

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															
/ /		20180589				NO VEHICLE REG.																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		08/03/2018		1445		1445		1445		1550															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		08/03/2018		1452		To		Fri		08/03/2018		1452							
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		PERMIT		C		320 - 02 (1)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		ATTACHING TAG		C		322 - 261 ()		9000																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area															
500		MANATEE AVE.		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 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		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			
2		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		16. Boy/Girl Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		V		1		5		STATE		OF FLORIDA													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		F		08/17/1997		20		4		1		0		00		00		16		Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		O		1		3		FISCHER		DESTANI NICOLE													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
65 MAPLE STREET		ST. CLAIRE		MO		63077																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		PASSENGER																					
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		08/17/1997		20		4		1		0		00		00		16		Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)															
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other		A		1		2		MOUNTS DAMION TYLER											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
16 PARADISE VALLEY ROAD		GRAVOIS MILLS		MO		65037																			
Occupation		Employer/School		Address						Social Security Number															
HOMELESS																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
S056355012		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		M		10/25/1991		26		6-00		150				BRO		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN		B		ROT																			
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		331		08/03/2018																			
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											
CA		1		1		A		08/03/2018				1													
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												1 of 4													

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180589

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180589				
	Original Date Reported 08/03/2018		Primary Offense Description NO VEHICLE REG.		Victim #1 Name (Last, First, Middle) STATE OF FLORIDA							
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											
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										Model Name/Number	
	A. Auto Accessory/Parts E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Y. Farm Equipment C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable Z. Miscellaneous 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											
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand			
	A	1	1	8	0	A	1	LICENSE PLATE	MO	KK2A9W		
	Serial Number MISSOURI			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) BLUE/GREY/					
Value			Value Recovered			Date Recovered 08/03/2018			SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value			Value Recovered			Date Recovered			SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value			Value Recovered			Date Recovered			SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value			Value Recovered			Date Recovered			SCIC/NCIC		
TOTALS	Property Stolen		0.00					Change in Property Stolen Value				
	Property Recovered		0.00					Change in Property Recovered Value				
CODES	Activity			Type			Unit					
	P. Possess R. Smuggle M. Manufacture/Produce/Cultivate			A. Amphetamine H. Hallucinogen S. Synthetic			1. Gram 5. Pound 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.	MISSOURI LICENSE PLATE.											
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	JASON HIGGINS		331							08/03/2018		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	
SGT. COPEMAN		307										
Signature of Officer Reviewing										Page Page		
										2 of 4		

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180589**

ADM	Date of Supplement _/_/____
	Original Date Reported 08/03/2018

Case Reference
ATTACHED TAG NOT ASSIGNED

NARRATIVE

I, RAN MISSOURI TAG (KK2A9W) THAT WAS ATTACHED TO A WHITE CHRYSLER THROUGH DISPATCH. IT WAS ADVISED THAT TAG BELONED ON A HONDA. I, INITIATED A TRAFFIC STOP ON VEHICLE AND MADE CONTACT WITH MOUNTS WHO WAS IN PHYSICAL CONTROL OF THE MOTOR VEHICLE, AND PASSENGER, DESTANI FISCHER WHO WASN'T WEARING A SEAT BELT AND LYING DOWN IN HER SEAT.

MOUNTS WAS UNABLE TO PROVIDE INSURANCE, REGISTRATION, OR ANYTHING RELATING TO VEHICLE. MOUNTS ACTED BEWILDERED WHEN I STATED THAT REGISTRATION WAS SHOWING INVALID FOR THE VEHICLE. VEHICLE'S VIN VERFIED THAT THE TAG DIDN'T BELONG TO IT, AND WAS LATER TOWED. VEHICLE WAS INVENTORIED AND TOWED BY BAKER'S TOWING.

FISCHER HAD A NON EXTRADITABLE WARRANT AND RELEASED.

LICENSE PLATE WAS PLACED INTO PROPERTY AND EVIDENCE AND SUMMONSES WERE SIGNED ROADSIDE. NO FURTHER ACTION TAKEN.

ADMINISTRATIVE	Report Contains SEIZED PLATE	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 331
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
	Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	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	Arrest Number 1
				OBTS Number
				Page 1
				Page of

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180589

ADM	Date of Supplement _ / _ / _		Primary Offense Description ATTACHED TAG NOT ASSIGN						Victim #1 Name (Last, First, Middle) STATE OF FLORIDA											
	Original Date Reported 08/03/2018																			
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 A		Person # 1		Vehicle # 1		Status 5		Damage 0		Type 1		Year 2000		Make CHRYSL		Model 4DR		Style SEDAN	
VEHICLE / VESSEL	Tag Reg./Doc. #		Reg. State				Reg. Year		Decal Number				Tag Type							
	VIN/Hull/FAA 2C3HC56G5YH203201										Estimated Value									
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition										Insurance Company				Lien Holder					
	Color (Top/Bottom) WHITE										Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) WHITE NASTY/DIRTY SEDAN									
	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 BAKER'S TOWING				Storage Location LOT				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
1 METAL LICENSE PLATE, MISSOURI KK2A9W.

