

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <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							
/ /												20180635		DUI							
Original Day Reported		Tue		08/28/2018		Time (mil)		2118		Time Dispatched (mil)		2119		Time Arrived (mil)		2123		Time Completed (mil)		0138	
Incident Type		1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)			
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Tue		08/28/2018		2119		To		Wed		08/29/2018		0138	
OFF/INC #1		Type		Description		A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code									
4		DUI				C		C		316 - 193 (1A)		5400									
OFF/INC #2						A-Attempted		C-Committed													
Incident Location (Street Number, Street, Apt.)		600		MANATEE AVE		City		HOLMES BEACH		Zip		34217		District		00		Grid		00	
Business Name/Area Identifier														Forced Entry		0		Occupancy		0	
0. N/A		1. Yes		2. No		0		1. Occupied		2. Unoccupied		3. Abandoned									
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		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other									
03. Residence-Other		08. Bar/Nightclub		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field											
04. Hotel/Motel		09. Supermarket		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs	
1		1		1		0		0		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown	
01. Handgun										01. N/A		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other		00	
V/W Code		O - Other		Victim Type		0. N/A		4. Business		Race		N - N/A		I - American Indian		Sex		N - N/A		Residence Type	
W - Witness				1. Juvenile		5. Government		W - White		O - Oriental/Asian		M - Male		U - Unknown		F - Female		1. City		4. Out-of-State	
C - Reporting Person				2. L.E. Officer		6. Church		B - Black		U - Unknown		U - Unknown						2. County		3. Non-Resident	
3. Adult				9. Other																	
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		Friend		19. Sitter/Day Care		23. Acquaintance			
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone											
1.#1 3.Both		1		V		1		5		CITY OF HOLMES BEACH		941 708-5800									
2.#2										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		CITY IN WHICH DUI OCCURED							
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	
2		N		N		N		00		0		0		0		00		00		00	
Will Victim prefer charge?		Yes <input type="checkbox"/>		No <input type="checkbox"/>																	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone											
1.#1 3.Both		1		V		1		5		-											
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	
Will Victim prefer charge?		Yes <input type="checkbox"/>		No <input type="checkbox"/>																	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone							
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		HUCK		LOGAN		ARTHUR		941 713-8646					
2.#2										Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone					
										Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone			
										4516 121ST ST CT W. APT 1507		CORTEZ		FL		34215		-		-	
Occupation		Employer/School		Address		Social Security Number				BARTENDER		WATERLINE RESORT		5325 MARINA DR. HOLMES BEACH		-		-		-	
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC		H200-521-87-096-0		FL									
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)								FLORAL BUTTON UP SHIRT/ BLUE KHAKI SHORTS		MISC TATTOOS ALL OVER BODY									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style			
W		M		03/16/1987		31		6-00		200		GRN		BLD				X			
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		20180634		A. HURT		339							
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT. COPEMAN		307		08/31/2018							
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By													
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested							
CA				2.Exceptional		1		J-Juvenile		A		08/29/2018		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		3									

PERSON(S) REPORT

Holmes Beach Police Department

Juvenile in Report: N 1. Original 2. Supplement: 1Agency Report Number
20180635

ADM	Date of Supplement _/_/____	Primary Offense Description DUI		Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH									
	Original Date 08/28/2018												
CODES	V/W Code V - Victim W - Witness C - Reporting Person	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Race N-N/A W-White B-Black	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal						
	Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known			
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone						
	Address (Street, Apt. Number)			City	State	Zip	Business Phone						
Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement							
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 2.#2	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone							
Address (Street, Apt. Number)			City	State	Zip	Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement							
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code	Susp. #	Juvenile	Name (Last, First, Middle)			Residence Phone				
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone				
Last Known Address (Street, Apt. Number)			City	State	Zip	Business Phone							
Occupation			Employer/School			Address			Social Security Number				
Driver's License State/Number			Immigration and Naturalization Number			Other ID. Number			OBTS Number	SCIC/NCIC			
Clothing (Describe)						Scars/Marks/Tatoos (Location/Describe)							
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers								
OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code	Susp. #	Juvenile	Name (Last, First, Middle)			Residence Phone				
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone				
Last Known Address (Street, Apt. Number)			City	State	Zip	Business Phone							
Occupation			Employer/School			Address			Social Security Number				
Driver's License State/Number			Immigration and Naturalization Number			Other ID. Number			OBTS Number	SCIC/NCIC			
Clothing (Describe)						Scars/Marks/Tatoos (Location/Describe)							
Race	Sex	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers								
Incident Type 1. Runaway 2. Parental 3. Involuntary	4. Disabled 5. Endangered 6. Disaster Victim	7. Voluntary Adult 8. Unknown	Foul Play Suspected ? 1. Yes 2. No	Missing Before ? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available 1. Yes 2. No 8. Unknown	MCIC Form Provided ? 1. Yes 2. No					
Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)			Accompanied By						
Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)					
Property Carried				ID. Type/Number				ID. Type/Number					
Probable Destination				Name/Address				Transportation Mode					
Recovery Information		0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other			
Officer(s) Reporting A. HURT		ID. Number(s)/Locator code 339		Signature of Officer Reporting			Unit		Date 08/31/2018				
Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To		By			Date
Signature of Officer Reviewing												Page	Page

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180635

ADM	Date of Supplement ___/___/___		Primary Offense Description DUI					Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH				
	Original Date Reported 08/28/2018											
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other										Theft Type	
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found			Damage Codes 7. Safekeeping 8. Evidence/Seized 9. Other 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other					
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous											
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC			
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC			
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC			
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC			
PROPERTY	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC			
	Serial Number		Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)						
TOTALS	Property Stolen		0.00			Change in Property Stolen Value						
	Property Recovered		0.00			Change in Property Recovered Value						
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use T. Traffic K. Dispense/Distribute			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	A. HURT		339							08/31/2018		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	
	SGT. COPEMAN		307									
Signature of Officer Reviewing										Page	Page	
										of		

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180635

ADM	Date of Supplement _ / _ / _		Primary Offense Description DUI						Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH																					
	Original Date Reported 08/28/2018																													
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other			Damage Code 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other			Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other			Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other			Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local															
	Person Code A		Person # 1		Vehicle # 1		Status 9		Damage 9		Type 1		Year 2010		Make HONDA		Model INSIGH		Style 4DOOR											
VEHICLE / VESSEL	Tag Reg./Doc. # Y27SNL		Reg. State FL			Reg. Year 2018			Decal Number			Tag Type																		
	VIN/Hull/FAA JHMZE2H78AS015744												Estimated Value \$7,500																	
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition												Insurance Company GARRISON INS.			Lien Holder														
	Color (Top/Bottom) GRN												Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) EXTENSIVE DAMAGE FRONT END																	
	Vessel Name			Length			Hull Material			Propulsion			Boat Type																	
	Recovery Address/Geographic Indicator												Date Recovered _ / _ / _			Value Recovered														
	Recovery Loc.		Recovery Code		Original Reporting Agency 20180635			Report Number 20180635			Hold Y - Yes N - No N		Reason/Authority																	
	Method of Theft <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.			Towed By BAKERS TOWING			Storage Location 903 3RD AVE W.			SCIC/NCIC			Location of Original Theft															
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style											
	Tag Reg./Doc. #		Reg. State			Reg. Year			Decal Number			Tag Type																		
VIN/Hull/FAA												Estimated Value																		
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition												Insurance Company			Lien Holder															
Color (Top/Bottom)												Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)																		
Vessel Name			Length			Hull Material			Propulsion			Boat Type																		
Recovery Address/Geographic Indicator												Date Recovered _ / _ / _			Value Recovered															
Recovery Loc.		Recovery Code		Original Reporting Agency			Report Number			Hold Y - Yes N - No		Reason/Authority																		
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.			Towed By			Storage Location			SCIC/NCIC			Location of Original Theft																
SEE NARRATIVE.																														
ADMINISTRATIVE	Signature of Officer Reporting						Name of Officer Reporting A. HURT						I.D. Number/Locator Code 339						Unit											
	Signature of Officer Reviewing						Officer Reviewing (If Applicable) SGT. COPEMAN						I.D. Number 307						Date 08/31/2018											
	Routed To						Referred To						Assigned To						By						Date _ / _ / _					
	Case Status CA			Clearance Type 1. Arrest 2. Exceptional 1			3. Unfounded			A-Adult J-Juvenile A			Date Cleared 08/29/2018			Arrest 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 Custody			OBTS Number			Page 2 of 3						

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Date of Supplement ___/___/___
Original Date Reported 08/28/2018

Case Reference
20180635

Agency ORI Number FL0410400	Agency Report Number 20180635
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ADM

NARRATIVE

ON 08/28/2018 AT 21:18 HOURS, I WAS DISPATCHED TO A REPORT OF A SINGLE CAR CRASH AT THE INTERSECTION OF MANATEE AVE. AND EAST BAY DR. UPON ARRIVING ON SCENE I OBSERVED OFC. JOSH BETTS SPEAKING TO SOMEBODY SITTING IN A DARK COLORED VEHICLE BEARING FL TAG Y27SNL. UPON APPROACHING THE VEHICLE I WAS OBSERVED THE VEHICLE SITTING ON TOP OF A LARGE ROCK AND COULD NOT BE MOVED. I MADE CONTACT WITH THE DRIVER WHO IDENTIFIED HIMSELF AS LOGAN A. HUCK. AFTER SPEAKING WITH OFC. BETTS WHO INFORMED ME HE HAD COMPLETED HIS CRASH INVESTIGATION(REFERNCE HYPD CASE 20180634), I SPOKE WITH LOGAN AND WHILE SPEKING WITH HIM I COULD SMELL THE STRONG ODOR OF AN ALCOHOLIC BEVERAGE AS WELL AS GLOSSY BLOOD SHOT WATERY EYES. WHILE SPEAKING TO LOGAN HE HAD A HARD TIME KEEPING HIS BALANCE AND WAS USING HIS CAR TO KEEP HIS BALANCE. I ASKED MR. HUCK IF HE NEEDED EMS DUE TO THE CRASH OR IF HE WAS HAVING ANY MEDICAL ISSUES. MR. HUCK STATED HE WAS FINE AND REFUSED EMS. I EXPLAINED TO MR. HUCK THAT I BELIEED HE WAS UNDER THE INFLUENCE OF ALCOHOL AND ASKED IF HE WOULD PERFORM A SERIES OF EXERCISES TO DISPELL MY SUSPICIONS IN WHICH HE AGREED.

