

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description															
/ /		20180720				FOUND PROPERTY																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		10/05/2018		1656		1656		1705		1740															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		10/05/2018		1656		To		Fri		10/05/2018		1740							
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		PROPERTY FOUND		C		C		0 - 0 (0)		0000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3900 EAST BAY DR		HOLMES BEACH		34211		00		00		00		00													
Business Name/Area Identifier		Fenced Entry		Occupancy																					
PUBLIX		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other					
1		0		0		0		0		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		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known					
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		C		1		4 PUBLIX INC		941 778-5422															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3900 EAST BAY DR		HOLMES BEACH		FL		34217		- - -																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N		N		12/04/1978		39		4		3		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		O		2		3 KEINER CHRISTIAN MATEO		613 149-7983															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
KATHARINA PFAHLER STRABE 23		MAINZ		GE		55128		- - -																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		M		12/04/1978		39		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)															
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						FRASER		323																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. M. PILATO				306		PATROL		10/06/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1		of 3											

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180720

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180720			
	Original Date Reported 10/05/2018		Primary Offense Description FOUND PROPERTY		Victim #1 Name (Last, First, Middle) CHRISTIAN MATEO KEINER						
THEFT	Theft Type Codes									00	
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other										
CODES	Person Codes			Status Codes			Damage Codes				
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson				
PROPERTY	Property Type										
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment	
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	O		2	1	6	0	U	1	LEATHER WALLET		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) CONTAINING BELOW ITEMS						
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.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
PROPERTY					___/___/___						
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					___/___/___						
TOTALS	Property Stolen		0.00		Change in Property Stolen Value						
	Property Recovered		0.00		Change in Property Recovered Value						
CODES	Activity			Type			Unit				
	R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item				
DRUGS	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
	Activity	Type	Description			Quantity	Unit	Estimated Street Value			
PROP. DETAIL / NARR.	1) \$372.00 USC										
	2) \$125.00 EURO										
3) 2(TWO)GERMANY IDENTIFICATION CARDS											
4) 7(SEVEN)EUROPEAN CREDIT CARDS											
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date	
	FRASER		323					PATROL		10/06/2018	
	Officer Reviewing (If Applicable)		ID. Number		Routed To	Referred To	Assigned To	By	Date		
SGT. M. PILATO		306						___/___/___			
Signature of Officer Reviewing								Page		Page	
								2		2	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180720**

ADM	Date of Supplement __/__/____
	Original Date Reported 10/05/2018

Case Reference

POLICE RESPONDED TO THE PUBLIX AT 3900 EAST BAY DR. POLICE SPOKE TO THE CUSTOMER SERVICE MANAGER. HE STATED AN UNKNOWN CUSTOMER FOUND A BROWN COLOR WALLET IN THE PARKING LOT. THE WALLET CONTAINED TWO FORMS OF GERMAN ID, \$372.00 USC AND \$125.00 EURO. IT ALSO CONTAINED SEVEN EUROPEAN CREDIT CARDS. CONTACT WAS ATTEMPTED WITH NEGATIVE RESULTS. PROPERTY PLACE INTO PROPERTY.

NARRATIVE

C O P Y

Report Contains	Related Report Number(s)	Name of Officer Reporting FRASER	I.D. Number/Locator Code 323
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number 306	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 4. 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											
												20180724		TRESPASS WARNING											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		10/07/2018		1721		1721		1721		1800															
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		10/07/2018		1721		Sun		10/07/2018		1800									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		TRESPASS/WARN				C		0 - 0 (0)		0000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone			
4000 GULF DR												HOLMES BEACH		34217											
Business Name/Area Identifier												Forced Entry		Occupancy											
MANATEE PUBLIC BEACH CAFE												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												14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				27			
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County 3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl Friend		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other														99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		3.Both		1		O		1		5		STATE OF FLORIDA													
Address (Street, Apt. Number)												City		State		Zip		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		3.Both		1		O		1		5		STATE OF FLORIDA													
Address (Street, Apt. Number)												City		State		Zip		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		BURGE		HAROLD		EUGENE											
Maiden Name												Nickname/Street Name		Place of Birth		Residence Phone									
														KY											
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone							
HOMELESS												BRADENTON		FL		34205									
Occupation												Employer/School		Address		Social Security Number									
UNEMPLOYED																									
Driver's License Number/State												Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC							
B620345570670												FL													
Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)													
DIRTY																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		02/27/1957		61		6-0		180		BLU		BRO		M									
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																	
						OFC M. VANHORN		338																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE				309				10/07/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CE				2				A		10/07/2018															
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

NARRATIVE CONTINUATION

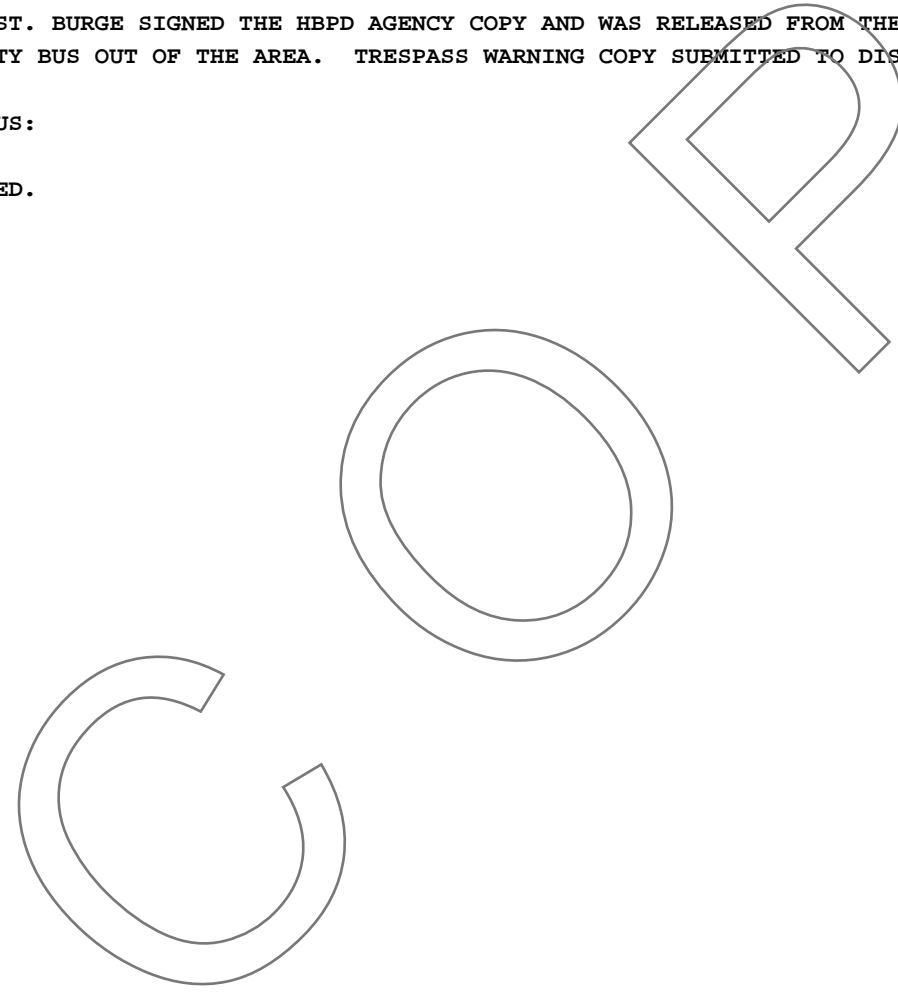
1. Offense Juvenile 1. Original
 2. Arrest Warn/Dismiss 2. Supplement

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180724**

ADM	Date of Supplement ___/___/___
	Original Date Reported 10/07/2018

Case Reference
TRESPASS WARNING

NARRATIVE	<p>INFORMATION:</p> <p>WHILE AT THE PUBLIC BEACH AREA I OBSERVED A WHITE MALE SEATED ON A BENCH NEAR THE WOMENS BATHROOMS STARING AT WOMEN WALKING BY. HE WOULD TURN HIS HEAD AND FOLLOW THE WOMEN WITH HIS HEAD AND EYES DURING THE ENTIRE DURATION OF TRAVEL PASSING HIM. WHEN I CONTACTED HIM I OBSERVED HIM HAVING AN OPEN CAN OF HURRICANE BRAND MALT LIQUOR WHICH HE WAS DRINKING FROM . THE CAN WAS COLD TO THE TOUCH AND FOAMED WHEN POURED OUT ON THE GROUND. THE SUBJECT WAS DRINKING IN A PROHIBITED NO ALCOHOL AREA OF THE BEACH.</p> <p>TRESPASS WARNING:</p> <p>HAROLD EUGENE BURGE W/M 2/27/1957 WAS PHOTOGRAPHED AND GIVEN A TRESPASS WARNING FOR 1YR. I EXPLAINED TO BURGE THAT HE COULD NOT RETURN TO THE MANATEE COUNTY PUBLIC BEACH AREA FOR 1 YR OR WOULD FACE ARREST. BURGE SIGNED THE HBPD AGENCY COPY AND WAS RELEASED FROM THE SCENE. BURGE ROAD THE MANATEE COUNTY BUS OUT OF THE AREA. TRESPASS WARNING COPY SUBMITTED TO DISPATCH FOR ENTRY AND LOGGING.</p> <p>STATUS:</p> <p>CLOSED.</p>
	

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting OFC M. VANHORN	I.D. Number/Locator Code 338
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 338
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To
	Case Status CE	Clearance Type 1.Arrest 2.Exceptional 2	3.Unfounded 2	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number 338
				Number Arrested 1
				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											
//____												20180725		DISTURBANCE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		10/07/2018		1700		1703		1705		1800															
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		10/07/2018		1700		Sun		10/07/2018		1800									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		DISTURBANCE				C		0 - 0 (0)		0000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
5337 GULF DR		HOLMES BEACH		34217		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		0. N/A 1. Occupied		2. No		2. Unoccupied		3. Abandoned		0													
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				29											
# 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		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		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		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		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 O 1		3		THIEL		KELLY ANN																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
307 69TH ST NW		BRADENTON		FL		34209		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		F		10/18/1964		53		2		1		0		00 00		17						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 O 2		3		IVANOV		OGI																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3681 KHAYYAM AVE APT 3		ORLANDO		FL		32826		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		08/02/1959		59		3		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)															
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee Z-Other																					
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
POLICE RESPONDED TO A REPORT OF A DISTURBANCE INSIDE A WHITE VEHICLE PARKED OUTSIDE THE FRECKLED FIN. UPON POLICE ARRIVAL THE ABOVE LISTED SUBJECTS WERE INSIDE A WHITE FORD FLEX FL#DKUC94 INVOLVED IN A VERBAL ALTERCATION. BOTH SUBJECTS WERE HIGHLY INTOXICATED AND WERE REMOVED FROM THE VEHICLE AND SEPARATED. THERE WERE NO SIGNS OF A PHYSICAL ALTERCATION AND WAS CONFIRMED BY BOTH SUBJECTS. TRANSPORTATION WAS ARRANGED FOR BOTH AND THEY LEFT SCENE WITHOUT INCIDENT.																									
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. J. PIERCE		309				10/08/2018																	
Signature of Officer Reviewing		Routed To		Referred		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined		6. Juvenile/No Custody		OBTS Number		Page		Page									
														1		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											
/ /												20180727		DRIVERS LICENSE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		10/09/2018		1507		1507		1508		1609															
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		10/09/2018		1507		Tue		10/09/2018		1507									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		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															
4		4		TAG		C		320 - 261 ()		9000															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
500		MANATEE AVE.		HOLMES		34217				W80															
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		29. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				26											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
2		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. 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		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. Strabbed		06. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		17. Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		1		5		STATE		OF		FLORIDA		-									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		1		5		STATE		OF		FLORIDA		-									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other		A		1		2		GRIMES		RAYE		RUNYON							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3715 14TH ST. W. LOT 333		BRADENTON		FL		34205		-																	
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																	
G-652-736-69-628-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
SHIRT - JEANS																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		04/08/1969		49		504		160				GRY		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED																									
SEE FL NARRATIVE FORM.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN		307		331		10/09/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		1		A		10/09/2018				1													
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1		4											

PROPERTY REPORT

Holmes Beach Police Department

Agency Report Number
20180727

ADM	Date of Supplement ___/___/___		Primary Offense Description DRIVERS LICENSE					Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																															
	Original Date Reported 10/09/2018																																						
THEFT	Theft Type Codes										Theft Type 00																												
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public Access Building</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td></td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> </tr> </table>											00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other	01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud													
00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other																																
01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud																																	
CODES	Person Codes			Status Codes			Damage Codes																																
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson																																
PROPERTY	Property Type																																						
	<table style="width: 100%; font-size: small;"> <tr> <td>A. Auto Accessory/Parts</td> <td>E. Equipment/Tool.</td> <td>J. Jewelry/Precious Metal</td> <td>O. Office Equipment</td> <td>T. TV/Video/VCR</td> <td>Y. Farm Equipment</td> </tr> <tr> <td>B. Bicycle</td> <td>F. Food/Liquor/Consumable</td> <td>K. Clothing/Fur</td> <td>P. Art/Collection</td> <td>U. Currency/Negotiable</td> <td>Z. Miscellaneous</td> </tr> <tr> <td>C. Camera/Photo Equipment</td> <td>G. Gun</td> <td>L. Livestock</td> <td>Q. Computer Equipment</td> <td>V. Credit Card/Non-Negotiable</td> <td></td> </tr> <tr> <td>D. Drug</td> <td>H. Household Appliance/Goods</td> <td>M. Musical Instrument</td> <td>R. Radio/Stereo</td> <td>W. Boat Motor</td> <td></td> </tr> <tr> <td></td> <td>I. Plant/Citrus</td> <td>N. Construction Machinery</td> <td>S. Sports Equipment</td> <td>X. Structure</td> <td></td> </tr> </table>										A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment	B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous	C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable		D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor			I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure
A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment																																		
B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous																																		
C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable																																			
D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor																																			
	I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure																																			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																													
	A	1	1	8	0	Z	1	PLASTIC PLACARD	SELF MADE	PRIVATE																													
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																		
Value		Value Recovered		Date Recovered		SCIC/NCIC																																	
Value		0.00		10/09/2018																																			
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																																
Value																																							
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																																
Value																																							
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																																
Value																																							
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																																	
PROP. DETAIL / NARR.	(1) SEIZED PLASTIC FICTIONAL LICENSE PLATE.																																						
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date																														
	JASON HIGGINS		331						10/09/2018																														
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To																														
SGT. COPEMAN		307																																					
Signature of Officer Reviewing																																							
								Page Page																															
								2 of 4																															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180727**

ADM	Date of Supplement ___/___/___
Original Date Reported 10/09/2018	Case Reference

NARRATIVE

OFFICER DIEHL AND I WERE SITTING STATIONARY AT 4000 STATE ROAD 789 AND WE OBSERVED A GREEN FORD SEDAN IN THE CAPACITY OF A MOTOR VEHICLE. ON THE REAR, AFFIXED AS A LICENSE PLATE, I OBSERVED A PLASTIC LICENSE PLATE STATING "PRIVATE." WE GOT BEHIND IT AND I DID NOT RECOGNISE IT BEING FROM A U.S. TERRITORY OR FROM AN ACTUAL STATE. WITH THE WORDAGE, IT APPEARED TO BE HOME MADE.

I INITIATED A TRAFFIC STOP AND CLOSELY READ ON THE LICENSE PLATE: "NO DRIVER LICENSE OR INSURANCE REQUIRED" PRINTED ON THE TOP PORTION; "NOT FOR COMMERCE USE PRIVATE MODE OF TRAVEL." ALSO ON THE REAR BUMPER, A STICKER SAYING: "NOT FOR HIRE - EXEMPT FROM LEVY." THE BACK WINDOW ON THE DRIVER SIDE READ: NOTICE: LAWFULLY TRAVELING CIVIL RIGHTS INVESTIGATOR. WITH THE DISCLAIMER OF: THIS PRIVATE PROPERTY IS NOT FOR COMMERCIAL ACTIVITY AND IT IS PRIVATE PROPERTY OF HOUSEHOLD GOODS AND ARE ACTING AS TRAVELERS AND NOT DRIVERS AS HOUSEHOLD GOODS AND DON'T NEED A TITLE, REGISTRATION, OR INSURANCE.