ADMINISTRATIVE	Signature of Officer Reporting		Name of Officer Reporting JASON HIGGINS				I.D. Number/Locator Code 331		Unit 08		
	Signature of Officer Reviewing		Officer Reviewing (If Applicable) SGT. COPEMAN				I.D. Number 307		Date 08/03/2018		
	Routed To		Referred To		Assigned To		By		Date		
	Case Status CA		Clearance Type 1. Arrest 2. Exceptional 1		A-Adult J-Juvenile A		Date Cleared 08/03/2018		Arrest Number 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 4 of 4	

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> Y		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							
/ /		20180591				THEFT									
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)					
Sat		08/04/2018		1620		1620		1625		1900					
Incident Type		Incident: Day		Date		Time (mil)		Day		Date					
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From Sat		08/04/2018		To Sat		08/04/2018			
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code					
3		LARC		C		812 - 14 (3a)		230D							
OFF/INC #2		A-Attempted C-Committed													
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area Zone					
3304 EASTBAY DRIVE		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	
ISLAND BAZAAR														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				11	
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object	
01		01		01		00		00		00. N/A 01. Handgun		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendary 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	
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		17. Friend		21. Employer	
00. N/A		04. Unconscious		08. Burns		01. Undetermined		07. Brother/Sister		11. In-Law		18. Neighbor		22. Landlord/Tenant	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		08. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance	
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		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		4 ISLAND BAZAAR		-					
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													
		STORE													
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	
2		N		N		N		09/21/1951		66		2		1	
Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
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		C		01		3 SNIADACH		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													
		STORE 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	
2		W		F		F		09/21/1951		66		2		1	
Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
0		00 00		21				Yes <input type="checkbox"/>		No <input type="checkbox"/>					
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)					
1.#1 3.Both 2.#2		S-Suspect E-Escapee 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	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers					
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				08/05/2018							
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		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page			
1.Extradition Declined															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

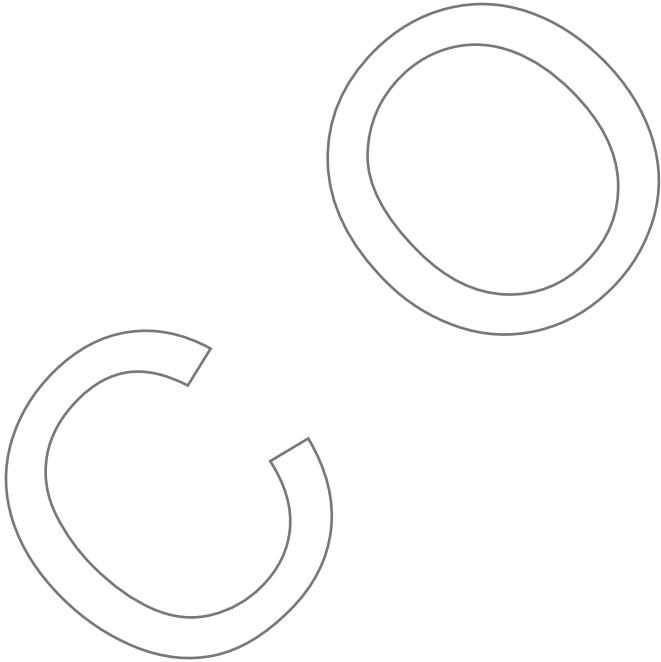
Agency ORI Number **FL0410400** Agency Report Number **20180591**

ADM	Date of Supplement __/__/____
	Original Date Reported 08/04/2018

Case Reference

ON 08/05/2018, AT 1620 HOURS, I WAS DISPATCHED TO 3304 EASTBAY DRIVE(ISLAND BAZAAR), IN REFERENCE TO AN EMPLOYEE THEFT. UPON ARRIVAL I SPOKE WITH COMPLAINANT (DEBBIE SNIADACH), WHO ADVISED JUVENILE WAS EMPLOYEE AT THE STORE AND WAS SEEN BY ANOTHER EMPLOYEE ON 08/03/2018, STEALING STICKERS AND MONEY FROM THE WILDLIFE DONATION JAR WHICH WAS LOCATED NEAR THE CASH REGISTER. SNIADACH STATED SHE THEN WATCHED THE STORE SURVEILLANCE VIDEO AND CONFIRMED JUVENILE TOOK THE MONEY AND STICKERS. ON 08/05/2018 JUVENILE WAS CONFRONTED ABOUT THE THEFT AND JUVENILE ADMITTED TO TAKING THE ITEMS. JUVENILE ALSO ADMITTED TO STEALING TWO NECKLACES AND A PACKAGE OF ALLIGATOR MEAT. SNIADACH NOTIFIED THE JUVENILES GRANDFATHER WHO THEN RESPONDED TO THE STORE. THE GRANDFATHER THEN WENT INTO THE JUVENILES BACKPACK AND PULLED OUT THREE METAL CONTAINERS. THE CONTAINERS CONTAINED CRIME SCENE BANDAGES, SELF ESTEEM QUOTES, AND A PUBLIC TOILET SURVIVAL KIT WHICH WERE NOT PAID FOR AND CONCEALED IN A MANNER TO STEAL THEM FROM THE STORE. THE DEFENDANTS GRANDFATHER ALSO STATED THERE WERE ITEMS AT HIS HOUSE THAT CAME FROM THE STORE AND WERE NOT PAID FOR. THE ITEMS INCLUDED AN ELECTRONIC FART MACHINE, ELEC9TRONIC SHOCK GUM DISPENSER AND A SHOCK PEN. THE TOTAL AMOUNT OF MERCHANDISE STOLEN HAD A VALUE OF (\$76.71). SNIADACH SIGNED A SWORN AFFIDAVIT ADVISING THE STORE WOULD LIKE TO PRESS CHARGES AND THAT SHE WANTED THE JUVENILE TRESPASSED. I PLACED THE JUVENILE INTO HANDCUFFS (DOUBLE LOCKED) AND TRANSPORTED HER TO THE HOLMES BEACH POLICE DEPARTMENT WHERE I COMPLETED A JUVENILE REFERRAL. THE ITEMS STOLEN WERE RETURNED TO THE STORE AND THE JUVENILES GRANDFATHER SIGNED FOR AND TOOK CUSTODY OF HER.