FIELD SOBRIETY EXERCISES-

THE FIELD SOBRIETY EXERCISES WERE PERFORMED ON THE SIDE OF THE ROAD AT THE INTERSECTION OF EAST BAY DR. AND MANATEE AVE. THE ROAD SURFACE WAS SLIGHTLY WET DUE TO RAIN A SHORT TIME PRIOR. THE ROAD WAS SMOOTH AND LEVEL AND WAS CLEARED OF ALL DEBRIS. THE LIGHTING CONDITIONS CONSISTED OF MY HEADLIGHTS AND TAKE DOWN LIGHTS FROM MY PATROL VEHICLE #8 AS WELL AS MY FLASHLIGHT.

HORIZONTAL GAZE NYSTAGMUS-

I EXPLAINED THE FIRST EXERCISE TO MR. HUCK AND EXPLAINED TO HIM TO FOLLOW THE STIMULUS (A SILVER AND BLACK PEN) WITH HIS EYES AND HIS EYES ONLY. WHILE CONDUCTING THE EXERCISE MR. HUCK HAD TO BE REMINDED TO KEEP HIS HEAD STILL AND ONLY FOLLOW THE STIMULUS WITH HIS EYES. I OBSERVED LACK OF SMOOTH PURSUIT IN BOTH EYES. DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION AND AN ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES WAS OBSERVED IN BOTH OF MR. HUCKS EYES.

Report Contains	Related Report Number(s) 20180634	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 08/31/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared 08/29/2018
5. Prosecution Declined 6. Juvenile/No Custody		Arrest Number 1	Number Arrested 1
OBTS Number		Page 3	Page 3

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

ADM	Date of Supplement 08/29/2018
	Original Date Reported 08/28/2018

Case Reference
DUI CRASH

Agency ORI Number FL0410400	Agency Report Number 20180635
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NARRATIVE

I WAS DISPATCHED TO THE INTERSECTION OF MANATEE AVE. AND EAST BAY DR. FOR A SINGLE VEHICLE CRASH. A FEMALE (STEPHANIE RYECRZ 210-624-1969) ON SCENE REPORTED THE CRASH TO 911, BUT ADVISED SHE DID NOT WITNESS THE CRASH TAKE PLACE. I APPROACHED A DARK COLORED HONDA, BEARING FLORIDA LICENSE Y27SNL, AND OBSERVED A WHITE MALE (LOGAN HUCK) SEATED BEHIND THE STEERING WHEEL WITH A DEPLOYED AIR BAG. AS I LOOKED THROUGH THE DRIVERS SIDE WINDOW, MR. HUCK WAS TRYING TO DRIVE THE VEHICLE, WHICH WAS HUNG UP ON A ROCK WITH THE FRONT RIGHT WHEEL OFF OF THE GROUND. THE VEHICLE WAS IN DRIVE AND MR. HUCK WAS PRESSING THE ACCELERATOR PEDAL. I HAD MR. HUCK OPEN THE DRIVERS DOOR AND TOLD HIM TO PLACE THE CAR IN PARK. I THEN TOLD MR. HUCK THAT HIS VEHICLE WAS NOT DRIVABLE DUE TO HIM BEING STUCK ON A BOULDER. MR. HUCK REPLIED "I'M NOT GOING ANYWHERE, I'M JUST TRYING TO FIX MY CAR". WHILE TALKING WITH MR. HUCK, I DETECTED THE ODOR OF ALCOHOL ON OR ABOUT HIS PERSON. I ALSO OBSERVED BLOODSHOT WATERY EYES ON MR. HUCK. AT THIS TIME, OFC. HURT ARRIVED ON SCENE AND CONDUCTED A DUI INVESTIGATION. I COMPLETED MY TRAFFIC CRASH INVESTIGATION (CASE# 20180634) AND TOOK NO FURTHER ACTION IN THE DUI INVESTIGATION.

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
Case Status	Clearance Type 1. Arrest 3. Unfounded 2. Exceptional	A-Adult J-Juvenile	Date Cleared ___/___/___
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Arrest Number	Number Arrested
		OBTS Number	Page 1 of 1

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: **20180635**

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

Case Reference
DUI

NARRATIVE

WALK AND TURN-

MR.HUCK WAS WEARING FLIP FLOPS AND WAS ADVISED THAT HE COULD REMOVE THEM IF HE WANTED TO FOR THIS EXERCISE. I DEMONSTRATED AND EXPLAINED THE WALK AND TURN EXERCISE TO MR. HUCK WHO STATED TO ME THAT HE UNDERSTOOD HOW TO PERFORM THE EXERCISE. I ASKED MR. HUCK TO STAND ON THE WHITE LINE WITH HIS LEFT FOOT ON THE LINE WITH RIGHT HEEL TOUCHING HIS LEFT TOES. MR.HUCK ATTEMPTED TO STAND LIKE THAT BEFORE BEGINNING THE EXERCISES BUT COULD NOT DO SO WITHOUT LOSING HIS BALANCE. I EXPLAINED TO MR. HUCK THAT HE COULD BEGIN THE EXERCISE WHENEVER HE WOULD LIKE. MR.HUCK BEGIN BY BEGINNING WITH THE WRONG FOOT AND TOOK 3 STEPS MISSING HEEL TO TOE EACH TIME AND STEPPING OFF OF THE APPROX. 4 INCH WIDE LINE. MR.HUCK BECAME FRUSTRATED AND WALKED BACK TO THE STARTING POSITION. I ASKED MR.HUCK IF HE WOULD LIKE FOR ME TO DEMONSTRATE THE EXERCISE AGAIN IN WHICH HE AGREED. AFTER DEMONSTRATING AND EXPLAINING THE EXERCISE I TOLD MR. HUCK HE COULD BEGIN THE EXERCISE WHENEVER HE WAS READY. MR HUCK AGAIN STARTED WITH HIS WRONG FOOT AND BEGAN TAKING STEPS. MR. HUCK TOOK 15 STEPS DOWN UNTIL HE HAD TO B INSTRUCTED TO TURN BACK AROUND AND TOOK 13 STEPS BACK MISSING HEEL TO TOE ON EVERY STEP. MR. HUCK ALSO RAISED HIS ARMS HIGHER THAN 6INCHES REPEATEDLY TO HELP WITH BALANCE. WHILE PERFORMING THE EXERCISE MR.HUCK MADE A SPONTANEOUS UTTERANCE IN WHICH HE STATED " THIS IS HARD THE LINE IS CURVED, I FEEL LIKE IM DRUNK."

ONE LEG STAND-

I DEMONSTRATED AND EXPLAINED TO MR. HUCK HOW TO PROPERLY PERFORM THE ONE LEG STAND. I DEMONSTRATED TO MR. HUCK TO LIFT ONE FOOT OFF THE GROUND APPROX. 6 INCHES AND COUNT OUT LOUD 1-1000, 2-1000, 3-1000 UNTIL DIRECTED TO STOP WHILE LOOKING AT HIS ELEVATED FOOT. MR. HUCK STATED THAT HE UNDERSTOOD AND WAS INSTRUCTED TO BEGIN WHENEVER HE WAS READY.MR. HUCK STOOD ON HIS LEFT FOOT AND BEGAN COUNTING. MR.HUCK LIFTED HIS FOOT SEVERAL TIMES BUT COULDN'T COUNT PAST 1-1000 SEVERAL TIMES.MR. HUCK RESTARTED THE EXERCISE 4 TIMES NEVER MAKING IT MORE THAN 3-1000 IN A 30 SECOND TIME FRAME.

BASED ON MY TRAINING AND EXPERIENCE, I PLACED MR. LOGAN HUCK INTO CUSTODY.MR.HUCK WAS TRANSPORTED TO HYPD FOR PAPERWORK. WHILE AT HYPD I READ MR. HUCK HIS MIRANDA RIGHTS AND IMPLIED CONSENT AND ASKED IF HE WOULD PROVIDE A BREATHE SAMPLE. MR. HUCK AGREED AND A 20 MINUTE OBSERVATION WAS STARTED. AFTER COMPLETING THE 20 MINUTE OBSERVATION PERIOD I THEN COLLECTED TWO BREATHE SAMPLES OF .185/.191 BAC.I THEN COMPLETED MY PAPERWORK AND TRANSPORTED MR.HUCK TO MANATEE COUNTY JAIL.

THE FOLLOWING CITATIONS WERE ISSUED: 6848XBK (DUI)

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
			20180634	A.HURT	339
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
		SGT .COPEMAN	307		08/31/2018
Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By
Case Status	Clearance Type	1.Arrest	3.Unfounded	A-Adult	Date Cleared
CA		2.Exceptional	1	J-Juvenile	08/29/2018
Exception Type	2. Arrest on Primary Offense	3. Death of Offender	5. Prosecution Declined	Arrest Number	Number Arrested
1.Extradition Declined	Secondary Offense Without Prosecution	4. V / W Refused to Cooperate	6. Juvenile/No Custody		1
				OBTS Number	Page Page
					1 of 1