I MADE CONTACT WITH FEMALE WITH THE NAME OF RAYE RUNYON GRIMES WITH DATE OF BIRTH 04/08/1969. I ASKED IF SHE WAS TRAVELING AND SHE NODDED IN AGREEMENT. I ASKED FOR HER LICENSE AND SHE SAID SHE ISN'T REQUIRED TO HAVE ONE.

I EXPRESSED THAT I WORK UNDER THE FLORIDA AND THE UNITED STATE'S CONSTITUTION AND UNDER FLORIDA STATE STATUTE 322.03 (1) YOU HAVE TO HAVE A LICENSE WHILE OPERATING A MOTOR VEHICLE. I TOLD HER SHE WAS BEING DETAINED FOR ATTACHING TAG NOT ASSIGNED AND EXPLAINED THAT IN FLORIDA, YOU ARE REQUIRED TO SHOW PROOF OF HAVING VEHICLE REGISTERED WHILE OCCUPYING A MOTOR VEHICLE UPON CITY, COUNTY AND STATE ROADS. I ASKED FOR HER INSURANCE AND SHE SAID SHE ISN'T REQUIRED TO HAVE THAT EITHER.

HER NAME WAS RAN THROUGH FCIC/NCIC AND IT DISPLAYED NO VALID DRIVER'S LICENSE WITH AN ADMINISTRATIVE NUMBER ASSIGNED. I RAN VIN: 1FAP66L1YK120258 AND IT SHOWED A REGISTRATION OF: Z40EURI. WHEN INQUIRING ABOUT IF THIS WAS HER CAR, SHE SAID, "YES" AND SHOWED ME HAND WRITTEN BILL-OF-SALE ON A PIECE OF NOTEBOOK PAPER.

I ISSUED HER 2 CRIMINAL SUMMONSES FOR: ATTACHING TAG NOT ASSIGNED AND NO DRIVER'S LICENSE. WITHOUT THREAT, COORSION, OR DURESS, SHE WILLFULLY SIGNED THEM WITH THE UNDERSTANDING THAT IT'S A PROMISE TO MAKE APPEARANCE IN COURT ON DATE SPECIFIED.

INVENTORY OF VEHICLE RESULTS: PAPERWORK ON: HOW TO DEAL WITH THE POLICE; THE LAWS IN EACH STATE WHILE TRAVELING; AND OTHER ARTICLES RELATING TO DEALING WITH GOVERNMENT ENTITIES WHEN TRAVELING FROM STATE-TO-STATE.

CAR WAS TOWED FROM SCENE AND SEIZED FICTITIOUS TAG WAS PLACED INTO PROPERTY AND EVIDENCE.

ENCOUNTER WAS RECORDED BY PATROL CAR VIDEO AND AUDIO.

ADM	Report Contains SEIZED TAG/TICKETS	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit 10/09/2018
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
	Date 10/09/2018			
Case Status CA	Clearance Type 1. Arrest 1 2. Exceptional 3. Unfounded 4. A-Adult J-Juvenile A	Date Cleared 10/09/2018	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/No Custody	OBTS Number Page 4 of 4

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> Y		Juvenile Warn/Dismiss: <input checked="" type="checkbox"/> W		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180728		CHILD ABUSE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		10/09/2018		1748		1748		1756		1946															
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		10/06/2018		0200		To Sat		10/06/2018		0210									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		1		ABUSE, CHILD		C		827 - 03 (2C)		130A															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		1		DOMESTIC BATTERY		C		784 - 041 ((2A))		9000															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 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		29. Motor Vehicle		01											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		31. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		32. Other													
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		33. Other													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
2		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. None 1. 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		17. Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
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
20180728

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180728					
	Original Date Reported 10/09/2018		Primary Offense Description CHILD ABUSE			Victim #1 Name (Last, First, Middle)							
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									Theft Type 00			
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other						
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous												
	Code V	Person 1	Item # 1	Status 8	Damage 0	Property Type K	Quantity 1	Name TANK TOP		Brand	Model Name/Number		
PROPERTY	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) WHITE						
	Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC				
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) GRAY						
PROPERTY	Code V	Person 1	Item # 2	Status 8	Damage 0	Property Type K	Quantity 1	Name SHORTS		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	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 K. Dispense/Distribute T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter						
	Activity	Type	Description				Quantity	Unit	Estimated Street Value				
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value				
	Activity	Type	Description				Quantity	Unit	Estimated Street Value				
	Activity	Type	Description				Quantity	Unit	Estimated Street Value				
PROP. DETAIL / NARR.													
	Officer(s) Reporting			ID. Number(s)/Locator code			Signature of Officer Reporting			Unit HB11	Date ___/___/___		
	Officer Reviewing (If Applicable)			ID. Number			Routed To			Referred To	Assigned To	By	Date ___/___/___
	Signature of Officer Reviewing									Page 2	Page 4		

NARRATIVE CONTINUATION

1. Offense	1	Juvenile Warn/Dismiss	W	1. Original	1
2. Arrest				2. Supplement	
Agency ORI Number			Agency Report Number		
FL0410400			20180728		

Date of Supplement	
Original Date Reported	10/09/2018

Holmes Beach Police Department

Case Reference
CHILD ABUSE, DOMESTIC BATTERY BY STRANGULATION

NARRATIVE

ON THE LISTED DATE AND TIME, I RESPONDED TO ASSIST CHILD PROTECTIVE SERVICES WITH AN INVESTIGATION. THE REPORT WAS FILED FROM THE SCHOOL ON 10/8/18, WHERE THE CHILD ATTENDS. INVESTIGATOR MCCOY ADVISED THE REPORT INDICATED THE CHILD WAS BEATEN IN AN ABUSIVE MANOR BY CHILD'S MOTHER'S BOYFRIEND. INVESTIGATOR MCCOY AND MYSELF KNOCKED ON THE FRONT DOOR AND MADE CONTACT WITH THE CHILD.

THE CHILD STATED EARLY SATURDAY MORNING 10/6/18, THE CHILD WAS ATTACKED BY CHILD'S MOTHER'S BOYFRIEND. THE CHILD ADVISED CHILD WENT OUT TO EAT WITH CHILD'S MOTHER AND HER BOYFRIEND AT THE FRECKLED FIN LATE FRIDAY NIGHT. AFTER THEY WERE DONE EATING, THE MOTHER'S BOYFRIEND DROVE THE CHILD HOME, WHILE CHILD'S MOTHER STAYED AT THE BAR. THE BOYFRIEND DROPPED THE CHILD OFF AT THE HOUSE AND TOLD THE CHILD CHILD COULD WATCH A MOVIE, WHILE THE BOYFRIEND WENT BACK TO THE BAR TO CONTINUE SOCIALIZING WITH THE CHILD'S MOTHER. THE CHILD STATED THE BOYFRIEND HAS LIVED IN THE HOUSE WITH THE CHILD AND THE CHILD'S MOTHER, AS A FAMILY, FOR OVER A YEAR. HOWEVER, THE BOYFRIEND MOVED OUT TWO MONTHS PRIOR TO THE INCIDENT, BUT CONTINUES TO VISIT THE CHILD AND THE CHILD'S MOTHER.

THE CHILD WENT ON TO SAY THAT AROUND 1 OR 2 IN THE MORNING THE MOTHER AND MOTHER'S BOYFRIEND RETURNED HOME INTOXICATED, DESCRIBING BOYFRIEND AS UNSTEADY ON HIS FEET. BOYFRIEND ENTERED THE HOUSE, GAVE THE CHILD A HIGH FIVE AND THEN WENT INTO THE BATHROOM. MOTHER STAYED IN THE LIVING ROOM AND SAT ON THE COUCH. THE CHILD STATED BOYFRIEND EXITED THE BATHROOM AND TOLD CHILD CHILD ONLY HAD A FEW MINUTES BEFORE CHILD HAD TO TURN OFF THE PLAYSTATION. THE CHILD QUESTIONED BOYFRIEND, THAT'S WHEN BOYFRIEND BECAME UPSET AND KICKED THE CHILD IN THE LEFT SIDE OF THE FACE, WHILE THE CHILD WAS SEATED ON THE BEDROOM FLOOR. BOYFRIEND PICKED UP THE CHILD AND SLAMMED CHILD AGAINST THE BEDROOM WALL, BEFORE THROWING THE CHILD BACK ONTO THE FLOOR. BOYFRIEND THEN GOT ON TOP OF THE CHILD AND CHOKED CHILD, PLACING HIS HANDS AROUND THE CHILD'S THROAT. THE CHILD SAID CHILD COULDN'T BREATHE/DIFFICULTY BREATHING FOR A 3-5 SECOND PERIOD. THE CHILD ALSO STATED THAT IT DIDN'T END THERE. BOYFRIEND CONTINUED ABUSING CHILD BY PLACING THE PALM OF HIS HAND ON THE CHILD'S NOSE, PRESSING DOWN UNTIL IT BLED. DURING THIS ENTIRE INCIDENT THE CHILD WAS TRYING TO CALL CHILD'S MOTHER FOR HELP. CHILD'S MOTHER FINALLY HEARD THE COMMOTION AND ENTERED THE BEDROOM TO SEE HER BOYFRIEND SITTING ON TOP OF THE CHILD, HOLDING CHILD'S WRISTS ON THE GROUND. THE CHILD WENT ON TO SAY CHILD'S MOTHER TOLD HER BOYFRND TO GET OFF, THAT'S WHEN THE CHILD WAS ABLE TO GET FREE AND RAN OUT THE FRONT DOOR. THE CHILD STATED CHILD CONTEMPLATED WALKING TO POLICE STATION BUT DECIDED IT WAS TOO FAR TO WALK AT THAT TIME OF THE MORNING. THE CHILD WENT BACK INSIDE AND OBSERVED CHILD'S MOTHER TALKING TO BOYFRIEND AND TELLING HIM HE NEEDED TO LEAVE. BOYFRIEND WALKED PASSED THE CHILD AND SAID "THANKS ***". BOYFRIEND LEFT THE RESIDENCE WITH NO FURTHER INCIDENT.

AT THIS TIME, I SPOKE WITH THE MOTHER. MOTHER STATED THAT SHE WAS SEATED IN THE LIVING ROOM HOLDING HER DOG WHEN SHE HEARD A DISTURBANCE COMING FROM HER CHILD'S BEDROOM. SHE WENT TO INVESTIGATE AND DISCOVERED BOYFRIEND SITTING ON TOP OF THE CHILD, HOLDING CHILD DOWN, WITH BLOOD ON THE CHILD'S CLOTHES. MOTHER ADVISED SHE TOLD BOYFRINED TO GET OFF, AND SHORTLY AFTER THAT, TOLD HIM HE NEEDED TO LEAVE. MOTHER STATED THIS IS THE FIRST TIME TO HER KNOWLEDGE THAT BOYFRIEND HAS BEEN PHYSICAL WITH HER CHILD. I QUESTIONED HER WHY SHE DIDN'T NOTIFY LAW ENFORCEMENT, AND SHE REPLIED "ONCE BOYFRIEND LEFT, I FELT THE IMMEDIATE THREAT WAS GONE AND I DIDN'T FEEL THE NEED TO CALL THE POLICE". MOTHER ADVISED SHE TOOK A PHOTO OF HER CHILD AFTER THE INCIDENT AND RENDERED FIRST AID. BOTH MOTHER AND THE CHILD COMPLETED A SWORN AFFIDAVIT TO WHAT OCCURRED.

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

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180728**

ADM	Date of Supplement ___/___/___
	Original Date Reported 10/09/2018

Case Reference
CHILD ABUSE, DOMESTIC BATTERY BY STRANGULATION

NARRATIVE

IT SHOULD BE NOTED, WHILE INTERVIEWING THE CHILD, I COULD SEE A SLIGHT BRUISING UNDER THE CHILD'S LEFT EYE. THERE WERE NO OTHER VISIBLE INJURIES AT THE TIME OF THE INTERVIEW. THE CHILD WAS ISSUED A DOMESTIC VIOLENCE PAMPHLET, WHICH WAS SIGNED FOR BY CHILD'S MOTHER. A CASE CARD WAS ALSO ISSUED. PHOTOS OF THE BEDROOM, WHERE THE INCIDENT OCCURRED, ALONG WITH THE PHOTOS OF THE CHILD TAKEN JUST AFTER THE INCIDENT AND AT THE TIME OF INTERVIEW WERE PLACED IN THE CASE FILE FOLDER ON THE S DRIVE. THE CLOTHES THAT THE CHILD WAS WEARING DURING THE INCIDENT, WHICH STILL HAD DRIED BLOOD ON THEM, WAS PLACED INTO HYPD EVIDENCE.

THE BOYFRIEND WAS NOT AVAILABLE FOR QUESTIONING. A CAPIAS REQUEST HAS BEEN FILED AND SENT TO THE STATE ATTORNEY'S OFFICE FOR THEIR REVIEW, FOR THE CHARGES OF CHILD ABUSE AND DOMESTIC BATTERY BY STRANGULATION. NO FURTHER INFORMATION AT THIS TIME.

ADMINISTRATIVE	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 DET	
	Case Status CF	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile A	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 SGT . COPEMAN

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											
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description													
		/ /										20180732		WARRANT ARREST													
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Wed		10/10/2018		1815		1815		1815		1900															
		Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		10/10/2018		1816		Wed		10/10/2018		1900									
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		3		WARRANT		C		901 - 16 ()		2800																	
		OFF/INC #2																									
		Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
		700		MANATEE AVE		HOLMES BEACH		34217																			
		Business Name/Area Identifier		Forced Entry		Occupancy																					
				0. N/A 1. Yes		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0		0															
		Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
		01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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															
		1		1		1		0		0		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. N/A 1. Juvenile 2. L.E. Officer 3. Adult		0. N/A 1. American Indian W - White B - Black U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal													
		Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
		00. N/A		04. Unconscious		08. Burns		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
		01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance											
		02. Stabbed		06. Poss. Internal Injury		99. Other		09. Step-Parent		13. Student				20. Employee		99. Other Known											
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 2.#2		1		1		0		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		N		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 2.#2		1		1		0																			
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																										Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
		1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		A		1		2		WOMACK		MARCUS		JEREMY							
		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		3211 16TH AVE W		BRADENTON		FL		34205																			
		Occupation		Employer/School		Address		Social Security Number																			
		CARPENTER		SELF																							
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		W520-550-75-324-0		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		09/04/1975		43		6-1		175		BRO		BRO											
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		LT		THN		B																					
		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
								OFC M. VANHORN		338																	
		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. J. PIERCE				309				10/10/2018																	
		Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
		CA				1				A		10/10/2018				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 Warn/Dismiss 2. Supplement

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180732**

ADM	Date of Supplement _ / _ / _
	Original Date Reported 10/10/2018

Case Reference
WARRANT ARREST

NARRATIVE

WHILE ON STATIONARY PATROL I OBSERVED THE VEHICLE SOUTH BOUND NEAR THE 4000 BLK OF GULF DR. THE FRONT PASSENGER DID NOT HAVE HIS SEATBELT ON. I STOPPED THE VEHICLE IN THE 700 BLK OF MANATEE AVE. UPON CHECKING THE PASSENGER IN NCIC/FCIC HE SHOWED 2 VALID WARRANTS OUT OF THE MANATEE COUNTY SHERIFF DEPT. THE WARRANTS WERE CONFIRMED BY HYPD DISPATCH.

ARRESTED:

MARCUS JEREMY WOMACK W/M 09/04/1975 WAS ARRESTED FOR VOP MISD AND A RECKLESS DRIVING WARRANT. WOMACK WAS TRANSPORTED TO 75TH AND MANATEE WITHOUT INCIDENT. HE WAS TURNED OVER TO A MANATEE COUNTY DEPUTY FOR TRANSPORT TO THE PORT JAIL.

VEHICLE:

2005 CHEV PU RED IN COLOR, BEARING 177TLY 19/FL. VEHICLE TURNED OVER TO DRIVER/OWNER FRANCINE NOTA GUY, W/FM 09/02/1963 WHO WAS NOT CHARGED WITH AN OFFENSE.