NARRATIVE



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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/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															
/ /		20180592				ABANDONED VEHICLE																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		08/04/2018		2255		2255		2255		2315															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sat		08/04/2018				Sat		08/04/2018											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/OTHER				C		0 - 0 (0)		0000															
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area Zone															
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 2																			
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											
# 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		00		00		00		00		00. N/A 01. Handgun										25 00					
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 2.#2		3.Both 1		C		1		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						1		1		0		00 00						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		3.Both 1		O		1		4		CAPTIAN RON INC.		- - - -													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2714 DATURA ST		SARASOTA		FL		34239		- - - -																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		REGISTERED OWNER OF TRAILER																					
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)															
1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee 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				08/04/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
						CODE		SGT . COPEMAN		08/04/2018															
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 of											

VEHICLE REPORT

Holmes Beach Police Department

Agency Report Number
20180592

ADM	Date of Supplement ____/____/____		Primary Offense Description					Victim #1 Name (Last, First, Middle)																						
	Original Date Reported 08/05/2018																													
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: O		Person #: 1		Vehicle #: 1		Status: 6		Damage: 9		Type: 6		Year: 2007		Make: LOMA		Model: _____		Style: _____											
VEHICLE / VESSEL	Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type																					
	VIN/Hull/FAA 4YPAB20237T045843										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) SILVER SILVER BOAT TRAILER MISSING WHEEL																											
	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 / VESSEL	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																														
	Signature of Officer Reporting					Name of Officer Reporting SGT . COPEMAN					I.D. Number/Locator Code 307					Unit														
	Signature of Officer Reviewing					Officer Reviewing (If Applicable) SGT . COPEMAN					I.D. Number 307					Date 08/05/2018														
	Routed To					Referred To					Assigned To CODE					By SGT . COPEMAN					Date 08/04/2018									
	Case Status					Clearance Type 1. Arrest 2. Exceptional 3. Unfounded					A-Adult J-Juvenile					Date Cleared ____/____/____					Arrest Number					Number Arrested				
	Exception Type 1. Extradition Declined					2. Arrest on Primary Offense Secondary Offense Without Prosecution					3. Death of Offender 4. V / W Refused to Cooperate					5. Prosecution Declined 6. Juvenile/No Custody					OBTS Number					Page of				

ADM Date of Supplement: ___/___/___ Holmes Beach Police Department Agency Report Number: 20180594 Primary Offense Description: THEFT

Original Day Reported: Sun 08/05/2018 Time (mil): 1542 Time Dispatched (mil): 1542 Time Arrived (mil): 1544 Time Completed (mil): 2000

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day: Sun Date: 08/05/2018 Time (mil): From: Sun To: Sun Date: 08/05/2018 Time (mil):

OFF/INC #1: 3 LARC Description: A-Attempted C-Committed Statute Violation Number - Chapter, Section, Sub: 812 - 14 (3a) NCIC/UCR Code: 230D

OFF/INC #2: A-Attempted C-Committed Statute Violation Number - Chapter, Section, Sub: () NCIC/UCR Code: ()

Incident Location (Street Number, Street, Apt.): 5353 GULF DRIVE City: HOLMES BEACH Zip: 34217 District: Grid: Area: Zone:

Business Name/Area Identifier: TIME SAVER Forced Entry: 0. N/A 1. Yes 2. No 2 Occupancy: 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 1

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 07

OFF/INC: 01 # Victims: 01 # Offenders: 01 # Prem. Ent.: 00 # Veh. Stolen: 00 Type of Weapon: 00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other 00

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

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 3.Both 1 V. Type: 4 Name (Last, First, Middle or Business): TIME SAVER Residence Phone: -

Address (Street, Apt. Number): 5353 GULF DRIVE City: HOLMES BEACH State: FL Zip: 34217 Business Phone: 941 778-1524

Other Contact Info. (Time Available, Interpreter, etc.): Synopsis of Involvement: STORE Will Victim prefer charge? Yes [X] No []

OFF/INC Indicator: 1.#1 2.#2 3.Both 1 V. Type: 3 Name (Last, First, Middle or Business): WOODRUFF CHRIS Residence Phone: -

Address (Street, Apt. Number): 5353 GULF DRIVE City: HOLMES BEACH State: FL Zip: 34217 Business Phone: 941 778-1524

Other Contact Info. (Time Available, Interpreter, etc.): Synopsis of Involvement: CLERK / COMPLAINANT Will Victim prefer charge? Yes [] No []

OFF/INC Indicator: 1.#1 2.#2 3.Both 1 Suspect Code: S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other Code: A Susp.#: 01 Juvenile: 2 Name (Last, First, Middle): BELLAH SHAUN MICHAEL

Maiden Name: Nickname/Street Name: Place of Birth: MICHIGAN Residence Phone: 989 395-8075

Last Known Address (Street, Apt. Number): 243 S WATER STREET City: VASSAR State: MI Zip: 48768 Business Phone: -

Occupation: SELF EMPLOYED Employer/School: Address: Social Security Number: - - -

Driver's License Number/State: B400765603790 MI Immigration and Naturalization Number: Other I.D. Number: OBTS Number (Arrested): SCIC/NCIC:

Clothing (Describe): BLK ANNA MARIA CUT OFF SHIRT, ADIDAS SHORTS Scars/Marks/Tatoos (Location/Describe): SCAR LEFT ARM, TATTOO LEFT ARM

Race: W Sex: M Date of Birth: 10/14/1980 Age: 37 Height: 5-11 Weight: 260 Eye Color: HAZ Hair Color: BRO Hair Length: S Hair Style: S

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

NARRATIVE

Person/Unit Notified: Time: Related Report Number(s): Name of Officer Reporting: WALKER I.D. Number/Locator Code: 312

Signature of Officer Reporting: SGT. COPEMAN Officer Reviewing (If Applicable): I.D. Number: 307 Unit: Date: 08/05/2018