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report		N		Juvenile Warn/Dismiss		1. Original		2. Supplement		1															
Date of Supplement		Holmes Beach Police Department										Agency Report Number		20180637										Primary Offense Description				DRIVERS LICENSE									
Original Day Reported		Sat		Date		09/01/2018		Time (mil)		1027		Time Dispatched (mil)		1027		Time Arrived (mil)		1027		Time Completed (mil)		1145															
Incident Type		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																					
1. Felony		4. Traffic Misdemeanor		9. Other		From		Sat		09/01/2018		1027		To		Sat		09/01/2018		1027																	
OFF/INC #1		Type		Description		A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub										NCIC/UCR Code		260A															
OFF/INC #2						A-Attempted		C-Committed																													
Incident Location (Street Number, Street, Apt.)		8200		S.R. 789		City		HOLMES BEACH		Zip		34217		District				Grid		Area		W80															
Business Name/Area Identifier														Forced Entry		0		Occupancy		0		0															
0. N/A		1. Yes		2. No		0		1. Occupied		2. Unoccupied		3. Abandoned																									
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. 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		99. Other											
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00															
1		1		1		0		0		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown																	
01. Handgun		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other																													
V/W Code		O - Other		Victim Type		0. N/A		4. Business		Race		N - N/A		I - American Indian		Sex		N - N/A		Residence Type		Residence Status		Extent of Injury													
V - Victim				1. Juvenile		5. Government		6. Church		N - N/A		I - American Indian		M - Male		0. N/A		3. Florida		0. N/A		0. None		0. None													
W - Witness				2. L.E. Officer		9. Other		9. Other		W - White		O - Oriental/Asian		F - Female		1. City		4. Out-of-State		1. Full Year		2. Minor		1. Minor													
C - Reporting Person				3. Adult						B - Black		U - Unknown		U - Unknown		2. County				2. Part Year		3. Serious		3. Fatal													
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer		00. N/A		08. Burns		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer					
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		19. Friend		20. Employee	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		OF		FLORIDA		Residence Phone				1.#1 3.Both		1		V		1		5		STATE									
2.#2								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?		Yes		No		No							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
1.#1 3.Both		1		V		1		5		STATE																											
2.#2								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?		Yes		No		No							
OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)		ANDREA		TERESA		Residence Phone				1.#1 3.Both		1		S-Suspect		E-Escapee		Z		1		2		WRIGHT			
2.#2		A-Arrestee		Z-Other						Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
Last Known Address (Street, Apt. Number)		2507		19TH ST. E.		City		BRADENTON		State		FL		Zip		34208		Business Phone																			
Occupation		CLEANER/STUDENT		Employer/School		Address				Social Security Number																											
Driver's License Number/State		W623018848220		FL		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																									
Clothing (Describe)		DK		MED		Scars/Marks/Tatoos (Location/Describe)																															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																			
B		F		09/02/1984		33		5-05		170		BLK		BLK		M		S																			
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																											
THROUGH IN-CAR FCIC/NCIC, I RAN FLORIDA REGISTRATION (336RZV) THAT WAS ATTACHED TO THE REAR OF A MITSUBISHI GALANT. THE QUERY DISPLAYED AN EXPIRATION DATE OF: 09-02-2017. I RAN THE ATTACHED DL NUMBER OF (W623018848220) AND IT DISPLAYED THAT IT WAS SUSPENDED FOR COURT OBLIGATION ALONG WITH FINANCIAL RESPONSIBILITY. I INITIATED A TRAFFIC STOP AND MADE CONTACT WITH THE AFOREMENTIONED, WHO KNEW HER LICENSE WAS SUSPENDED AND TAG WAS EXPIRED. SUBJET WAS ISSUED CIVIL INFRACTIONS ONLY AND TAG WAS SEIZED. VEHICLE WAS INVENTORIED PRIOR TO REMOVAL FROM SCENE. BARFIELD'S TOWING RESPONDED AND TOOK POSSESSION OF VEHICLE. NO FURTHER ACTION TAKEN.																																					
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		JASON HIGGINS		331																									
Signature of Officer Reporting		SGT. COPEMAN		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		09/01/2018																									
Signature of Officer Reviewing		Routed To		Referred		Assigned To		By		Date																											
Case Status		CE		Clearance Type		1.Arrest		3.Unfounded		2		A-Adult		J-Juvenile		A		Date Cleared		09/01/2018		Jail Number		Number Arrested		0											
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		Page		1		of		3													

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180637

ADM	Date of Supplement _ / _ / _		Holmes Beach Police Department					Agency Report Number 20180637								
	Original Date Reported 09/01/2018												Primary Offense Description NO INSURANCE/SUSPENDED DL			Victim #1 Name (Last, First, Middle) STATE OF FLORIDA
THEFT	Theft Type Codes											Theft Type				
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other															
CODES	Person Codes			Status Codes			Damage Codes									
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense 9. Other						
PROPERTY	Property Type															
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number						
	R	1	1	2	0	A	1	FLORIDA REG.	FL	336RZV						
	Serial Number SAME				Owner Applied Number N/A				Description (Size, Color, Caliber, Barrel Length, Etc.) METALLIC-ORANGE, GREEN, SILVER TAG.							
Value					Value Recovered 0.00			Date Recovered 09/01/2018		SCIC/NCIC						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number						
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value					Value Recovered			Date Recovered		SCIC/NCIC					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number						
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value					Value Recovered			Date Recovered		SCIC/NCIC					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number						
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value					Value Recovered			Date Recovered		SCIC/NCIC					
TOTALS	Property Stolen				0.00			Change in Property Stolen Value								
	Property Recovered				0.00			Change in Property Recovered Value								
CODES	Activity			Type			Description			Quantity						
	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			
DRUGS	Activity			Type			Description			Quantity						
	Activity			Type			Description			Quantity						
	Activity			Type			Description			Quantity						
ADMINISTRATIVE	Officer(s) Reporting				ID. Number(s)/Locator code				Signature of Officer Reporting				Unit		Date	
	JASON HIGGISN				331								08		09/01/2018	
	Officer Reviewing (If Applicable)				ID. Number				Routed To				Assigned To		By	
SGT. COPEMAN				307												
Signature of Officer Reviewing											Page		Page			
											2		of 3			

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180637

ADM	Date of Supplement ____/____/____		Original Date Reported 09/01/2018						Primary Offense Description NO INSURANCE/SUS DL						Victim #1 Name (Last, First, Middle) STATE OF FL							
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other			Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other			Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other			Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other			Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local							
VEHICLE / VESSEL	Person Code O		Person # 1		Vehicle # 1		Status 5		Damage 0		Type 1		Year 2003		Make MIT		Model GAL		Style 4DR			
	Tag Reg./Doc. #		Reg. State						Reg. Year 2017		Decal Number						Tag Type					
	VIN/Hull/FAA 4A3AA46G93E191869																		Estimated Value \$1,000			
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition																		Insurance Company NONE		Lien Holder NONE	
	Color (Top/Bottom) CREAM																		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) DIRTY INTERIOR			
	Vessel Name						Length			Hull Material			Propulsion			Boat Type						
	Recovery Address/Geographic Indicator												Date Recovered ____/____/____			Value Recovered						
	Recovery Loc.		Recovery Code		Original Reporting Agency				Report Number				Hold Y - Yes N - No		Reason/Authority							
	Method of Theft <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.		Towed By BARFIELD 'S TOWING		Storage Location SARASOTA			SCIC/NCIC			Location of Original Theft									
VEHICLE / VESSEL	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style			
	Tag Reg./Doc. #		Reg. State						Reg. Year		Decal Number						Tag Type					
	VIN/Hull/FAA																		Estimated Value			
	Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition																		Insurance Company		Lien Holder	
	Color (Top/Bottom)																		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)			
	Vessel Name						Length			Hull Material			Propulsion			Boat Type						
	Recovery Address/Geographic Indicator												Date Recovered ____/____/____			Value Recovered						
	Recovery Loc.		Recovery Code		Original Reporting Agency				Report Number				Hold Y - Yes N - No		Reason/Authority							
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.		Towed By		Storage Location			SCIC/NCIC			Location of Original Theft									
VEHICLE INV. / NARRATIVE																						
	Signature of Officer Reporting						Name of Officer Reporting						I.D. Number/Locator Code						Unit			
	Signature of Officer Reviewing						Officer Reviewing (If Applicable)						I.D. Number						Date			
	Routed To						Referred To						Assigned To						By			
	Case Status						Clearance Type 1. Arrest 2. Exceptional 3. Unfounded			A-Adult J-Juvenile			Date Cleared ____/____/____			Arrest Number			Number Arrested			
	Exception Type 1. Extradition Declined						2. Arrest on Primary Offense Secondary Offense Without Prosecution			3. Death of Offender 4. V / W Refused to Cooperate			5. Prosecution Declined 6. Juvenile/No Custody			OBTS Number			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											
												20180638		TRESPASS											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		09/01/2018		1053		1055		1057		1145															
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		Sat		09/01/2018		Sat		09/01/2018													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		TRESPASS				C		253 - 72 ()		9000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone			
5424 MARINA DRIVE												HOLMES BEACH		34217											
Business Name/Area Identifier												Forced Entry		Occupancy											
JESSIES												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		99. Other			
03. Residence-Other												07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field					
04. Hotel/Motel												08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway					
09. Supermarket												09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		05			
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		00		00		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
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		16. Boy/Girl Friend		20. Employee		99. Other Known							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		C		01		3		GONZALEZ		APRIL		FL		941 778-6903									
Address (Street, Apt. Number)												City		State		Zip		Business Phone							
5424 MARINA DRIVE												HOLMES BEACH		FL		34217									
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
												TRESPASS													
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		2		W		F		10/22/1962		55		1		1		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		O		01		3		BONHOMME		FELICIA		J		516 234-1690									
Address (Street, Apt. Number)												City		State		Zip		Business Phone							
27 OSBORNE ROAD												W HEMPSTEAD		NY		11552									
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
												TRESPASS													
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		2		B		F		11/10/1989		28		4		3		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																							
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone							
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						WALKER		312																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307				09/01/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		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												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: **20180638**

ADM	Date of Supplement ___/___/___
	Original Date Reported 09/01/2018

Case Reference

NARRATIVE

ON 09/01/2018, AT 1055 HOURS, I WAS DISPATCHED TO 5424 MARINA DRIVE, (JESSIES) IN REFERENCE TO A DISTURBANCE. UPON ARRIVAL I SPOKE WITH COMPLAINANT (APRIL GONZALEZ), WHO ADVISED (FELICIA BONHOMME), ENTERED THE STORE ACTING IRRATIONAL WANTING TO USE A CELL PHONE. WHEN GONZALEZ ADVISED BONHOMME COULD NOT USE HER PHONE BONHOMME BEGAN YELLING AND CAUSING A DISTURBANCE INSIDE THE STORE AND REFUSED TO LEAVE. UPON ARRIVAL I SPOKE WITH BONHOMME WHO WAS CONTINUING TO YELL AND CAUSE A DISTURBANCE. I COMPLETED A TRESPASS WARNING AND TRANSPORTED BONHOMME OFF THE ISLAND.

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

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
												20180639		TRAFFIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		09/01/2018		1532		1532		1532		1605															
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		Sat		09/01/2018		Sat		09/01/2018													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC		A		322 - 03 (1)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 GULF DRIVE		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																	
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 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other		26											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00			
01		01		01		00		00		01. Handgun															
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. 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 01. Gunshot 02. Stabbed		04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		08. Burns 09. Abrasions/Bruises 99. Other		01. Undetermined 02. Stranger		04. Ex-Spouse 05. Co-Habitant		07. Brother/Sister 08. Child 09. Step-Parent		11. In-Law 12. Other Family 13. Student		15. Child of Boy/Girl Friend 16. Boy/Girl Friend		18. Neighbor 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 2.#2		1		V		01		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		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		1		V		01		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		00		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		A		01		2		COBON PALACIOS		JORGE		EDUARDO							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
927 51ST AVE E		BRADENTON		FL		34203																			
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							
W		M		11/22/1999		18		505		140		BRO		BRO		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		THN																							
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)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307				09/01/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180639**

ADM	Date of Supplement __/__/____
	Original Date Reported 09/01/2018

Case Reference

NARRATIVE

ON 09/01/2018, AT 1340 HOURS, I OBSERVED A WHITE FORD VAN BEARING FLORIDA TAG (#IHFV68), TRAVELING SOUTH BOUND IN THE 4000 BLOCK OF GULF DRIVE. UPON RUNNING THE TAG THROUGH NCIC/FCIC, THE OWNER OF THE VEHICLE HAD AN ACTIVE WARRANT OUT OF PINELLAS COUNTY FOR DRIVING WHILE LICENSE SUSPENDED. I CONDUCTED A TRAFFIC STOP IN THE 2500 BLOCK OF GULF DRIVE. UPON SPEAKING WITH THE DRIVER HE HANDED ME HIS HONDURAS CONSULATE CARD BUT STATED HE HAD NO DRIVERS LICENSE ISSUED IN THE UNITED STATES. I DISCOVERED THROUGH INTERNET SEARCHES THE IDENTITY OF THE DRIVER. I ISSUED THE DRIVER A NOTICE TO APPEAR FOR NO VALID DRIVERS (NEVER HAD ONE ISSUED). THE DRIVER CONTACTED SOMEONE TO PICK UP HIM AND THE VEHICLE.

