

OFFENSE-INCIDENT REPORT

FL0410400

Gang Related 2

Juvenile in Report: N

Juvenile Warn/Dismiss:

1. Original 2. Supplement: 1

Holmes Beach Police Department

Agency Report Number 20180612

Primary Offense Description CRIMINAL TRAFFIC

ADM

Date of Supplement

Original Day Reported

Time (mil)

Time Dispatched (mil)

Time Arrived (mil)

Time Completed (mil)

Incident Type

1. Felony 2. Traffic Felony

3. Misdemeanor 4. Traffic Misdemeanor

5. Ordinance 9. Other

Incident: Day

Date

Time (mil)

From

To

Day

Date

Time (mil)

OFF/INC #1

Type

Description

A-Attempted C-Committed

Statute Violation Number - Chapter, Section, Sub

NCIC/UCR Code

OFF/INC #2

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

Business Name/Area Identifier

Forced Entry 0. N/A 1. Yes 2. No

Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned

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 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

VW Code V - Victim 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

VW Code # V. Type

Name (Last, First, Middle or Business)

Residence Phone

Address (Street, Apt. Number) City State Zip Business Phone

Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement

If VW Code is V, W or C Fill in this Line Dom. Violence Race Sex Date of Birth Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will Victim prefer charge?

OFF/INC Indicator 1.#1 2.#2

VW Code # V. Type

Name (Last, First, Middle or Business)

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Address (Street, Apt. Number) City State Zip Business Phone

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If VW Code is V, W or C Fill in this Line Dom. Violence Race Sex Date of Birth Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will Victim prefer charge?

OFF/INC Indicator 1.#1 2.#2

Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other

Code Susp.# Juvenile Name (Last, First, Middle)

Place of Birth

Residence Phone

Maiden Name Nickname/Street Name City State Zip Business Phone

Last Known Address (Street, Apt. Number) City State Zip

Occupation Employer/School Address Social Security Number

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

Clothing (Describe) Scars/Marks/Tatoos (Location/Describe)

Race Sex Date of Birth Age Height Weight Eye Color Hair Color Hair Length Hair Style

Complexion Build Facial Hair Teeth Speech/Voice Special Identifiers

SEE NARRATIVE ON OTHER PAGE.

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

Signature of Officer Reporting Officer Reviewing (If Applicable) I.D. Number Unit Date

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

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180612

ADM	Date of Supplement ____/____/____		CRIMINAL TRAFFIC STATE OF FLORIDA																										
	Original Date 08/16/2018																												
CODES	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		N-N/A M-Male F-Female U-Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal														
	Injury Type			Victim Relationship To Offender																									
00. N/A 01. Gunshot 02. Stabbed			03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury			07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other			00. N/A 01. Undetermined 02. Stranger			03. Spouse 04. Ex-Spouse 05. Co-Habitant			06. Parent 07. Brother/Sister 08. Child 09. Step-Parent			10. Step-Child 11. In-Law 12. Other Family 13. Student			14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend			17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee			21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known		
VICTIM / WITNESS	OFF/INC Indicator		V/W Code #		V. Type		Name (Last, First, Middle or Business)								Residence Phone														
	1.#1 2.#2		3.Both												____-____-____														
	Address (Street, Apt. Number)												City		State		Zip		Business Phone										
	Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement																
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	Address (Street, Apt. Number)												City		State		Zip		Business Phone										
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SUSPECT OR MISSING PERSONS	OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)																		
	1.#1 2.#2		3.Both		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing																				
	Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone																
	____-____-____				____-____-____				____-____-____				____-____-____																
SUSPECT OR MISSING PERSONS	Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone										
	Occupation				Employer/School				Address				Social Security Number																
	____-____-____				____-____-____				____-____-____				____-____-____																
	Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number				OBTS Number				SCIC/NCIC												
SUSPECT OR MISSING PERSONS	Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)																
	Race		Sex		Date of Birth or Age				Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style										
	____		____		____				____		____		____		____		____		____										
	Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																		
SUSPECT OR MISSING PERSONS	OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)																		
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	Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone																
	____-____-____				____-____-____				____-____-____				____-____-____																
SUSPECT OR MISSING PERSONS	Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone										
	Occupation				Employer/School				Address				Social Security Number																
	____-____-____				____-____-____				____-____-____				____-____-____																
	Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number				OBTS Number				SCIC/NCIC												
SUSPECT OR MISSING PERSONS	Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)																
	Race		Sex		Date of Birth or Age				Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style								
	____		____		____				____		____		____		____		____		____		____								
	Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																		
MISSING PERSON / RUNAWAY	Incident Type		Foul Play Suspected ?		Missing Before ?		Fingerprints Available?		Photo Available?		Dental Record Available		MCIC Form Provided ?																
	1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 8. Unknown		1. Yes 2. No		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown																
	Date Last Seen				Time Last Seen				Location Last Seen (Address, City, St.)				Accompanied By																
	____/____/____				____:____:____				____-____-____				____-____-____																
	Mental/Physical Condition								Medication Required/Type				Doctor/Dentist (Name, Phone Number)																
	____-____-____								____-____-____				____-____-____																
	Property Carried								ID. Type/Number				ID. Type/Number																
	____-____-____								____-____-____				____-____-____																
	Probable Destination								Name/Address				Transportation Mode																
	____-____-____								____-____-____				____-____-____																
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date																		
	L. DIEHL		333		_____ _____ _____				____		08/16/2018																		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date																
	SGT. J PIERCE		309		_____ _____ _____		_____ _____ _____		_____ _____ _____		_____ _____ _____		____/____/____																
Signature of Officer Reviewing												Page		Page															
_____ _____ _____												of		of															