Signature of Officer Reviewing: Routed To: Referred To: Assigned To: By: Date:

Case Status: CA Clearance Type: 1.Arrest 2.Exceptional 3.Unfounded 1 A-Adult J-Juvenile A Date Cleared: 08/05/2018 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 of Page

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180594

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180594			
	Original Date Reported 08/05/2018		Primary Offense Description THEFT			Victim #1 Name (Last, First, Middle) TIME SAVER					
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 03	
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 3. Stolen and Recovered 5. Lost 7. Safekeeping 9. Other 2. Recovered 4. Recovered for Other Jurisdiction 6. Found 8. Evidence/Seized			Damage Codes 0. N/A 2. Criminal Mischief 9. Other 1. Arson 3. During other Offense				
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 X. Structure I. Plant/Citrus N. Construction Machinery S. Sports Equipment										
	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
PROPERTY	V		01	1	3	0	F	1	RUM	MYERS	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) 750ML MYERS RUM				
	Value 21.99			Value Recovered 21.99			Date Recovered 08/05/2018		SCIC/NCIC		
PROPERTY	V		01	2	3	0	F	1	VODKA	SMIRNOFF	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) 750ML SMIRNOFF VODKA				
	Value 14.99			Value Recovered 14.99			Date Recovered 08/05/2018		SCIC/NCIC		
PROPERTY											
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
PROPERTY											
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
PROPERTY											
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
TOTALS	Property Stolen						36.98		Change in Property Stolen Value		
	Property Recovered						36.98		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					
PROP. DETAIL / NARR.											
ADMINISTRATIVE	Officer(s) Reporting WALKER		ID. Number(s)/Locator code 312		Signature of Officer Reporting		Unit		Date 08/05/2018		
	Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To By		
	Signature of Officer Reviewing								Date ___/___/___		
								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 **20180594**

ADM Date of Supplement
 ___/___/___
 Original Date Reported
08/05/2018

Case Reference

NARRATIVE

ON 08/05/2018, AT 1544 HOURS, I WAS DISPATCHED TO 5353 GULF DRIVE (TIME SAVER LIQUOR STORE), IN REFERENCE TO A SHOPLIFTING. UPON ARRIVAL I SPOKE WITH STORE CLERK (CHRIS WOODROFF), WHO ADVISED TWO UNKNOWN WHITE MALES ENTERED THE STORE AND ONE OF THE MEN BEGAN A CONVERSATION WITH HIM WHILE THE OTHER MAN BEGAN BROWSING THE STORE. THE MAN BROWSING THE STORE THEN WALKED UP ASKING IF THEY HAD SINGLE BEERS. (WOODRUFF) SHOWED THE MAN WHERE THE BEEN WAS AND THE OTHER MAN LATER ADMITTED AS (SHAUN BELLAH) WENT TO THE BACK AND GRABBED A BEER AND PAID FOR IT AT THE REGISTER. BOTH MEN THEN EXITED THE STORE AND ALL POINTS OF SALE. (WOODRUFF) STATED HE THEN WATCHED THE VIDEO SURVEILLANCE CAMERA AND OBSERVED (BELLAH) PLACE TWO BOTTLES OF LIQUOR IN A GREEN BAG. ON VIDEO YOU CAN SEE (BELLAH) WEARING BLACK ADIDAS BASKETBALL SHORTS, WITH A CUT OFF SLEEVE ANNA MARIA TSHIRT , HE ALSO HAD TATTOOS ON HIS LEFT ARM WHICH WAS IN A SLING.THE ITEMS TAKEN FROM THE STORE INCLUDED A 750ML MYERS RUM AND 750ML SMIRNOFF VODKA.TOTAL VALUE IS \$39.57 I CHECKED THE AREA AND SPOKE WITH SEVERAL PEOPLE INCLUDING THE TROLLEY DRIVERS.

AT 1744 HOURS, THE SUBJECTS WERE LOCATED AT 5701 MARINA DRIVE TROLLEY STOP. I DETAINED (BELLAH) DUE TO HIM MATCHING THE VIDEO I HAD SEEN IN STORE. DUE TO THE EXTREMELY DANGEROUS LIGHTNING, (BELLAH) WAS DRIVEN TO THE HOLMES BEACH POLICE DEPARTMENT LOCATED AT 5801 MARINA DRIVE FOR HIS SAFETY. CLERK WOODRUFF THEN RESPONDED FOR A SHOW UP. WOODRUFF ADVISED HE WAS 100% POSITIVE (BELLAH) WAS THE SUBJECT SEEN ON VIDEO PLACING THE LIQUOR IN THE GREEN BAG. SEARCH INCIDENT TO ARREST I LOCATED A BOTTLE OF MYERS RUM AND SMIRNOFF VODKA IN A GREEN PUBLIX FREEZER BAG. I PLACED (BELLAH) INTO HANDCUFFS (DOUBLE LOCKED) AND PLACED THEM IN FRONT OF HIM DUE TO HIM SAYING HIS SHOULD IS BROKEN FROM A PREVIOUS INCIDENT. I COMPLETED THE NECESSARY ARREST PAPERWORK AND TRANSPORTED (BELLAH) TO 7500 MANATEE AVENUE TO AND TURNED HIM OVER TO MSO TRANSPORT. (WOODRUFF SIGNED A SWORN AFFIDAVIT IN REGARDS TO THE THEFT AND ADVISED THE STORE WOULD LIKE TO PRESS CHARGES FOR THE THEFT.

THE STOLEN ITEMS WERE DISPOSED OF AND RELEASED TO THE STORE OWNER.