COOPER

Report Contains	Related Report Number(s)	Name of Officer Reporting WALKER	I.D. Number/Locator Code 312
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit Date 09/01/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared ____/____/____
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Arrest Number	Number Arrested
		OBTS Number	Page of

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 20180640

Primary Offense Description SUSP. CIRCUMSTANCE

ADM Date of Supplement

EVENT DATA: Original Day Reported (Sat 09/01/2018), Incident Type (SUSP/CIRCUMSTANCE), Incident Location (4000 GULF DR, HOLMES BEACH), Business Name (THE BEACH CAFE TIKI BAR), Location Type (08. Bar/Nightclub), # Victims (1), # Offenders (00), # Veh. Stolen (00), Type of Weapon (01. Handgun), Race (W - White), Sex (F - Female), Residence Type (1. City), Extent of Injury (3. Fatal).

CODES: V/W Code (V - Victim), Injury Type (03. Laceration), Victim Relationship To Offender (06. Parent), Synopsis of Involvement (VICTIM IN HOSPITAL).

VICTIM / WITNESS: Victim 1 (SYDNIE SUEANN, 902 64TH ST W., BRADENTON, FL 34209), Victim 2 (IAN BRADY, 51 OCEAN DRIVE, PUNTA GORDA, FL 33950).

SUSPECT: Suspect Code (S-Suspect), Name (SEE NARRATIVE), Date of Birth (12/14/1996), Height (21), Weight (3), Eye Color (1), Hair Color (W).

NARRATIVE: SEE NARRATIVE.

ADMINISTRATIVE: Person/Unit Notified (A. HURT), Signature of Officer Reporting (SGT. COPEMAN), Date (09/02/2018), Case Status, Clearance Type, Exception Type.

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180640

ADM	Date of Supplement ____/____/____		PERSON(S) REPORT										Juvenile in Report: <input type="checkbox"/> N <input type="checkbox"/> 1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1	
	Original Date 09/01/2018		Primary Offense Description SUSP. CIRCUMSTANCE				Victim #1 Name (Last, First, Middle) HALE SYDNE SUEANN						Agency Report Number 20180640	
CODES	V/W Code V - Victim W - Witness C - Reporting Person		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		Race N-N/A W-White B-Black		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal	
	O - Other		4. Business 5. Government 6. Church 9. Other		I-American Indian O-Oriental/Asian U-Unknown		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	
	Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student	
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2		V. Type 1 3		Name (Last, First, Middle or Business) HALE II JACKY LEE		City BRADENTON		State FL		Zip 34209		Residence Phone 941 538-8232	
	3.Both		3											
	Address (Street, Apt. Number) 902 64TH ST W. BRADENTON												Business Phone ____-____-____	
	Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement FATHER OF VICTIM	
	If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race W		Sex M		Date of Birth 05/03/1971		Age 47		Res. Type 1	
	Res. Status 1		Extent of Injury 0		Injury Type(s) 00 00		Relationship 06		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2		V. Type 1 3		Name (Last, First, Middle or Business) HALE ANGELA SUE		City BRADENTON		State FL		Zip 34209		Residence Phone ____-____-____	
	3.Both		3											
	Address (Street, Apt. Number) 904 64TH ST W. BRADENTON												Business Phone ____-____-____	
	Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement MOTHER OF VICTIM	
	If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race W		Sex F		Date of Birth 07/14/1973		Age 45		Res. Type 1	
	Res. Status 1		Extent of Injury 0		Injury Type(s) 00 00		Relationship 06		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
SUSPECT OR MISSING PERSONS	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)					
	3.Both													
	Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone ____-____-____	
	Last Known Address (Street, Apt. Number) ____-____-____												City ____	
	____-____-____												State ____	
	____-____-____												Zip ____	
	Occupation				Employer/School				Address				Social Security Number ____-____-____	
	Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number		OBTS Number		SCIC/NCIC	
	Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)	
	Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color	
	Hair Length		Hair Style		Complexion		Build		Facial Hair		Teeth		Speech/Voice	
	Special Identifiers													
SUSPECT OR MISSING PERSONS	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)					
	3.Both													
	Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone ____-____-____	
	Last Known Address (Street, Apt. Number) ____-____-____												City ____	
	____-____-____												State ____	
	____-____-____												Zip ____	
	Occupation				Employer/School				Address				Social Security Number ____-____-____	
	Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number		OBTS Number		SCIC/NCIC	
	Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)	
	Race		Sex		Date of Birth or Age		Age		Height		Weight		Eye Color	
	Hair Color		Hair Length		Hair Style		Complexion		Build		Facial Hair		Teeth	
	Speech/Voice		Special Identifiers											
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 8. Unknown		Foul Play Suspected ? 1. Yes 2. No		Missing Before ? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown	
	Dental Record Available 1. Yes 2. No 8. Unknown		MCIC Form Provided ? 1. Yes 2. No		Date Last Seen ____/____/____		Time Last Seen ____:____		Location Last Seen (Address, City, St.) ____				Accompanied By ____	
	Mental/Physical Condition												Medication Required/Type	
	Property Carried												ID. Type/Number	
	Probable Destination												Name/Address	
	Recovery Information												Transportation Mode	
	0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other		Officer(s) Reporting A. HURT		ID. Number(s)/Locator code 339	
	Signature of Officer Reporting		Signature of Officer Reporting		Unit		Date 09/02/2018							
	Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To		By		Date ____/____/____	
	Signature of Officer Reviewing												Page 2	
													Page 3	

NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/>	Juvenile Warn/Dismiss	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	1. Original	<input type="checkbox"/>
		2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number		Agency Report Number	
FL0410400		20180640	

Holmes Beach Police Department

Date of Supplement	ADM
___/___/___	
Original Date Reported	Case Reference
09/01/2018	20180640 (SUSPICIOUS CIRCUMSTANCE)

NARRATIVE

ON THE ABOVE DATE AND TIME, WHILE ON PATROL I WAS DISPATCHED TO A CALL IN REFERENCE TO A PERSON WHO WAS CLAIMING SHE WAS POSSIBLY DRUGGED AT THE BEACH CAFE TIKI BAR. THE VICTIM WHO WAS AT BLAKE HOSPITAL WAS BROUGHT IN BY EMS AFTER HAVING AN EPISODE ON THE CAUSEWAY. ONCE AT THE HOSPITAL, I MADE CONTACT WITH THE VICTIM SYDNE S. HALE AND HER PARENTS ANGELA HALE AND JACKY HALE WHO WERE IN THE ROOM WITH HER AS WELL AS HER BOYFRIEND JOSEPH DHENNIN (09/04/1994). UPON MAKING CONTACT WITH THE FAMILY SYDNE WHO STILL SEEMED TO BE SUFFERING FROM SIDE EFFECTS FROM NARCOTICS WAS UNABLE TO SPEAK AND COULD BE SEEN FLAILING AND KICKING IN THE BED. HER MOM ANGELA HALE AGREED TO SPEAK WITH ME AND EXPLAINED TO ME THAT SYDNE WHO IS DISABLED WAS OUT WITH A FRIEND ON THE ISLAND "DOING ART". SYDNE STATED TO HER FRIEND IAN ANDERSON THAT SHE WANTED A DRINK AND ASKED HIM TO STOP AT THE BEACH CAFE. WHILE AT THE TIKI BAR SHE PURCHASED A LARGE LONG ISLAND ICED TEA AND TOOK IT TO GO. WHILE TRAVELING AROUND THE ISLAND SHE DRANK THE DRINK BEFORE SHE AND IAN LEFT THE ISLAND. WHILE HEADING EAST BACK INTO BRADENTON IAN STATED TO ME THAT SYDNE STARTED ACTING STRANGE IN HIS CAR AND TOLD HIM SHE FELT LIKE SHE NEEDED TO THROW UP. IAN STATED HE PULLED HIS CAR OVER ON THE CAUSEWAY AND SYDNE GOT OUT AND LAID DOWN IN THE SAND FLAILING AND KICKING. IAN WHO GOT CONCERNED BECAUSE THEY WERE CLOSE TO THE ROAD STATED TO SYDNE THAT THEY SHOULD MOVE CLOSER TO THE WATER SO NOTHING HAPPENS. IAN STATED HE HELPED SYDNE UP AND WALKED HER TOWARDS THE WATER WHERE SYDNE AGAIN COLLAPSED INTO THE WATER AND CONTINUED TO FLAIL AROUND. AT THIS POINT IAN GRABBED SYDNIES PHONE AND ATTEMPTED TO CALL HER PARENTS BUT COULD NOT LOCATE A NUMBER SO HE CONTACTED JOSEPH DHENNIN SYDNIES BOYFRIEND AND THEN CALLED 911. EMS AND BRADENTON PD OFFICER BRIAN SANDS (REFERENCE BPD EVENT NUMBER 18-66027) RESPONDED TO THE SCENE AND TRANSPORTED SYDNE TO THE HOSPITAL. ONCE I WAS FINISHED SPEAKING WITH ANGELA, SYDNIES FATHER APPROACHED ME AND STATED THAT SYDNE ADMITTED TO HIM THAT SHE TOOK 2 VICODIN THAT WERE PRESCRIBED TO HER WHILE SHE DRANK A LARGE LONG ISLAND ICED TEA. A CASE NUMBER WAS ISSUED, NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		A. HURT	339
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	SGT. COPEMAN	307	09/02/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status	Clearance Type	Date Cleared	Arrest Number
	1. Arrest 2. Exceptional 3. Unfounded	___/___/___	
Exception Type			Number Arrested
1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	5. Prosecution Declined 6. Juvenile/No Custody	Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <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																											
/ /												20180642		BURGLARY																											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																															
Sun		09/02/2018		1147		1147		1149		1614																															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sun		09/02/2018		Sun		09/02/2018																													
OFF/INC #1		Type		Description		A-Attempted C-Committed		A		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																													
1		BURGLARY						A		810 - 2 (4a)		2200																													
OFF/INC #2		Type		Description		A-Attempted C-Committed		A		812 - 014 ((3)C)		230C																													
3		PETIT THEFT						A																																	
Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone																			
5604 MARINA DRIVE SUITE C												HOLMES BEACH		34217																											
Business Name/Area Identifier												Forced Entry		Occupancy																											
												0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned 2																							
Location Type																																									
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel												05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket			10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.			15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison			20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure			25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle			30. Other Mobile 99. Other														
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		14 00																			
01		01		01		01		00		00. N/A 01. Handgun												00																			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal																					
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		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)																																	
1.#1 3.Both 2.#2		1		V		01		3		CLARK																															
Address (Street, Apt. Number)												City		State		Zip		Residence Phone																							
5604 MARINA DRIVE UNIT C												HOLMES BEACH		FL		34217		941 778-8590																							
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement																													
												OWNER																													
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		06/27/1946		72		1		1		0		00 00		02				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)																																	
1.#1 3.Both 2.#2		1		S		Suspect		Code		Susp.#		Juvenile		Name (Last, First, Middle)																											
						A		01		2		SERRELS III																													
Maiden Name												Nickname/Street Name		Place of Birth		Residence Phone																									
														MICHIGAN		810 238-2406																									
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone																							
4496 CALKINS ROAD												FLINT		MI		48532																									
Occupation				Employer/School				Address				Social Security Number																													
SELF EMPLOYED																																									
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC																									
S642729149247				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		03/28/1958		60		508		185		BLU		GRY		S		S																							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																															
LT		MED																																							
NARRATIVE																																									
1) BURGLARY 2) PETIT THEFT																																									
Person/Unit Notified						Time						Related Report Number(s)						Name of Officer Reporting						I.D. Number/Locator Code																	
																		WALKER						312																	
Signature of Officer Reporting						Officer Reviewing (If Applicable)						I.D. Number						Unit						Date																	
						SGT. COPEMAN						307												09/02/2018																	
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
20180642

