	Name of Officer Reporting		I.D. Number/Locator Code
			J. BETTS		337
Signature of Officer Reporting	Officer Reviewing (If Applicable)		I.D. Number	Unit	Date
	SGT .COPEMAN		307	HB11	07/30/2018
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	2. Arrest on Primary Offense Secondary Offense Without Prosecution		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number Page 2 of 3
1.Extradition Declined 3. Death of Offender 4. V / W Refused to Cooperate					

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 20180584		Primary Offense Description DRIVERS LICENSE											
EVENT DATA	Original Day Reported	Tue	Date	07/31/2018	Time (mil)	0818	Time Dispatched (mil)	0818	Time Arrived (mil)	0818	Time Completed (mil)	0825									
	Incident Type	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day	Tue	Date	07/31/2018	Time (mil)	0818								
	OFF/INC #1	Type	4	Description	DRIVERS LIC			A-Attempted C-Committed	Statute Violation Number - Chapter, Section, Sub	322 - 03 (1)			NCIC/UCR Code	9000							
	OFF/INC #2	Type		Description				A-Attempted C-Committed	Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code								
	Incident Location (Street Number, Street, Apt.) 300 57TH ST. HOLMES BEACH 34217																				
Business Name/Area Identifier																					
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. Govt/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																					
# 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																	
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		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County 3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		Victim Relationship To Offender		Race		Sex		Residence Type		Residence Status		Extent of Injury									
00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. 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 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		V/W Code	#	V. Type	Name (Last, First, Middle or Business)				Residence Phone												
1.#1 3.Both 2.#2		1	V	1	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?								
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?								
OFF/INC Indicator		Suspect Code	Code	Susp. #	Juvenile	Name (Last, First, Middle)				Residence Phone											
1.#1 3.Both 2.#2		1	A	1	2	VALDEZDIAZ				ERICK JONATHAN											
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 Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC													
V4322210961830		FL																			
Clothing (Describe)													Scars/Marks/Tatoos (Location/Describe)								
SHIRT / SHORTS																					
Race	Sex	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style												
W	M	05/23/1996	22			BRO	BLK	M	S												
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																
LT	MED																				
NARRATIVE																					
I, RAN LICENSE PLATE THAT WAS ATTACHED TO A BLUE HONDA (JFFN06), THROUGH IN-CAR FCIC/NCIC. THE REGISTERED OWNER, ELDER MISAEAL DIAZ MENDOZA DID NOT HAVE A LICENSE ATTACHED. I, RAN THAT NAME THROUGH IN-CAR FCIC/NCIC, AND IT DISPLAYED "NO LICENE OR ID CARD ISSUED." I, INITIATED A TRAFFIC STOP, AND MADE CONTACT WITH THE AFOREMENTIONED, WHO WAS A FAMILIAR FACE TWO SIMILAR TIMES FOR CRIMINAL VIOLATIONS. SUBJECT WAS SOLE OCCUPANT OF VEHICLE. I, ISSUED SUMMONS-TO-APPEAR AND LET HIM LEAVE VEHICLE IN PARKING LOT OF HIS EMPLOYER.																					
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)		JASON HIGGINS		331															
Signature of Officer Reporting		Signature of Officer Reviewing		Routed To		Referred		Assigned To		By		Date									
SGT. COPEMAN		307		07/31/2018																	
Case Status		Clearance Type		1. Arrest		3. Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested							
CA		1		1		A		07/31/2018						1							
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page									
1. Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined				1		1									