Report Contains	Related Report Number(s)	Name of Officer Reporting WALKER	I.D. Number/Locator Code 312
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Date 08/05/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	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 08/05/2018		Arrest Number	Number Arrested 1
OBTS Number		Page of	Page

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180595		DRIVER LIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		08/07/2018		0320		0320		0320		0412															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		08/07/2018		0320		Tue		08/07/2018		0412									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		DRIVERS LIC				C		324 - 201 (2)		9000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone					
700 MANATEE AVE										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										01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile			
02. Apartment/Condo										06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other					
03. Residence-Other										07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other					
04. Hotel/Motel										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway							
09. Supermarket										14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26							
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
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 - 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		V		01		5		STATE OF FLORIDA															
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		0		00 00		00				Yes <input 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		STATE OF FLORIDA															
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee R-Rec. Missing Z-other		S		01		2		MORALES		STEVEN		ANTHONY									
Maiden Name										Nickname/Street Name		Place of Birth		Residence Phone											
														352 246-1318											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone									
1006 50TH AVENUE TER W										BRADENTON		FL		34207											
Occupation		Employer/School		Address		Social Security Number																			
DRIVER		LYFT																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
M642781940060		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		01/06/1994		24		511		210		BLU		BRO		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED		B																					
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				08/07/2018																	
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											
												1		3											

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180595

ADM	Date of Supplement _ / _ / _		Holmes Beach Police Department					Agency Report Number 20180595																						
	Original Date Reported 08/07/2018										Primary Offense Description DRIVER LIC		Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																	
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	<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>V</td> <td>01</td> <td>1</td> <td>2</td> <td>0</td> <td>A</td> <td>1</td> <td>LICENCE PLATE</td> <td></td> <td></td> </tr> </table>										Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	V	01	1	2	0	A	1	LICENCE PLATE		
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	V	01	1	2	0	A	1	LICENCE PLATE																						
Serial Number																														
PROPERTY	Owner Applied Number																													
	Description (Size, Color, Caliber, Barrel Length, Etc.) FL LICENSE PLATE JSIX20																													
	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
PROPERTY	Serial Number																													
	Owner Applied Number																													
	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
PROPERTY	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
	Serial Number																													
	Owner Applied Number																													
PROPERTY	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
	Serial Number																													
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	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
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PROPERTY	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
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	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
	Serial Number																													
PROPERTY	Owner Applied Number																													
	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
	Value		Value Recovered			Date Recovered			SCIC/NCIC																					
TOTALS	Property Stolen		0.00			Change in Property Stolen Value																								
	Property Recovered		0.00			Change in Property Recovered Value																								
CODES	Activity				Type				Unit																					
	P. Possess R. Smuggle M. Manufacture/Produce/Cultivate				A. Amphetamine H. Hallucinogen S. Synthetic				1. Gram 5. Pound 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																					
	A. DESANTIS		336						08/07/2018																					
	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 1 Juvenile 1. Original
 2. Arrest Warn/Dismiss 2. Supplement

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180595**

ADM Date of Supplement
 ___/___/___
 Original Date Reported
08/07/2018

Case Reference
DRIVER LIC

NARRATIVE

ON 08/07/18, I WAS CONDUCTING TRAFFIC ENFORCEMENT AT THE 700 BLOCK OF MANATEE AVE. I WAS PARKED ON THE NORTH SIDE OF THE ROAD, FACING WESTBOUND. I OBSERVED A VEHICLE TRAVELING WESTBOUND ON MANATEE AVE AT A HIGH RATE OF SPEED. I VISUALLY ESTIMATED THE SPEED TO BE 60MPH. I ACTIVATED MY REAR RADAR IN STATIONARY MODE. RADAR'S DOPPLER TONE AND READOUT SHOWED 58MPH. THE VEHICLE OBSERVED MY PARKED PATROL VEHICLE AND BEGAN SLOWING DOWN TO 54MPH, WHEN HE PASSED ME. I ACTIVATED MY EMERGENCY LIGHTS AND CONDUCTED A TRAFFIC STOP ON THE VEHICLE.

AS I APPROACHED THE VEHICLE, THE DRIVER PUT HIS HAND OUT THE WINDOW WITH HIS REGISTRATION, LICENSE AND INSURANCE CARD IN IT. I IDENTIFIED THE DRIVER AND SOLE OCCUPANT OF THE VEHICLE TO BE THE REGISTERED OWNER OF THE VEHICLE, (STEVEN MORALES). I INFORMED (MORALES) THE REASON FOR MY STOP. HE STATED HE WAS NOT AWARE THE SPEED LIMIT WAS 35MPH. I CHECKED (MORALES) AND HIS VEHICLE THROUGH NCIC/FCIC, DISCOVERING (MORALES') LICENSE WAS SUSPENDED FOR FINANCIAL RESPONSIBILITY ON 07/05/18, AND THE VEHICLE HAD A SEIZE TAG ORDER. I CHECKED (MORALES) THROUGH DAVID AND IT SHOWED FAILED TO PAY TRAFFIC FINE, CITATION #A8YMZPE, EFFECTIVE 08/06/18.

I ISSUED (MORALES) UNIFORM TRAFFIC CITATIONS FOR SPEEDING 58MPH IN A 35MPH AND UNKNOWINGLY DRIVING WHILE LICENSE SUSPENDED. I EXPLAINED THE CITATIONS AND THE SEIZE TAG ORDER. (MORALES) STATED HE DID NOT KNOW HIS LICENSE WAS SUSPENDED, STATING HE PAID THE TRAFFIC CITATION. HE STATED HE WAS A 'LYFT' DRIVER, THEY WOULD'VE NOTIFIED HIM IF HIS LICENSE WAS SUSPENDED. I SEIZED THE TAG AND (MORALES') DRIVER LICENSE. WITH SGT. J. PIERCE'S APPROVAL, I REQUESTED DISPATCH CONTACT THE NEXT TOW TRUCK ON ROTATION. DISPATCH ADVISED THE TOW COMPANY WAS BARFIELDS TOWING.