STATUS:

CLOSED BY ARREST.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code			
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit			
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To			
	Case Status	Clearance Type	1.Arrest	3.Unfounded	A-Adult	Date Cleared	Arrest Number
Exception Type	2.Arrest on Primary Offense	3. Death of Offender	4. V / W Refused to Cooperate	5. Prosecution Declined	6. Juvenile/No Custody	OBTS Number	Page of

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																																													
2018/10/10		20180733										TRESPASS WARNING																																															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)		Wed		10/10/2018		2306		2306		2308		2329																																					
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)		1. Felony		3. Misdemeanor		5. Ordinance		9. Other		From		Wed		10/10/2018		2306		To		Wed		10/10/2018		2329																							
OFF/INC #1		Type		Description		A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code		9		TRESPASS / WARN		C		0		-		0		(0)		0000																											
OFF/INC #2						A-Attempted		C-Committed																																																			
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone		3007		GULF DRIVE		HOLMES BEACH		34217		00		00		00		W80																															
Business Name/Area Identifier		Forced Entry		Occupancy		ANCHOR INN		0. N/A		2. No		0		0. N/A		2. Unoccupied		0		1. Occupied		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		28. Lake/Waterway		29. Motor Vehicle		04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		24. Other Structure		08																															
# 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. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		13. Unknown		99. Other		00																			
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury		V - Victim		O - Other		0. N/A		4. Business		N - N/A		I - American Indian		N - N/A		3. Florida		0. None		1. Full Year		1. Minor		2. Serious		3. Fatal																					
W - Witness		1. Juvenile		5. Government		W - White		O - Oriental/Asian		M - Male		1. City		4. Out-of-State		C - Reporting Person		2. L.E. Officer		6. Church		U - Unknown		F - Female		2. County		2. Part Year		3. Non-Resident		3. Other		3. Abandoned		0																							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant		01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance		99. Other Known	
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		04. Ex-Spouse		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		23. Acquaintance		99. Other Known																																							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1		3.Both		1		C		01		4		ALBRECHT		BRAD		-		-		-		-																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone		3007		GULF DR		HOLMES BEACH		FL		34217		-		-		-		-		-		-		-		-																									
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		ANCHOR INN		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?		Yes <input type="checkbox"/> No <input type="checkbox"/>																																	
2		W		F		07/23/1985		33		1		1		0		00 00		99		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		3.Both		1		O		01		3		HAMPTON		ALICIA		NICOLE		-		-																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone		3008		AVE C APT A		HOLMES BEACH		FL		34217		-		-		-		-		-		-		-																											
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		CUSTOMER																																																							
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"/>																																	
2		W		F		07/23/1985		33		1		1		0		00 00		99		N		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		S-Suspect		E-Escapee		R-Rec. Missing		A-Arrestee		M-Missing		Z-other		-		-																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone		Occupation		Employer/School		Address		Social Security Number		-		-		-		-		-		-		-		-																											
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers		-		-		-		-		-		-		-		-		-		-		-																											
SEE NARRATIVE																																																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		A. DESANTIS		336		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT. J. PIERCE		309		10/11/2018																															
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																																																	
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		J-Juvenile		Jail Number		Number Arrested		Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																													
1.Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		6. Juvenile/No Custody		-		-		-		-		1		2																																							

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180733**

ADM	Date of Supplement ___/___/___
	Original Date Reported 10/10/2018

Case Reference
TRESPASS WARNING

NARRATIVE

ON 10/10/18, I WAS DISPATCHED TO THE ANCHOR INN IN REFERENCE TO A TRESPASS WARNING ISSUANCE. DISPATCH ADVISED THE SUBJECT THAT THEY WANT ISSUED A TRESPASS WARNING TO WAS A WHITE FEMALE WEARING BLUE SHORTS AND A TEAL TOP.

UPON ARRIVAL, I OBSERVED A WHITE FEMALE OUTSIDE OF THE BAR MATCHING THE DESCRIPTION GIVEN. AS I PULLED INTO THE PARKING LOT, THE FEMALE STARTED WALKING AROUND THE BUILDING, TOWARDS THE BACK. THE MANAGER OF ANCHOR INN, (BRAD ALBRECHT), ADVISED ME THAT WAS THE FEMALE HE WANTED TRESPASSED. I IDENTIFIED MYSELF AND REQUESTED THE FEMALE TO STOP. SHE CONTINUED TO WALK AWAY FROM ME. AFTER MULTIPLE COMMANDS TO STOP, I ADVISED HER SHE WOULD BE ARRESTED. THE FEMALE STOPPED AND I WALKED HER BACK TO THE FRONT OF THE BUSINESS TO MY PATROL VEHICLE. THE FEMALE WAS IDENTIFIED AS (ALICIA HAMPTON). (HAMPTON) WAS HEAVILY INTOXICATED AND UNCOOPERATIVE. I COMPLETED A WRITTEN TRESPASS WARNING AND EXPLAINED IT TO (HAMPTON). A PHOTO OF (HAMPTON) WAS TAKEN FOR RECORDS. (HAMPTON) SIGNED THE TRESPASS WARNING AND RECEIVED HER COPY. (HAMPTON) CRUMPLED UP HER COPY AND THREW IT ON THE GROUND AS SHE WALKED AWAY. I COMMANDED (HAMPTON) TO PICK IT UP. (HAMPTON) DID SO AND DEPARTED THE AREA TO HER RESIDENCE. NFI

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 10/11/2018
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
	Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 4. V / W Refused to Cooperate	A-Adult J-Juvenile
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number
				OBTS Number
				Page 2 of 2

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															
												20180734		DUI 4TH OFF															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																			
Thu		10/11/2018		0125		0125		0125		0530																			
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																	
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		10/11/2018		0125		Thu		10/11/2018		0530													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
2		DUI-UNLAW BLD A		C		316 - 193 (2b3)																							
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																	
300 64TH ST		HOLMES BEACH		34217																									
Business Name/Area Identifier		Forced Entry		Occupancy																									
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0																			
Location Type		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		31. 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		32. Other Mobile		99. Other															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other Mobile		99. Other															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		34. Other Mobile		99. Other															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs							
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon							
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																	
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. 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		18. Friend		20. Employee		99. Other Known											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 3.Both 2.#2		1		V		1		5		STATE OF FLORIDA																			
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																											
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		N		N						0		0		0		00 00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 3.Both 2.#2		1		S		1		A		1		2		LEARY		JAMES		MICHAEL											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																							
				FL																									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
201 PEACOCK LN		HOLMES BEACH		FL		34217																							
Occupation		Employer/School		Address		Social Security Number																							
REFUSED TO ANSWER																													
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																					
L600453/71460		FL																											
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
W		M		04/26/1977		41		6-1		205		BLU		BRO		S		S											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																			
LT		THN																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																					
						OFC M. VANHORN		338																					
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																					
SGT. J. PIERCE				309				10/11/2018																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																			
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested															
CA				1				A		10/11/2018				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 **20180734**

ADM Date of Supplement
 Original Date Reported
10/11/2018

Case Reference
DUI 4TH OFFENSE FELONY JAMES MICHAEL LEARY

NARRATIVE

WHILE ON PATROL I WAS MAKING A RIGHT HAND TURN TO GO SOUTHBOUND ON HOLMES BLVD NEAR 61ST ST. WHEN I MADE THE TURN I OBSERVED A WHITE GOLF CART WITH 3 OCCUPANTS DRIVING NORTH BOUND IN THE SOUTH BOUND LANE. I SLOWED THE PATROL VEHICLE TO A STOP AND THE GOLF CART MOVED INTO THE CORRECT LANE. AS I TURNED AROUND TO STOP THE GOLF CART, I AGAIN OBSERVED THE DRIVER TRAVELING NORTH BOUND IN THE SOUTH BOUND LANE. I ACTIVATED THE EMERGENCY LIGHTING, AND THE GOLF CART CONTINUED IGNORING MY LIGHTS AND TURNED RIGHT TO EAST BOUND 64TH ST. THE DRIVER DID NOT STOP IMMEDIATELY, AT WHICH TIME I ADVISED HBPD DISPATCH THAT THE GOLF CART WAS NOT STOPPING. I UTILIZED THE SIREN AND THE DRIVER EVENTUALLY STOPPED NEAR 319 64TH ST.

UPON CONTACT WITH THE DRIVER, I NOTICED THE ODOR OF INTOXICANTS EMANATING FROM HIS BREATH. HE ALSO HAD SLURRED SPEECH, AND BLOODSHOT AND WATERY EYES. IT BECAME APPARENT IMMEDIATELY THAT THE DRIVER WAS GOING TO BE UNCOOPERATIVE, AT WHICH POINT I REQUESTED BACKUP OFFICERS. AS I CONTINUED TO REQUEST COOPERATION FROM THE SUSPECT DRIVER, I NOTICED HIS MOOD CHANGES AND THAT HIS BALANCE WAS POOR. LEARY STATED HE WAS ON THE WRONG SIDE OF THE ROAD BUT WAS AVOIDING PUDDLES BY SWEARVING AROUND THEM. I DID NOT OBSERVE ANY SIGNIFICANT STANDING WATER. I ADVISED LEARY THAT I WAS CONCERNED FOR HIS SAFETY AND HE COULD OF HIT ME HEAD ON. I ATTEMPTED TO DISENGAGE, AND ALLOW OFC A. DESANTIS TO MAKE AN ATTEMPT AT GAINING COOPERATION. THE SUSPECT DRIVER JAMES LEARY AT ONE POINT PUT HIS HANDS BEHIND HIS BACK WITHOUT BEING ASKED, AFTER HE WAS TOLD THAT HE COULD GO TO JAIL. I REQUESTED LEARY TO TAKE FIELD SOBRIERY EXERCISES, EACH TIME HE REFUSED. AFTER NUMEROUS REQUESTS FOR LEARY TO PERFORM SOBRIETY EXERCISES AND HIS CONTINUED REFUSAL AND ESCALTION OF HOSTILITIES I MADE THE DECISION TO PLACE JAMES MICHAEL LEARY UNDER ARREST FOR DUI. HE OFFERED LITTLE RESISTANCE, HOWEVER I HAD TO PHYSICALLY GUIDE HIM TO THE BACK OF THE PATROL VEHICLE BY PLACING MY HANDS ON HIS ARM AND SHOULDER.

WHILE AT HBPD THE SUSPECT DRIVER WAS PROFANE, HOSTILE, AND AT ONE POINT STATED THAT HE SHOULD OF PUT HIS HANDS ON ME WHEN I ARRESTED HIM. THROUGHOUT THE PROCESSING OF LEARY HE MADE VEILED THREATS TOWARDS ME, CALLING ME A 'PUNK ASS BITCH' AND A "MOTHER FUCKER". MCSO DEP MA KENYON READ LEARY HIS IMPLIED CONSENT, LEARY REFUSED THE BREATH TEST EVEN AFTER BEING ADVISED OF THE POSSIBLE CONSEQUENCES FOR HIS REFUSAL.

ARRESTED:

JAMES MICHAEL LEARY W/M 4/27/1977. LEARY'S CRIMINAL HISTORY SHOWED 3 PRIOR DUI CONVICTIONS FROM THE STATE OF OHIO. I CHARGED HIM WITH DUI 4TH. HE WAS TRANSPORTED TO THE MCSO PORT JAIL WITHOUT INCIDENT, AFTER PROCESSING AT HBPD. WHILE BEING TRANSPORTED I HAD MY AUDIO AND VIDEO TURNED ON. LEARY CAN BE HEARD SLURRING HIS SPEACH, AND BEING PROFANE. HE STATED HE WAS 4BLKS FROM HOME, WHEN IN FACT THE STOP WAS AT LEAST 14 BLKS AWAY FROM HIS RESIDENCE.

VEHICLE:

2015 EZ GO GOLF CART WHITE IN COLOR, NO REGISTRATION. LEARY STATED THE GOLF CART WAS HIS. IT WAS TOWED BY BAKERS TOWING PER THE ROTATION LIST. DURING AN INVENTORY SEARCH BY SGT J. PIERCE A 3/4 FULL BOTTLE OF SVEDKA MANGO PINEAPPLE VODKA WAS FOUND ON THE GOLF CART IN PLAIN VIEW. VODKA BOTTLE STATED 35% ALCOHOL BY VOLUME.

Report Contains	Related Report Number(s)	Name of Officer Reporting OFc M. VANHORN	I.D. Number/Locator Code 338
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 338
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 10/11/2018		Arrest Number	Number Arrested 1
OBTS Number		Page	Page of

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180734**

ADM
 Date of Supplement
10/11/2018
 Original Date Reported
10/11/2018

Case Reference
DUI

NARRATIVE

ON 10/11/18, I ASSISTED OFC. M. VANHORN WITH A TRAFFIC STOP HE HAD CONDUCTED ON A GOLF CART. I ARRIVED TO OBSERVE OFC. VANHORN SPEAKING WITH THE DRIVER (JAMES LEARY). OFC. VANHORN STATED HE HAD OBSERVED (LEARY) OPERATING THE GOLF CART ON THE WRONG SIDE OF THE ROAD. AS OFC. VANHORN WAS SPEAKING TO (LEARY), I OBSERVED (LEARY) SWAYING WHILE HE WAS STANDING. (LEARY) INTERRUPTED OFC. VANHORN NUMEROUS TIMES, NOT ALLOWING OFC. VANHORN TO EXPLAIN THE TRAFFIC STOP AND HIS OBSERVATIONS. (LEARY) WAS UNCOOPERATIVE AND BELLIGERENT. I OBSERVED (LEARY'S) EYES TO BE VERY BLOODSHOT AND WATERY. (LEARY'S) SPEECH WAS SLURRED. I COULD SMELL AN ODOR OF ALCOHOLIC BEVERAGE COMING FROM ON AND/OR ABOUT (LEARY'S) PERSON. OFC. VANHORN REQUESTED (LEARY) TO CONSENT TO THE STANDARDIZED FIELD SOBRIETY EXERCISES. (LEARY) REFUSED. OFC. VANHORN ADVISED (LEARY) THAT IF THE SFSTS WERE NOT COMPLETED, HE WOULD HAVE TO ACT ON HIS OBSERVATIONS. (LEARY) ADVISED OFC. VANHORN TO ARREST HIM THEN. I ATTEMPTED TO EXPLAIN OUR OBSERVATIONS TO (LEARY) AND WHY WE REQUESTED HIM TO CONSENT TO THE SFSTS. (LEARY) CONTINUED TO BE BELLIGERENT AND INTERRUPT US SPEAKING. (LEARY) STATED HE WAS AT HOME AND WENT PICKED UP HIS FRIENDS FROM DECOY DUCKS BAR, TO TAKE THEM HOME, SO THEY DID NOT DRINK AND DRIVE. (LEARY) STATED HE WAS TWO BLOCKS AWAY FROM HIS HOUSE. (LEARY) LIVED ON PEACOCK LN, WHICH WAS APPROXIMATELY THREE QUARTERS OF A MILE AWAY.

UPON (LEARY'S) REFUSAL, OFC. VANHORN PLACED (LEARY) UNDER ARREST FOR DUI AND OUT HIM IN THE BACK OF HIS CAGED PATROL VEHICLE. WHILE SGT. J. PIERCE SPOKE TO THE OTHER TWO OCCUPANTS OF THE GOLF CART, I OVER HEARD THE REAR PASSENGER STATED HE DID NOT THINK (LEARY) HAD THAT MUCH TO DRINK. OFC. VANHORN TRANSPORTED (LEARY) TO HYPD STATION WHERE (LEARY) CONTINUED TO BE BELLIGERENT AND ARGUMENTATIVE.

