

ADM Date of Supplement: / / Holmes Beach Police Department Agency Report Number: 20180599 Primary Offense Description: BURGLARY

Original Day Reported: Wed 08/08/2018 Time (mil): 1619 Time Dispatched (mil): 1619 Time Arrived (mil): 1619 Time Completed (mil): 1720

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day: Mon 08/06/2018 Time (mil): 0900 To: Wed 08/08/2018 Time (mil): 1619

OFF/INC #1: 1 BURGLARY / VEH A-Attempted C-Committed: A Statute Violation Number - Chapter, Section, Sub: 810 - 02 ( 4B ) NCIC/UCR Code: 230\*

Incident Location (Street Number, Street, Apt.): 129 29TH STREET City: HOLMES BEACH Zip: 34217 District: Grid: Area: Zone:

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

Location Type: 01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Govt/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other 29

# OFF/INC: 01 # Victims: 01 # Offenders: UK # Prem. Ent.: 01 # Veh. Stolen: 00 Type of Weapon: 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

V/W 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 3.Both 2.#2 V/W Code: 1 V # V. Type: 01 3 Name (Last, First, Middle or Business): HAZEN RICHARD WILLIAM Residence Phone: 941 518-1216 Address (Street, Apt. Number): 103 29TH City: HOLMES BEACH State: FL Zip: 34217 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: 2 Dom. Violence: 2 Race: W Sex: M Date of Birth: 02/05/1944 Age: 74 Res. Type: 1 Res. Status: 1 Extent of Injury: 0 Injury Type(s): 00 00 Relationship: 02 Ethnicity: Will Victim prefer charge? Yes [X] No [ ]

OFF/INC Indicator: 1.#1 3.Both 2.#2 V/W Code: # V. Type: Name (Last, First, Middle or Business): City: State: Zip: Residence Phone: Business Phone:

Other Contact Info. (Time Available, Interpreter, etc.): Synopsis of Involvement: 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 [ ] No [ ]

OFF/INC Indicator: 1.#1 3.Both 2.#2 Suspect Code: S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other Code: S Susp.#: 01 Juvenile: 8 Name (Last, First, Middle): UNKNOWN

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: U Sex: U 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: WALKER 312 Signature of Officer Reporting: Officer Reviewing (If Applicable): SGT. COPEMAN 307 Unit: Date: 08/09/2018

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

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

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

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180599**

<b>ADM</b>	Date of Supplement ___/___/___		<b>Holmes Beach Police Department</b>					Agency Report Number <b>20180599</b>																														
	Original Date Reported <b>08/08/2018</b>		Primary Offense Description <b>BURGLARY</b>		Victim #1 Name (Last, First, Middle) <b>HAZEN RICHARD WILLIAM</b>																																	
<b>THEFT</b>	Theft Type Codes									<b>01</b>																												
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public Access Building</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> <td></td> <td></td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td></td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> <td></td> <td></td> </tr> </table>										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											
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<b>CODES</b>	Person Codes			Status Codes			Damage Codes																															
	<table style="width: 100%; font-size: x-small;"> <tr> <td>V - Victim</td> <td>A - Arrestee</td> <td>1. Stolen</td> <td>3. Stolen and Recovered</td> <td>5. Lost</td> <td>7. Safekeeping</td> <td>9. Other</td> <td>0. N/A</td> <td>2. Criminal Mischief</td> <td>9. Other</td> </tr> <tr> <td>S - Suspect</td> <td>O - Other</td> <td>2. Recovered</td> <td>4. Recovered for Other Jurisdiction</td> <td>6. Found</td> <td>8. Evidence/Seized</td> <td></td> <td>1. Arson</td> <td>3. During other Offense</td> <td></td> </tr> </table>			V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	9. Other	0. N/A	2. Criminal Mischief	9. Other	S - Suspect	O - Other	2. Recovered	4. Recovered for Other Jurisdiction	6. Found	8. Evidence/Seized		1. Arson	3. During other Offense																
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<b>PROPERTY</b>	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																											
	<b>V</b>		<b>01</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>U</b>	<b>1</b>	<b>US CURRENCY</b>	<b>US</b>																												
<b>PROPERTY</b>	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																	
	Value <b>20.00</b>		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC																															
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<b>TOTALS</b>	Property Stolen		<b>20.00</b>				Change in Property Stolen Value																															
	Property Recovered		<b>0.00</b>				Change in Property Recovered Value																															
<b>CODES</b>	Activity			Type			Unit																															
	<table style="width: 100%; font-size: x-small;"> <tr> <td>P. Possess</td> <td>R. Smuggle</td> <td>M. Manufacture/Produce/Cultivate</td> <td>A. Amphetamine</td> <td>H. Hallucinogen</td> <td>S. Synthetic</td> <td>1. Gram</td> <td>5. Pound</td> <td>9. Dose Unit/Item</td> </tr> <tr> <td>S. Sell</td> <td>D. Deliver</td> <td>Z. Other</td> <td>B. Barbiturate</td> <td>M. Marijuana</td> <td>U. Unknown</td> <td>2. Milligram</td> <td>6. Ton</td> <td></td> </tr> <tr> <td>B. Buy</td> <td>E. Use</td> <td></td> <td>C. Cocaine</td> <td>O. Opium/Derivative</td> <td>Z. Other</td> <td>3. Kilogram</td> <td>7. Liter</td> <td></td> </tr> <tr> <td>T. Traffic</td> <td>K. Dispense/Distribute</td> <td></td> <td>E. Heroin</td> <td>P. Paraphernalia/Equipment</td> <td></td> <td>4. Ounce</td> <td>8. Milliliter</td> <td></td> </tr> </table>			P. Possess	R. Smuggle	M. Manufacture/Produce/Cultivate	A. Amphetamine	H. Hallucinogen	S. Synthetic	1. Gram	5. Pound	9. Dose Unit/Item	S. Sell	D. Deliver	Z. Other	B. Barbiturate	M. Marijuana	U. Unknown	2. Milligram	6. Ton		B. Buy	E. Use		C. Cocaine	O. Opium/Derivative	Z. Other	3. Kilogram	7. Liter		T. Traffic	K. Dispense/Distribute		E. Heroin	P. Paraphernalia/Equipment		4. Ounce	8. Milliliter
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<b>DRUGS</b>	Activity	Type	Description	Quantity	Unit	Estimated Street Value																																
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<b>PROP. DETAIL / NARR.</b>																																						
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code	Signature of Officer Reporting		Unit	Date																															
	<b>WALKER</b>		<b>312</b>				<b>08/09/2018</b>																															
	Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date																														
<b>SGT. COPEMAN</b>		<b>307</b>					___/___/___																															
Signature of Officer Reviewing						Page	Page																															
							of																															