NARRATIVE CONTINUATION

1. Offense	2	Juvenile Warn/Dismiss		1. Original	1
2. Arrest				2. Supplement	
Agency ORI Number			Agency Report Number		
FL0410400			20180612		

Holmes Beach Police Department

Date of Supplement	_/_/____
Original Date Reported	08/16/2018

Case Reference
CRIMINAL TRAFFIC

ON 08/16/2018 AT 1535 HOURS I WAS PARKED, FACING WEST, AT 600 KEY ROYAL DRIVE RUNNING RADAR. IN MY REAR VIEW MIRROR, I OBSERVED A BLACK VEHICLE TRAVELING AT A HIGH RATE OF SPEED. I ESTIMATED THE VEHICLE TO BE TRAVELING AT 40 MPH. I ACTIVATED MY REAR RADAR AND CLOCKED THE VEHICLE AT 40 MPH IN A 25 MPH ZONE. I ACTIVATED MY EMERGENCY LIGHTS AND INITIATED A TRAFFIC STOP. I MADE CONTACT WITH THE DRIVER OF THE VEHICLE WHO IDENTIFIED HIMSELF AS FRANKLIN GIRON. THE DRIVER SPOKE BROKEN ENGLISH BUT WAS ABLE TO WRITE HIS INFORMATION ON PAPER FOR ME. THE DRIVER STATED THAT HE DID NOT HAVE A LICENSE. I LATER IDENTIFIED THE DRIVER THROUGH EAGENT AND D.A.V.I.D. AS FRANKLIN GIRONMOLINA. GIRONMOLINA'S DRIVER LICENSE RETURNED AS SUSPENDED (FR SUSPENSION 11/28/2011). THE VEHICLE GIRONMOLINA WAS DRIVING WAS A BLACK TOYOTA PRIUS WITH FL TAG JYAU78 ATTACHED. THE VEHICLE BELONGS TO GIRONMOLINA'S BROTHER.

I THEN ISSUED GIRONMOLINA A CITATION FOR SPEEDING, CITATION A2H6QHE. AS WELL AS A NOTICE TO APPEAR FOR SUSPENDED DRIVER'S LICENSE, CITATION A2H6QGE. GIRONMOLINA THEN SIGNED THE NOTICE TO APPEAR. THE VEHICLE WAS PARKED AT A JOB SITE GIRONMOLINA IS WORKING AT AND ARRANGEMENTS WILL BE MADE FOR A LICENSED DRIVER TO PICK IT UP.