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180642			
	Original Date Reported 09/02/2018		Primary Offense Description BURGLARY			Victim #1 Name (Last, First, Middle) CLARK DENNIS					
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									Theft Type 01	
	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			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other				
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous										
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
PROPERTY	A	01	1	3	0	U	1	US COINS	US		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) QUARTERS				
	Value 5.00			Value Recovered 5.00			Date Recovered 09/02/2018		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)				
	Value			Value Recovered			Date Recovered		SCIC/NCIC		
TOTALS	Property Stolen		5.00				Change in Property Stolen Value				
	Property Recovered		5.00				Change in Property Recovered Value				
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use K. Dispense/Distribute T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter				
	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
ADMINISTRATIVE	Officer(s) Reporting WALKER		ID. Number(s)/Locator code 312		Signature of Officer Reporting			Unit		Date 09/02/2018	
	Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To		By
	Signature of Officer Reviewing										
											Page of

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180642**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
09/02/2018

Case Reference
BURGLARY

NARRATIVE

ON 09/02/2018, AT 1147 HOURS, I WAS DISPATCHED TO 5604 MARINA DRIVE, IN REFERENCE TO A BURGLARY IN PROGRESS. THE VICTIM (DENNIS CLARK), ADVISED HIS NAIL SALON WAS CLOSED TODAY AND NO ONE HAD PERMISSION TO BE INSIDE. (CLARK) STATED HE RECEIVED A NOTIFICATION ON HIS PHONE FROM HIS VIDEO SURVEILLANCE SYSTEM, WHICH SHOWED AN OLDER MALE WITH GREY HAIR, WEARING A RED SWIM SUIT AND LIGHT SHIRT INSIDE THE BUSINESS. (CLARK) ADVISED THE MAN LOOKED AROUND AND THEN REACHED ACROSS A NAIL TECH COUNTER OPENING UP A CLOSED DRAWER, TAKING AN UNKNOWN AMOUNT OF MONEY FROM THE DRAWER BEFORE EXITING THE BUSINESS. THE FRONT DOOR OF THE BUSINESS HAD MISTAKENLY BEEN LEFT UNLOCKED BUT THE DEFENDANT DID KNOW OR SHOULD'VE KNOWN THE BUSINESS WAS UNOCCUPIED AND THE NAIL TECH DRAWER WAS CLOSEOFC. HIGGINS ARRIVED ON SCENE AND CLEARED THE BUSINESS. OFC. HIGGINS THEN OBSERVED A MALE WHO MATCHED THE DESCRIPTION CROSSING MARINA DRIVE. OFC. HIGGINS MADE CONTACT WITH THE MALE LATER IDENTIFIED AS (ROSCOE SERRELS III). UPON ARRIVAL I OBSERVED A BULGE IN THE REAR OF (SERRELS III) SHORTS, WHICH WAS DETERMINED TO BE A (MIKE'S HARDER LEMONADE). THERE WAS ALSO A \$5 BILL DUE TO THE STATEMENTS MADE TO OFFICER HIGGINS, I PLACED (SERRELS III), INTO HANDCUFFS (DOUBLE LOCKED), AND PLACED HIM INTO MY PATROL VEHICLE.

THE VICTIM (CLARK), THEN ARRIVED ON SCENE AND POSITIVELY IDENTIFIED (SERRELS III) AS THE MAN SEEN ON HIS SURVEILLANCE CAMERA. POST MIRANDA (SERRELS III) STATED THAT HE TOOK CHANGE FROM INSIDE THE BUSINESS AND THEN WENT TO (JESSIE'S ISLAND STORE) LOCATED AT 5424 MARINA DRIVE, AND EXCHANGED IT FOR A \$5 BILL. (SERRELS) ALSO ADVISED HE PURCHASED THE (MIKE'S HARDER LEMONADE) WHILE EXCHANGING HIS MONEY. WHILE COMPLETING THE NECESSARY ARREST PAPERWORK, (SERRELS III) STATED SEVERAL TIMES THAT HE "FUCKED UP". (SERRELS III) STATED HE HAS A DRINKING PROBLEM AND NEEDS TO GET OUT OF FLORIDA DUE TO HIM GETTING INTO A LOT OF TROUBLE. OFC. HIGGINS PLACED THE EVIDENCE INTO PROPERTY AND COMPLETED A SUPPLEMENT FOR HIS INVOLVEMENT. I THEN TRANSPORTED (SERRELS III) TO 75TH AND MANATEE AVENUE WHERE HE WAS TURNED OVER TO TRANSPORT.

Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
			WALKER	312
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
	SGT . COPEMAN	307		09/02/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By
Case Status	Clearance Type	1.Arrest	3.Unfounded	A-Adult
		2.Exceptional		J-Juvenile
				Date Cleared
				___/___/___
			Arrest Number	Number Arrested
Exception Type	2. Arrest on Primary Offense	3. Death of Offender	5. Prosecution Declined	OBTS Number
1.Extradition Declined	Secondary Offense Without Prosecution	4. V / W Refused to Cooperate	6. Juvenile/No Custody	Page
				of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180643		SHOPLIFTING											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		09/02/2018		1147		1147		1149		1900															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sun		09/02/2018		Sun		09/02/2018													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		3		PETIT THEFT		A		812 - 014 ((3)C)		230C															
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													
5424		MARINA DRIVE		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occupancy																					
JESSIE'S ISLAND STORE		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		01		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown 99. Other			
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		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. Ex-Spouse		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other				05. Co-Habitant		09. Step-Parent		13. Student				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		3		JESSIE'S ISLAND STORE															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5424		MARINA DRIVE		HOLMES BEACH		FL		34217		941 778-6903															
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
APRIL GONZALEZ		MANAGER																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		F		11/22/1962		55		1		1		0		00 00		02				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																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		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		SERRELS III		ROSCOE DOUGLAS		810 238-2406											
Maiden Name		Nickname/Street Name		City		State		Zip		Business Phone															
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
4496		CALKINS ROAD		PLINT		MI		48532																	
Occupation		Employer/School		Address		Social Security Number																			
SELF EMPLOYED																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
S642729149247		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		03/28/1958		60		508		185		BLU		GRY		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
1) PETIT THEFT																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						WALKER		312																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. COPEMAN		307				09/02/2018																	
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											

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180643

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180643																			
	Original Date Reported 09/02/2018																										
THEFT	Primary Offense Description SHOPLIFTING			Victim #1 Name (Last, First, Middle) JESSIE'S ISLAND STORE																							
	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 03																										
CODES	Person Codes V - Victim S - Suspect			Status Codes 1. Stolen 2. Recovered			3. Stolen and Recovered 4. Recovered for Other Jurisdiction			5. Lost 6. Found		7. Safekeeping 8. Evidence/Seized		9. Other		Damage Codes 0. N/A 1. Arson		2. Criminal Mischief 3. During other Offense		9. Other							
	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug				E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus				J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery				O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment				T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure				Y. Farm Equipment Z. Miscellaneous						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																	
	A	01	1	3	0	F	1	HARDER LEMONADE	MIKE'S																		
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) MIKE'S HARDER LEMONADE																				
Value				Value Recovered				Date Recovered		SCIC/NCIC																	
2.30				2.30				09/02/2018																			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																				
	Value				Value Recovered				Date Recovered		SCIC/NCIC																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																				
	Value				Value Recovered				Date Recovered		SCIC/NCIC																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																				
	Value				Value Recovered				Date Recovered		SCIC/NCIC																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																	
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																				
	Value				Value Recovered				Date Recovered		SCIC/NCIC																
TOTALS	Property Stolen		2.30					Change in Property Stolen Value																			
	Property Recovered		2.30					Change in Property Recovered Value																			
CODES	Activity P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other			Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce			5. Pound 6. Ton 7. Liter 8. Milliliter			9. Dose Unit/Item		
	Activity	Type	Description					Quantity	Unit	Estimated Street Value																	
Activity	Type	Description					Quantity	Unit	Estimated Street Value																		
Activity	Type	Description					Quantity	Unit	Estimated Street Value																		
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date																	
	WALKER		312							09/02/2018																	
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date														
	SGT. COPEMAN		307										___/___/___														
Signature of Officer Reviewing											Page	Page															
											of																