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180599**

<b>ADM</b>	Date of Supplement __/__/____
	Original Date Reported <b>08/08/2018</b>

Case Reference

ON 08/08/2018, AT 1619 HOURS, I WAS DISPATCHED TO 103 29TH STREET, IN REFERENCE TO A BURGLARY TO A VEHICLE. UPON ARRIVAL I SPOKE WITH VICTIM RICHARD HAZEN, WHO ADVISED SOMETIME BETWEEN 08/06/2018 AND 08/08/2018, AN UNKNOWN PERSON OR PERSONS ENTERED HIS UNLOCKED VEHICLE. WHILE INSIDE THE VEHICLE THE UNKNOWN PERSON OR PERSONS TOOK APPROX \$20 IN US QUARTERS. PRIOR TO MY ARRIVAL HAZEN HAD ALREADY DISTURBED THE INSIDE OF THE VEHICLE SO I WAS UNABLE TO GATHER ANY LATENT PRINTS.

NARRATIVE

COOPER

<b>Report Contains</b>	Related Report Number(s)	Name of Officer Reporting <b>WALKER</b>	I.D. Number/Locator Code <b>312</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>312</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status	<b>Clearance Type</b> 1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile
<b>Exception Type</b> 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Date Cleared __/__/____	Arrest Number OBTS Number
			Number Arrested 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																	
2018/08/10		20180600				COV NOISE COMPLAINT																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		08/10/2018		0330		0315		0320		0400															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		08/10/2018		0300		To Fri		08/10/2018		0320									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/NOISE		C		0 - 0 ( 0 )		0000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
203 69TH ST UNIT A		HOLMES BEACH		34217		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No		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				01											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		00		00		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5801 MARINA DR		HOLMES BEACH		FL		34217		941 708-5801																	
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				00		0		0		00		00		00		00		00		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5801 MARINA DR		HOLMES BEACH		FL		34217		941 708-5801																	
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2		N		N				00		0		0		00		00		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 E-Escapee R-Rec. Missing Z-other		A		1		2		PALACIO		JESSICA MARIE													
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
15620 SW 24TH TERR.		MIAMI		FL		33185																			
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																	
P420433858661		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		F		10/06/1985		32																			
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED																									
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307		339		08/10/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		3		A		08/10/2018				1		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										1		2													

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180600**

<b>ADM</b>	Date of Supplement __/__/____
	Original Date Reported <b>08/10/2018</b>

Case Reference  
**COV NOISE COMPLAINT**

NARRATIVE

ON THE ABOVE DATE AND TIME, I WAS DISPATCHED TO 203 69TH ST UNIT A REFERENCE A NOISE COMPLAINT. UPON ARRIVAL MYSELF AS WELL AS OTHER OFFICERS, WERE ABLE TO HEAR LOUD SPANISH MUSIC AND LOUD LAUGHING/TALKING COMING FROM THE BACK OF 203 UNIT A. I WAS ABLE TO HEAR THE NOISE STANDING IN THE STREET IN FRONT OF THE RESIDENCE. NO READING OF THE NOISE WAS TAKEN, DUE TO THE EXCESSIVE VOLUME NO READING WAS REQUIRED. I APPROACHED THE HOUSE AND RANG THE DOOR BELL 3 TIMES IN AN ATTEMPT TO SPEAK WITH THE RENTERS, BUT DUE TO EXCESSIVE VOLUME NOBODY WAS ABLE TO HEAR THE BELL. I THEN WALKED AROUND TO THE BACK OF THE PROPERTY AND LOCATED A LARGE GROUP OF PEOPLE HAVING A PARTY. I INTRODUCED MYSELF AND LOCATED THE RENTER JESSICA PALACIO. A COV CITATION WAS ISSUED TO JESSICA PALACIO AND THEY WERE INSTRUCTED TO TURN THE VOLUME DOWN.

I find the this noise to be excessive and unreasonable noise and a violation of the City of Holmes Beach noise ordinance which states in part, (It is hereby declared that the making, creation or maintenance of excessive or unreasonable noise within the city affects and is a detriment to public health, comfort, convenience, safety, welfare on the prosperity of the people of the City of Holmes Beach. Excessive and unreasonable noise can cause adverse effects on humans and deprive people of the peaceable enjoyment of their private property.)