C O P

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		L. DIEHL	333
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	SGT. J PIERCE	309	08/16/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date
			____/____/____
Case Status	Clearance Type	Date Cleared	Arrest Number
CA	1. Arrest 2. Exceptional 3. Unfounded 4. A-Adult 5. J-Juvenile	08/16/2018	1
Exception Type	1. Extradition Declined	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

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													
		/ /										20180613		SEX OFF REGIST VIOLA													
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Thu		08/16/2018		1815		1815		1815		2000															
		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		1815		Thu		08/16/2018		2000									
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		9		SEX OFFENDER VI		C		943 - 435 (9a)																			
		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																	
		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	
		# 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		26			
		1		1		0		0		0		00. N/A 01. Handgun															
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
		V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
		Injury Type		Victim Relationship To Offender																							
		00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl 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		O		1		5		STATE OF FLORIDA													
		Address (Street, Apt. Number)				City				State		Zip		Business Phone													
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
				2		N		N						0		0		00 00		00 00		N		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 2.#2		3.Both		1		O		1		5		STATE OF FLORIDA													
		Address (Street, Apt. Number)				City				State		Zip		Business Phone													
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
				2		N		N						0		0		00 00		00 00		N		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
		1.#1 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		S		1		2		MOORE		MI		941 281-0469											
		Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone													
										MI				941 281-0469													
		Last Known Address (Street, Apt. Number)				City				State		Zip		Business Phone													
		6710 36TH AVE E LOT 334				PALMETTO				FL		34221															
		Occupation		Employer/School		Address		Social Security Number																			
		PAINTER		J.C. PAINTING		PALMETTO																					
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		M600076903770		FL		FBI561578PC																					
		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		10/17/1990		27		6-4		190		GRN		RED		M									
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		LT		THN																							
		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		DET		08/16/2018																	
		Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
				B. HALL		DET		PATROL		08/16/2018																	
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
		P																									
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180613**

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

Case Reference
SEX OFFENDER REGISTRATION VIOLATION

INFORMATION:

WHILE ON PATROL I STOPPED THE SUSPECT FOR DRIVER FAIL TO WEAR A SEATBELT. UPON RUNNING HIM THRU FCIC/NCIC A WARRANT OUT OF THE STATE OF MICHIGAN WAS NOTED. HBPD DISPATCH ATTEMPTED TO CONFIRM AND CHECKED FOR EXTRADITION, AND WAS ADVISED NO EXTRADITION. IT WAS NOTED THE THE SUSPECT WAS NOT REGISTERED IN THE STATE OF FLORIDA. THE SUSPECT STATED HE WAS TOLD BY THE SHERIFF OF HE BELIVES CHARLOTTE COUNTY THAT HE DID NOT HAVE TO REGISTER. SUSPECT WAS CITED FOR THE SEATBELT VIOLATION, AND NOTIFIED OF THE WARRANT, WHICH HE STATED HE WAS AWARE OF. HE WAS THEN RELEASED FROM THE SCENE.

SUSPECT:

BRANDON RADELL MOORE W/M 10/17/1990 6-4 190 RED HAIR, GREEN EYES.
 6710 36TH AVE E LOT 334 PALMETTO FL. CELL 941-281-0469

VEHICLE:

1996 HONDA 4DR DK GREEN IN COLOR, BEARING FL REG SDP02

CRIMINAL HISTORY:

BRANDON MOORE CRIMINAL HISTORY NOTES A CONVICTION FOR CRIMINAL SEXUAL CONDUCT 2ND DEGREE (CONTACT) VICTIM UNDER 13 YEARS OF AGE. THE CASE IS LISTED AS JUVENILE ORDER OF GUILT, DATE OF OFFENSE 10/3/2007. A SECOND CHARGE OF ACCOSTING CHILD FOR IMMORAL PURPOSES WAS DISMISSED. BRANDON MOORE ALSO SHOW NUMEROUS ARRESTS FOR FAIL TO COMPLY WITH SEX OFFENDER REGISTRATION IN THE STATE OF MICHIGAN.

STATUS:

PENDING.