MCSO DEPUTY M. KENYAN REQUESTED (LEARY) TO PROVIDE A BREATH SAMPLE FOR THE INTOXILYZER. (LEARY) REFUSED. POST MIRANDA, I ASKED (LEARY) IF HE HAD GOTTEN HIS CREDIT OR DEBIT CARD BACK FROM DECOY DUCS WHEN HE LEFT. (LEARY) STATED, "I USED CASH." OFC. VANHORN TRANSPORTED (LEARY) TO MSCO JAIL. NFI

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Date 10/12/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date
CA	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared 10/11/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 1	Page 1

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1													
ADM		Date of Supplement				Holmes Beach Police Department				Agency Report Number		Primary Offense Description															
		/ /								20180735		FOUND PROPERTY															
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Thu		10/11/2018		1600		1600		1603		1625															
		Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		10/11/2018		1600		Thu		10/11/2018		1625									
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		9		PROPERTY FOUND				C		0 - 0 (0)		0000															
		OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		Incident Location (Street Number, Street, Apt.)				City		Zip		District		Grid		Area		Zone											
		5300 MARINA DR				HOLMES BEACH		34217		00		00		00		00											
		Business Name/Area Identifier				Forced Entry		Occupancy																			
		TROLLY STOP				0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0													
		Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other											
		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			
		01		01		00		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		13. Unknown 99. Other	
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
		V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
		Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
		00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
		01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
		02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee									
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 3.Both 2.#2		1		V		1		3		RANTZ		MICHAEL													
		Address (Street, Apt. Number)				City		State		Zip		Business Phone															
		1434 55T AVE W				BRADENTON		FL		34207																	
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		U		M		03/14/1964		54		2		1		0		00 00								Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 3.Both 2.#2																									
		Address (Street, Apt. Number)				City		State		Zip		Business Phone															
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																										Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
		1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																							
		Last Known Address (Street, Apt. Number)				City		State		Zip		Business Phone															
		Occupation		Employer/School		Address		Social Security Number																			
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		SEE NARRATIVE																									
		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				10/11/2018									
		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
20180735

ADM	Date of Supplement ___/___/___		Primary Offense Description FOUND PROPERTY					Victim #1 Name (Last, First, Middle) RANTZ MICHAEL																																				
	Original Date Reported 10/11/2018																																											
THEFT	Theft Type Codes										Theft Type 00																																	
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public Access Building</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> <td colspan="3"></td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td></td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> <td colspan="3"></td> </tr> </table>											00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other				01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud															
00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other																																					
01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud																																						
CODES	Person Codes			Status Codes			Damage Codes																																					
	<table style="width: 100%; font-size: x-small;"> <tr> <td>V - Victim</td> <td>A - Arrestee</td> <td>1. Stolen</td> <td>3. Stolen and Recovered</td> <td>5. Lost</td> <td>7. Safekeeping</td> <td>0. N/A</td> <td>2. Criminal Mischief</td> <td colspan="3">9. Other</td> </tr> <tr> <td>S - Suspect</td> <td>O - Other</td> <td>2. Recovered</td> <td>4. Recovered for Other Jurisdiction</td> <td>6. Found</td> <td>8. Evidence/Seized</td> <td>1. Arson</td> <td>3. During other Offense</td> <td colspan="3"></td> </tr> </table>			V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	0. N/A	2. Criminal Mischief	9. Other			S - Suspect	O - Other	2. Recovered	4. Recovered for Other Jurisdiction	6. Found	8. Evidence/Seized	1. Arson	3. During other Offense																						
V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	0. N/A	2. Criminal Mischief	9. Other																																				
S - Suspect	O - Other	2. Recovered	4. Recovered for Other Jurisdiction	6. Found	8. Evidence/Seized	1. Arson	3. During other Offense																																					
PROPERTY	Property Type																																											
	<table style="width: 100%; font-size: x-small;"> <tr> <td>A. Auto Accessory/Parts</td> <td>E. Equipment/Tool.</td> <td>J. Jewelry/Precious Metal</td> <td>O. Office Equipment</td> <td>T. TV/Video/VCR</td> <td>Y. Farm Equipment</td> </tr> <tr> <td>B. Bicycle</td> <td>F. Food/Liquor/Consumable</td> <td>K. Clothing/Fur</td> <td>P. Art/Collection</td> <td>U. Currency/Negotiable</td> <td>Z. Miscellaneous</td> </tr> <tr> <td>C. Camera/Photo Equipment</td> <td>G. Gun</td> <td>L. Livestock</td> <td>Q. Computer Equipment</td> <td>V. Credit Card/Non-Negotiable</td> <td></td> </tr> <tr> <td>D. Drug</td> <td>H. Household Appliance/Goods</td> <td>M. Musical Instrument</td> <td>R. Radio/Stereo</td> <td>W. Boat Motor</td> <td></td> </tr> <tr> <td></td> <td>I. Plant/Citrus</td> <td>N. Construction Machinery</td> <td>S. Sports Equipment</td> <td>X. Structure</td> <td></td> </tr> </table>			A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment	B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous	C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable		D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor			I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure		Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment																																						
	B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous																																						
C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable																																								
D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor																																								
	I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure																																								
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																								
Value		Value Recovered		Date Recovered							SCIC/NCIC																																	
PROPERTY	Property Type																																											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																							
	Value		Value Recovered		Date Recovered							SCIC/NCIC																																
PROPERTY	Property Type																																											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																							
	Value		Value Recovered		Date Recovered							SCIC/NCIC																																
PROPERTY	Property Type																																											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																							
	Value		Value Recovered		Date Recovered							SCIC/NCIC																																
PROPERTY	Property Type																																											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																																							
	Value		Value Recovered		Date Recovered							SCIC/NCIC																																
TOTALS	Property Stolen		0.00		Change in Property Stolen Value																																							
	Property Recovered		0.00		Change in Property Recovered Value																																							
CODES	Activity			Type			Unit																																					
	<table style="width: 100%; font-size: x-small;"> <tr> <td>P. Possess</td> <td>R. Smuggle</td> <td>M. Manufacture/Produce/Cultivate</td> <td>A. Amphetamine</td> <td>H. Hallucinogen</td> <td>S. Synthetic</td> <td>1. Gram</td> <td>5. Pound</td> <td>9. Dose Unit/Item</td> </tr> <tr> <td>S. Sell</td> <td>D. Deliver</td> <td>Z. Other</td> <td>B. Barbiturate</td> <td>M. Marijuana</td> <td>U. Unknown</td> <td>2. Milligram</td> <td>6. Ton</td> <td></td> </tr> <tr> <td>B. Buy</td> <td>E. Use</td> <td></td> <td>C. Cocaine</td> <td>O. Opium/Derivative</td> <td>Z. Other</td> <td>3. Kilogram</td> <td>7. Liter</td> <td></td> </tr> <tr> <td>T. Traffic</td> <td>K. Dispense/Distribute</td> <td></td> <td>E. Heroin</td> <td>P. Paraphernalia/Equipment</td> <td></td> <td>4. Ounce</td> <td>8. Milliliter</td> <td></td> </tr> </table>			P. Possess	R. Smuggle	M. Manufacture/Produce/Cultivate	A. Amphetamine	H. Hallucinogen	S. Synthetic	1. Gram	5. Pound	9. Dose Unit/Item	S. Sell	D. Deliver	Z. Other	B. Barbiturate	M. Marijuana	U. Unknown	2. Milligram	6. Ton		B. Buy	E. Use		C. Cocaine	O. Opium/Derivative	Z. Other	3. Kilogram	7. Liter		T. Traffic	K. Dispense/Distribute		E. Heroin	P. Paraphernalia/Equipment		4. Ounce	8. Milliliter						
P. Possess	R. Smuggle	M. Manufacture/Produce/Cultivate	A. Amphetamine	H. Hallucinogen	S. Synthetic	1. Gram	5. Pound	9. Dose Unit/Item																																				
S. Sell	D. Deliver	Z. Other	B. Barbiturate	M. Marijuana	U. Unknown	2. Milligram	6. Ton																																					
B. Buy	E. Use		C. Cocaine	O. Opium/Derivative	Z. Other	3. Kilogram	7. Liter																																					
T. Traffic	K. Dispense/Distribute		E. Heroin	P. Paraphernalia/Equipment		4. Ounce	8. Milliliter																																					
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																																			
	FRASER		323				PATROL		10/11/2018																																			
	Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By		Date																																			
	SGT. M. PILATO		306																																									
Signature of Officer Reviewing								Page		Page																																		
								2		3																																		

NARRATIVE CONTINUATION

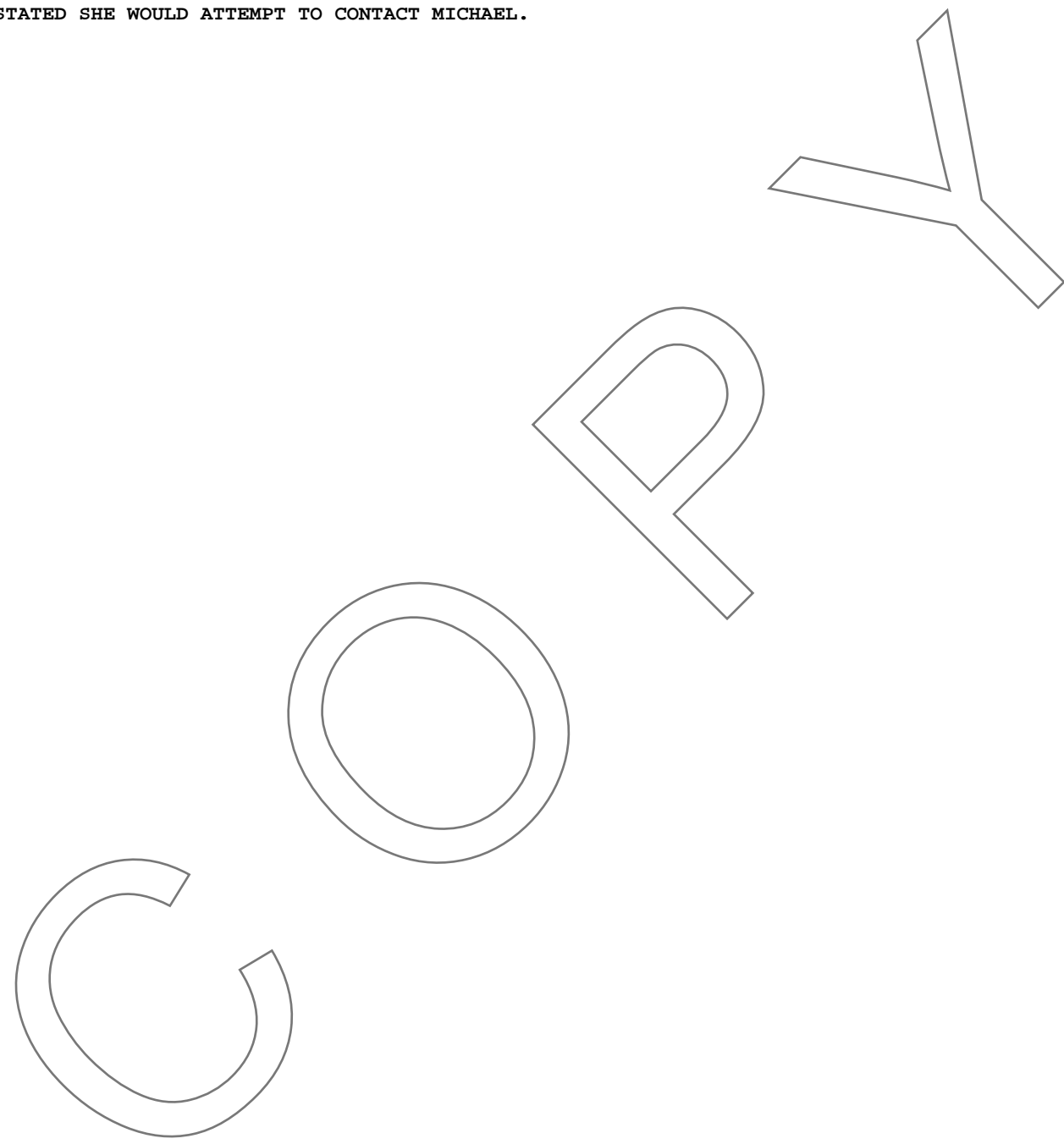
1. Offense Juvenile 1. Original
 2. Arrest Warn/Dismiss 2. Supplement

Holmes Beach Police Department

Agency ORI Number	Agency Report Number
FL0410400	20180735

Date of Supplement	____/____/____
Original Date Reported	10/11/2018

Case Reference
FOUND PROPERTY

ADM	<p>THE ABOVE LISTED PROPERTY WAS FOUND BY THE TROLLY STOP AT 5300 MARINA DRIVE BY UNIDENTIFIED EMPLOYEE OF THE FRECKLED FIN. PROPERTY PLACED IN SAFE KEEPING. POLICE MADE CONTACT WITH MOTHER JULIE MCCULLOCH WHO STATED SHE WOULD ATTEMPT TO CONTACT MICHAEL.</p> <div style="text-align: center; font-size: 48px; font-family: cursive;">  </div>
-----	--

ADM	Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	Signature of Officer Reviewing	Routed To	Assigned To	Date
	Case Status	Clearance Type	Date Cleared	Arrest Number
	Exception Type	1. Arrest 2. Exceptional	3. Unfounded 4. A-Adult J-Juvenile	Number Arrested
		5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number	Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1																							
Date of Supplement		Holmes Beach Police Department						Agency Report Number				Primary Offense Description																											
20180738		COV/NOISE						20180738				COV/NOISE																											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)		Sat		10/13/2018		2309		2309		2318																			
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)		1. Felony		3. Misdemeanor		5. Ordinance		9. Other																			
1. Felony		3. Misdemeanor		5. Ordinance		9. Other		From		Sat		10/13/2018		To		Sat		10/13/2018		Time (mil)																			
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		0		-		0		(0)		NCIC/UCR Code																	
OFF/INC #2						A-Attempted		C-Committed																															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone		5337		GULF DR		HOLMES BEACH		34217																			
Business Name/Area Identifier		FRCKLED FIN		Forced Entry		Occupancy		0. N/A		2. Unoccupied		1. Occupied		3. Abandoned		1																							
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other											
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other		04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other													
09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		88. Unknown		99. Other													
01		01		01		00		00		00. N/A		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		00													
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury		V - Victim		O - Other		0. N/A		4. Business		N - N/A		I - American Indian		N - N/A		0. N/A		1. Full Year		2. Part Year		3. Non-Resident					
W - Witness		1. Juvenile		2. L.E. Officer		3. Adult		0. N/A		1. City		4. Out-of-State		2. County		0. None		1. Minor		2. Serious		3. Fatal																	
C - Reporting Person		2. L.E. Officer		3. Adult		9. Other		01. N/A		1. City		4. Out-of-State		2. County		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		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl		19. Sitter/Day Care		23. Acquaintance		99. Other Known	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stabbed		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		22. Landlord/Tenant		25. Acquaintance		29. 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		941 708-5804													
2.#2		1		1		5		CITY OF HOLMES BEACH		941 708-5804																													
Address (Street, Apt. Number)		City		State		Zip		Business Phone		5801		MARINA DR		HOLMES BEACH		FL		34217																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input type="checkbox"/> No <input type="checkbox"/>													
2		N		N								0		1		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>															
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1		3.Both		1		V		1		5		CITY OF HOLMES BEACH		941 708-5804													
2.#2		1		1		5		CITY OF HOLMES BEACH		941 708-5804																													
Address (Street, Apt. Number)		City		State		Zip		Business Phone		5801		MARINA DR		HOLMES BEACH		FL		34217																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input type="checkbox"/> No <input type="checkbox"/>													
2		N		N								0		1		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		1		S		1		2		MCCARTHY		SEAN		941 251-3930									
2.#2		S-Suspect		E-Escapee		R-Rec. Missing		Z-other		S		1		2		MCCARTHY		SEAN		941 251-3930																			
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone		5337		GULF DR		HOLMES BEACH		FL		34217																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone		5337		GULF DR		HOLMES BEACH		FL		34217																					
Occupation		Employer/School		Address		Social Security Number		OWNER																															
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		40															
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																													
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		SGT . COPEMAN		307																											
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT . COPEMAN		307		10/14/2018																									
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date		CODE		SGT . COPEMAN		10/13/2018																							
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested																									
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number				Page		Page																							
		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		6. Juvenile/No Custody						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 **20180738**

ADM	Date of Supplement __/__/____
Original Date Reported 10/13/2018	

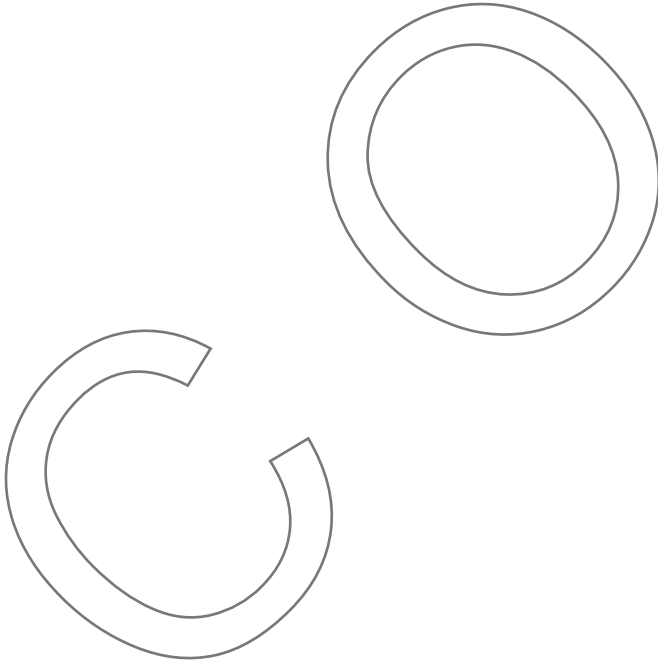
Case Reference

ON LISTED DATE WHILE ON PATROL I WAS IN THE AREA OF GULF DR AND HOLMES BLVD. I COULD HEAR LOUD MUSIC COMING FROM THE AREA. I WAS ABLE TO LOCATE THE MUSIC COMING FROM 5337 GULF DR (FRECKLED FIN). WHILE STANDING OUT FRONT IN THE STREET. I COULD HEAR THE OUTSIDE SPEAKER WERE STILL ON AND PLAYING MUSIC. I COULD ALSO HEAR PEOPLE TALKING AND SEE THEM SITTING ON THE PATIO OUT FRONT. I WAS ABLE TO TAKE A DECIBEL READING, AT 23:13 HRS THE READING RANGED FROM 56DB TO 81DB. THE AVERAGE WAS ABOUT 71DB. ALSO WHILE TAKING MY READING I COULD SEE PEOPLE LEAVING THE BAR WITH DRINKS IN HAND AND WALKING DOWN THE CITY STREET WHICH IS ALSO A VIOLATION OF CITY ORD.