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b> OFC. A HURT	<b>I.D. Number/Locator Code</b> 339
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b> SGT. COPEMAN	<b>I.D. Number</b> 307	<b>Unit</b> Date 08/10/2018
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b> By Date CODE ____/____/____
<b>Case Status</b> CA	<b>Clearance Type</b> 1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A
<b>Exception Type</b> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		<b>Date Cleared</b> 08/10/2018	<b>Arrest Number</b> 1
		<b>OBTS Number</b>	<b>Page</b> 2 of 2

FL0410400		Gang Related	2	<b>OFFENSE-INCIDENT REPORT</b>				Juvenile in Report: <input checked="" type="checkbox"/> N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original <input type="checkbox"/>	2. Supplement: <input checked="" type="checkbox"/> 1	
ADM	Date of Supplement _/_/____			<b>Holmes Beach Police Department</b>				Agency Report Number 20180602	Primary Offense Description LARCENY			
EVENT DATA	Original Day Reported	Date		Time (mil)	Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)			
	Fri		08/10/2018		1319	1319		1323		1330		
	Incident Type	Incident: Day		Date	Time (mil)		Day	Date	Time (mil)			
	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	From	Thu	08/09/2018	1200	To	Fri	08/10/2018	1300	
	OFF/INC #1	Type	Description	A-Attempted C-Committed		C	Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code			
OFF/INC #2			A-Attempted C-Committed									
Incident Location (Street Number, Street, Apt.)				City		Zip	District	Grid	Area	Zone		
5306 HOLMES BLVD				HOLMES BEACH		34217	00	00	00	00		
Business Name/Area Identifier ISLAND TATTOO							Forced Entry 0. N/A 1. Yes	2. No	Occupancy 0. N/A 1. Occupied	2. Unoccupied 3. Abandoned		
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		30. Other Mobile		
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		99. Other		
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal				
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site				
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		11		
25. Parking Lot/Garage		26. Highway/Roadway		27. Park/Woodlands/Field		28. Lake/Waterway		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		
01	01	00	00	00	00. N/A 01. Handgun	04. Firearm	06. Blunt Object	08. Poison	09. Explosives	11. Threat/Intimidation		
13. Drugs		88. Unknown		99. Other						00		
V/W Code		Victim Type		Race		Sex		Residence Type		Extent of Injury		
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		N - N/A M - Male F - Female U - Unknown		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		
00. N/A		04. Unconscious		08. Burns		01. Undetermined		07. Brother/Sister		11. In-Law		
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		08. Child		12. Other Family		
02. Stabbed		06. Poss. Internal Injury		99. Other		04. Ex-Spouse		09. Step-Parent		13. Student		
14. Teacher		15. Child of Boy/Girl		17. Friend		16. Boy/Girl Friend		18. Neighbor		21. Employer		
19. Sitter/Day Care		20. Employee		22. Landlord/Tenant		23. Acquaintance		99. Other Known				
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)				Residence Phone				
1.#1 3.Both 2.#2	1	V	1	CLARKE				813 531-3192				
Address (Street, Apt. Number)				City		State	Zip		Business Phone			
707 ST JUDES DR S				LONGBOAT KEY		FL	34228					
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?
2		W	M	08/25/1990	27	2	1	0	00 00	01		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												
Address (Street, Apt. Number)				City		State	Zip		Business Phone			
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?
												Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator	Suspect Code		Code	Susp.#	Juvenile	Name (Last, First, Middle)				Residence Phone		
1.#1 3.Both 2.#2	S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		S	1	8	UNKNOWN						
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)			
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						
<b>SEE NARRATIVE</b>												
ADMINISTRATIVE	Person/Unit Notified			Time	Related Report Number(s)			Name of Officer Reporting		I.D. Number/Locator Code		
								FRASER		323		
	Signature of Officer Reporting			Officer Reviewing (If Applicable)			I.D. Number	Unit	Date			
	SGT. M. PILATO						306	PATROL	08/10/2018			
	Signature of Officer Reviewing			Routed To	Referred To	Assigned To		By	Date			
					DET SGT		PATROL					
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		Page Page		
										1 of 3		

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180602**

<b>ADM</b>	Date of Supplement ___/___/___		<b>Holmes Beach Police Department</b>					Agency Report Number <b>20180602</b>																						
	Original Date Reported <b>08/10/2018</b>		Primary Offense Description <b>LARCENY</b>		Victim #1 Name (Last, First, Middle) <b>CLARKE EVAN</b>																									
<b>THEFT</b>	Theft Type Codes 00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. By Computer    12. Fraud    99. Other									<b>99</b>																				
	Person Codes V - Victim S - Suspect			Status Codes 1. Stolen 2. Recovered			3. Stolen and Recovered 4. Recovered for Other Jurisdiction			5. Lost 6. Found		7. Safekeeping 8. Evidence/Seized		9. Other		Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense		9. Other												
<b>CODES</b>	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug				E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus				J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery				O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment				T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure				Y. Farm Equipment Z. Miscellaneous									
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
<b>PROPERTY</b>	<b>V</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>Z</b>	<b>2</b>	<b>PACO</b>	<b>ROLLINS</b>	<b>TATTOO MACHINE</b>																				
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.) <b>1) GOLD, 1) BRONZE</b>																					
	Value <b>500.00</b>				Value Recovered				Date Recovered ___/___/___		SCIC/NCIC																			
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)																					
	Value				Value Recovered				Date Recovered ___/___/___		SCIC/NCIC																			
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)																					
	Value				Value Recovered				Date Recovered ___/___/___		SCIC/NCIC																			
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)																					
	Value				Value Recovered				Date Recovered ___/___/___		SCIC/NCIC																			
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)																					
	Value				Value Recovered				Date Recovered ___/___/___		SCIC/NCIC																			
<b>TOTALS</b>	Property Stolen		<b>500.00</b>				Change in Property Stolen Value																							
	Property Recovered		<b>0.00</b>				Change in Property Recovered Value																							
<b>CODES</b>	Activity P. Possess S. Sell B. Buy T. Traffic				R. Smuggle D. Deliver E. Use K. Dispense/Distribute				M. Manufacture/Produce/Cultivate Z. Other				Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin				H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment				S. Synthetic U. Unknown Z. Other				Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce		5. Pound 6. Ton 7. Liter 8. Milliliter		9. Dose Unit/Item	
	Activity	Type	Description				Quantity		Unit	Estimated Street Value																				
<b>DRUGS</b>	Activity	Type	Description				Quantity		Unit	Estimated Street Value																				
	Activity	Type	Description				Quantity		Unit	Estimated Street Value																				
<b>PROP. DETAIL / NARR.</b>	<b>NO IDENTIFYING MARKINGS</b>																													
<b>ADMINISTRATIVE</b>	Officer(s) Reporting <b>FRASER</b>		ID. Number(s)/Locator code <b>323</b>		Signature of Officer Reporting				Unit <b>PATROL</b>				Date <b>08/10/2018</b>																	
	Officer Reviewing (If Applicable) <b>SGT. M. PILATO</b>		ID. Number <b>306</b>		Routed To		Referred To		Assigned To <b>DET SGT</b>		By <b>PATROL</b>		Date ___/___/___																	
	Signature of Officer Reviewing																													
Page <b>2</b> of <b>2</b>																														





FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
/ /		20180604				WARRANT																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		08/11/2018		2005		2005		2005		2200															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From Sat		08/11/2018		2005		To Sat		08/11/2018											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		WARRANT				C		901 - 16 ( )		2800															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/OTHER				C		0 - 42 ( 1 )		0000															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
5300 HOLMES BLVD		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
NEAR THE FRECKELED FINN		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other											
# 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					
2		1		1		0		0		00. N/A 01. Handgun										26					
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		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		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		V		01		5 CITY OF HOLMES BEACH		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		0		00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		V		01		5 CITY OF HOLMES BEACH		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		3		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing		A 01		2		BAIER		CRAIG		CLAY		941 704-3615					
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5545 1ST AVE E APT 205		BRADENTON		FL		34208		-																	
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																	
B600103810210		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		01/21/1981		37																			
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN		B																					
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		Routed To		Referred To		Assigned To		By																	
Signature of Officer Reviewing		Date																							
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		1		A		08/11/2018		338		1													
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1		of 3											

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180604**

<b>ADM</b>	Date of Supplement __/__/__		<b>Primary Offense Description</b> <b>WARRANT</b>					<b>Victim #1 Name (Last, First, Middle)</b> <b>CITY OF HOLMES BEACH</b>																											
	Original Date Reported <b>08/11/2018</b>																																		
<b>THEFT</b>	<b>Theft Type Codes</b>										<b>Theft Type</b> <b>00</b>																								
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<b>PROPERTY</b>	<b>Property Type</b>																																		
	A. Auto Accessory/Parts			E. Equipment/Tool.			J. Jewelry/Precious Metal			O. Office Equipment			T. TV/Video/VCR			Y. Farm Equipment																			
	B. Bicycle			F. Food/Liquor/Consumable			K. Clothing/Fur			P. Art/Collection			U. Currency/Negotiable			Z. Miscellaneous																			
	C. Camera/Photo Equipment			G. Gun			L. Livestock			Q. Computer Equipment			V. Credit Card/Non-Negotiable																						
D. Drug			H. Household Appliance/Goods			M. Musical Instrument			R. Radio/Stereo			W. Boat Motor																							
I. Plant/Citrus						N. Construction Machinery			S. Sports Equipment			X. Structure																							
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Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																										
Serial Number																																			
Owner Applied Number																																			

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20180604</b>
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Case Reference  
**WARRANT ARREST COV POSSESSION OF LESS THAN 20GRMS MARIJUANA**

Date of Supplement __/__/__	Original Date Reported <b>08/11/2018</b>
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**INFORMATION:**

WHILE ON PATROL I OBSERVED A DARK BLUE SATURN 4DR THAT DID NOT HAVE WORKING BRAKE LIGHTS. I CONTACTED THE DRIVER WHO STATED HE DID NOT HAVE HIS DRIVERS LICENSE ON HIS PERSON. UPON CHECKING THRU NCIC/FCIC THERE WAS A VALID PROBATION VIOLATION WARRANT OUT OF THE MANATEE COUNTY SHERIFF'S DEPT. THE WARRANT WAS CONFIRMED BY HBPD DISPATCH. I REQUESTED CONSENT TO SEARCH THE VEHICLE AND WAS GRANTED. OFC'S DESANTIS AND DIEHL SEARCHED THE VEHICLE.

**SEARCH/EVIDENCE:**

1.5 GRAMS OF MARIJUANA WAS LOCTED IN A CLEAR PLASTIC BAGGIE, IN THE CENTER CONSEL OF THE VEHICLE. THE EVIDENCE WAS FIELD TESTED BY OFC DESANTIS AND TESTED POSITIVE FOR MARIJUANA. THE MARIJUANA WAS PACKAGED IN AN EVIDENCE BAG, AND PLACED IN TEMP PROPERTY LOCKER #2.

**ARRESTED:**

CRAIG CLAY BAIER W/M 1/21/1981 WAS ARRESTED FOR THE WARRANT AND GIVEN A COV NOTICE FOR THE MARIJUANA. ELMER'S TOWING RESPONDED TO TOW THE VEHICLE PER SGT. J. PIERCE. HE WAS ORIGINALLY TRANSPORTED TO HBPD FOR PROCESSING. HE WAS THEN TRANSPORTED TO 75TH AND MANATEE WHERE A MCSO TRANSPORT DEPUTY TOOK CUSTODY OF BAIER WITHOUT INCIDENT.

**STATUS:**

CLOSED BY ARREST/COV

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>OFC. M. VANHORN</b>	I.D. Number/Locator Code <b>338</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Date <b>08/12/2018</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status <b>CA</b>	Clearance Type 1. Arrest 2. Exceptional <b>1</b>	3. Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared <b>08/11/2018</b>		Arrest Number	Number Arrested <b>1</b>
OBTS Number		Page of	Page of

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20180604</b>
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Date of Supplement <b>08/11/2018</b>	
Original Date Reported <b>08/11/2018</b>	

Case Reference  
**WARRANT/COV/MARIJUANA**

ADM

NARRATIVE

ON 08/11/18, I ARRIVED ON SCENE AT THE 5300 BLOCK OF HOLMES BLVD, TO ASSIST OFC. M. VANHORN WITH A WARRANT ARREST OUT OF A TRAFFIC STOP. UPON ARRIVAL, OFC. VANHORN STATED HE HAD RECEIVED CONSENT TO SEARCH THE ARRESTEE'S (CRAIG BAIER) VEHICLE. OFC. VANHORN REQUESTED OFC. L. DIEHL AND I TO SEARCH THE VEHICLE. UPON SEARCH, I LOCATED A CLEAR SANDWICH BAG TIED IN A KNOT WITH A SMALL AMOUNT MARIJUANA IN IT, IN THE CENTER CONSOLE.