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> Y		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																			
/ /								20180586		VEHICLE BURGLARY																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																			
Tue		07/31/2018		1742		1742		1757		1833																			
Incident Type		Incident: Day		Date		Time (mil)		Day		Time (mil)																			
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		07/31/2018		1430		Tue		07/31/2018		1720													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
1		BURGLARY / VEH				C		810 - 02 (3)		230G																			
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						W80																			
Business Name/Area Identifier		Forced Entry		Occupancy																									
MANATEE PUBLIC BEACH		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		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		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		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs									
1		3		1		1		0		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		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		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				20. Employee		99. Other Known											
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone													
1.#1 3.Both 2.#2		1		V		1		3		STEVENS		PETER		J		774 452-4475													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
12 GRIFFING RD		WEST BROOKFIELD		MA		01585																							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM OF BURGLARY																									
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		W		M		03/17/1972		46		4		1		0		00 00		02						Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone													
1.#1 3.Both 2.#2		1		V		2		3		STEVENS		LORI		A		774 452-4475													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
12 GRIFFING RD		WEST BROOKFIELD		MA		01585																							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM OF BURGLARY																									
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		08/07/1974		43		4		1		0		00 00		02						Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other		S		1		8		UNKNOWN															
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
Occupation		Employer/School		Address		Social Security Number																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																					
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
U		U										XXX		XXX															
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																			
SEE NARRATIVE CONTINUATION																													
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																					
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																					
SGT . COPEMAN		307		HB11		07/31/2018																							
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															
												1		6															

PERSON(S) REPORT

Holmes Beach Police Department

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

Agency Report Number
20180586

ADM	Date of Supplement ____/____/____		PERSON(S) REPORT										Agency Report Number 20180586		
CODES	Original Date 07/31/2018		Primary Offense Description VEHICLE BURGLARY				Victim #1 Name (Last, First, Middle) STEVENS PETER J								
VICTIM / WITNESS	V/W Code V - Victim O - Other W - Witness C - Reporting Person		Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal		
VICTIM / WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2		V. Type		Name (Last, First, Middle or Business)						Residence Phone				
Address (Street, Apt. Number)			City			State			Zip			Business Phone			
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement					
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth		Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2		V. Type		Name (Last, First, Middle or Business)						Residence Phone					
Address (Street, Apt. Number)			City			State			Zip			Business Phone			
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement					
If V/W Code is V, W or C Fill in this Line		Dom. Violence	Race	Sex	Date of Birth		Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code		Code		Susp. #	Juvenile	Name (Last, First, Middle)						Residence Phone	
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone						
Last Known Address (Street, Apt. Number)			City			State			Zip			Business Phone			
Occupation			Employer/School			Address			Social Security Number						
Driver's License State/Number			Immigration and Naturalization Number			Other ID. Number			OBTS Number			SCIC/NCIC			
Clothing (Describe)						Scars/Marks/Tatoos (Location/Describe)									
Race	Sex	Date of Birth or Age		Height		Weight		Eye Color	Hair Color	Hair Length	Hair Style				
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers										
OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code		Code		Susp. #	Juvenile	Name (Last, First, Middle)						Residence Phone	
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone						
Last Known Address (Street, Apt. Number)			City			State			Zip			Business Phone			
Occupation			Employer/School			Address			Social Security Number						
Driver's License State/Number			Immigration and Naturalization Number			Other ID. Number			OBTS Number			SCIC/NCIC			
Clothing (Describe)						Scars/Marks/Tatoos (Location/Describe)									
Race	Sex	Date of Birth		Age		Height		Weight		Eye Color	Hair Color	Hair Length	Hair Style		
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers										
Incident Type		Foul Play Suspected ?		Missing Before ?		Fingerprints Available?		Photo Available?		Dental Record Available		MCIC Form Provided ?			
1. Runaway	4. Disabled	7. Voluntary	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No			
2. Parental	5. Endangered	8. Adult	2. No	8. Unknown	2. No	8. Unknown	2. No	8. Unknown	2. No	8. Unknown	2. No	8. Unknown			
3. Involuntary	6. Disaster Victim	8. Unknown	2. No	8. Unknown	2. No	8. Unknown	2. No	8. Unknown	2. No	8. Unknown	2. No	8. Unknown			
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		2. Located- Not Returned		3. Hospitalized		5. Law Enforcement Custody		7. Deceased		9. Other			
1. Voluntary	2. Located- Not Returned	3. Hospitalized	4. HRS Custody	5. Law Enforcement Custody	6. Returned to Parent	7. Deceased	9. Other								
Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date					
Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date			
Signature of Officer Reviewing												07/31/2018			
												Page	Page		
												of			