AFTER THE READING I WENT UP TO THE BAR AND SPOKE TO THE OWNER(McCARTHY), WHO STATED THAT HE WAS THE NEW OWNER. I INFORMED MCCARTHY OF THE CITY ORD. AND THAT HE WAS IN VIOLATION. I TOLD HIM THAT THE OUTDOOR SPEAKERS NEEDED TO BE TURNED OFF AND THE DOORS TO THE BAR NEEDED TO BE CLOSED. MCCARTHY CLOSED THE DOORS AND TURNED THE OUTDOOR SPEAKERS OFF.

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

NARRATIVE



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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180739		DUI W/PROPERTY DAMAGE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		10/14/2018		0000		0002		0010		0800															
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		10/14/2018		0000		Sun		10/14/2018		0000									
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code													
4		4		DUI-UNLAW BLD A		C		C		316 - 193 (3c1)															
OFF/INC #2		Type		Description		A-Attempted C-Committed		A		316 - 061 ()		9000													
4		4		TRAFFIC		A		A		316 - 061 ()		9000													
Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone			
600 MANATEE AVE												HOLMES BEACH		34217		00		00		00		00			
Business Name/Area Identifier												Forced Entry		Occupancy											
												0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0					
Location Type												01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile	
												02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other	
												03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field			
												04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway			
												09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				26	
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
2		1		1		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. N/A 1. Juvenile 2. L.E. Officer 3. Adult		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		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		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
		04. Unconscious		08. Burns		01. Undetermined		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance									
		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)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		1		NELSON		PLYMOTH		MN		55446		320 290-5837									
Address (Street, Apt. Number)												City		State		Zip		Business Phone							
13400 60TH PL N. UNIT 154												PLYMOTH		MN		55446									
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
												DRIVER OF VEHICLE HIT													
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		M		10/31/1991		27		4		3		0		00 00		02		W		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		2		NELSON		PLYMOTH		MN		55446		320 290-5837									
Address (Street, Apt. Number)												City		State		Zip		Business Phone							
13400 60TH PL N. UNIT 154												PLYMOTH		MN		55446									
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
												PASSENGER IN VEHICLE HIT													
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		03/19/1994		24		4		3		0		00 00		02		W		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		City		State		Zip		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		A		1		2		LOULOUDES		BRADENTON		FL		941 737-7782							
Maiden Name												Nickname/Street Name		Place of Birth		Residence Phone									
														BRADENTON		941 737-7782									
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone							
406 67TH ST NW												BRADENTON		FL		34209									
Occupation		Employer/School		Address		Social Security Number																			
MANAGER		LOMI LLC		343 JOHN RINGLING CIRCLE																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
L432624855950		FL																							
Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)													
BLACK TANK TOP AND LONG SKIRT												LOWER BACK TATTOO													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		03/15/1985		33		5-06		150		BRO		BLK		L		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		THN																							
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
				20180740		A. HURT		339																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307				10/14/2018																	
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		10/14/2018				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined		6. Juvenile/No Custody		OBTS Number		Page of Page											
1.Extradition Declined														1 of 5											

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180739

ADM	Date of Supplement ____/____/____	Primary Offense Description DUI W/PROPERTY DAMAGE		Victim #1 Name (Last, First, Middle) NELSON JACOB MITCHELL ANTONE																											
	Original Date 10/14/2018																														
CODES	V/W Code V - Victim W - Witness C - Reporting Person	O - Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	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 # 3	V. Type 3	Name (Last, First, Middle or Business) ULBRICHT DANIELLE CHRISTINE			Residence Phone 320 282-5445																								
	Address (Street, Apt. Number) 6723 BLACK SPRUCE ST.			City ST. CLOUD	State MN	Zip 56303	Business Phone ____-____-____																								
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2	V/W Code # 3	V. Type 3	Name (Last, First, Middle or Business) ULBRICHT DANIELLE CHRISTINE			Residence Phone ____-____-____																								
	Address (Street, Apt. Number) 6723 BLACK SPRUCE ST.			City ST. CLOUD	State MN	Zip 56303	Business Phone ____-____-____																								
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Rec. Missing Z-other	Code	Susp. #	Juvenile	Name (Last, First, Middle) ULBRICHT DANIELLE CHRISTINE			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		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style	
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Rec. Missing Z-other	Code	Susp. #	Juvenile	Name (Last, First, Middle) ULBRICHT DANIELLE CHRISTINE			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		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style	
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		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 A. HURT	ID. Number(s)/Locator code 339	Signature of Officer Reporting		Unit	Date 10/14/2018																									
	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
20180739

ADM	Date of Supplement __/__/__		Primary Offense Description DUI W/PROPERTY DAMAGE					Victim #1 Name (Last, First, Middle) NELSON JACOB MITCHELL ANTONE																																																			
	Original Date Reported 10/14/2018																																																										
THEFT	Theft Type Codes										Theft Type																																																
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public Access Building</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> <td colspan="3"></td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td></td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> <td colspan="3"></td> </tr> </table>											00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other				01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud																														
00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other																																																				
01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud																																																					
CODES	Person Codes			Status Codes			Damage Codes																																																				
	<table style="width: 100%; font-size: x-small;"> <tr> <td>V - Victim</td> <td>A - Arrestee</td> <td>1. Stolen</td> <td>3. Stolen and Recovered</td> <td>5. Lost</td> <td>7. Safekeeping</td> <td>9. Other</td> <td>0. N/A</td> <td>2. Criminal Mischief</td> <td colspan="2">9. Other</td> </tr> <tr> <td>S - Suspect</td> <td>O - Other</td> <td>2. Recovered</td> <td>4. Recovered for Other Jurisdiction</td> <td>6. Found</td> <td>8. Evidence/Seized</td> <td></td> <td>1. Arson</td> <td>3. During other Offense</td> <td colspan="2"></td> </tr> </table>			V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	9. Other	0. N/A	2. Criminal Mischief	9. Other		S - Suspect	O - Other	2. Recovered	4. Recovered for Other Jurisdiction	6. Found	8. Evidence/Seized		1. Arson	3. During other Offense																																				
V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	9. Other	0. N/A	2. Criminal Mischief	9. Other																																																		
S - Suspect	O - Other	2. Recovered	4. Recovered for Other Jurisdiction	6. Found	8. Evidence/Seized		1. Arson	3. During other Offense																																																			
PROPERTY	Property Type																																																										
	<table style="width: 100%; font-size: x-small;"> <tr> <td>A. Auto Accessory/Parts</td> <td>E. Equipment/Tool.</td> <td>J. Jewelry/Precious Metal</td> <td>O. Office Equipment</td> <td>T. TV/Video/VCR</td> <td>Y. Farm Equipment</td> </tr> <tr> <td>B. Bicycle</td> <td>F. Food/Liquor/Consumable</td> <td>K. Clothing/Fur</td> <td>P. Art/Collection</td> <td>U. Currency/Negotiable</td> <td>Z. Miscellaneous</td> </tr> <tr> <td>C. Camera/Photo Equipment</td> <td>G. Gun</td> <td>L. Livestock</td> <td>Q. Computer Equipment</td> <td>V. Credit Card/Non-Negotiable</td> <td></td> </tr> <tr> <td>D. Drug</td> <td>H. Household Appliance/Goods</td> <td>M. Musical Instrument</td> <td>R. Radio/Stereo</td> <td>W. Boat Motor</td> <td></td> </tr> <tr> <td></td> <td>I. Plant/Citrus</td> <td>N. Construction Machinery</td> <td>S. Sports Equipment</td> <td>X. Structure</td> <td></td> </tr> </table>			A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment	B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous	C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable		D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor			I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure		Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number															
	A. Auto Accessory/Parts	E. Equipment/Tool.	J. Jewelry/Precious Metal	O. Office Equipment	T. TV/Video/VCR	Y. Farm Equipment																																																					
	B. Bicycle	F. Food/Liquor/Consumable	K. Clothing/Fur	P. Art/Collection	U. Currency/Negotiable	Z. Miscellaneous																																																					
C. Camera/Photo Equipment	G. Gun	L. Livestock	Q. Computer Equipment	V. Credit Card/Non-Negotiable																																																							
D. Drug	H. Household Appliance/Goods	M. Musical Instrument	R. Radio/Stereo	W. Boat Motor																																																							
	I. Plant/Citrus	N. Construction Machinery	S. Sports Equipment	X. Structure																																																							
Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																																																					
Value			Value Recovered			Date Recovered			SCIC/NCIC																																																		
PROPERTY	Property Type																																																										
	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	Property Type																																																										
	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	Property Type																																																										
	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																																																
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)																																																				
	Value			Value Recovered			Date Recovered			SCIC/NCIC																																																	
TOTALS	Property Stolen					0.00			Change in Property Stolen Value																																																		
	Property Recovered					0.00			Change in Property Recovered Value																																																		
CODES	Activity				Type				Unit																																																		
	<table style="width: 100%; font-size: x-small;"> <tr> <td>P. Possess</td> <td>R. Smuggle</td> <td colspan="2">M. Manufacture/Produce/Cultivate</td> <td>A. Amphetamine</td> <td>H. Hallucinogen</td> <td colspan="2">S. Synthetic</td> <td>1. Gram</td> <td>5. Pound</td> <td colspan="2">9. Dose Unit/Item</td> </tr> <tr> <td>S. Sell</td> <td>D. Deliver</td> <td colspan="2">Z. Other</td> <td>B. Barbiturate</td> <td>M. Marijuana</td> <td colspan="2">U. Unknown</td> <td>2. Milligram</td> <td>6. Ton</td> <td colspan="2"></td> </tr> <tr> <td>B. Buy</td> <td>E. Use</td> <td colspan="2"></td> <td>C. Cocaine</td> <td>O. Opium/Derivative</td> <td colspan="2">Z. Other</td> <td>3. Kilogram</td> <td>7. Liter</td> <td colspan="2"></td> </tr> <tr> <td>T. Traffic</td> <td>K. Dispense/Distribute</td> <td colspan="2"></td> <td>E. Heroin</td> <td>P. Paraphernalia/Equipment</td> <td colspan="2"></td> <td>4. Ounce</td> <td>8. Milliliter</td> <td colspan="2"></td> </tr> </table>				P. Possess	R. Smuggle	M. Manufacture/Produce/Cultivate		A. Amphetamine	H. Hallucinogen	S. Synthetic		1. Gram	5. Pound	9. Dose Unit/Item		S. Sell	D. Deliver	Z. Other		B. Barbiturate	M. Marijuana	U. Unknown		2. Milligram	6. Ton			B. Buy	E. Use			C. Cocaine	O. Opium/Derivative	Z. Other		3. Kilogram	7. Liter			T. Traffic	K. Dispense/Distribute			E. Heroin	P. Paraphernalia/Equipment			4. Ounce	8. Milliliter									
P. Possess	R. Smuggle	M. Manufacture/Produce/Cultivate		A. Amphetamine	H. Hallucinogen	S. Synthetic		1. Gram	5. Pound	9. Dose Unit/Item																																																	
S. Sell	D. Deliver	Z. Other		B. Barbiturate	M. Marijuana	U. Unknown		2. Milligram	6. Ton																																																		
B. Buy	E. Use			C. Cocaine	O. Opium/Derivative	Z. Other		3. Kilogram	7. Liter																																																		
T. Traffic	K. Dispense/Distribute			E. Heroin	P. Paraphernalia/Equipment			4. Ounce	8. Milliliter																																																		
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							10/14/2018																																																	
	Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date																																																			
	SGT. COPEMAN		307					__/__/__																																																			
Signature of Officer Reviewing										Page	Page																																																
											of																																																

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180739

ADM	Date of Supplement _ / _ / _		Primary Offense Description DUI W/PROPERTY DAMAGE						Victim #1 Name (Last, First, Middle) NELSON JACOB MITCHELL ANTONE																		
	Original Date Reported 10/14/2018																										
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious		Damage Code 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense		Type 4. Stripped / Theft From 9. Other		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial		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 2008		Make MERCUR		Model GRANDM		Style 4D								
VEHICLE / VESSEL	Tag Reg./Doc. # 026RVK		Reg. State FL		Reg. Year 2019		Decal Number		Tag Type		VIN/Hull/FAA 2MEFM75V98X610292		Estimated Value \$5,000														
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company GEICO		Lien Holder		Color (Top/Bottom) BLACK		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) EXTENSIVE FRONT END DAMAGE		Vessel Name		Length		Hull Material		Propulsion		Boat Type								
	Recovery Address/Geographic Indicator		Date Recovered _ / _ / _		Value Recovered		Recovery Loc.		Recovery Code		Original Reporting Agency 20180739		Report Number 20180739		Hold Y - Yes N - No N		Reason/Authority										
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.		Towed By		Storage Location		SCIC/NCIC		Location of Original Theft																
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style								
	Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type		VIN/Hull/FAA		Estimated Value														
	Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder		Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)		Vessel Name		Length		Hull Material		Propulsion		Boat Type								
	Recovery Address/Geographic Indicator		Date Recovered _ / _ / _		Value Recovered		Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No		Reason/Authority										
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.		Towed By		Storage Location		SCIC/NCIC		Location of Original Theft																
	VEHICLE INV. / NARRATIVE 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 10/14/2018														
	Routed To				Referred To				Assigned To				By														
	Case Status CA				Clearance Type 1. Arrest 2. Exceptional 1				A-Adult J-Juvenile A				Date Cleared 10/14/2018				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 4				Page 5			

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 **20180739**

ADM Date of Supplement
 ____/____/____
 Original Date Reported
10/14/2018

Case Reference
DUI W/ PROPERTY DAMAGE.