OFc. VANHORN STATED HE WAS GOING TO ISSUE (BAIER) A CITY ORDINANCE VIOLATION CITATION FOR THE MARIJUANA. I ASSISTED BY WEIGHING THE MARIJUANA IN AT 1.5GRAMS AND FIELD TESTING IT SHOWING POSITIVE FOR THC. I PACKAGED THE EVIDENCE AND PLACED IT IN TO HBPd EVIDENCE LOCKER #2. NFI

COOPER

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Date <b>08/11/2018</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status <b>CA</b>	Clearance Type 1.Arrest 2.Exceptional <b>1</b>	3.Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared <b>08/12/2018</b>
		5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number <b>1</b>
			OBTS Number <b>1</b>
			Page <b>1</b> of <b>1</b>

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180605		ASSIST MSO											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Mon		08/13/2018		1145		1146		1151		1554															
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		08/13/2018		Mon		08/13/2018													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		ASSIST/MSO		A		0 - 0 ( 0 )		0000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
232		OAK AVENUE		ANNA MARIA		34216																			
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. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				01											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		00		00		00		00		01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		05. 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		04. 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		18. Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		1		0		01		5		941 747-3011															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
MANATEE SHERIFFS OFFICE				FL		34209		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		DEFENDANT																							
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?	
1		2		N		N		07/23/1983		35		2		1		0		00 00		03				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		1		0		01		3		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
720 FONTANA LANE		BRADENTON		FL		34209		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		DEFENDANT																							
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?	
1		1		W		F		07/23/1983		35		2		1		0		00 00		03				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															
BURGLARY (ARMED) FELONY CRIMINAL MISCHIEF DOMESTIC BATTERY																									
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. V. MCGOWIN				304		PATROL		08/13/2018																	
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  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180605**

<b>ADM</b>	Date of Supplement ___/___/___
Original Date Reported <b>08/13/2018</b>	

Case Reference  
**ASSIST MSO**

ON 08/13/2018, AT 1146 HOURS, I WAS DISPATCHED TO 232 OAK AVENUE, IN REFERENCE TO A DOMESTIC DISTURBANCE. UPON ARRIVAL I SPOKE WITH MSO DEPUTY STEWART, WHO WAS INVESTIGATING THE ORIGINAL INCIDENT. WHILE ATTEMPTING TO CALM DOWN THE MALE DEFENDANT(WILLIAM PETERSON III) FEMALE DEFENDANT (TIFFANY CONCILUS) RAN AROUND THE SIDE OF MY PATROL VEHICLE AND LUNGED AT HER HUSBAND(QUINTIN CONCILUS), PUNCHING HIM IN THE SIDE OF THE FACE WITH A CLOSED FIST. I QUICKLY GRABBED (TIFFANY CONCILUS) AND PLACED HER INTO HANDCUFFS (DOUBLE LOCKED). I THEN PLACED (TIFFANY CONCILUS) INTO THE BACK SEAT OF MY PATROL VEHICLE. I THEN TRANSPORTED (TIFFANY CONCILUS) TO THE MANATEE SHERIFFS OFFICE D5 WHERE I STOOD BY WHILE MSO COMPLETED THEIR ARREST PAPERWORK.

NARRATIVE

C O P

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b> <b>WALKER</b>	<b>I.D. Number/Locator Code</b> <b>312</b>
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b> <b>SGT. V. MCGOWIN</b>	<b>I.D. Number</b> <b>304</b>	<b>Unit</b> <b>PATROL</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b> <b>By</b>
<b>Case Status</b>	<b>Clearance Type</b> 1.Arrest      3.Unfounded 2.Exceptional	<b>Date Cleared</b> ___/___/___	<b>Arrest Number</b> <b>Number Arrested</b>
<b>Exception Type</b> 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		<b>OBTS Number</b>	<b>Page</b> of

FL0410400		Gang Related	2	<b>OFFENSE-INCIDENT REPORT</b>										Juvenile in Report: <input checked="" type="checkbox"/> N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: <input checked="" type="checkbox"/> 1																														
Date of Supplement		<b>Holmes Beach Police Department</b>										Agency Report Number		Primary Offense Description																																	
___/___/___												20180607		COV/ CANNABIS																																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																																					
Tue		08/14/2018		2210		2210		2210		2253																																					
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		08/14/2018		2210		Tue		08/14/2018		2253																															
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		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		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																											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile																																			
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field																																					
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		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon																									
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																																			
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal																											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer																													
00. N/A		04. Unconscious		08. Burns		01. Undetermined		05. Co-Habitant		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant																													
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger				08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance																													
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known																													
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																					
1.#1 2.#2		3.Both		1		O		1		5		CITY OF HOLMES BEACH		-																																	
Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
5801 MARINA DR.										HOLMES BEACH		FL		34217		941 708-5801																															
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																				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		5		CITY OF HOLMES BEACH		-																																	
Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
5801 MARINA DR.										HOLMES BEACH		FL		34217		941 708-5801																															
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																				Yes <input type="checkbox"/> No <input type="checkbox"/>																							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone																																	
1.#1 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		A		1		2		MERCADO		LORRAINE		MARIE		813 551-8163																															
Maiden Name										Nickname/Street Name		Place of Birth		Residence Phone																																	
														813 551-8163																																	
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
1204 12TH AVE W APT. B										PALMETTO		FL		34221																																	
Occupation					Employer/School					Address					Social Security Number																																
WATERLINE RESORT															-																																
Driver's License Number/State					Immigration and Naturalization Number					Other I.D. Number					OBTS Number (Arrested)					SCIC/NCIC																											
M623533915540					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		F		02/14/1991		27						BRO				S		S																													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																																					
LT		MED																																													
SEE NARRATIVE.																																															
Person/Unit Notified						Time						Related Report Number(s)						Name of Officer Reporting						I.D. Number/Locator Code																							
																		OFC. A. HURT						339																							
Signature of Officer Reporting						Officer Reviewing (If Applicable)						I.D. Number						Unit						Date																							
SGT. COPEMAN												307												08/15/2018																							
Signature of Officer Reviewing						Routed To						Referred To						Assigned To						By						Date																	
Case Status						Clearance Type						1.Arrest 2.Exceptional						3.Unfounded						A-Adult J-Juvenile						Date Cleared						Jail Number						Number Arrested					
Exception Type						1.Extradition Declined						2. Arrest on Primary Offense Secondary Offense Without Prosecution						3. Death of Offender 4. V / W Refused to Cooperate						5. Prosecution Declined 6. Juvenile/No Custody						OBTS Number						Page						Page					
																																										1 of 2					