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code		
				OFC M. VANHORN	338		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)	I.D. Number	Unit	Date	
			SGT. J. PIERCE	309		08/16/2018	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	
			B. HALL	DET	PATROL		
Case Status	P	Clearance Type		Date Cleared	Arrest Number	Number Arrested	
		1. Arrest	3. Unfounded	A-Adult			
		2. Exceptional		J-Juvenile	___/___/___		
Exception Type		1. Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender	
		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		5. Prosecution Declined	
				6. Juvenile/No Custody		OBTS Number	
						Page of	

ADMI Date of Supplement / / Agency Report Number 20180615 Primary Offense Description DRIVERS LICENSE

Original Day Reported Fri 08/17/2018 Time (mil) 1721 Time Dispatched (mil) 1721 Time Arrived (mil) 1721 Time Completed (mil) 1731

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day Fri 08/17/2018 Time (mil) 1721 To Fri 08/17/2018 Time (mil) 1721

OFF/INC #1 Type 4 Description DRIVERS LIC A-Attempted C-Committed C Statute Violation Number - Chapter, Section, Sub 322 - 03 (1) NCIC/UCR Code 9000

Incident Location (Street Number, Street, Apt.) 700 MANATEE AVE. City HOLMES BEACH Zip 34243 District Grid Area W80 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 26

OFF/INC. 1 # Victims 1 # Offenders 1 # Prem. Ent. 0 # Veh. Stolen 0 Type of Weapon 00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other 00

VW Code V - Victim O - Other Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other Race N - N/A W - White B - Black I - American Indian U - Oriental/Asian O - 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 09. 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 1 V 1 5 Name (Last, First, Middle or Business) STATE OF FLORIDA Residence Phone - Business Phone -

Address (Street, Apt. Number) City State Zip Synopsis of Involvement

Other Contact Info. (Time Available, Interpreter, etc.) If VW Code is V, W or C Fill in this Line Dom. Violence Race Sex Date of Birth Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1.#1 3.Both 2.#2 1 V 1 5 Name (Last, First, Middle or Business) STATE OF FLORIDA Residence Phone - Business Phone -

Address (Street, Apt. Number) City State Zip Synopsis of Involvement

Other Contact Info. (Time Available, Interpreter, etc.) If VW Code is V, W or C Fill in this Line Dom. Violence Race Sex Date of Birth Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1.#1 3.Both 2.#2 1 S-Suspect E-Escapee A-Arrestee Z-Other Code A 1 2 Name (Last, First, Middle) TREJO-MARTINEZ ELISEO Residence Phone - Business Phone -

Maiden Name Nickname/Street Name Place of Birth City State Zip 501 13TH ST. W. 15A PALMETTO FL 34221

Occupation Employer/School Address Social Security Number AGNELLI POOLS

Driver's License Number/State T525200921860 FL 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 M 05/26/1992 26 BRO BLK S S

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

NARRATIVE WHILE SITTING ON THE SIDE OF THE ROAD, I, RAN FLORIDA TAG (DAZR40) AND ASSOCIATED LICENSE OF (T625200921860) THROUGH IN-CAR FCIC/NCIC. THE RETURN OF LICENSE QUERY DISPLAYED THAT DRIVER DIDN'T HAVE A LICENSE OR ID CARD. UPON LAWFUL STOP, I, MADE CONTACT WITH SINGULAR OCCUPANT, WHO WAS OPERATING THE VEHICLE. SUBJECT WAS ASKED FOR HIS CREDENTIALS AND I, WAS GIVEN A NON GOVERNMENT OR STATE IDENTIFICATION AND HIS INSURANCE PACKET. A THOROUGH SEARCH WITH LINX REVEALED THAT I, PREVIOUSLY ISSUED HIM A NO DL TICKET EARLIER THIS YEAR. A SEIZE TAG ORDER WAS ISSUED AGAINST HIS REGISTRATION AND I, VERIFIED WITH HIS INSURANCE COMPANY THAT HIS INSURANCE WAS VALID. SUMMONS WAS ISSUED AND HE WAS TOLD NOT TO DRIVE VEHICLE.