I CONDUCTED AN INVENTORY OF THE VEHICLE, WHILE OFC. VANHORN ASSISTED ME WITH COMPLETING THE TOW FORM. I PRINTED A TOW FORM OUT AND GAVE IT TO (MORALES). (MORALES) DEPARTED THE AREA TO PUBLIX TO WAIT FOR AN 'LYFT' TO PICK HIM UP. BARFIELDS TOWING ARRIVED AND TOOK CUSTODY OF THE VEHICLE WITHOUT INCIDENT. THE AREA WAS CLEARED. NFI.

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	Date 08/07/2018
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 ____/____/____
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Arrest Number 3
		5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number 3
			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 <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description															
/ /		20180596				STOLEN VEHICLE																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		08/07/2018		0900		0900		0905		1000															
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		08/06/2018		1900		Tue		08/07/2018		0700									
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code											
1		THEFT OF VEH						812		- 014		(2B4)		2400											
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3014 AVE E		HOLMES BEACH		34217		00		00		00		00													
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		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. 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															
# 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		00		00		01		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		16. Boy/Girl 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		1		3		MOFFATT		JAMES		B		941 730-8269									
Address (Street, Apt. Number)		City		State		Zip		Business Phone		1207 GULF DR. N. #300		BRADENTON BEACH		FL		34217									
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		08/14/1964		53		1		1		0		00 00		02						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		O		2		3		WYATT		KYLE		JAMES		941 807-4264									
Address (Street, Apt. Number)		City		State		Zip		Business Phone		702 51ST ST E. #502B		BRADENTON		FL		34208									
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		SELLER																					
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		02/02/1997		21		2		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 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																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		ALEXANDER HURT		339													
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT. M. PILATO		306		PATROL		08/07/2018									
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		1		3							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180596

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180596		
	Original Date Reported 08/07/2018		Primary Offense Description STOLEN VEHICLE		Victim #1 Name (Last, First, Middle) MOFFATT JAMES B					
THEFT	Theft Type Codes									Theft Type
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									99
CODES	Person Codes			Status Codes			Damage Codes			
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			
PROPERTY	Property Type									Model Name/Number
	A. Auto Accessory/Parts E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Y. Farm Equipment C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable Z. Miscellaneous D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor X. Structure I. Plant/Citrus N. Construction Machinery S. Sports Equipment									
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	V	1	1	1	0	Z	1	DIRT BIKE	SUZUKI	DRZ 400
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
	JS1SK43A862101650						2006 WHITE SUZUKI DIRT BIKE			
PROPERTY	Value			Value Recovered			Date Recovered		SCIC/NCIC	
	1,200.00						___/___/___			
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
PROPERTY	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value			Value Recovered			Date Recovered		SCIC/NCIC	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value			Value Recovered			Date Recovered		SCIC/NCIC	
PROPERTY	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value			Value Recovered			Date Recovered		SCIC/NCIC	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
	Value			Value Recovered			Date Recovered		SCIC/NCIC	
TOTALS	Property Stolen			1,200.00			Change in Property Stolen Value			
	Property Recovered			0.00			Change in Property Recovered Value			
CODES	Activity			Type			Unit			
	P. Possess R. Smuggle M. Manufacture/Produce/Cultivate			A. Amphetamine H. Hallucinogen S. Synthetic			1. Gram 5. Pound 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.	SEE NARRATIVE.									
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date
	ALEXANDER HURT		339					PATROL		08/07/2018
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To	
SGT. M. PILATO		306								
Signature of Officer Reviewing										
Page Page 2 of 3										

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 **20180596**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
08/07/2018

Case Reference
STOLEN VEHICLE

ON THE ABOVE DATE AND TIME, I WAS DISPATCHED TO 3014 AVE E HOLMES BEACH, FL 34217 IN REFERENCE TO A STOLEN DIRT BIKE. UPON ARRIVAL I WAS MET BY JAMES B MOFFATT WHO WAS STAYING AT THE LISTED ADDRESS. MR. MOFFATT STATED TO ME THAT HIS GIRLFRIEND NOTIFIED HIM THAT HIS BIKE WAS MISSING. MR MOFFATT RETURNED HOME AND LOOKED TO CONFIRM THAT THE DIRT BIKE WAS MISSING. MR. MOFFATT EXPLAINED THAT HE HAD PURCHASED THE BIKE THE PRIOR DAY FOR 1200 DOLLARS FROM A YOUNG MALE NAMED KYLE. MR.MOFFATT STATED HE BELIEVED THE BIKE WAS STOLEN BETWEEN 7PM AND 7AM FROM HIS DRIVEWAY. I ASKED MR. MOFFATT IF HE HAD A TAG OR A TITLE FOR THE VEHICLE AND HE SAID HE DIDN'T GET A TITLE BUT WOULD FIND OUT A VIN AND GET BACK WITH ME. MYSELF AND ASSISTING OFC.. THOMAS FRASER THEN LEFT THE SCENE AND RETURNED TO HOLMES BEACH PD. TO ENTER A REPORT. WHILE IN ROUTE TO THE PD., MR. MOFFATT CALLED THE STATION AND WAS ABLE TO PROVIDE DISPATCH WITH A VIN NUMBER. HOLMES BEACH DISPATCH RAN THE VIN NUMBER AND DETERMINED THE DIRT BIKE WAS STOLEN OUT OF Ocala IN JANUARY. MR. MOFFATT WAS CALLED AND CONFIRMED THE VIN NUMBER WAS CORRECT. MR. MOFFATT WAS MADE AWARE OF THE SITUATION AND WAS ABLE TO GIVE ME A NAME AND PHONE NUMBER FOR THE SELLER KYLE WYATT OF BRADENTON. USING THE FL DAVID SYSTEM I WAS ABLE TO LOCATE KYLE WYATT AND GET A CURRENT ADDRESS FOR HIM WHICH WAS ENTERED IN THE ABOVE REPORT. DET. SGT. BRIAN HALL WAS NOTIFIED OF THE SITUATION, NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