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180586

ADM	Date of Supplement _ / _ / _		Primary Offense Description VEHICLE BURGLARY					Victim #1 Name (Last, First, Middle) STEVENS PETER J					Agency Report Number 20180586							
	Original Date Reported 07/31/2018																			
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other											Theft Type 09								
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other													
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous																			
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number										
PROPERTY	V	1	1	1	0	Q	1	CELL PHONE	SAMSUNG	S8 ACTIVE										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	358524081441724						GOLD													
	Value 1,000.00			Value Recovered			Date Recovered			SCIC/NCIC										
PROPERTY	V	2	2	1	0	Q	1	CELL PHONE	APPLE	IPHONE X										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	354876090002127						SILVER WITH PINK AND PURPLE CASE													
	Value 1,500.00			Value Recovered			Date Recovered			SCIC/NCIC										
PROPERTY	V	3	3	1	0	Q	1	CELL PHONE	APPLE	IPHONE 6S										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
	358564070377406						ROSE GOLD WITH GRAY CASE													
	Value 800.00			Value Recovered			Date Recovered			SCIC/NCIC										
PROPERTY	V	1	4	1	0	Z	1	WALLET	LEATHER	TRI FOLD										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
							BROWN													
	Value 20.00			Value Recovered			Date Recovered			SCIC/NCIC										
PROPERTY	V	2	5	1	0	Z	1	WALLET	VERA BRADL	WOMENS										
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)													
							WHITE AND BROWN													
	Value 40.00			Value Recovered			Date Recovered			SCIC/NCIC										
TOTALS	Property Stolen		3,360.00				Change in Property Stolen Value													
	Property Recovered		0.00				Change in Property Recovered Value													
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use K. Dispense/Distribute T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter													
	Activity	Type	Description	Quantity	Unit	Estimated Street Value														
DRUGS	Activity	Type	Description	Quantity	Unit	Estimated Street Value														
	Activity	Type	Description	Quantity	Unit	Estimated Street Value														
	Activity	Type	Description	Quantity	Unit	Estimated Street Value														
PROP. DETAIL / NARR.																				
	Officer(s) Reporting			ID. Number(s)/Locator code			Signature of Officer Reporting			Unit			Date							
	J. BETTS			337						HB11			07/31/2018							
	Officer Reviewing (If Applicable)			ID. Number			Routed To			Referred To			Assigned To			By			Date	
SGT. COPEMAN			307																	
Signature of Officer Reviewing											Page		Page							
											3		of 6							

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180586

ADM	Date of Supplement _ / _ / _		VEHICLE BURLARY						Victim #1 Name (Last, First, Middle) STEVENS PETER J										
	Original Date Reported 07/31/2018																		
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other		Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other		Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other		Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local								
	Person Code V		Person # 1		Vehicle # 1		Status 9		Damage 0		Type 1		Year 2013		Make JEEP		Model GRAND		Style 4DOOR
VEHICLE / VESSEL	Tag Reg./Doc. # 1DEJ91		Reg. State MA		Reg. Year 2020		Decal Number		Tag Type REGULAR										
	VIN/Hull/FAA 1C4RJFAGXDC537322						Estimated Value \$30,000												
	Condition <input checked="" type="checkbox"/> 1. Window Closed		<input checked="" type="checkbox"/> 2. Locked		<input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder										
	Color (Top/Bottom) BLUE		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) GRAND CHEROKEE																
	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 checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.		Storage Location		SCIC/NCIC		Location of Original Theft										
	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.		Storage Location		SCIC/NCIC		Location of Original Theft											
Towed By		Storage Location		SCIC/NCIC		Location of Original Theft													
VEHICLE INV. / NARRATIVE																			
Signature of Officer Reporting				Name of Officer Reporting J. BETTS				I.D. Number/Locator Code 337				Unit HB11							
Signature of Officer Reviewing				Officer Reviewing (If Applicable) SGT. COPEMAN				I.D. Number 307				Date 07/31/2018							
Routed To				Referred To				Assigned To				By							
Case Status				Clearance Type 1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared _ / _ / _		Arrest Number		Number Arrested					
Exception Type 1. Extradition Declined				2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile Custody		OBTS Number		Page 5		Page 6					