Person/Unit Notified Time Related Report Number(s) Name of Officer Reporting JASON HIGGINS I.D. Number/Locator Code 331

Signature of Officer Reporting SGT. V. MCGOWIN Officer Reviewing (If Applicable) 304 Unit PATROL Date 08/18/2018

Signature of Officer Reviewing Routed To Referred Assigned To By Date

Case Status CA Clearance Type 1.Arrest 3.Unfounded 1 A-Adult J-Juvenile A Date Cleared 08/17/2018 Jail Number Number Arrested 1

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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1															
ADM		Date of Supplement				Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
		/ /								20180621		CITY ORDINANCE VIO.																	
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
		Thu		08/23/2018		0108		0108		0108		0216																	
		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		08/23/2018		0107		Thu		08/23/2018		0108											
		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																	
		5		COV/OTHER				C		0 - 0 (0)		0000																	
		Incident Location (Street Number, Street, Apt.)				City		Zip		District		Grid		Area		Zone													
		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		0															
		Location Type														26													
		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					
		2		1		1		0		0		00. N/A 01. Handgun																	
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury															
		V - Victim W - Witness C - Reporting Person		0 - Other 1. N/A 2. 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		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		1		5		CITY OF HOLMES BEACH																	
		Address (Street, Apt. Number)				City		State		Zip		Business Phone																	
		5801 MARINA DR				HOLMES BEACH		FL		34217																			
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																							
						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		N		N								0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
		1.#1 3.Both 2.#2		3		V		1		5		CITY OF HOLMES BEACH																	
		Address (Street, Apt. Number)				City		State		Zip		Business Phone																	
		5801 MARINA DR				HOLMES BEACH		FL		34217																			
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																							
						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		N		N								0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone									
		1.#1 3.Both 2.#2		3		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		SULLIVAN		AMANDA		BLAINE		386 316-5646									
		Last Known Address (Street, Apt. Number)				City		State		Zip		Business Phone																	
		5300 EL CONQUISTADOR PKWY				BRADENTON		FL		34210																			
		Occupation		Employer/School		Address		Social Security Number																					
		SERVER		BEACH HOUSE REST.		200 GULF DR. N.BRADENTON BEACH																							
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
		S415002998070		FL																									
		Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																							
		TANK TOP, JEANS																											
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
		W		F		08/27/1999		18		508		130		GRN		BLN		L		S									
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
		LT		THN																									
		SEE NARRATIVE CONTINUATION																											
		Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code											
														J. BETTS				337											
		Signature of Officer Reporting				Officer Reviewing (If Applicable)				I.D. Number				Unit				Date											
		SGT. COPEMAN								307				HB11				08/23/2018											
		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				A		08/23/2018				1													
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
																1		of		4									

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180621

ADM	Date of Supplement _ / _ / _		Primary Offense Description CITY ORDINANCE VIO.					Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH																																				
	Original Date Reported 08/23/2018																																											
THEFT	Theft Type Codes										Theft Type 00																																	
	<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</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> <td colspan="3"></td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td>Access Building</td> <td>10. Extortion</td> <td>12. Fraud</td> <td colspan="4"></td> </tr> </table>										00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer	99. Other				01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine	Access Building	10. Extortion	12. Fraud																
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01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine	Access Building	10. Extortion	12. Fraud																																						
CODES	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>0. N/A</td> <td>2. Criminal Mischief</td> <td colspan="3">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>1. Arson</td> <td>3. During other Offense</td> <td colspan="3"></td> </tr> </table>			V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	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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PROPERTY	Property Type																																											
	<table style="width: 100%; font-size: x-small;"> <tr> <td>A. Auto Accessory/Parts</td> <td>E. Equipment/Tool.</td> <td>J. Jewelry/Precious Metal</td> <td>O. Office Equipment</td> <td>T. TV/Video/VCR</td> <td>Y. Farm Equipment</td> </tr> <tr> <td>B. Bicycle</td> <td>F. Food/Liquor/Consumable</td> <td>K. Clothing/Fur</td> <td>P. Art/Collection</td> <td>U. Currency/Negotiable</td> <td>Z. Miscellaneous</td> </tr> <tr> <td>C. Camera/Photo Equipment</td> <td>G. Gun</td> <td>L. Livestock</td> <td>Q. Computer Equipment</td> <td>V. Credit Card/Non-Negotiable</td> <td></td> </tr> <tr> <td>D. Drug</td> <td>H. Household Appliance/Goods</td> <td>M. Musical Instrument</td> <td>R. Radio/Stereo</td> <td>W. Boat Motor</td> <td></td> </tr> <tr> <td></td> <td>I. Plant/Citrus</td> <td>N. Construction Machinery</td> <td>S. Sports Equipment</td> <td>X. Structure</td> <td></td> </tr> </table>			A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment	B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous	C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable		D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor			I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure		Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
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																																							
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	I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure																																								
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																								
Value		Value Recovered		Date Recovered		SCIC/NCIC																																						
				08/23/2018																																								
PROPERTY	Property Type																																											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																							
Value		Value Recovered		Date Recovered		SCIC/NCIC																																						
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	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																																					
	<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						
P. Possess	R. Smuggle	M. Manufacture/Produce/Cultivate	A. Amphetamine	H. Hallucinogen	S. Synthetic	1. Gram	5. Pound	9. Dose Unit/Item																																				
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DRUGS	Activity	Type	Description	Quantity	Unit	Estimated Street Value																																						
			MARIJUANA	6.8	1																																							
	Activity	Type	Description	Quantity	Unit	Estimated Street Value																																						
PROP. DETAIL / NARR.																																												
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date																																		
	J. BETTS		337					HB11		08/23/2018																																		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By																																	
SGT. COPEMAN		307																																										
Signature of Officer Reviewing										Page		Page																																
										1		4																																