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180607**

ADM Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**08/14/2018**

Case Reference  
**COV/ CANNABIS**

NARRATIVE

WHILE ON PATROL, I WAS DRIVING SOUTH BOUND ON GULF DR. APPROACHING THE INTERSECTION OF GULF DR. AND MANATEE AVE. I WAS TRAVELING BEHIND A WHITE MITSUBISHI CAR ON GULF DR. UPON APPROACHING THE BLINKING RED LIGHT AT MANATEE AVE AND GULF DR. THE DRIVER OF THE WHITE MITSUBISHI FAILED TO STOP AND DROVE RIGHT THROUGH THE LIGHT. I CONDUCTED A TRAFFIC STOP OF THE VEHICLE AT THE 700 BLOCK OF MANATEE AVE DUE TO RUNNING THE RED LIGHT. UPON MAKING CONTACT WITH THE DRIVER I DETECTED THE ODOR OF CANNABIS EMINATING FROM THE VEHICLE. I ASKED THE DRIVER WHO WAS IDENTIFIED AS LORRAINE M. MERCADO IF THERE WAS ANY CANNABIS IN THE VEHICLE AND SHE STATED TO ME THAT SHE HAD A MARIJUANA CIGARETTE (BLOUNT) IN A ASH TRAY IN THE DRIVERS DOOR. MYSELF WITH THE ASSISTANCE OF SGT. COPEMAN REMOVED THE TWO PASSENGERS FROM THE VEHICLE, AND SEARCHED THE VEHICLE. I WAS ABLE TO LOCATE THE "BLOUNT" INSIDE AN ASH TRAY AND DID NOT LOCATE ANY FURTHER CANNABIS THROUGHOUT THE VEHICLE. MS. MERCADO WAS PULLED ASIDE AND READ MIRANDA. POST MIRANDA MS. MERCADO ADMITTED AGAIN THAT THE "BLOUNT" WAS HERS AND SHE HAD SMOKED PART OF IT BEFORE WORK THAT DAY. MS. MERCADO WAS ISSUED A COV FOR POSSESION OF CANNABIS AND A WRITTEN WARNING FOR THE FAILURE TO STOP A RED LIGHT. THE MARIJUANA CIGARETTE (BLOUNT) WAS SEIZED AND ENTERED INTO HBPD PROPERTY AND EVIDENCE. NO FURTHER ACTION WAS TAKEN BY ME.

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>OFC. A. HURT</b>	I.D. Number/Locator Code <b>339</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>339</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared ___/___/___
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		OBTS Number	Number Arrested <b>2 of 2</b>



# PROPERTY REPORT

1. Original  
2. Supplement

1

<b>ADM</b>	Date of Supplement ___/___/___		<b>Holmes Beach Police Department</b>				Agency Report Number <b>20180607</b>										
	Original Date Reported <b>08/14/2018</b>		Primary Offense Description <b>COV/ CANNABIS</b>		Victim #1 Name (Last, First, Middle) <b>CITY OF HOLMES BEACH</b>												
<b>THEFT</b>	Theft Type Codes										Theft Type <b>00</b>						
	00. N/A 01. Burglary		02. Robbery 03. Shoplifting		04. Pocket Picking 05. Purse Snatching		06. Embezzlement 07. From Coin Oper. Machine		08. From Public Access Building		09. From Vehicle 10. Extortion		11. By Computer 12. Fraud	99. Other			
<b>CODES</b>	<b>Person Codes</b>			<b>Status Codes</b>			<b>Damage Codes</b>										
	V - Victim S - Suspect		A - Arrestee O - Other	1. Stolen 2. Recovered		3. Stolen and Recovered 4. Recovered for Other Jurisdiction		5. Lost 6. Found		7. Safekeeping 8. Evidence/Seized		9. Other		0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense	9. Other	
<b>PROPERTY</b>	<b>Property Type</b>																
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool. F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure			Y. Farm Equipment Z. Miscellaneous	
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number							
	A	1	1	8	0	D	0	<b>CANNABIS</b>									
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.) <b>.83 GRAMS OF CANNABIS ROLLED</b>								
	Value				Value Recovered				Date Recovered <b>08/14/2018</b>		SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number							
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value				Value Recovered				Date Recovered		SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number							
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value				Value Recovered				Date Recovered		SCIC/NCIC						
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number							
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value				Value Recovered				Date Recovered		SCIC/NCIC						
<b>TOTALS</b>	Property Stolen				0.00				Change in Property Stolen Value								
	Property Recovered				0.00				Change in Property Recovered Value								
<b>CODES</b>	<b>Activity</b>			<b>Type</b>			<b>Unit</b>										
	P. Possess S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use K. Dispense/Distribute	M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. 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
<b>DRUGS</b>	Activity	Type	Description					Quantity	Unit	Estimated Street Value							
	Activity	Type	Description					Quantity	Unit	Estimated Street Value							
	Activity	Type	Description					Quantity	Unit	Estimated Street Value							
<b>PROP. DETAIL / NARR.</b>	<b>1 MARIJUANA CIGARETTE (BLOUNT) WEIGHING .88 GRAMS</b>																
<b>ADMINISTRATIVE</b>	Officer(s) Reporting			ID. Number(s)/Locator code			Signature of Officer Reporting			Unit		Date					
	<b>OFC. A. HURT</b>			<b>339</b>						<b>HB13</b>		<b>08/15/2018</b>					
	Officer Reviewing (If Applicable)			ID. Number			Routed To		Referred To		Assigned To		By	Date			
<b>SGT. COPEMAN</b>			<b>307</b>										___/___/___				
Signature of Officer Reviewing											Page		Page				
											of						