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

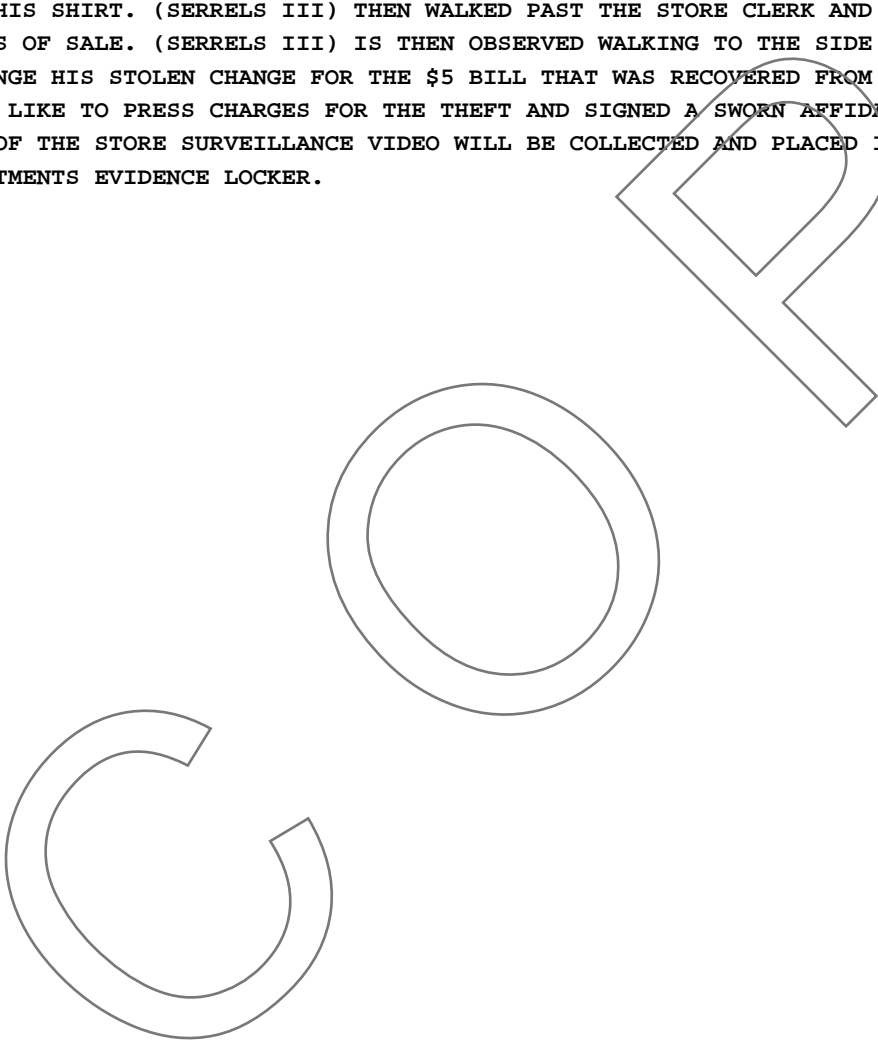
Agency ORI Number **FL0410400** Agency Report Number **20180643**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
09/02/2018

Case Reference
20180642

NARRATIVE

ON 09/02/2018, I RESPONDED TO 5424 MARINA DRIVE, (JESSIE'S ISLAND STORE), IN REFERENCE TO A FOLLOW UP TO HOLMES BEACH PD CASE (#2018-0642) BURGLARY AND PETIT THEFT. THE DEFENDANT (ROSCOE SERRELS III) WHEN BEING TAKEN INTO CUSTODY, HAD AN UNOPENED COLD CAN OF MIKE'S HARDER LEMONADE CONCEALED IN THE REAR ELASTIC BAND OF HIS SWIM SHORTS. (SERRELS III) ADVISED THE CAN WAS PURCHASED FROM THE ABOVE LOCATION WHEN HE WAS EXCHANGING THE STOLEN COINS FOR A \$5 BILL. ONCE I COMPLETED THE ARREST PAPERWORK AND TURNED OVER CUSTODY OF (SERRELS III) TO MSO, I RESPONDED TO JESSIE'S ISLAND STORE, IN AN ATTEMPT TO CORROBORATE THE STORY GIVEN BY (SERRELS III) IN REGARDS TO EXCHANGING MONEY AND PURCHASING THE ALCOHOL. WHILE SPEAKING WITH MANAGER (APRIL GONZALEZ), SHE ADVISED SHE WOULD LOOK AT THE STORES SURVEILLANCE VIDEO. WHILE WATCHING THE VIDEO, YOU CAN SEE (SERRELS III) ENTER THE STORE AND APPROACH THE BEER COOLER. WHILE AT THE COOLER, (SERRELS III) IS OBSERVED OPENING THE COOLER DOOR AND GRABBING A 16OZ CAN OF MIKE'S HARDER LEMONADE, PLACING IT INTO THE REAR WAISTBAND OF HIS SWIM SHORTS AND COVERING WITH HIS SHIRT. (SERRELS III) THEN WALKED PAST THE STORE CLERK AND EXITED THE BUSINESS PASSING ALL POINTS OF SALE. (SERRELS III) IS THEN OBSERVED WALKING TO THE SIDE OF THE BUILDING AND RETURNING TO EXCHANGE HIS STOLEN CHANGE FOR THE \$5 BILL THAT WAS RECOVERED FROM HIS POCKET. (GONZALEZ) ADVISED SHE WOULD LIKE TO PRESS CHARGES FOR THE THEFT AND SIGNED A SWORN AFFIDAVIT IN REGARDS TO THIS INCIDENT. A COPY OF THE STORE SURVEILLANCE VIDEO WILL BE COLLECTED AND PLACED INTO THE HOLMES BEACH POLICE DEPARTMENTS EVIDENCE LOCKER.



ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting WALKER	I.D. Number/Locator Code 312		
	Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit	Date 09/02/2018	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date ___/___/___
	Case Status	<u>Clearance Type</u> 1.Arrest 2.Exceptional	3.Unfounded	A-Adult J-Juvenile	Date Cleared ___/___/___	Arrest Number	Number Arrested
<u>Exception Type</u> 1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number	Page of	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
												20180644		WARRANT											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Mon		09/03/2018		0150		0150		0150		0300															
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		09/03/2018		0150		Mon		09/03/2018		0150									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		WARRANT				C		901 - 16 ()		2800															
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													
5315 GULF DR		HOLMES BEACH		34217		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																					
EAT HERE PARKING LOT		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# 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		00		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		16. Boy/Girl Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		STATE OF FLA.															
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		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		STATE OF FLA.															
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)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee R-Rec. Missing M-Missing Z-other		A		1		2		ODEH		MAJD EL-DEAN													
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				FL/USA		813 476-5176																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
13003 TERRACE SPRINGS DR		TEMPLE TERRACE		FL		33637																			
Occupation		Employer/School		Address		Social Security Number																			
MANAGER		DOMINOS		909 1ST AVE E.																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
O300-545-93-061-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		02/21/1993		25		61		140		BRO		BRO		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN																							
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. HURT		339																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307				09/03/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		09/03/2018				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		2													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180644**

Date of Supplement ___/___/___
Original Date Reported 09/03/2018

Case Reference
WARRANT

ADM

WHILE ON ROUTINE PATROL, I WAS RUNNING STATIONARY RADAR AT THE 700 BLOCK OF MANATEE AVE. I OBSERVED A CAR TRAVELING AT A HIGH RATE OF SPEED HEADING WEST BOUND ON MANATEE AVE. I TURNED AROUND ON THE VEHICLE IN AN ATTEMPT TO PULL THE VEHICLE OVER FOR SPEEDING. I WAS ABLE TO CATCH UP TO THE VEHICLE AS IT TURNED INTO THE EAT HERE PARKING LOT AT 5315 GULF DR. I CONDUCTED A TRAFFIC STOP AT SAID LOCATION. UPON MAKING CONTACT WITH THE DRIVER I IDENTIFIED MYSELF AND EXPLAINED THE REASON FOR THE STOP. THE DRIVER PRODUCED HIS DRIVERS LICENSE AND REGISTRATION. UPON RUNNING THE DRIVER FOR WANTS AND WARRANTS IT WAS DISCOVERED THE DRIVER IDENTIFIED AS MAJD EL-DEAN ODEH HAD 3 MISDEMEANOR WARRANTS OUT OF HILLSBOROUGH COUNTY. THE WARRANTS WERE CONFIRMED AND THE DRIVER WAS TAKEN INTO CUSTODY. THE DRIVER WAS TRANSPORTED TO MANATEE COUNTY JAIL. NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

COOPER

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	Date 09/03/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status CA	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional 1	A-Adult J-Juvenile A	Date Cleared 09/03/2018
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		Number Arrested 1	
OBTS Number		Page 2 of 2	

VEHICLE REPORT

1. Original
2. Supplement 2

Holmes Beach Police Department

Agency Report Number
20180644

ADM	Date of Supplement 09/03/2018		WARRANT						ODEH						MAJD EL-DEAN															
	Original Date Reported 09/03/2018																													
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other			Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other			Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other			Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other			Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local															
	Person Code A		Person # 1		Vehicle # 1		Status 5		Damage 0		Type 1		Year 2013		Make BMW		Model 328I		Style 4D											
VEHICLE / VESSEL	Tag Reg./Doc. # IVLT13		Reg. State FL				Reg. Year 2018				Decal Number				Tag Type FL															
	VIN/Hull/FAA												Estimated Value \$10,000																	
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition												Insurance Company						Lien Holder											
	Color (Top/Bottom) BLACK												Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) BLACK 4 DOOR BMW																	
	Vessel Name												Length				Hull Material				Propulsion				Boat Type					
	Recovery Address/Geographic Indicator												Date Recovered						Value Recovered											
	Recovery Loc.		Recovery Code		Original Reporting Agency				Report Number				Hold Y - Yes N - No		Reason/Authority															
	Method of Theft <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																											
	Towed By ELMERS TOWING				Storage Location 6732 15TH ST CT W				SCIC/NCIC				Location of Original Theft																	
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style											
Tag Reg./Doc. #		Reg. State				Reg. Year				Decal Number				Tag Type																
VIN/Hull/FAA												Estimated Value																		
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition												Insurance Company						Lien Holder												
Color (Top/Bottom)												Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)																		
Vessel Name												Length				Hull Material				Propulsion				Boat Type						
Recovery Address/Geographic Indicator												Date Recovered						Value Recovered												
Recovery Loc.		Recovery Code		Original Reporting Agency				Report Number				Hold Y - Yes N - No		Reason/Authority																
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																												
Towed By				Storage Location				SCIC/NCIC				Location of Original Theft																		
SEE ORIGINAL REPORT.																														
ADMINISTRATIVE	Signature of Officer Reporting						Name of Officer Reporting A. HURT						I.D. Number/Locator Code 339						Unit											
	Signature of Officer Reviewing						Officer Reviewing (If Applicable) SGT. COPEMAN						I.D. Number 307						Date 09/03/2018											
	Routed To						Referred To						Assigned To						By						Date ____/____/____					
	Case Status		Clearance Type		1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared ____/____/____		Arrest Number		Number Arrested		OBTS Number		Page of											
Exception Type		1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody																						