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: **20180621**

ADM
Date of Supplement: ___/___/___
Original Date Reported: **08/23/2018**

Case Reference: **COV POSSESSION OF MARIJUANA**

NARRATIVE

ON 8/23/18 AT 01:07 I WAS PERFORMING SPEED ENFORCEMENT IN THE AREA OF 700 MANATEE AVE. WHILE DOING SO, I OBSERVED A WHITE VEHICLE TRAVELING WESTBOUND ON MANATEE AVE. AT A HIGH RATE OF SPEED. I USED MY VEHICLE'S RADAR UNIT AND CLOCK THE VEHICLE TRAVELING 50MPH IN 35MPH ZONE. I GOT BEHIND THE VEHICLE, WHICH WAS BEARING FLORIDA LICENSE PLATE NUMBER 26APY, AND CONDUCTED A TRAFFIC STOP. I APPROACHED THE VEHICLE AND MADE CONTACT WITH THE DRIVER (AMANDA SULLIVAN). AS I WAS ASKING MS. SULLIVAN FOR HER LICENSE AND REGISTRATION, I COULD SMELL ODOR OF MARIJUANA EMITTING FROM THE VEHICLE.

I ASKED MS. SULLIVAN IF THERE WERE ANY ILLEGAL DRUGS OR ITEMS IN THE VEHICLE, SHE REPLIED "NO". AFTER MY BACK UP ARRIVED, I ASKED MS. SULLIVAN TO EXIT THE VEHICLE, SO I COULD SEARCH IT. THE SEARCH PRODUCED 6.8 GRAMS OF MARIJUANA (IN A PLASTIC CONTAINER) AND A PURPLE MARIJUANA GRINDER. BOTH ITEMS WERE LOCATED IN THE CENTER COUNSEL OF THE VEHICLE. AT THIS TIME, I SEIZED BOTH ITEMS AND ISSUED MS. SULLIVAN TWO CITY ORDINANCE CITATIONS. THE FIRST CITATION FOR THE POSSESSION A MARIJUANA LESS THAN 20 GRAMS AND THE SECOND FOR POSSESSION OF DRUG PARAPHERNALIA. MS. SULLIVAN ALSO RECEIVED A CITATION FOR THE SPEEDING VIOLATION. MS. SULLIVAN SIGNED AND RECEIVED A COPY OF ALL CITATIONS AND RELEASED FROM THE SCENE WITHOUT FURTHER INCIDENT. THE MARIJUANA AND GRINDER WERE PLACED INTO HBPD'S EVIDENCE LOCKER #4. NO FURTHER INFORMATION.