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																											
												20180610		COV/NOISE																											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																															
Thu		08/16/2018		0022		0022		0025		0102																															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		08/16/2018		0022		Thu		08/16/2018		0102																									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																															
5		COV/NOISE				C		0 - 0 ( 0 )		0000																															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																															
Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone																					
308 64TH STREET										HOLMES BEACH		34217		00		00		00		W80																					
Business Name/Area Identifier										Forced Entry		Occupancy																													
ANNA MARIA ACCOMODATIONS										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		32. Other																					
04. Hotel/Motel										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other																					
09. Supermarket										14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		34. Other		02																					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs																					
01		01		01		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other																					
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																													
V - Victim W - Witness C - Reporting Person		0 - 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		17. Friend		20. Employee		99. Other Known																							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																															
1.#1 3.Both 2.#2		1		V		01		5 CITY OF HOLMES BEACH		-																															
Address (Street, Apt. Number)										City		State		Zip		Business Phone																									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																															
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																	
2		N		N		N						0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																															
1.#1 3.Both 2.#2		1		V		01		5 CITY OF HOLMES BEACH		-																															
Address (Street, Apt. Number)										City		State		Zip		Business Phone																									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																															
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																	
2		N		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 E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		01		2		SUMMERS JR		WEST BLOOMFIELD		517 861-7420																											
Maiden Name										Nickname/Street Name		Place of Birth		Residence Phone																											
														517 861-7420																											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone																									
5150 BANTRY DR										WEST BLOOMFIELD		MI		48322		-																									
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																					
S562887367640					MI																																				
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		08/16/1990		28		508		155		BLU		BRO		M		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										08/16/2018																					
Signature of Officer Reviewing					Routed To					Referred To					Assigned To					By																					
										CODE ENFORCE					J. THOMAS					PATROL																					
Case Status					Clearance Type					1.Arrest 2.Exceptional					3.Unfounded					A-Adult J-Juvenile					Date Cleared					Jail Number					Number Arrested						
CA										1										A					08/16/2018										1						
Exception Type					1.Extradition Declined					2. Arrest on Primary Offense Secondary Offense Without Prosecution					3. Death of Offender 4. V / W Refused to Cooperate					5. Prosecution Declined 6. Juvenile/No Custody					OBTS Number					Page											
																									1 of 1																

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180610**

ADM Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported: **08/16/2018**

Case Reference: **COV/NOISE**

NARRATIVE

ON 08/16/18, I WAS DISPATCHED TO THE 300 BLOCK OF 64TH ST IN REFERENCE TO AN ANONYMOUS NOISE COMPLAINT OF LOUD MUSIC AND PARTYING. DISPATCH ADVISED THE COMPLAINANT WANTED TO REMAIN ANONYMOUS BUT STATED THEY WERE AT 303 65TH ST.

UPON ARRIVAL, I LOCATED THE NOISE TO BE COMING FROM THE BACK YARD POOL AREA OF 308 64TH ST. I HEARD PEOPLE TALKING AND LAUGHING FROM 64TH ST AND 65TH ST. THE MUSIC PLAYING AT THE RESIDENCE IN QUESTION COULD BE HEARD FROM HOLMES BLVD AND FROM 65TH ST. I REQUESTED DISPATCH CONTACT THE COMPLAINANT TO ASK FOR PERMISSION TO TAKE A dB READING FROM THEIR BACK YARD. DISPATCH STATED THEY CONSENTED. USING THE 3M DECIBEL READER, I TOOK A READING SHOWING AN AVERAGE OF 54dBS. I MADE CONTACT WITH THE PARTY AT 308 65TH ST. I OBSERVED SIX PERSONS IN THE BACK POOL AREA, WITH ALCOHOLIC BEVERAGES ALL AROUND THE AREA. (WILLIAM SUMMERS) IDENTIFIED HIMSELF AS THE SIGNER OF THE RENTAL AGREEMENT. I ADVISED HIM OF THE NOISE ORDINANCE AND THAT HE WAS ABOVE THE LIMIT. DISPATCH ADVISED THE OCCUPANCY LIMIT OF THIS RESIDENCE WAS 4 PERSONS. (SUMMERS) STATED TWO PEOPLE IN THE PARTY ARE HIS PARENTS AND THEY ARE LEAVING.

I ISSUED (SUMMERS) A CITY ORDINANCE VIOLATION CITATION AND EXPLAINED IT. (SUMMERS) SIGNED THE COURT COPY AND RECEIVED HIS COPY. (SUMMERS) STATED THEY WILL KEEP IT DOWN. NFI

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Unit <b>PATROL</b>
Signature of Officer Reviewing	Routed To <b>CODE ENFORCE</b>	Referred To <b>J. THOMAS</b>	Assigned To <b>PATROL</b>
Case Status <b>CA</b>	Clearance Type 1. Arrest <b>1</b> 2. Exceptional	3. Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared <b>08/16/2018</b>		Arrest Number <b>1</b>	Number Arrested <b>1</b>
OBTS Number		Page <b>2</b>	Page <b>2</b>