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report:	N	Juvenile Warn/Dismiss:	1. Original	2. Supplement:	1					
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description								
														20180645		INFORMATION								
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)													
	Mon		09/03/2018		0337		0337		0339		0427													
	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		09/03/2018		0330		Mon		09/03/2018		0337						
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		0 - 0 (0)		NCIC/UCR Code		0000								
	OFF/INC #2					A-Attempted C-Committed						()												
	Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone			
	125 51ST STREET										HOLMES BEACH		34217								W80			
	Business Name/Area Identifier										Forced Entry		Occupancy		0		0		2. Unoccupied 3. Abandoned		0			
	Location Type										01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile	
02. Apartment/Condo										06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other				
03. Residence-Other										07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other				
04. Hotel/Motel										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site								
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	07											
1	1	1	0	0	00. N/A 01. Handgun	04. Firearm	06. Blunt Object	08. Poison	09. Explosives	11. Threat/Intimidation	12. Simulated Weapon	99. Other	07											
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			06. Parent			10. Step-Child			14. Teacher			17. Friend			21. Employer						
00. N/A			07. Loss of Teeth			00. N/A			11. In-Law			15. Child of Boy/Girl			18. Neighbor			22. Landlord/Tenant						
01. Gunshot			08. Burns			01. Undetermined			12. Other Family			16. Boy/Girl Friend			19. Sitter/Day Care			23. Acquaintance						
02. Stabbed			09. Abrasions/Bruises			02. Stranger			13. Student			20. Employee			99. Other Known									
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)			City		State		Zip		Residence Phone											
1.#1 2.#2	3.Both	1	V	1			3			KENDRICK JR			BENJAMIN		N		941 713-7426							
Address (Street, Apt. Number)										City		State		Zip		Business Phone								
125 51ST STREET										HOLMES BEACH		FL		34217										
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement														
										VICTIM OF BATTERY														
If V/W Code is V, W or C	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?												
Fill in this Line	2	W	M	09/10/1966	51	1	1	1	09 00	17		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)			City		State		Zip		Residence Phone											
1.#1 2.#2	3.Both	1	W	2			3			BELL			DILLON		J		941 224-7566							
Address (Street, Apt. Number)										City		State		Zip		Business Phone								
125 51ST STREET										HOLMES BEACH		FL		34217										
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement														
										WITNESS TO BATTERY														
If V/W Code is V, W or C	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?												
Fill in this Line	2	W	M	03/08/1995	23	1	1	0	00 00	17		Yes <input type="checkbox"/> No <input type="checkbox"/>												
OFF/INC Indicator	Suspect Code		Code	Susp.#	Juvenile	Name (Last, First, Middle)			Place of Birth		Residence Phone													
1.#1 2.#2	S-Suspect A-Arrestee		E-Escapee M-Missing	R-Rec. Missing Z-other	S	1	2	MILLER			MARTINE		M											
Maiden Name										Nickname/Street Name		Place of Birth		Residence Phone										
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone								
526 75TH STREET										HOLMES BEACH		FL		34217										
Occupation										Employer/School		Address		Social Security Number										
Driver's License Number/State	Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
M460553937420	FL																							
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)														
GRAY SHIRT, BLUE JEANS																								
Race	Sex	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style														
W	F	07/02/1993		25	503	150		BRO	M	S														
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																			
MED	MED																							
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. M. PILATO		306		PATROL		09/03/2018																	
Signature of Officer Reviewing	Routed To		Referred To		Assigned To		By																	
Case Status	Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type	1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
											1		3											

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180645

ADM	Date of Supplement ____/____/____																													
	Original Date 09/03/2018	Primary Offense Description INFORMATION			Victim #1 Name (Last, First, Middle) KENDRICK JR BENJAMIN N																									
CODES	V/W Code V - Victim W - Reporting Person C - Reporting Person	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 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															
VICTIM / WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2														V/W Code # 1	V. Type 3	Name (Last, First, Middle or Business) KENDRICK MICHAEL L								Residence Phone 941 900-8162					
	Address (Street, Apt. Number) 125 51ST STREET HOLMES BEACH FL 34217														City HOLMES BEACH		State FL		Zip 34217		Business Phone ____-____-____									
VICTIM / WITNESS	Other Contact Info. (Time Available, Interpreter, etc.)														Synopsis of Involvement WITNESS OF BATTERY															
	If V/W Code is V, W or C Fill in this Line	Dom. Violence 2	Race W	Sex M	Date of Birth 02/02/1996	Age 22	Res. Type 1	Res. Status 1	Extent of Injury 0	Injury Type(s) 00 00	Relationship 17	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
VICTIM / WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2														V/W Code # 3	V. Type 3	Name (Last, First, Middle or Business)								Residence Phone					
	Address (Street, Apt. Number)														City		State		Zip		Business Phone									
SUSPECT OR MISSING PERSONS	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	Susp. #	Juvenile	Name (Last, First, Middle)								Residence Phone	
	Maiden Name														Nickname/Street Name			Place of Birth			Business Phone									
SUSPECT OR MISSING PERSONS	Last Known Address (Street, Apt. Number)														City		State		Zip		Business Phone									
	Occupation				Employer/School				Address				Social Security Number																	
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number				OBTS Number				SCIC/NCIC														
Clothing (Describe)														Scars/Marks/Tatoos (Location/Describe)																
Race	Sex	Date of Birth or Age			Height			Weight			Eye Color		Hair Color		Hair Length		Hair Style													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																				
SUSPECT OR MISSING PERSONS	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	Susp. #	Juvenile	Name (Last, First, Middle)								Residence Phone	
	Maiden Name														Nickname/Street Name			Place of Birth			Business Phone									
Last Known Address (Street, Apt. Number)														City		State		Zip		Business Phone										
Occupation				Employer/School				Address				Social Security Number																		
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number				OBTS Number				SCIC/NCIC														
Clothing (Describe)														Scars/Marks/Tatoos (Location/Describe)																
Race	Sex	Date of Birth or Age			Age			Height			Weight			Eye Color		Hair Color		Hair Length		Hair Style										
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																				
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary 8. Adult 8. Unknown	Foul Play Suspected ? 1. Yes 2. No	Missing Before ? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available 1. Yes 2. No 8. Unknown	MCIC Form Provided ? 1. Yes 2. No																							
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)				Accompanied By																					
Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)																						
Property Carried				ID. Type/Number				ID. Type/Number																						
Probable Destination				Name/Address				Transportation Mode																						
Recovery Information		0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other																				
ADMINISTRATIVE	Officer(s) Reporting J. BETTS		ID. Number(s)/Locator code 337			Signature of Officer Reporting			Unit PATROL		Date 09/03/2018																			
	Officer Reviewing (If Applicable) SGT. M. PILATO		ID. Number 306		Routed To	Referred To	Assigned To	By	Date ____/____/____																					
Signature of Officer Reviewing														Page	Page															
														2	3															

NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number		Agency Report Number			
FL0410400		20180645			

Holmes Beach Police Department

Date of Supplement	_ / _ / _
Original Date Reported	09/03/2018

Case Reference
BATTERY

ADM

NARRATIVE

ON THE LISTED DATE AND TIME, I RESPONDED TO THE LISTED ADDRESS IN REFERENCE TO A FIGHT IN PROGRESS. UPON ARRIVAL, ONE PERSON WHO WAS INVOLVED IN THE FIGHT HAD FLED THE SCENE (LATER IDENTIFIED AS MARTINE MILLER) AND THE OTHER PERSON, BENJAMIN KENDRICK, APPROACHED ME AS I WALKED UP TO THE HOUSE. MR. KENDRICK STATED HE INVITED MARTINE MILLER OVER TO HIS TO HANG OUT HIM AND HIS ROOMMATES. MR. KENDRICK ADVISED HE FOUND A PAIR OF PANTS ON THE BATHROOM FLOOR THAT BELONGED TO DILLON BELL. THE PANTS UPSETTED MR. KENDRICK, SO HE PICKED THEM UP, AND WENT OUTSIDE TO WHERE MR. BELL AND MS. MILLER WERE AT. MR. KENDRICK THREW THE PANTS AT MR. BELL AND STATED "I THOUGHT YOU WERE GOING TO PICK THESE UP".

MR. KENDRICK THEN STATED MS. MILLER BECAME AGGRESSIVE AND ATTACKED HIM FOR NO REASON. MR. KENDRICK STATED THEY WENT TO THE GROUND AND STARTED TUSSLING AND ROLLING IN THE GRASS. MR. KENDRICK FELT MS. MILLER HIT HM IN THE FACE, BUT NOT SURE HOW MANY TIMES. MR. KENDRICK YELLED HE WAS CALLING THE COPS AND THATS WHEN MS. MILLER FLED THE SCENE. MR. KENDRICK HAD A COUPLE RED MARKS AND ABRASIONS.

I THEN SPOKE WITH MICHAEL KENDRICK. MICHAEL KENDRICK STATED HE HEARD SOMETHING OUTSIDE, SO HE WENT TO INVESTIGATE. AS HE STEPPED OUTSIDE, HE SAW MS. MILLER ON MR. KENDRICK HOLDING HIM DOWN. MICHAEL KENDRICK COULD NOT PROVIDE ANY FURTHER DETAILS TO THIS INCIDENT.

AT THIS TIME, I SPOKE WITH DILLON BELL. MR. BELL ADVISED HE WAS OUTSIDE MAKING OUT WITH MS. MILLER WHEN MR. KENDRICK CAME OUTSIDE AND THREW THE PAIR OF PANTS AT HIM. MR. BELL STATED MS. MILLER IMMEDIATELY BECAME UPSET AND ATTACKED MR. KENDRICK, TAKING HIM TO THE GROUND AND HITTING HIM. MR. BELL WENT ON TO SAY MS. MILLER RAN FROM THE HOUSE WHEN MR. KENDRICK STATED HE WAS CALLING THE POLICE.

MS. MILLER WAS LOCATED A FEW MINUTES AFTER OUR ARRIVAL ON SCENE BY OFC. HURT. MS. MILLER HAD MADE IT TO THE 5300 BLOCK OF HOLMES BLVD AND IMMEDIATELY RAN AND HIDE FROM OFC. HURT WHEN SHE SAW HIS MARKED PATROL VEHICLE. AFTER SHE WAS FOUND HIDING IN BUSHES, MS. MILLER STATED THAT SHE WAS WRESTLING WITH SOMEONE BUT HAD NO IDEA WHY. MS. MILLER SUSTAINED A SWOLLEN LIP.

MR. KENDRICK ADVISED HE DID NOT WANT TO PRESS CHARGES AND SIGNED A WAIVER OF PROSECUTION. MS. MILLER WAS GIVEN A RIDE HOME. ALL PARTIES REFUSED MEDICAL TREATMENT. NO FURTHER INFORMATION AT THIS TIME.