Report Contains	Related Report Number(s)	Name of Officer Reporting J. BETTS	I.D. Number/Locator Code 337
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit HB11
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
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 08/23/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 3	Page 4

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report	N	Juvenile Warn/Dismiss	1. Original 2. Supplement	1																	
ADM	Date of Supplement _/_/____			Holmes Beach Police Department										Agency Report Number 20180622		Primary Offense Description DRIVERS LICENSE																			
	Original Day Reported	Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																									
Thu		08/23/2018		1641		1641		1641		1655																									
Incident Type		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																			
1. Felony		4. Traffic Misdemeanor		9. Other		From		Thu		08/23/2018		1641		To Thu		08/23/2018		1641																	
OFF/INC #1	Type	Description			A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																										
4	DRIVERS LIC				C		322 - 03 (1)		9000																										
OFF/INC #2					A-Attempted C-Committed		-		()																										
Incident Location (Street Number, Street, Apt.)																																			
4000			S.R. 789			HOLMES BEACH			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		06. Gas Station		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/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		33. Other		04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		99. Other									
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon	02. Rifle	03. Shotgun	05. Knife/Cutting Instrument	07. Hands/Fist/Feet	10. Fire/Incendiary	13. Drugs	88. Unknown	99. Other	00. N/A	01. Handgun	04. Firearm	06. Blunt Object	09. Explosives	12. Simulated Weapon	13. Drugs	88. Unknown	99. Other	00												
1	1	1	0	0																															
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury		V - Victim		O - Other		0. N/A		4. Business		N - N/A		I - American Indian		N - N/A		3. Florida		0. None					
W - Witness		1. Juvenile		2. L.E. Officer		3. Adult		5. Government		6. Church		9. Other		B - White		U - Unknown		M - Male		F - Female		U - Unknown		0. N/A		1. City		4. Out-of-State		1. Full Year		2. Part Year		3. Non-Resident	
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		I - American Indian		N - N/A		M - Male		F - Female		U - Unknown		0. N/A		3. Florida		0. None	
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer		00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		09. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance		02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee	
OFF/INC Indicator		VW Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1 3.Both		1		V		1		5		STATE		OF		FLORIDA											
2.#2						City		State		Zip																									
Address (Street, Apt. Number)																																			
City																																			
State																																			
Zip																																			
Business Phone																																			
Other Contact Info. (Time Available, Interpreter, etc.)																																			
Synopsis of Involvement																																			
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input type="checkbox"/> No <input type="checkbox"/>									
1																										Yes <input type="checkbox"/> No <input type="checkbox"/>									
OFF/INC Indicator		VW Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1 3.Both		1		V		1		5		STATE		OF		FLORIDA											
2.#2						City		State		Zip																									
Address (Street, Apt. Number)																																			
City																																			
State																																			
Zip																																			
Business Phone																																			
Other Contact Info. (Time Available, Interpreter, etc.)																																			
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If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input type="checkbox"/> No <input type="checkbox"/>									
1																										Yes <input type="checkbox"/> No <input type="checkbox"/>									
OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)		EDWIN		CANALES																					
1.#1 3.Both		S-Suspect		E-Escapee		A		1		2																									
2.#2		A-Arrestee		Z-Other						TORQUEMADA																									
Maiden Name																																			
Nickname/Street Name																																			
Place of Birth																																			
MEXICO																																			
Residence Phone																																			
Last Known Address (Street, Apt. Number)																																			
City																																			
State																																			
Zip																																			
Business Phone																																			
302 26TH AVE W APT 1311																																			
BRADENTON																																			
FL																																			
34205																																			
Occupation																																			
LABORER																																			
Employer/School																																			
Address																																			
Social Security Number																																			
Driver's License Number/State																																			
NONE																																			
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																	
W		M		08/02/1985		33		5-6		180		BRO		BLK		S		S																	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																									
MED																																			
NARRATIVE																																			
WHILE SITTING STATIONARY ON THE SIDE OF THE ROADWAY, I, OBSERVED A BLACK GMC PICKUP TRUCK WITH FLORIDA REGISTRATION PLATE OF (0632IS) DRIVE PAST ME. I ENTERED THAT INTO IN-CAR FCIC/NCIC AND THE RETURN ADVISED CO-REGISTRANT, THE AFOREMENTIONED, WITHOUT A LICENSE, OR ID NUMBER ATTACHED TO REGISTRATION. I, INITIATED A TRAFFIC STOP ON VEHICLE AND SOLE OCCUPANT, TORQUEMADA, GAVE ME HIS MEXICAN CONSULAR CARD. I ATTEMPTED TO RUN HIS INFORMATION THROUGH IN-CAR FCIC/NCIC AND WAS GIVEN NEGATIVE RESULTS. LINX WAS USED AND I WAS UNABLE TO OBTAIN A LICENSE--ONLY PAST OFFENSES OF SIMILAR CIRCUMSTANCES. SUMMONS-TO-APPEAR WAS ISSUED AND IT WAS SIGNED ROADSIDE. NO REGISTRATION UTC ISSUED AS WELL. NO FURTHER ACTION TAKEN.																																			
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																											
Signature of Officer Reporting		Officer Reviewing (If Applicable)		JASON HIGGINS		331																													
SGT. COPEMAN		307		08/23/2018																															
Signature of Officer Reviewing		Routed To		Referred		Assigned To		By																											
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested																					
CA				1		A		08/23/2018				1																							
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																							
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1		1																							