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1									
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description													
		/ /										20180611		COV/NOISE													
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Thu		08/16/2018		0202		0203		0205		0244															
		Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		08/16/2018		0202		Thu		08/16/2018		0244									
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		5		COV/NOISE				C		0 - 0 ( 0 )		0000															
		OFF/INC #2																									
		Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
		618 BARONET LN		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 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other		01											
		# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon															
		01		01		01		00		00		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			
		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																									
		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 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		V		01		5		CITY OF HOLMES BEACH															
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		Other Contact Info. (Time Available, Interpreter, etc.)																									
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
				2		N		N						0		0		0		00		00		00		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 2.#2		3.Both 1		V		01		5		CITY OF HOLMES BEACH															
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		Other Contact Info. (Time Available, Interpreter, etc.)																									
		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 checked="" type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
		1.#1 2.#2		S-Suspect E-Escapee R-Rec. Missing Z-other		A		01		2		BERTOLUZZI		941 224-1671													
		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
						RENITIA JEAN		941 224-1671																			
		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		618 BARONET LN		HOLMES BEACH		FL		34217																			
		Occupation		Employer/School		Address		Social Security Number																			
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		B634730538380		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		F		09/18/1953		64		506		180		HAZ		BRO		L		C							
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		LT		HEV																							
		SEE NARRATIVE																									
		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
								A. DESANTIS		336																	
		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. J. PIERCE				309		PATROL		08/16/2018																	
		Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
				CODE ENFORCE		J. THOMAS		PATROL		08/16/2018																	
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
		CA		1		3		A		08/16/2018				1													
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
														1		2											

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180611**

ADM Date of Supplement  
 Original Date Reported  
**08/16/2018**

Case Reference  
**COV/NOISE**

NARRATIVE

ON 08/16/18, OFC. VANHORN AND I WERE DISPATCHED TO KEY ROYALE DR. IN REFERENCE TO AN ANONYMOUS NOISE COMPLAINT OF LOUD MUSIC. DISPATCH ADVISED THE CALLER STATED THEY WERE AT 543 67TH ST AND THEY THOUGHT THE MUSIC WAS COMING FROM BARONET LN.

UPON ARRIVAL TO KEY ROYALE, I STOPPED AT THE BRIDGE AND WALKED OUT ON FOOT. I COULD HEAR MUSIC PLAYING FROM WHAT APPEARED TO BE BARONET LN. I DROVE TO BARONET LN AND LOCATED THE MUSIC COMING FROM THE BACK OF 618 BARONET LN. DUE TO THE MUSIC BEING AT THE REAR OF THE RESIDENCE, THE HOUSE WAS BLOCKING THE NOISE AND A GOOD dB READING COULD NOT BE OBTAINED. I REQUESTED DISPATCH CONTACT THE COMPLAINANT FOR PERMISSION TO TAKE A READING FROM THEIR PROPERTY. DISPATCH ADVISED THE COMPLAINANT CONSENTED.

I ARRIVED AT 543 67TH ST AND MET WITH THE COMPLAINANT. THEY WALKED ME TO THE REAR OF THE HOUSE AND POINTED AT THE RESIDENCE IN QUESTION. THE MUSIC AND BASS COULD BE HEARD CLEARLY AND I OBSERVED MULTI COLORED LED LIGHTS STROBING AND FLASHING AT THE LOCATION, FROM ACROSS THE WATER APPROXIMATELY 300 YARDS. I TOOK AT READING WITH THE 3M dB READER SHOWING AN AMBIENT AVERAGE OF 49dBS. THE MUSIC WAS SHOWING 51 UP TO 52 dBS. I ADVISED OFC. VANHORN AND WENT BACK TO 618 BARONET LN.

I ACTIVATED MY RECORDER FOR VEHICLE #9 AND OFC. VANHORN AND I WALKED AROUND THE REAR OF THE HOUSE TO MAKE CONTACT. AS WE WALKED TO THE REAR, I OBSERVED A FEMALE SITTING AT A TABLE. I ANNOUNCED MYSELF AND MADE CONTACT WITH THE FEMALE, LATER IDENTIFIED AS THE OWNER OF THE RESIDENCE, (RENITIA BERTOLUZZI). THE MUSIC WAS LOUD THAT I COULD NOT TALK OVER IT WITHOUT RAISING MY VOICE. I REQUESTED (BERTOLUZZI) TURN DOWN OR OFF THE MUSIC. (BERTOLUZZI) APPEARED TO BE VERY INTOXICATED, KNOCKING HER EMPTY MARTINI GLASS OVER ON THE TABLE WHEN SHE STOOD UP. (BERTOLUZZI'S) SPEECH WAS SLURRED AND SHE WAS VERY UNBALANCED AS SHE WALKED AROUND. (BERTOLUZZI) TURNED THE MUSIC OFF. I OBSERVED A LARGE, APPROXIMATELY 2.5FT, SONY SPEAKER OUTSIDE OF HER REAR SLIDER DOOR, POINTING WEST TOWARDS THE WATER. (BERTOLUZZI) HAD TO BE TOLD TO KEEP HER VOICE DOWN MANY TIMES WHILE WE SPOKE. SHE COULD NOT KEEP HER VOICE AT A REASONABLE LEVEL. SHE WENT INSIDE HER RESIDENCE TO GATHER HER IDENTIFICATION AND GAVE US PERMISSION TO ENTER INSIDE WITH HER. I ADVISED (BERTOLUZZI) OF THE VIOLATION AND EXPLAINED THAT THE MUSIC COULD BE HEARD FROM THE BRIDGE AND RESIDENCE ACROSS THE WATER.

I ISSUED (BERTOLUZZI) A CITY ORDINANCE VIOLATION CITATION AND EXPLAINED IT. (BERTOLUZZI) SIGNED THE COURT COPY AND RECEIVED HER COPY. (BERTOLUZZI) STATED SHE WOULD NOT TURN THE MUSIC BACK ON. NFI

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Unit <b>PATROL</b>
Signature of Officer Reviewing	Routed To <b>CODE ENFORCE</b>	Referred To <b>J. THOMAS</b>	Assigned To <b>PATROL</b>
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