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 **20180586**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
07/31/2018

Case Reference
VEHICLE BURGLARY

NARRATIVE

ON THE LISTED DATE AND TIME, I RESPONDED TO THE LISTED ADDRESS IN REFERENCE TO VEHICLE BURGLARY. UPON ARRIVAL, I MADE CONTACT WITH PETER STEVENS. MR. STEVENS STATED SOME UNKNOWN PERSON ENTERED HIS VEHICLE AND STOLE HIS WALLET AND CELL PHONE. HE ALSO STATED HIS WIFE'S WALLET AND CELL PHONE WERE STOLEN ALONG WITH HIS SON'S CELL PHONE. ALL ITEMS WERE IN THE CENTER COUNSEL AT THE TIME OF THEFT. MR. STEVENS' WALLET CONTAINED HIS MASSACHUSETTS DRIVERS LICENSE, CAPITAL ONE CREDIT CARD, SOCIAL SECURITY CARD, AND COUNTRY BANK DEBIT CARD. MRS. STEVENS' WALLET CONTAINED HER MASSACHUSETTS DRIVERS LICENSE, SOCIAL SECURITY CARD, AND COUNTRY BANK DEBIT CARD. MR. STEVENS ADVISED HE LOCKED THE VEHICLE BEFORE HEADING OUT TO THE BEACH AT 2:30PM AND RETURNED AT 5:20PM TO FIND THE ABOVE MENTIONED ITEMS MISSING.

THE EXTERIOR OF THE VEHICLE WAS SEARCHED FOR ANY SIGNS OF FORCED ENTRY; NO EVIDENCE WAS FOUND. THE VEHICLE COULD NOT BE PROCESSED FOR LATENT PRINTS DUE TO MR. STEVENS ADMITTING HE WENT THROUGH THE VEHICLE LOOKING FOR THE STOLEN ITEMS. MR. STEVENS WAS ABLE TO PROVIDE SERIAL NUMBERS FOR THE STOLEN PHONES. ALL PHONES WERE ENTERED INTO FCIC/NCIC AS STOLEN. THE PHONES ARE DESCRIBED AS A GRAY SAMSUNG S8 ACTIVE, A SILVER IPHONE X WITH A PURPLE AND PINK LIFEPROOF CASE, AND A ROSE GOLD IPHONE 6S WITH A GRAY CASE. THE SUSPECT IS CURRENTLY UNKNOWN. MR. STEVENS WAS ISSUED A CASE CARD FOR THIS INCIDENT. NO FURTHER INFORMATION AT THIS TIME.

Report Contains	Related Report Number(s)	Name of Officer Reporting J. BETTS	I.D. Number/Locator Code 337
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit HB11
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared ___/___/___
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
OBTS Number		Arrest Number	Number Arrested
			Page 6 of 6