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1																					
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																									
20180623		20180623						OPEN DOOR																															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																													
Fri		08/24/2018		0103		0103		0103		0200																													
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		08/24/2018		0030		Fri 08/24/2018 0100																											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																													
9		OPEN DOOR		C		0 - 0 (0)		0000																															
OFF/INC #2		A-Attempted C-Committed																																					
Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone																	
4116 5TH AVE												HOLMES BEACH		34217		00		00		00		00																	
Business Name/Area Identifier												Forced Entry		Occupancy																									
												0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		2																			
Location Type												01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile															
02. Apartment/Condo												06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other																	
03. Residence-Other												07. Liquor Sales		12. Drug Store/Hospital		17. 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				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		0		1		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon																	
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																											
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal																					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer																					
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant																					
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance																					
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		17. Friend		20. Employee		99. Other Known																					
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																													
1.#1 2.#2		1		V		1		3 UNKNOWN OWNER		-																													
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		U		U				00		1		0		0		00 00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>															
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																													
1.#1 2.#2		3.Both		1		V		3 UNKNOWN OWNER		-																													
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		U		U				00		1		0		0		00 00		00		00				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		R-Rec. 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																													
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						SGT. COPEMAN						307						339				08/24/2018																	
Signature of Officer Reporting						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 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: **20180623**

ADM	Date of Supplement ___/___/___
Original Date Reported 08/24/2018	

Case Reference
OPEN DOOR

WHILE ON ROUTINE PATROL, I WAS TRAVELING DOWN 5TH AVE AND OBSERVED A HOUSE WITH A OPEN DOOR. MYSELF AND SGT. BRIAN COPEMAN KNOCKED ON THE DOOR MULTIPLE TIMES IN AN ATTEMPT TO MAKE CONTACT WITH THE HOME OWNERS. I ADVISED DISPATCH TO ATTEMPT TO CALL THE HOMEOWNERS AND DISPATCH WAS NOT ABLE TO GET IN TOUCH WITH ANYBODY. DISPATCH ADVISED THAT AMI VACATION RENTALS USED TO MANAGE THE PROPERTY BUT ADVISED DISPATCH THAT THEY NO LONGER MANAGE THE PROPERTY. MYSELF AND SGT COPEMAN MADE ENTRY INTO THE HOME THROUGH THE OPEN DOOR IN THE GARAGE TO MAKE SURE THERE WAS NO PROBLEMS WITH THE RESIDENCE. THE BUILDING WAS CLEARED AND THE GARAGE DOOR WAS SECURED.

NARRATIVE

C O P E M A N

Report Contains	Related Report Number(s)	Name of Officer Reporting A. HURT	I.D. Number/Locator Code 339
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit Date 08/24/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared ___/___/___
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
OBTS Number		Arrest Number	Number Arrested 2 of 2