NARRATIVE

WHILE ON ROUTINE PATROL, I WAS DISPATCHED TO THE SCENE OF A TRAFFIC CRASH(REF. HYPD CASE 2018-0740) AT THE INTERSECTION OF EAST BAY DR. AND MANATEE AVE. ONCE ON SCENE I OBSERVED A BLACK CAR FACING WEST ON MANATEE AVE AND NOBODY INSIDE THE VEHICLE. I ALSO OBSERVED A GRAY TRUCK ON EAST BAY DR WITH REAR DAMAGE. I SPOKE WITH THE OCCUPANTS OF THE VEHICLE WHO STATED THEY WERE STOPPED IN THE TURN LANE ON MANATEE AVE AND THAT THE CAR SLAMMED INTO THEM. THEY STATED THEY SAW A FEMALE GET OUT OF THE VEHICLE AND BEGAN RUNNING SOUTH DOWN EAST BAY DR. MCSO DEPUTY PETER PAPAS AND HYPD BEGAN SEARCHING FOR HER AND FOUND A FEMALE WALKING DOWN EAST BAY DR.OFC. BETTS AND DEP. PAPAS MADE CONTACT WITH THE FEMALE AND WERE ABLE TO DETERMINE THAT SHE WAS THE DRIVER OF THE VEHICLE (SEE. SUPPLEMENTAL REPORT) THE DRIVER WHO WAS IDENTIFIED AS NICOLE LOULOUDES WAS TRANSPORTED TO BLAKE HOSPITAL FOR HER INJURIES. OFC. JOSH BETTS FOLLOWED EMS TO BLAKE HOSPITAL.

ONCE I COMPLETED MY CRASH INVESTIGATION, I RESPONDED TO BLAKE HOSPITAL TO SPEAK WITH NICOLE LOULOUDES ABOUT THE CRASH AND PERFORM AN INVESTIGATION FOR DUI. ONCE AT THE HOSPITAL I SPOKE WITH NICOLE AND INFORMED HER I WAS PERFORMING A CRASH INVESTIGATION. NICOLE BECAME HYSTERICAL AND STARTED CRYING. NICOLE BEGAN MAKING STATEMENTS OF "IM SORRY IM NOT A BAD PERSON." A WALLET WAS LOCATED INSIDE OF THE BLACK MERCURY GRAND MARQUIS AND NICOLE POSITIVELY IDENTIFIED IT AS HERS. I ASKED NICOLE IF SHE WAS INVOLVED IN A CRASH TONIGHT AND WHILE CRYING STATED YES SHE WAS. NICOLE STATED SHE THOUGHT SHE HAD HIT A POLE AND RAN BECAUSE SHE WAS SCARED. NICOLE STATED THAT NOBODY ELSE WAS IN THE CAR AND THAT SHE WAS HEADING TO HER BROTHERS HOUSE WHO LIVES ON GULF DR.

ONCE I FINISHED WITH MY QUESTIONS ABOUT THE CRASH, I ADVISED NICOLE AND HER MOM NANCY WHO HAD SHOWN UP AT THE HOSPITAL THAT I ENDED MY INVESTIGATION FOR THE CRASH AND WOULD BE (SWITCHING HATS) AND CONDUCTING A CRIMINAL INVESTIGATION FOR DUI. DUE TO THE FACT THAT NICOLE WAS INVOLVED IN A CRASH MOST SFSE'S WERE NOT POSSIBLE. I DID REQUEST THAT NICOLE PERFORM HGN IN WHICH SHE AGREED. I ASKED A NURSE FOR ASSISTANCE AND HAD NICOLE LAY FLAT IN HER HOSPITAL BED. I STOOD NEXT TO HER AND ADMINISTERED HGN. I OBSERVED A LACK OF SMOOTH PURSUIT AS WELL AS DISTINCT AND SUSTAINED NYSTAGMUS PRIOR TO 45 DEGREES. I ALSO OBSERVED NYSTAGMUS AT MAXIMUM DEVIATION. AT 0218 I READ NICOLE MIRANDA RIGHTS AND AT 0220 I REQUESTED THAT NICOLE SUBMIT TO A LAWFUL BLOOD TEST TO DETERMINE ITS ALCOHOL CONTENT. NICOLE REFUSED TO SUBMIT TO A BLOOD TEST AND A IMPLIED CONSENT WAS READ IN WHICH SHE STATED SHE UNDERSTOOD. I AGAIN REQUESTED A BLOOD DRAW AND NICOLE STILL REFUSED. IN THE PRESENCE OF HER MOTHER I ADVISED NICOLE THAT SHE WAS BEING PLACED UNDER ARREST FOR DUI W/ PROPERTY DAMAGE AND LEAVING THE SCENE OF A CRASH W/ PROPERTY DAMAGE. I ADVISED NICOLE I WASN'T GOING TO PUT HANDCUFFS ON HER BECAUSE OF HER INJURIES AND SHE ADVISED SHE WOULD BE COMPLIANT AND COOPERATIVE.

WHILE STILL IN THE HOSPITAL ROOM IN THE PRESENCE OF ME, POST MIRANADA NICOLE STARTED TALKING TO HER MOM AND CRYING SAYING, SHE WAS SO SORRY SHE DIDN'T KNOW SHE HIT A CAR. SHE STATED SHE THOUGHT SHE HIT A POLE AND RAN BECAUSE SHE WAS SCARED. SHE STATED SHE WAS RUNNING TO HER BROTHER BOBBI'S HOUSE WHO LIVES IN THE 2900 BLOCK OF GULF DR. SHE STATED SHE WAS DRIVING BECAUSE HER BOYFRIEND HAD PUNCHED HER THAT NIGHT AND WANTED TO LEAVE THE HOUSE. NICOLE LOOKED AT ME AND ASKED IF THE TWO KIDS IN THE CAR WERE OK, AND IF THEY WERE HURT, SHE WOULD DIE. SHE THEN STATED I NEVER MEANT TO HURT ANYBODY, IM NOT A BAD PERSON, IM SO SORRY. NICOLE WAS CLEARED BY BLAKE HOSPITAL AND WAS TRANSPORTED TO PORT MANATEE COUNTY JAIL. NO FURTHER ACTION WAS TAKEN BY ME.

Report Contains	Related Report Number(s) 20180740	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 10/14/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date
Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	3.Unfounded 1	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared 10/14/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 5	Page 5

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180739**

ADM
Date of Supplement: **10/14/2018**
Original Date Reported: **10/13/2018**

Case Reference: **DUI WITH PROPERTY DAMAGE**

NARRATIVE

ON 10/13/18 AT 23:48 I WAS DISPATCHED TO ASSIST OFC. HURT WITH A TRAFFIC CRASH (CASE# 20180740) AT THE INTERSECTION OF EAST BAY DRIVE AND MANATEE AVE, WHERE THE DRIVER AND AN OCCUPANT FLED ON FOOT. UPON ARRIVAL, I OBSERVED A BLACK MERCURY WITH HEAVY FRONT END DAMAGE AND AIRBAG DEPLOYMENT SITTING IN THE SOUTH BOUND LEFT HAND TURN LANE, FACING WEST WITH NO OCCUPANTS ON MANATEE AVE. I OBSERVED A SECOND VEHICLE PARKED ON EAST BAY DRIVE WITH REAR END DAMAGE FACING NORTH WITH FIVE OCCUPANTS INSIDE. THE OCCUPANTS STATED TO OFC. HURT THEY SAW A MALE RUNNING NORTH AND FEMALE WEARING WHITE RUNNING SOUTH ON EAST BAY DRIVE FROM THE CRASH SCENE.

I WAS NOTIFIED BY DEP. PAPAS ADVISING HE LOCATED A WHITE FEMALE WEARING WHITE AT 3018 GULF DR. (SEE MSO CASE# 2018-027690). I IMMEDIATELY WENT TO THE HOUSE AND OBSERVED A WHITE FEMALE WEARING A WHITE DRESS SEATED ON THE FRONT PORCH WITH DEP. PAPAS STANDING BY. AS I APPROACHED THE FEMALE, I NOTICED SHE HAD ABRASIONS ON HER RIGHT FOREARM THAT WAS CONSISTENT WITH AN AIRBAG DEPLOYMENT. I ALSO OBSERVED SHE HAD BLOODSHOT WATERY EYES, ALONG WITH SLURRED SPEECH WHEN SHE IDENTIFIED HERSELF AS NICOLE LOULOUDES. MS. LOULOUDES STARTED CRYING STATING " I'VE NEVER BEEN IN TROUBLE BEFORE, I'M NOT A BAD PERSON". I REPLIED BY SAYING "WHO SAID YOU WERE A BAD PERSON?". WITH A SPONTANEOUS UTTERANCE, MS. LOULOUDES STATED "I HAD A FEW DRINKS AND I WAS DRIVING TO SEE MY BROTHER". "I WAS APPROACHING A TRAFFIC LIGHT WHEN MY AIRBAG WENT OFF AND MY VEHICLE WOULD NOT OPERATE". "I GOT OUT, AND WENT TO GO SEE MY BROTHER". I ASKED WHERE HER BROTHER LIVED AND SHE REPLIED "2909 GULF DRIVE". I THEN ASKED IF THERE WAS ANYONE IN THE CAR WITH HER, SHE REPLIED "NO". AT THIS TIME, I REQUESTED A PASSENGER FROM THE OTHER VEHICLE PERFORM A SHOW UP TO IDENTIFY THE FEMALE. THE PASSENGER ADVISED THAT SHE COULD NOT POSITIVELY IDENTIFY THE HER AS THE FEMALE SHE SAW RUNNING FROM THE CRASH.

BASED ON MS. LOULOUDES' SPONTANEOUS UTTERANCE AND HER INJURIES, IT WAS DETERMINED MS. LOULOUDES WAS INVOLVED IN THE CRASH AND WAS THE FEMALE WHO FLED. I ADVISED OFC. HURT ABOUT THE UTTERANCE AND HER INJURIES. MS. LOULOUDES WAS TRANSPORTED TO BLAKE MEDICAL CENTER TO BE TREATED FOR HER INJURIES. I FOLLOWED THE EMS COACH TO THE HOSPITAL AND STOOD BY UNTIL OFC. HURT ARRIVED TO FINISH HIS CRASH INVESTIGATION AND THEN PERFORM A DUI INVESTIGATION.

I TOOK NO FURTHER ACTION IN THIS CASE.

Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
			OFFICER BETTS	337
Signature of Officer Reporting	Officer Reviewing (if Applicable)	I.D. Number	Unit	Date
	SGT . COPEMAN	307		10/15/2018
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 __/__/____
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	Arrest Number
1.Extradition Declined				OBTS Number
				Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/>		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/>													
ADM		Date of Supplement _/_/____				Holmes Beach Police Department				Agency Report Number 20180742		Primary Offense Description GRAND THEFT															
EVENT DATA		Original Day Reported Sun		Date 10/14/2018		Time (mil) 1636		Time Dispatched (mil) 1636		Time Arrived (mil) 1637		Time Completed (mil) 1708															
EVENT DATA		Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Sun		Date 10/14/2018		Time (mil) 1500		Day Sun		Date 10/14/2018		Time (mil) 1645									
EVENT DATA		OFF/INC #1 1		Type 1		Description GRAND THEFT		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub 905 - 27 ()		NCIC/UCR Code 9000													
EVENT DATA		OFF/INC #2						A-Attempted C-Committed																			
EVENT DATA		Incident Location (Street Number, Street, Apt.) 4000 GULF DRIVE				City HOLMES BEACH				Zip 34217		District		Grid		Area		Zone W80									
EVENT DATA		Business Name/Area Identifier MANATEE PUBLIC BEACH								Forced Entry 0. N/A 1. Yes		2. No		Occupancy 0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1									
EVENT DATA		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		28											
EVENT DATA		# OFF/INC. 1		# Victims 1		# Offenders 1		# Prem. Ent. 0		# Veh. Stolen		Type of Weapon 00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00			
CODES		V/W Code V - Victim W - Witness C - Reporting Person		O - Other		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		Sex N - N/A M - Male F - Female U - Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal					
CODES		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		# 1		V. Type 3		Name (Last, First, Middle or Business) CALELLO		SAMUEL		D		Residence Phone 908 377-3299											
VICTIM / WITNESS		Address (Street, Apt. Number) 7003 CASA BELLA DRIVE				City BRADENTON				State FL		Zip 34209		Business Phone - - - -													
VICTIM / WITNESS		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement REPORTING VICTIM																					
VICTIM / WITNESS		If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race W		Sex M		Date of Birth 03/26/1949		Age 69		Res. Type 2		Res. Status 1		Extent of Injury 0		Injury Type(s) 00 00		Relationship 02		Ethnicity		Will Victim prefer charge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
VICTIM / WITNESS		OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code		#		V. Type		Name (Last, First, Middle or Business)						Residence Phone											
VICTIM / WITNESS		Address (Street, Apt. Number)				City				State		Zip		Business Phone													
VICTIM / WITNESS		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
VICTIM / WITNESS		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"/>	
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code S		Susp.#		Juvenile		Name (Last, First, Middle) UNKNOWN		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
SUSPECT		Last Known Address (Street, Apt. Number)				City				State		Zip		Business Phone													
SUSPECT		Occupation		Employer/School		Address										Social Security Number											
SUSPECT		Driver's License Number/State		Immigration and Naturalization Number				Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC															
SUSPECT		Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																					
SUSPECT		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
SUSPECT		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
NARRATIVE		SEE FULL PAGE NARRATIVE.																									
ADMINISTRATIVE		Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting JASON HIGGINS				I.D. Number/Locator Code 331									
ADMINISTRATIVE		Signature of Officer Reporting				Officer Reviewing (If Applicable) SGT. COPEMAN				I.D. Number 307				Unit				Date 10/14/2018									
ADMINISTRATIVE		Signature of Officer Reviewing				Routed To				Referred To				Assigned To				By				Date					
ADMINISTRATIVE		Case Status A		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared _/_/____		Jail Number		Number Arrested											
ADMINISTRATIVE		Exception Type 1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody				OBTS Number		Page 1 of 4											

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180742

ADM	Date of Supplement ____/____/____		Primary Offense Description GRAND THEFT					Victim #1 Name (Last, First, Middle) CALELLO SAMUEL D																		
	Original Date Reported 10/14/2018																									
THEFT	Theft Type Codes											Theft Type 99														
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td>Access Building</td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> </tr> </table>												00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer	99. Other	01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine	Access Building	10. Extortion
00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer	99. Other																			
01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine	Access Building	10. Extortion	12. Fraud																				
CODES	Person Codes			Status Codes			Damage Codes																			
	V - Victim S - Suspect A - Arrestee O - Other			1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other																			
PROPERTY	Property Type																									
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure		Y. Farm Equipment Z. Miscellaneous											
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																
	V	1	1	1	0	Z	1	CELLULAR PHONE	MOTOROLA	SMART PHONE																
	Serial Number N/A			Owner Applied Number N/A			Description (Size, Color, Caliber, Barrel Length, Etc.) BLACK STANDARD MOTOROLA CELL.																			
	Value 300.00			Value Recovered			Date Recovered ____/____/____			SCIC/NCIC																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																
	S	1	2	1	0	Z	1	CELLULAR PHONE	LG	SMART PHONE																
	Serial Number N/A			Owner Applied Number N/A			Description (Size, Color, Caliber, Barrel Length, Etc.) STANDARD SMART PHONE.																			
	Value 300.00			Value Recovered			Date Recovered ____/____/____			SCIC/NCIC																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																
	S	1	3	1	0	Z	1	WALLET	MEN'S	N/A																
	Serial Number N/A			Owner Applied Number N/A			Description (Size, Color, Caliber, Barrel Length, Etc.) MEN'S - BROWN WITH MAGNETIC MONEY HOLDER																			
	Value 22.00			Value Recovered			Date Recovered ____/____/____			SCIC/NCIC N/A																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																
	V	1	4	1	0	U	1	CURRENCY	TREASURY	N/A																
	Serial Number N/A			Owner Applied Number N/A			Description (Size, Color, Caliber, Barrel Length, Etc.) \$200 IN U.S. CURRENCY.																			
	Value 200.00			Value Recovered			Date Recovered ____/____/____			SCIC/NCIC N/A																
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																
	V	1	5	1	0	V	2	CREDIT CARDS	PLASTIC																	
	Serial Number NA/			Owner Applied Number N/A			Description (Size, Color, Caliber, Barrel Length, Etc.) 1 CAPITAL ONE, 1 AMERICAN EXPRESS.																			
	Value 1.00			Value Recovered			Date Recovered ____/____/____			SCIC/NCIC																
TOTALS	Property Stolen				823.00				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														
PROP. DETAIL / NARR.	CONTINUATION OF PROPERTY ON OTHER PROPERTY FORM.																									
ADMINISTRATIVE	Officer(s) Reporting			ID. Number(s)/Locator code			Signature of Officer Reporting			Unit		Date														
	JASON HIGGINS			331								10/14/2018														
	Officer Reviewing (If Applicable)			ID. Number			Routed To			Referred To		Assigned To By Date														
SGT. COPEMAN			307								____/____/____															
Signature of Officer Reviewing											Page															
											2 of 4															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180742**

ADM	Date of Supplement __/__/____
	Original Date Reported 10/14/2018

Case Reference

SAMUEL CALELLO NOTIFIED H.B.P.D. OF AFOREMENTIONED ITEMS BEING STOLEN FROM THE BEACH. AT APPROXIMATELY 1500 HRS., HE AND HIS WIFE MADE FRIENDS, SAT UNDERNEATH AN UMBRELLA AND WENT INTO THE WATER FOR A SWIM. AT APPROXIMATELY 1645 HRS., HE DISCOVERED THAT ITEMS WERE MISSING. THERE ARE NO KNOWN SUSPECTS AT THIS TIME. AREA WAS CANVASSED FOR DISCARDED PROPERTY WITH NO SUCCESS. NO FURTHER ACTION TAKEN BY ME AT THIS TIME.