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		J. BETTS	337
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	SGT. M. PILATO	306	PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status	Clearance Type	Date Cleared	Arrest Number
	1.Arrest 2.Exceptional 3.Unfounded	_ / _ / _	
Exception Type		Arrest Number	Number Arrested
1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	OBTS Number	Page
	3. Death of Offender 4. V / W Refused to Cooperate		3 of 3
	5. Prosecution Declined 6. Juvenile/No Custody		

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		Primary Offense Description						
	//____													20180646		COV/CONST						
EVENT DATA	Original Day Reported	Mon	Date	09/03/2018	Time (mil)	1035	Time Dispatched (mil)	1035	Time Arrived (mil)	1040	Time Completed (mil)	1050										
	Incident Type		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)					
	1. Felony		4. Traffic Misdemeanor		9. Other		From		Mon		09/03/2018		1035		To		Mon		09/03/2018		1050	
	OFF/INC #1	Type	Description				A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code									
	5	COV/CONSTRUCTIO					C		0		- 0 (0)		0000									
	OFF/INC #2						A-Attempted		C-Committed													
	Incident Location (Street Number, Street, Apt.)		City				Zip		District		Grid		Area		Zone							
	210		72ND ST				HOLMES BEACH		34217		00		00		00							
	Business Name/Area Identifier										Forced Entry		Occupancy									
	EBG CONSTRUCTION EASON BUILDERS GROUP										0. N/A		1. Occupied		2. Unoccupied							
1. Yes		2. No		0		3. Abandoned		0														
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile										
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other										
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field												
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway												
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				01								
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendary		13. Drugs							
01	01	01	00	00	00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown							
01. Handgun		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other				00										
V/W Code		Victim Type		Race		Sex		Residence Status		Extent of Injury												
V - Victim		0. N/A		N - N/A		N - N/A		0. N/A		0. None												
W - Witness		1. Juvenile		B - White		I - American Indian		1. City		1. Full Year												
C - Reporting Person		2. L.E. Officer		W - Black		O - Oriental/Asian		2. County		2. Part Year												
		3. Adult		U - Unknown		U - Unknown		3. Florida		3. Non-Resident												
Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer								
00. N/A		04. Unconscious		08. Burns		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant								
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance								
02. Stabbed		06. Poss. Internal Injury		99. Other		09. Step-Parent		13. Student				20. Employee		99. Other Known								
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone								
1.#1 3.Both	1	V	1	CITY OF HOLMES BEACH POLICE										941 708-5807								
2.#2																						
Address (Street, Apt. Number)												City		State		Zip		Business Phone				
5801 MARINA DR												HOLMES BEACH		FL		34217		- - - -				
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement										
If V/W Code is V, W or C	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?										
Fill in this Line	2	N	N			1	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																						
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	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?										
Fill in this Line												Yes <input type="checkbox"/> No <input type="checkbox"/>										
OFF/INC Indicator	Suspect Code		Code	Susp. #	Juvenile	Name (Last, First, Middle)										Residence Phone						
1.#1 3.Both	S-Suspect		S	1	2	EASON BUILDERS GROUP																
2.#2	E-Escapee																					
Maiden Name		Nickname/Street Name				Place of Birth				Residence Phone												
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone				
6812 GULF OF MEXICO DR												LONGBOAT KEY		FL		34224		941 778-7665				
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													
N	N																					
Complexion		Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																
POLICE RESPONDED TO THE ABOVE LISTED LOCATION FOR AN ANNONYMOUS REPORT OF COV CONSTRUCTION. UPON ARRIVAL I WAS MET BY AN EMPLOYEE OF EASON BUILDERS GROUP (BRETT MARKGRAFF). I INFORMED HIM OF OUR CITY ORDINANCE FOR CONSTRUCTION ON A HOLIDAY. WORK IMMEDIATELY STOPPED. REPORT FORWARDED TO CODE ENFORCEMENT.																						
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			09/03/2018							
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								
				2.Exceptional				J-Juvenile		_/_/____												
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		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									
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description															
/ /		20180647				DWLS HABITUAL																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		09/04/2018		0232		0232		0232		0510															
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		09/04/2018		0232		Tue		09/04/2018		0510									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
2		DRIVERS LIC		C		322 - 34 (5)		9000																	
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 GULF DRIVE		HOLMES BEACH		34217		00		00		00		W80													
Business Name/Area Identifier		Fenced Entry		Occupancy																					
MANATEE PUBLIC BEACH		0. N/A 1. Yes		0. N/A 1. Occupied		2. No 0		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle						26									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		01		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown 99. Other			
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. None 1. Full Year 2. Part Year 3. Non-Resident											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		1		V		01		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If 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		2		N		N		01/01/1971		47		0		1		0		00 00		00		N		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 2.#2		1		O		01		3		ANDERSON		BRENDA		LEE											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
14806 THOMPSON AVE		HUDSON		FL		34669																			
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		2		W		F		01/01/1971		47		0		1		0		00 00		00		N		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 2.#2		S-Suspect E-Escapee R-Rec. Missing Z-other		A		01		2		SHAHER		RICHARD		CHARLES											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				NY/US		727 815-9782																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5636 CONGRESS ST		NEW PORT RICHEY		FL		34652																			
Occupation		Employer/School		Address		Social Security Number																			
RETIRED																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
S160743633700		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
SHORTS AND A T-SHIRT																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		10/10/1963		54		511		202		BRO		GRY		M		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																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		309		336		09/04/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		1		A		09/04/2018				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		3													

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180647

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

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180647**

ADM Date of Supplement: / /
Original Date Reported: **09/04/2018**

Case Reference: **DWLS HABITUAL**

NARRATIVE

ON 09/04/18, I OBSERVED A BLACK FORD PICKUP TRUCK TRAVELING WESTBOUND ON MANATEE AVENUE GO THROUGH A FOUR-WAY RED BLINKING TRAFFIC SIGNAL, AT THE INTERSECTION OF MANATEE AVE AND GULF DR, WITHOUT STOPPING. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE AT 4000 GULF DR. I APPROACHED THE VEHICLE AND MADE CONTACT WITH THE DRIVER, LATER IDENTIFIED AS (RICHARD SHAFER). I REQUESTED (SHAFER'S) DRIVERS LICENSE, REGISTRATION AND PROOF OF INSURANCE. (SHAFER) STATED HE DID NOT HAVE A DRIVERS LICENSE. (SHAFER) STATED IT WAS SUSPENDED. (SHAFER) STATED HE WAS LOOKING FOR A BED AND BREAKFAST TO STAY AT. (SHAFER) PROVIDED HIS FLORIDA IDENTIFICATION CARD AND THE PASSENGER'S FLORIDA DRIVERS LICENSE. THE PASSENGER WAS IDENTIFIED AS (BRENDA ANDERSON).

I OBSERVED A CUP WITH LIQUID IN IT, IN THE CENTER CONSOLE CUP HOLDER. (SHAFER) STATED IT WAS (ANDERSON'S). (SHAFER) STATED IT HAD VODKA IN IT. OFC. M. VANHORN STATED (ANDERSON) ADMITTED THE DRINK WAS HERS. (SHAFER) STATED THEY HAD BEEN AT THE CRABTRAP IN PALMETTO EARLIER AND HE HAD CONSUMED SOME ALCOHOL THERE. (SHAFER'S) EYES WERE A LITTLE RED AND WATERY. I CONDUCTED A CHECK OF (SHAFER), (ANDERSON) AND THE VEHICLE THROUGH NCIC/FCIC AND DAVID. I OBSERVED (SHAFER) TO HAVE 18 CURRENT SUSPENSIONS/REVOCATIONS ON HIS RECORD, WITH CONVICTIONS OF 5 DWLS AND 3 DUIS. THERE WERE NO WANTS AND/OR WARRANTS DISCOVERED FOR (SHAFER) AND (ANDERSON). THE VEHICLE WAS REGISTERED TO (SHAFER'S) FATHER AND MOTHER, WHOM WERE BOTH DECEASED. (SHAFER) STATED WHEN HE PURCHASED INSURANCE FOR THE VEHICLE, THE INSURANCE COMPANY TOLD HIM HE COULD USE THE CURRENT PLATE UNTIL IT EXPIRES IN 12/18. (SHAFER) STATED HIS FATHER GAVE HIM THE VEHICLE IN HIS WILL WHEN HE PASSED AWAY.

I PLACED (SHAFER) IN HANDCUFFS, DOUBLE LOCKED, AND IN THE BACK OF MY PATROL VEHICLE. SGT. PIERCE REQUESTED DISPATCH CONTACT THE NEXT ROTATION TOW COMPANY. OFC. VANHORN CONDUCTED AN INVENTORY OF THE VEHICLE FOR TOW. OFC. VANHORN STATED HE DISCOVERED AN OPEN VODKA BOTTLE BEHIND THE DRIVER'S SEAT.

I ISSUED (ANDERSON) A TRAFFIC CITATION FOR THE OPEN CONTAINER IN THE CUP HOLDER. I TRANSFERRED (SHAFER) TO HYPD STATION. OFC. VANHORN STAYED WITH THE VEHICLE AND COMPLETED THE TOW FORM. THE TAG WAS SEIZED. THE VEHICLE WAS REMOVED BY NORM'S TOWING.

DEPUTY M. KENYAN READ (SHAFER) HIS MIRANDA RIGHTS AND REQUESTED (SHAFER) CONSENT TO STANDARD FIELD SOBRIETY EXERCISES. (SHAFER) CONSENTED TO THE EXERCISES. DEPUTY KENYAN STATED HE WAS NOT GOING TO BE CHARGING (SHAFER) FOR DUI. (SHAFER) CONSENTED TO PRELIMINARY BREATH TEST. (SHAFER) PROVIDED A BREATH SAMPLE THAT SHOWED .07 READING.

POST MIRANDA, (SHAFER) STATED HE KNEW ABOUT ALL OF HIS CURRENT SUSPENSIONS. (SHAFER) STATED HE USE TO OWN A GSXR 1000 MOTORCYCLE AND THAT WAS THE CAUSE FOR A LOT OF HIS ISSUES. (SHAFER) WAS COOPERATIVE AND RESPECTFUL DURING OUR ENCOUNTER.

I ISSUED (SHAFER) TRAFFIC CITATIONS FOR THE OPEN CONTAINER OF BOTTLE OF VODKA, GOING THROUGH THE RED BLINKING TRAFFIC SIGNAL WITHOUT STOPPING AND DRIVING WHILE LICENSE SUSPENDED/REVOKED HABITUAL. I ADVISED (SHAFER) THE VEHICLE NEEDED TO BE REGISTERED IN ANOTHER NAME DUE TO THE REGISTERED OWNERS BEING DECEASED. I TRANSFERRED (SHAFER) TO THE MANATEE COUNTY JAIL WITHOUT INCIDENT.

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Date 09/04/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
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 09/04/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 3	Page 3