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180586

ADM	Date of Supplement _ / _ / _		Holmes Beach Police Department					Agency Report Number 20180586															
	Original Date Reported 07/31/2018												Primary Offense Description VEHICLE BURGLARY			Victim #1 Name (Last, First, Middle) STEVENS PETER J							
THEFT	Theft Type Codes											09											
	00. N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public Access Building 09. From Vehicle 11. By Computer 99. Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper. Machine 10. Extortion 12. Fraud 12. Fraud																						
CODES	Person Codes			Status Codes			Damage Codes			9. Other													
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense													
PROPERTY	Property Type																						
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure		Y. Farm Equipment Z. Miscellaneous								
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number											
	V	1	6	1	0	Z	1	DRIVERS LICENSE			MASSACHUSE												
	Serial Number S52234068			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) MASSACHUSETTS DL																
Value 20.00			Value Recovered			Date Recovered			SCIC/NCIC														
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number											
	V	2	7	1	0	Z	1	DRIVERS LICENSE			MASSACHUSE												
	Serial Number S67511534			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) MASSACHUSETTS DL																
Value 20.00			Value Recovered			Date Recovered			SCIC/NCIC														
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number											
	V	1	8	1	0	Z	2	SOCIAL SECURITY			CARD												
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																
Value 1.00			Value Recovered			Date Recovered			SCIC/NCIC														
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number											
	V	1	9	1	0	V	2	DEBIT CARD			COUNTRY BA												
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) COUNTRY BANK DEBIT CARD, GRAY AND WHITE																
Value 1.00			Value Recovered			Date Recovered			SCIC/NCIC														
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number											
	V	1	10	1	0	V	1	CREDIT CARD			CAPITAL												
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) CAPITAL ONE CREDIT CARD, GRAY																
Value 1.00			Value Recovered			Date Recovered			SCIC/NCIC														
TOTALS	Property Stolen				43.00			Change in Property Stolen Value															
	Property Recovered				0.00			Change in Property Recovered Value															
CODES	Activity			Type			Description			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. Barbiturate C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other			1. Gram 2. Milligram 3. Kilogram 4. Ounce			5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item	
DRUGS	Activity	Type	Description			Quantity		Unit	Estimated Street Value														
	Activity	Type	Description			Quantity		Unit	Estimated Street Value														
	Activity	Type	Description			Quantity		Unit	Estimated Street Value														
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date													
	J. BETTS		337					HB11		07/31/2018													
	Officer Reviewing (If Applicable)		ID. Number		Routed To	Referred To	Assigned To	By		Date													
SGT. COPEMAN		307							_ / _ / _														
Signature of Officer Reviewing										Page		Page											
										4		of 6											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

ADM	Date of Supplement 08/02/2018
	Original Date Reported 07/31/2018

Case Reference
BURG

Agency ORI Number FL0410400	Agency Report Number 20180586
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ON 08/01/2018, I CONTACTED THE VICTIM. THE PHONES WERE SHUT OFF AND UNABLE TO BE TRACKED. THERE WAS NO ACTIVITY ON THE CREDIT CARDS. THE VICTIM WAS CONTACTED BY SARASOTA POLICE DEPARTMENT AND TOLD HIS WALLET WAS TURNED IN A ND FOUND ON THE BEACH IN LONG BOAT KEY. I SENT LBKPD A COPY OF THIS REPORT INCASE THE OTHER PROPERTY IS LOCATED.

AS OF THIS REPORT, THERE ARE NO LEADS OR SUSPECTS IN THIS CASE. A PAWN SEARCH WAS COMPLETED WITH NEGATIVE RESULTS. THE SEARCH WAS FLAGGED WITH THE SERIAL NUMBERS OF THE PHONES. THIS CASE WILL BE INACTIVE PENDING ANY NEW LEADS. NFI.

C O P

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting DET SGT HALL		I.D. Number/Locator Code 311			
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date ___/___/___			
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date ___/___/___		
	Case Status I	Clearance Type		1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile	Date Cleared ___/___/___	Arrest Number	Number Arrested
	Exception Type 1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number	Page of	Page

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															
/ /		20180587				COV/ALCOHOL																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		08/01/2018		1928		1928		1928		1945															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		08/01/2018		1928		Wed		08/01/2018		1945									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/ALCOHOL		C		0 - 66 (32B)		0000																	
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
100 30TH ST		HOLMES BEACH		34217		00		00		00		W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
BEACH		0. N/A 1. Yes		0. N/A 1. Occupied		2. No 0		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		99									
# 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			
01		01		01		00		00		01. Handgun															
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		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							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		01		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								0		0		0		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)		Residence Phone															
1.#1 3.Both 2.#2		1		V		01		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								0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee R-Rec. Missing Z-other		A		01		2		JENKINS		TREYVAUGHN		TAVIOUS									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2008 BUCK CT		VIRGINIA BEACH		VA		23464																			
Occupation		Employer/School		Address		Social Security Number																			
A60629220		VA																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
A60629220		VA																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
B		M		05/28/1995		23		6		170		BRO		BRO		L		A							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		309		309		336		08/01/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		1		A		08/01/2018						1											
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											
														1		of		3							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180587