NARRATIVE

C O P Y

ADM	Report Contains		Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331	
	Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit 331	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By
	Date		Date 10/14/2018			
Case Status A		Clearance Type		Date Cleared __/__/____	Arrest Number	
Exception Type		1. Arrest 2. Exceptional		3. Unfounded		
1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		
		4. Adult J- Juvenile		5. Prosecution Declined 6. Juvenile/No Custody		
				OBTS Number		
				Page 3 of 4		

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180742

ADM	Date of Supplement ____/____/____		Holmes Beach Police Department					Agency Report Number 20180742																							
	Original Date Reported 10/14/2018												Primary Offense Description GRAND THEFT			Victim #1 Name (Last, First, Middle) CALELLO SAMUEL D															
THEFT	Theft Type Codes											Theft Type 99																			
	00. N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public Access Building 09. From Vehicle 11. By Computer 99. Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper. Machine 10. Extortion 12. Fraud																														
CODES	Person Codes			Status Codes			Damage Codes																								
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense																					
PROPERTY	Property Type																														
	A. Auto Accessory/Parts E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR Y. Farm Equipment B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Z. Miscellaneous C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor I. Plant/Citrus N. Construction Machinery S. Sports Equipment X. Structure																														
PROPERTY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>S</td> <td>1</td> <td>6</td> <td>1</td> <td>0</td> <td>K</td> <td>1</td> <td>SHIRT</td> <td>MEN'S</td> <td>N/A</td> </tr> </table>											Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	S	1	6	1	0	K	1	SHIRT	MEN'S	N/A
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	S	1	6	1	0	K	1	SHIRT	MEN'S	N/A																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Serial Number</th> <th>Owner Applied Number</th> <th>Description (Size, Color, Caliber, Barrel Length, Etc.)</th> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>MEN'S SHIRT</td> </tr> </table>											Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)	N/A	N/A	MEN'S SHIRT														
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
N/A	N/A	MEN'S SHIRT																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Value</th> <th>Value Recovered</th> <th>Date Recovered</th> <th>SCIC/NCIC</th> </tr> <tr> <td>10.00</td> <td></td> <td>____/____/____</td> <td>N/A</td> </tr> </table>											Value	Value Recovered	Date Recovered	SCIC/NCIC	10.00		____/____/____	N/A													
Value	Value Recovered	Date Recovered	SCIC/NCIC																												
10.00		____/____/____	N/A																												
PROPERTY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>V</td> <td>1</td> <td>7</td> <td>1</td> <td>0</td> <td>K</td> <td>1</td> <td>HAT</td> <td>PANAMA JK</td> <td></td> </tr> </table>											Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	V	1	7	1	0	K	1	HAT	PANAMA JK	
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	V	1	7	1	0	K	1	HAT	PANAMA JK																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Serial Number</th> <th>Owner Applied Number</th> <th>Description (Size, Color, Caliber, Barrel Length, Etc.)</th> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>MEN'S HAT</td> </tr> </table>											Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)	N/A	N/A	MEN'S HAT														
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
N/A	N/A	MEN'S HAT																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Value</th> <th>Value Recovered</th> <th>Date Recovered</th> <th>SCIC/NCIC</th> </tr> <tr> <td>22.00</td> <td></td> <td>____/____/____</td> <td>N/A</td> </tr> </table>											Value	Value Recovered	Date Recovered	SCIC/NCIC	22.00		____/____/____	N/A													
Value	Value Recovered	Date Recovered	SCIC/NCIC																												
22.00		____/____/____	N/A																												
PROPERTY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>V</td> <td>1</td> <td>8</td> <td>1</td> <td>0</td> <td>A</td> <td>1</td> <td>KEYS</td> <td>CAR/HOUSE</td> <td></td> </tr> </table>											Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	V	1	8	1	0	A	1	KEYS	CAR/HOUSE	
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	V	1	8	1	0	A	1	KEYS	CAR/HOUSE																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Serial Number</th> <th>Owner Applied Number</th> <th>Description (Size, Color, Caliber, Barrel Length, Etc.)</th> </tr> <tr> <td></td> <td></td> <td>MISC KEYS/PERSONAL</td> </tr> </table>											Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)			MISC KEYS/PERSONAL														
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
		MISC KEYS/PERSONAL																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Value</th> <th>Value Recovered</th> <th>Date Recovered</th> <th>SCIC/NCIC</th> </tr> <tr> <td>10.00</td> <td></td> <td>____/____/____</td> <td>N/A</td> </tr> </table>											Value	Value Recovered	Date Recovered	SCIC/NCIC	10.00		____/____/____	N/A													
Value	Value Recovered	Date Recovered	SCIC/NCIC																												
10.00		____/____/____	N/A																												
PROPERTY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>A</td> <td>1</td> <td>9</td> <td>1</td> <td>0</td> <td>Z</td> <td>1</td> <td>SUNTAN LOTION</td> <td>MISC</td> <td>N/A</td> </tr> </table>											Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	A	1	9	1	0	Z	1	SUNTAN LOTION	MISC	N/A
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	A	1	9	1	0	Z	1	SUNTAN LOTION	MISC	N/A																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Serial Number</th> <th>Owner Applied Number</th> <th>Description (Size, Color, Caliber, Barrel Length, Etc.)</th> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>PLASTIC BOTTLE SUN TAN LOTION.</td> </tr> </table>											Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)	N/A	N/A	PLASTIC BOTTLE SUN TAN LOTION.														
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)																													
N/A	N/A	PLASTIC BOTTLE SUN TAN LOTION.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Value</th> <th>Value Recovered</th> <th>Date Recovered</th> <th>SCIC/NCIC</th> </tr> <tr> <td>12.00</td> <td></td> <td>____/____/____</td> <td>N/A</td> </tr> </table>											Value	Value Recovered	Date Recovered	SCIC/NCIC	12.00		____/____/____	N/A													
Value	Value Recovered	Date Recovered	SCIC/NCIC																												
12.00		____/____/____	N/A																												
TOTALS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Property Stolen</th> <th>Change in Property Stolen Value</th> </tr> <tr> <td>54.00</td> <td></td> </tr> </table>											Property Stolen	Change in Property Stolen Value	54.00																	
	Property Stolen	Change in Property Stolen Value																													
	54.00																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Property Recovered</th> <th>Change in Property Recovered Value</th> </tr> <tr> <td>0.00</td> <td></td> </tr> </table>											Property Recovered	Change in Property Recovered Value	0.00																		
Property Recovered	Change in Property Recovered Value																														
0.00																															
CODES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Activity</th> <th>Type</th> <th>Description</th> <th>Quantity</th> <th>Unit</th> <th>Estimated Street Value</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Activity	Type	Description	Quantity	Unit	Estimated Street Value														
	Activity	Type	Description	Quantity	Unit	Estimated Street Value																									
DRUGS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Activity</th> <th>Type</th> <th>Description</th> <th>Quantity</th> <th>Unit</th> <th>Estimated Street Value</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Activity	Type	Description	Quantity	Unit	Estimated Street Value														
	Activity	Type	Description	Quantity	Unit	Estimated Street Value																									
PROP. DETAIL / NARR.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Activity</th> <th>Type</th> <th>Description</th> <th>Quantity</th> <th>Unit</th> <th>Estimated Street Value</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Activity	Type	Description	Quantity	Unit	Estimated Street Value														
	Activity	Type	Description	Quantity	Unit	Estimated Street Value																									
ADMINISTRATIVE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Officer(s) Reporting</th> <th>ID. Number(s)/Locator code</th> <th>Signature of Officer Reporting</th> <th>Unit</th> <th>Date</th> </tr> <tr> <td>JASON HIGGINS</td> <td>331</td> <td></td> <td>08</td> <td>10/14/2018</td> </tr> </table>											Officer(s) Reporting	ID. Number(s)/Locator code	Signature of Officer Reporting	Unit	Date	JASON HIGGINS	331		08	10/14/2018										
	Officer(s) Reporting	ID. Number(s)/Locator code	Signature of Officer Reporting	Unit	Date																										
	JASON HIGGINS	331		08	10/14/2018																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Officer Reviewing (If Applicable)</th> <th>ID. Number</th> <th>Routed To</th> <th>Referred To</th> <th>Assigned To</th> <th>By</th> <th>Date</th> </tr> <tr> <td>SGT. COPEMAN</td> <td>307</td> <td></td> <td></td> <td></td> <td></td> <td>____/____/____</td> </tr> </table>											Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date	SGT. COPEMAN	307					____/____/____							
Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date																									
SGT. COPEMAN	307					____/____/____																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Signature of Officer Reviewing</th> <th>Page</th> <th>Page</th> </tr> <tr> <td></td> <td>4</td> <td>4</td> </tr> </table>											Signature of Officer Reviewing	Page	Page		4	4															
Signature of Officer Reviewing	Page	Page																													
	4	4																													

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180743		GRAND THEFT											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		09/14/2018		1321		1321		1321		1504															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		08/30/2018		Thu		09/13/2018													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		LARCENY/THEFT		C		812 - 014 (2C1)		230G																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
5424		MARINA DR		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occupancy																					
JESSIES ISLAND STORE		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1															
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other													
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other													
04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other													
		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		34. Other		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		01		02		01		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		00			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		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		18. Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		4		JESSIES 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																							
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		07/22/1948		70		1		1		0		00 00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		C		01		3		LACHAPELLE JAMES															
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																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		07/22/1948		70		1		1		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 3.Both 2.#2		1		S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Z-other		A 1 2		JONES													
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				FLORIDA		941 242-4246																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
303 72ND ST UNIT A		HOLMES BEACH		FL		34217																			
Occupation		Employer/School		Address		Social Security Number																			
WAS CLERK																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
J520557940120		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		01/12/1994		24		506		150		HAZ		BRO											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
				20180668		SGT. M. PILATO		306																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. M. PILATO		306		PATROL		10/16/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		10/16/2018				02											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180743

ADM	Date of Supplement ____/____/____		PERSON(S) REPORT										Juvenile in Report: N 1. Original 1 2. Supplement: 1												
	Original Date 09/14/2018		Primary Offense Description GRAND THEFT				Victim #1 Name (Last, First, Middle) JESSIES ISLAND STORE						Agency Report Number 20180743												
CODES	V/W Code V - Victim O - Other W - Witness C - Reporting Person		Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal											
	Injury Type 00. N/A 03. Laceration 07. Loss of Teeth 01. Gunshot 04. Unconscious 08. Burns 02. Stabbed 05. Poss. Broken Bones 09. Abrasions/Bruises 06. Poss. Internal Injury 99. Other				Victim Relationship To Offender 00. N/A 03. Spouse 06. Parent 01. Undetermined 04. Ex-Spouse 07. Brother/Sister 02. Stranger 05. Co-Habitant 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 #		V. Type		Name (Last, First, Middle or Business)								Residence Phone										
	Address (Street, Apt. Number)		City		State		Zip										Business Phone								
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2		V/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"/>	
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		City		State		Zip		Place of Birth								Business Phone						
	Last Known Address (Street, Apt. Number)		City		State		Zip										Social Security Number								
	Occupation		Employer/School		Address		OBTS Number		SCIC/NCIC																
	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC																
	Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																						
	Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style								
	Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers														
	OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code 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		City		State		Zip		Place of Birth								Business Phone						
Last Known Address (Street, Apt. Number)		City		State		Zip										Social Security Number									
Occupation		Employer/School		Address		OBTS Number		SCIC/NCIC																	
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															
SUSPECT OR MISSING PERSONS	Incident Type 1. Runaway 4. Disabled 7. Voluntary 2. Parental 5. Endangered Adult 3. Involuntary 6. Disaster Victim 8. Unknown		Foul Play Suspected ? 1. Yes 2. No		Missing Before ? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown		Dental Record Available 1. Yes 2. No 8. Unknown		MCIC Form Provided ? 1. Yes 2. No												
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)				Accompanied By																
	Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)																
	Property Carried				ID. Type/Number				ID. Type/Number																
	Probable Destination				Name/Address				Transportation Mode																
	Recovery Information 0. N/A 1. Voluntary 2. Located- Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 9. Other																								
	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date														
	SGT. M. PILATO		306						PATROL		10/16/2018														
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date												
	SGT. M. PILATO		306										____/____/____												
Signature of Officer Reviewing										Page		Page													
										of															

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180743

ADM	Date of Supplement __/__/__		Primary Offense Description GRAND THEFT					Victim #1 Name (Last, First, Middle) JESSIES ISLAND STORE					Agency Report Number 20180743	
	Original Date Reported 09/14/2018													
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 E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR Y. Farm Equipment B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Z. Miscellaneous C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor X. Structure I. Plant/Citrus N. Construction Machinery S. Sports Equipment													
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number	
	V		01	1	8	0	Z	2	USB DRIVES					
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)								SCIC/NCIC	
PROPERTY	Value		Value Recovered		Date Recovered							SCIC/NCIC		
			1.00		__/__/__									
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)								SCIC/NCIC	
PROPERTY	V		01	2	8	0	Z	1	RECEIPTS					
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)								SCIC/NCIC	
	Value		Value Recovered		Date Recovered							SCIC/NCIC		
PROPERTY									RECEIPTS AND DOCUMENTS					
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)								SCIC/NCIC	
	Value		Value Recovered		Date Recovered							SCIC/NCIC		
PROPERTY														
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)								SCIC/NCIC	
	Value		Value Recovered		Date Recovered							SCIC/NCIC		
PROPERTY														
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)								SCIC/NCIC	
	Value		Value Recovered		Date Recovered							SCIC/NCIC		
TOTALS	Property Stolen		0.00		Change in Property Stolen Value									
	Property Recovered		1.00		Change in Property Recovered Value									
CODES	Activity			Type			Unit							
	P. Possess R. Smuggle M. Manufacture/Produce/Cultivate			A. Amphetamine H. Hallucinogen S. Synthetic			1. Gram 5. Pound 9. Dose Unit/Item							
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value					
PROP. DETAIL / NARR.	SEE NARRATIVE													
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date				
	SGT. M. PILATO		306					PATROL		10/16/2018				
	Officer Reviewing (If Applicable)		ID. Number		Routed To	Referred To	Assigned To	By	Date					
SGT. M. PILATO		306						__/__/__						
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 **20180743**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
09/14/2018

Case Reference
GRAND THEFT

ON OCTOBER 16, 2018, I WAS CONTACTED BY DET/SGT HALL IN REFERENCE TO MEET WITH A REPRESENTATIVE FROM THE VICTIMS STORE. (JESSIE'S) UPON ARRIVAL, I RECEIVED COPIES OF INVENTORY SHEETS, REGISTER RECEIPTS AND HANDWRITTEN JOURNAL OF THE VIDEO OCCURRENCE. AFTER GETTING THESE DOCUMENTS, I SPOKE WITH THE VICTIM TO GET THE SUSPECTS INFORMATION. (CHIDO AND STEPHENS) I THEN WENT BACK TO THE PD AND BEGAN GOING OVER THE DOCUMENTS AND VIDEOS TO CONFIRM THE HANDWRITTEN INFORMATION. AFTER OBSERVING THE DOCUMENTS AND VIDEOS, I BEGAN TO CALCULATE THE SHORTAGE AND COMPARED THEM TO THE REGISTER DOCUMENTATION THAT SHOWED VOIDS, ERROR/CORRECTS, THE TOTAL OF THE THEFT FROM BOTH SUSPECTS CAME TO \$4439.47. I PLACED ALL THE DOCUMENTS INTO EVIDENCE ALONG WITH THE THUMBDRIVES. I COMPLETED CAPIAS REQUESTS ON BOTH CHIDO AND STEPHENS AND THEY WILL BE SENT TO THE STATES ATTORNEYS OFFICE.