MOTORCYCLE REPORTED STOLEN ON 01/27/2018 FROM Ocala ON OCA # 201800017148

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting ALEXANDER HURT	I.D. Number/Locator Code 339		
	Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL	Date 08/07/2018	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date ___/___/___
	Case Status	<u>Clearance Type</u> 1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile	Date Cleared ___/___/___	Arrest Number	Number Arrested
<u>Exception Type</u> 1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	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 <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1													
ADM		Date of Supplement				Holmes Beach Police Department				Agency Report Number		Primary Offense Description															
		/ /								20180598		COV POSS MARIJUANA															
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Wed		08/08/2018		0030		0030		0030		0230															
		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		08/08/2018		0030		Wed		08/08/2018		0030									
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		5		MARIJUANA-POSSE		C		893 - 13 (6b)		350A																	
		OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		Incident Location (Street Number, Street, Apt.)				City		Zip		District		Grid		Area		Zone											
		4000 GULF DR				HOLMES BEACH		34217																			
		Business Name/Area Identifier								Forced Entry		Occupancy															
		MANATEE COUNTY PUBLIC BEACH PARKING								0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned 0											
		Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other											
		01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
		02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
		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		03. Shotgun 04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other		00			
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
		V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		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. None 1. Full Year 2. Part Year 3. Non-Resident											
		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 2.#2		1		V		1		5		CITY OF HOLMES BEACH		- - - - -													
		Address (Street, Apt. Number)				City		State		Zip		Business Phone															
						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						1		0		0		00 00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 3.Both 2.#2		1		S		R-Rec. Missing Z-other		A		1		2		MORRIS		ERIC		COLTON		941 400-6183					
		Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone													
										FL				941 400-6183													
		Last Known Address (Street, Apt. Number)				City		State		Zip		Business Phone															
		4806 OAK POINTE WAY				SARASOTA		FL		34233		- - - - -															
		Occupation		Employer/School		Address		Social Security Number																			
		LABORER						- - - - -																			
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		M620203971370		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		04/17/1997		21		5-9		200		BRO		BRO		M		S							
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		LT		MED																							
		Person/Unit Notified				Time		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		Unit		Date															
						SGT. J. PIERCE		309		338		08/08/2018															
		Signature of Officer Reviewing				Routed To		Referred To		Assigned To		By		Date													
												PATROL		08/08/2018													
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
		CA				1				A		08/08/2018				1											
		Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined		6. Juvenile/No Custody		OBTS Number		Page		Page									
		1.Extradition Declined																									

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180598

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180598							
	Original Date Reported 08/08/2018		Primary Offense Description COV POSS MARIJUANA			Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH									
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			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense			9. Other		
PROPERTY	Property Type														
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number					
	A	1	1	8	0	D	1	MARIJUANA							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) 12.4GRAMS MARIJUANA										
Value				Value Recovered				Date Recovered		SCIC/NCIC					
				0.00				08/08/2018							
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				
TOTALS	Property Stolen		0.00				Change in Property Stolen Value								
	Property Recovered		0.00				Change in Property Recovered Value								
CODES	Activity					Type					Unit				
	P. Possess S. Sell B. Buy T. Traffic					R. Smuggle D. Deliver E. Use K. Dispense/Distribute					M. Manufacture/Produce/Cultivate Z. Other				
					A. Amphetamine B. 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						
	F	M	GREEN LEAFY MARIJUANA				12.4	1	\$20						
	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						PROBATION		08/08/2018				
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By				
	SGT. J. PIERCE		309				PROBATION		PATROL		08/08/2018				
Signature of Officer Reviewing										Page _____ of _____					

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180598**

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

Case Reference: **COV POSSESS LESS THAN 20 GRMS MARIJUANA**

INFORMATION:

WHILE ON PATROL I OBSERVED A DARK BLUE BUICK 4DR OCCUPIED BY FOUR PEOPLE, PARKED IN THE MANATEE PUBLIC BEACH PARKING LOT AFTER HOURS. UPON MAKING CONTACT I OBSERVED THE DRIVERS SIDE REAR PASSENGER ATTEMPTING TO CONCEAL A 12 PACK OF CORONA BEER. WHEN I ASKED THE OCCUPANTS HOW OLD THEY WERE, I WAS TOLD ONLY THE DRIVER WAS 21 YEARS OLD. THE REAR PASSENGER STATED SHE WAS 18. OFC A. DESANTIS AND SGT J. PIERCE ARRIVED TO ASSIST. I THEN ASKED THE OCCUPANTS TO EXIT THE VEHICLE, I ASKED THE DRIVER IF THERE WERE ANY GUNS IN THE VEHICLE, AND HE STATED YES A LOADED 9MM WAS IN THE GLOVE BOX. WHEN ASKED IF THERE WAS ANY DRUGS THE DRIVER AGAIN STATED YES MARIJUANA IN THE FRONT DOOR AREA.

SEARCH OF VEHICLE:

I SEARCHED THE VEHICLE, LOCATING A RUGER 9MM SEMI AUTO PISTOL, WITH AN EXTRA EXTENDED CAPACITY MAGAZINE, ALONG WITH A SEATED MAGAZINE IN THE WEAPON. SERIAL #33744503, WEAPON WAS CHECKED THRU NCIC AND CAME BACK NO RECORD. I ALSO HAD HRPD RUN A CRIMINAL HISTORY FOR THE DRIVER ERIC MORRIS. MORRIS DID NOT HAVE ANY FELONY CONVICTIONS, THEREFORE THE WEAPON WAS BEING CARRIED LEAGALLY.