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180587		
	Original Date Reported 08/01/2018		Primary Offense Description COV/ALCOHOL		Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH					
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									Theft Type 00
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other			
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous									
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
PROPERTY	V	01	1	8	0	Z	1	PHOTO		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) PHOTOGRAPHIC EVIDENCE					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
				0.00		08/01/2018				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
TOTALS	Property Stolen		0.00		Change in Property Stolen Value					
	Property Recovered		0.00		Change in Property Recovered Value					
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use T. Traffic K. Dispense/Distribute			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter			
	Activity	Type	Description	Quantity	Unit	Estimated Street Value				
DRUGS	Activity	Type	Description	Quantity	Unit	Estimated Street Value				
	Activity	Type	Description	Quantity	Unit	Estimated Street Value				
	Activity	Type	Description	Quantity	Unit	Estimated Street Value				
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date	
	A. DESANTIS		336						08/01/2018	
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To	
	SGT. J. PIERCE		309							
Signature of Officer Reviewing								Page		
								Page 2 of 3		

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: **20180587**

ADM Date of Supplement: ___/___/___
Original Date Reported: **08/01/2018**

Case Reference: **COV/ALCOHOL**

ADM NARRATIVE

ON 08/01/18, OFC. L. DIEHL AND I WERE ON THE SIDE BY SIDE PATROLLING THE BEACH. I OBSERVED A BLACK MALE SITTING ON A COOLER, WITH A CAN IN HIS LEFT HAND, ON THE BEACH AT THE 30TH ST BEACH ACCESS. WHEN WE GOT CLOSER, THE MALE LOWERED THE CAN BETWEEN HIS LEGS AND RIGHT HAND. IT APPEARED HE WAS ATTEMPTING TO CONCEAL THE CAN. OFC. DIEHL AND I WENT BY HIM SLOWLY AND OBSERVED APPROXIMATELY 4 CANS OF 'TWISTED TEA' IN THE SAND, NEXT TO THE COOLER. WE MADE CONTACT WITH THE MALE, IDENTIFYING HIM AS (TREYVAUGHN JENKINS). (JENKINS) DID NOT HAVE IDENTIFICATION ON HIM. HE PROVIDED HIS INFORMATION. WE IDENTIFIED THE CAN THAT WAS IN HIS LEFT HAND AS A 'TWISTED TEA'. WE ADVISED (JENKINS) OF THE CITY ORDINANCE PERTAINING TO NO ALCOHOL ON THE BEACH. I ASKED WHERE HE CAME ON TO THE BEACH. (JENKINS) STATED HE ENTERED THE BEACH FROM THE 30TH ST BEACH ACCESS. HE STATED HE DID NOT SEE THE SIGNS STATING NO ALCOHOL. (JENKINS) PICKED UP THE ALCOHOLIC BEVERAGE CANS AND PLACED THEM IN HIS COOLER. I REQUESTED HE OPEN IT TO TAKE A PICTURE. (JENKINS) WAS COOPERATIVE AND UNDERSTANDING. I TOOK A PHOTO OF THE EVIDENCE. (JENKINS) IDENTIFICATION WAS CONFIRMED AND CHECKED THROUGH NCIC/FCIC WITH NEGATIVE RESULTS FOR I ISSUED (JENKINS) A HAND WRITTEN CITY ORDINANCE VIOLATION CITATION FOR VIOLATION OF ARTICLE 2, SECTION 66-32B. I EXPLAINED THE CITATION. (JENKINS) SIGNED THE CITATION AND RECEIVED HIS COPY. THE AREA WAS CLEARED WITHOUT FURTHER INCIDENT.

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 309
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status CA	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A
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 08/01/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 3	Page 3