ALSO LOCATED IN FRONT DASHBOARD SECTION WAS A CLEAR PLASTIC BAGGIE, CONTAINING A GREEN LEAFY SUBSTANCE-MARIJUANA. THE 12.4 GRAMS OF MARIJUANA WAS FIELD TESTED UTILIZING HRPD ISSUED TEST KIT, AND TESTED POSITIVE FOR MARIJUANA. TESTED, PACKAGED, AND PLACED IN TEMP LOCKER #1 BY OFC DESANTIS.

ARRESTED:

ERIC COLTON MORRIS W/M 4/17/1997, WAS GIVEN A COV VIOLATION NOTICE AND WAS RELEASED FROM THE SCENE. THE PASSENGERS WERE NOT CHARGED WITH AN OFFENSE.

VEHICLE:

2012 BUICK 4DR DARK BLUE IN COLOR, BEARING FL REGISTRATION Z84GKG

STATUS:

CLOSED BY ARREST COV

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		08/08/2018		
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To		
		PROBATION		PATROL		08/08/2018			
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 A		08/08/2018		1	
Exception Type		2. Arrest on Primary Offense 3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page of	
1.Extradition Declined		Secondary Offense Without Prosecution						1	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180598**

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

Case Reference: **COV/OTHER**

NARRATIVE

ON 08/08/18, I ASSISTED OFC. M. VANHORN AT THE MANATEE PUBLIC BEACH PARKING LOT (4000 GULF DR) IN REFERENCE TO A SUSPICIOUS VEHICLE WITH FOUR OCCUPANTS PARKED AFTER HOURS. UPON ARRIVAL, OFC. VANHORN AND SGT. J. PIERCE HAD ALL THE OCCUPANTS STANDING OUTSIDE OF THE VEHICLE. OFC. VANHORN STATED THERE WAS A FIREARM IN THE VEHICLE GLOVE BOX. OFC. VANHORN OBTAINED THE FIREARM FOR OFFICER SAFETY. OFC. VANHORN STATED HE OBSERVED THE VEHICLE PARKED IN THE LOT WITH THE FOUR OCCUPANTS. OFC. VANHORN STATED WHEN HE APPROACHED THE VEHICLE, HE OBSERVED THE LEFT REAR PASSENGER ATTEMPT TO CONCEAL A CASE OF CORONA BEER ON HER LAP, BY COVERING. OFC. VANHORN BEGAN ASKING THE DRIVER (ERIC MORRIS) ABOUT THE FIREARM AND ASKED IF THERE WAS ANYTHING ILLEGAL INSIDE THE VEHICLE. (E. MORRIS) STATED THERE WAS MARIJUANA INSIDE THE VEHICLE. I STOOD BY THE OCCUPANTS WHILE OFC. VANHORN CONDUCTED A SEARCH OF THE VEHICLE. OFC. VANHORN FOUND THE MARIJUANA IN A COMPARTMENT LOCATED ON THE FRONT DASH, LEFT OF THE STEERING WHEEL. HE COLLECTED THE MARIJUANA AND PLACED IT IN HIS VEHICLE. WHILE OFC. VANHORN WAS CONDUCTING HIS CHECKS OF ALL THE OCCUPANTS, HE REQUESTED I SPEAK WITH ONE OF THE REAR PASSENGERS (JACOB MORRIS). OFC. VANHORN STATED (J. MORRIS) WAS CURRENTLY ON PROBATION.

I PULLED (J. MORRIS) ASIDE, AWAY FROM THE OTHER OCCUPANTS TO SPEAK WITH HIM. I ASKED ABOUT HIS PROBATION CONDITIONS. (J. MORRIS) STATED HE DID NOT HAVE A CURFEW AND PROVIDED A PICTURE, ON HIS PHONE, OF A FORM OF HIS CONDITIONS. I READ SOME OF HIS CONDITIONS AS HE COULD NOT BE AROUND DRUGS, ALCOHOL, FIREARMS AND ANY CRIMINAL ACTIVITY. IT ALSO READ HE HAD TO BE AT HIS RESIDENCE, WORK OR ANY OTHER PLACE HIS PROBATION OFFICER APPROVES, WITH A 30 MINUTE TIME FRAME FOR TRAVEL BETWEEN THESE PLACES. I ADVISED (J. MORRIS) HE WAS VIOLATING THESE CONDITIONS BY NOT BEING IN ANY OF THE APPROVED AREAS AND BEING IN A VEHICLE WITH A FIREARM, DRUGS AND ALCOHOL THAT HE WAS ABOUT TO CONSUME. THIS DID NOT APPEAR TO AFFECT (J. MORRIS). (J. MORRIS) STATED HE DID NOT KNOW ABOUT THE FIREARM.

WHEN I SPOKE TO (M. MORRIS) ABOUT THE ALCOHOL, HE STATED HE PICKED UP THE ALCOHOL AT A GAS STATION AND THEN PICKED UP THE OTHER THREE OCCUPANTS TO BRING THEM OUT TO THE BEACH TO DRINK AND CHILL.

I ASSISTED OFC. VANHORN WITH THE EVIDENCE. I WEIGHED THE MARIJUANA IN AT 12.4GRAMS. I FIELD TESTED THE MARIJUANA, SHOWING POSITIVE FOR THC WHICH IS THE MAIN CHEMICAL IN MARIJUANA. I PACKAGED THE EVIDENCE AND PLACED IT IN TO EVIDENCE LOCKER #1. NFI

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