NARRATIVE

C O P R

Report Contains		Related Report Number(s) 20180668	Name of Officer Reporting SGT. M. PILATO	I.D. Number/Locator Code 306
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
	SGT. M. PILATO	306	PATROL	10/16/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate	1	A-Adult J-Juvenile A	Date Cleared 10/16/2018
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	5. Prosecution Declined	Arrest Number 02
		4. V / W Refused to Cooperate	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											
												20180745		DWLS											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		10/16/2018		1710		1710		1710		2000															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		10/16/2018		1710		Tue		10/16/2018		2000									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
2		DRIVERS LIC		C		322 - 34 (2c)		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													
600		MANATEE AVE		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		3.Both		1		O		1		5		STATE OF FLORIDA													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		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 2.#2		3.Both		1		5		STATE OF FLORIDA																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		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 2.#2		S-Suspect E-Escapee A-Arrestee R-Rec. Missing M-Missing Z-other		A		1		2		PICHARDO MIRANDA		RAFAEL		ALEJANDRO		MEXICO		813 351-9402							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2911 N LOCKWOOD RIDGE RD UNIT 20		SARASOTA		FL		34234																			
Occupation		Employer/School		Address		Social Security Number																			
LANDSCAPER		LANCASTER DESIGNS		HOLMES BEACH																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
P263-721-81-423-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		TATTOOS RIGHT ARM																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		11/23/1981		36		5-6		180		BRO		BLK		M									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						OFC M. VANHORN		338																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE				309				10/16/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		10/16/2018				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 2. Arrest Juvenile Warn/Dismiss 1. Original 2. Supplement

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180745**

ADM
Date of Supplement: ___/___/___
Original Date Reported: **10/16/2018**

Case Reference: **DRIVING WHILE LICENSE SUSPENDED FOURTH OFFENSE**

INFORMATION:

WHILE ON PATROL I OBSERVED THE SUSPECT VEHICLE WITH 3 OCCUPANTS. THE RIGHT FRONT PASSENGER WAS NOT WEARING HIS SEATBELT. I STOPPED THE VEHICLE AND CONTACTED THE DRIVER AND PASSENGERS. THE PASSENGER ADMITTED TO NOT WEARING HIS SEATBELT. THE DRIVER STATED HE DID NOT HAVE A DRIVERS LICENSE AND THAT HE WAS SUSPENDED. WHEN I ASKED HIM IF HE HAD BEEN CITED BEFORE FOR DRIVING WHILE LICENSE SUSPENDED, HE STATED YES ABOUT 7 YEARS AGO. UPON RUNNING THE DRIVER THROUGH NCIC/FCIC AND DAVID, THE DRIVER WAS SUSPENDED WITH 3 PRIOR DRIVING WHILE LICENSE SUSPENDED CONVICTIONS.

THE DRIVERS CURRENT SUSPENSIONS WERE 12/10/2016 FR-SUSP JUDGEMENT SUSPENSION THE SECOND SUSPENSION ON 4/9/2018 WAS FOR AN INDEFINITE PERIOD FOR F.S. SUPPORT DELINQUENCY.

ARRESTED:

RAFAEL ALEJANDRO MIRANDA PICHARDO H/M 11/23/1981 WAS ARRESTED AND TRANSPORTED TO HBPD FOR PROCESSING. HE WAS HANDCUFFED AND THE CUFF WERE DOUBLE LOCKED AND CHECKED FOR TENSION. AFTER PROCESSING HE WAS TRANSPORTED TO THE MCSO PORT JAIL AND LODGED WITHOUT INCIDENT. THE SUSPECT WAS COOPERATIVE AND HONEST THROUGHOUT THE ARREST PROCESS.

VEHICLE:

2000 CHEV PICK UP WHITE IN COLOR, BEARING FL REGISTRATION ELYR54 2019. VEHICLE REGISTERED TO TYLER LANCASTER. THE VEHICLE WAS TURNED OVER TO THE PASSENGER LUIS DAMIAN PICHARDO H/M 11/14/87 WHO HAD A VALID DRIVERS LICENSE.

STATUS:

CLOSED BY ARREST.

NARRATIVE

Report Contains		Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
			OFC M. VANHORN	338
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
	SGT. J. PIERCE	309		10/16/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By
Case Status	Clearance Type	1.Arrest	3.Unfounded	A-Adult
CA		2.Exceptional	1	J-Juvenile
				A
			Date Cleared	Arrest Number
			10/16/2018	
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
				1

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department						Agency Report Number		Primary Offense Description															
/ /								20180746		TAMPER PHYS EVIDENCE															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		10/17/2018		0403		0403		0403		0805															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		10/17/2018		0403		Wed		10/17/2018		0805									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		TRIAL				C		918 - 13 ()		9000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3		FRAUD-IMPERSON				C		901 - 36 (1)																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
100 43RD STREET		HOLMES BEACH		34217		00		00		00		W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
THE GULF SANDS APARTMENTS		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				02											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		01		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		O - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		3.Both		3		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		N		N		N		06/25/1986		32		2		1		0		00 00		99		N		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		3.Both		3		O		01		3		CONNERTON		DEAN		MICHAEL									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1735 DR. MLK ST S		ST PETERSBURG		FL		33705																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		DRIVER																					
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		M		06/25/1986		32		2		1		0		00 00		99		N		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		JESSICA		LAUREL											
1.#1 2.#2		3.Both		3		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		A		01		2		ROWELL							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				FLORIDA		941 236-3145																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3705 19TH ST W		BRADENTON		FL		34205																			
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																	
R400432828040		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
SNEAKERS, ACTIVE WEAR BOTTOMS, SHIRT		TATS ON- ANKLE, FOOT, BACK AND WRIST																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		08/24/1982		36		502		130		BLU		BLN		L		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN																							
-CIVIL WRIT FOR FAILURE TO PAY CHILD SUPPORT -F.S.S. 901.36(1)-GIVING A LEO FALSE NAME -F.S.S. 893.147(1)-POSSESSION OF DRUG PARAPHERNALIA SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. DESANTIS		336																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		309		10/18/2018																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA		1		1		A		10/17/2018				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		4													

PROPERTY REPORT

Holmes Beach Police Department

Agency Report Number
20180746

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180746																							
THEFT	Original Date Reported 10/17/2018		Primary Offense Description TAMPER PHYS EVIDENCE			Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																									
CODES	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		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			Theft Type 00																						
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		Code A		Person 01		Item # 1		Status 8		Damage 0		Property Type D		Quantity 1		Name PILL		Brand		Model Name/Number										
			Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) HALF OF PILL POSSIBLY SUBUTEX O SUBOXONE																								
			Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC																						
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		Code A		Person 01		Item # 2		Status 8		Damage 0		Property Type D		Quantity 1		Name DRUG PARAPHERNA		Brand		Model Name/Number										
			Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) PLASTIC CONTAINER W/DRUG PARAPHERNALIA																								
			Value		Value Recovered 1.00		Date Recovered 10/17/2018		SCIC/NCIC																						
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		Code A		Person 01		Item # 3		Status 8		Damage 0		Property Type D		Quantity 1		Name DRUG PARAPHERNA		Brand		Model Name/Number										
			Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) PLASTIC CONTAINER W/DRUG PARAPHERNALIA																								
			Value		Value Recovered 1.00		Date Recovered 10/17/2018		SCIC/NCIC																						
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		Code A		Person 01		Item # 4		Status 8		Damage 9		Property Type D		Quantity 1		Name GLASSCRACK PIPE		Brand		Model Name/Number										
			Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)																								
			Value		Value Recovered 1.00		Date Recovered 10/17/2018		SCIC/NCIC																						
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		Code V		Person 01		Item # 5		Status 8		Damage 0		Property Type Z		Quantity 1		Name PHOTOGRAPHS		Brand		Model Name/Number										
			Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) PHOTOGRAPHIC EVIDENCE																								
			Value		Value Recovered 1.00		Date Recovered 10/17/2018		SCIC/NCIC																						
TOTALS	Property Stolen		0.00		Change in Property Stolen Value																										
			Property Recovered		4.00		Change in Property Recovered Value																								
CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other			Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other			Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item																								
DRUGS	Activity P		Type P		Description WHITE PILL		Quantity 1		Unit 9		Estimated Street Value \$1																				
											Activity P		Type P		Description PIPE TINFOIL RAZOR BLADE		Quantity 3		Unit 9		Estimated Street Value \$1										
											Activity P		Type P		Description BRILLO PAD STRAW TUBES		Quantity 3		Unit 9		Estimated Street Value \$1										
PROP. DETAIL / NARR.	SEE NARRATIVE																														
ADMINISTRATIVE	Officer(s) Reporting A. DESANTIS			ID. Number(s)/Locator code 336			Signature of Officer Reporting			Unit			Date 10/18/2018																		
											Officer Reviewing (If Applicable) SGT. J. PIERCE			ID. Number 309			Routed To			Referred To			Assigned To			By			Date		
Signature of Officer Reviewing																					Page 2		Page 4								

NARRATIVE CONTINUATION

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

ADM	Date of Supplement ____/____/____	Holmes Beach Police Department	
	Original Date Reported 10/17/2018	Case Reference TAMPER PHYSICAL EVIDENCE DRUG PARAPH	Agency ORI Number FL0410400

NARRATIVE

ON 10/17/18, I OBSERVED A VEHICLE TRAVELING SOUTH AT THE 4900 BLOCK OF GULF DR AT APPROXIMATELY 15 TO 20 MPH IN THE MARKED 35MPH ZONE, WITH THE TRUNK POPPED OPEN. I OBSERVED THE VEHICLE TURN RIGHT/WEST ON TO 47TH ST. AS I APPROACHED THE INTERSECTION OF GULF DR AND 47TH ST, I OBSERVED THE VEHICLE STOPPED IN THE MIDDLE OF THE ROAD, JUST EAST OF 2ND AVE. I TURNED INTO THE ANNA MARIA ELEMENTARY SCHOOL PARKING LOT TO OBSERVE. THE VEHICLE WAS STOPPED IN THE MIDDLE OF THE ROAD FOR APPROXIMATELY THREE MINUTES. AS I APPROACHED GULF DRIVE, TO CROSS AND APPROACH THE VEHICLE, THE DRIVER DOOR OPENED AND A WHITE MALE BEGAN TO EXIT THE VEHICLE. THE MALE OBSERVED MY PATROL VEHICLE ACROSS THE STREET AND IMMEDIATELY GOT BACK INTO THE VEHICLE, CLOSING THE DRIVER DOOR. THE VEHICLE THEN BEGAN TO MOVE FORWARD AND TURN LEFT/SOUTH ON TO 2ND AVE. I FOLLOWED THE VEHICLE'S PATH FROM A DISTANCE, WHILE I WAS CATCHING UP. I OBSERVED THE VEHICLE MAKE THE LEFT/EAST CURVE FROM 2ND AVE TO 43RD ST. AS I CAME AROUND THE CURVE APPROXIMATELY 35 SECONDS FOLLOWING AFTER THE VEHICLE, I OBSERVED THE VEHICLE PARKED UNDERNEATH THE CURTILAGE OF THE GULF SANDS APARTMENT STILTED PARKING LOT. A WHITE MALE WAS STANDING OUTSIDE THE OPEN DRIVER SIDE DOOR AND A WHITE FEMALE WAS OUTSIDE OF THE CLOSED FRONT RIGHT PASSENGER DOOR. THE MALE CLOSED THE DOOR AND WALKED AROUND THE VEHICLE TO THE FEMALE. I APPROACHED IN MY VEHICLE AND MADE CONTACT.

WHEN ASKED IF THEY WERE STAYING AT THE GULF SANDS APARTMENTS, THE MALE STATED HE WAS STAYING IN HIS MOM'S APARTMENT AT THE GULF SANDS APARTMENTS. THE MALE COULD NOT TELL ME WHAT HIS MOTHER'S APARTMENT NUMBER WAS THAT HE WAS STAYING IN. THE MALE STATED THEY WERE COMING FROM THE STORE. HE LATER STATED THEY WERE OUT ON THE BEACH. THE FEMALE STATED SHE WAS WITH THE MALE AND THEY WERE JUST GOING TO HIS HOME. SGT. J. PIERCE ARRIVED ON SCENE TO ASSIST. THEY BOTH DID NOT HAVE ANY IDENTIFICATION ON THEM. THEY PROVIDED THEIR NAMES AND DATES OF BIRTH. THE MALE'S INFORMATION WAS CONFIRMED, IDENTIFYING HIM AS (DEAN CONNERTON). THE FEMALE, LATER IDENTIFIED AS (JESSICA ROWELL), PROVIDED HER NAME SPELLED AS "JESSICA L SPIDEY", AND DATE OF BIRTH AS "08/24/1981". THE INFORMATION SHE PROVIDED WAS NOT RETURNING THROUGH DAVID AND NCIC/FCIC TO BE VERIFIED. I REQUESTED (ROWELL) SPELL HER NAME AGAIN AND CONFIRM HER DATE OF BIRTH. (ROWELL) STATED HER NAME WAS "JESSICA L SPIDEY, 08/24/1981". THIS INFORMATION WAS NOT RETURNING. DISPATCH ADVISED THEY WERE NOT LOCATING ANY RECORDS FOR THE NAME AND DATE OF BIRTH PROVIDED. I ADVISED (ROWELL) THAT HER INFORMATION WAS NOT VERIFYING THROUGH OUR SYSTEM AND ADVISED HER TO PROVIDE HER CORRECT INFORMATION. (ROWELL) STATED "JESSICA LAUREL SPIVEY, 08/24/1981". WHEN I ASKED (ROWELL) WHY HER LAST NAME CHANGED FROM "SPIDEY" TO "SPIVEY", SHE STATED SHE DID SPELL IT WITH A "V". I ATTEMPTED TO VERIFY THIS UPDATED INFORMATION WITH NO AVAIL. (ROWELL'S) STATEMENTS WERE INCONSISTENT AND IRRATIONAL, TRYING TO CONVINCING US THAT SHE IS PROVIDING HER CORRECT INFORMATION. SGT. PIERCE IDENTIFIED (ROWELL) AS (JESSICA LAUREL ROWELL, 08/24/1982). I CONFIRMED THROUGH DAVID AND NCIC/FCIC.

NCIC/FCIC SHOWED A (ROWELL) HAD A CIVIL ORDER FOR ARREST, OUT OF MANATEE COUNTY, FOR FAILURE TO PAY CHILD SUPPORT. I PLACED (ROWELL) IN HANDCUFFS, DOUBLE LOCKED, AND IN THE BACK OF MY CAGED PATROL VEHICLE #9. WHILE WAITING FOR DISPATCH TO CONFIRM THE WARRANT WITH MANATEE COUNTY SHERIFFS OFFICE, SGT. PIERCE ADVISED ME (CONNERTON) ADMITTED HE LIED ABOUT HIS MOTHER LIVING AT THE GULF SANDS AND HE WAS NOT STAYING THERE. (CONNERTON) STATED HE WAS LOOKING TO USE THE POOL AND HAVE SEX WITH (ROWELL). DISPATCHED CONFIRMED THE WARRANT WITH MCSO. I TRANSPORTED (ROWELL) TO HBPD STATION.

*****CONTINUE TO NEXT PAGE*****

ADMINISTRATIVE	Report Contains		Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336		
	Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit	Date 10/18/2018	
	Signature of Officer Reviewing		Routed To	Referred To	Assigned To	By	Date ____/____/____
	Case Status CA	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A	Date Cleared 10/17/2018	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/No Custody	
					OBTS Number	Page 3 of 4	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180746**

ADM Date of Supplement: ___/___/___
Original Date Reported: **10/17/2018**

Case Reference: **TRIAL**

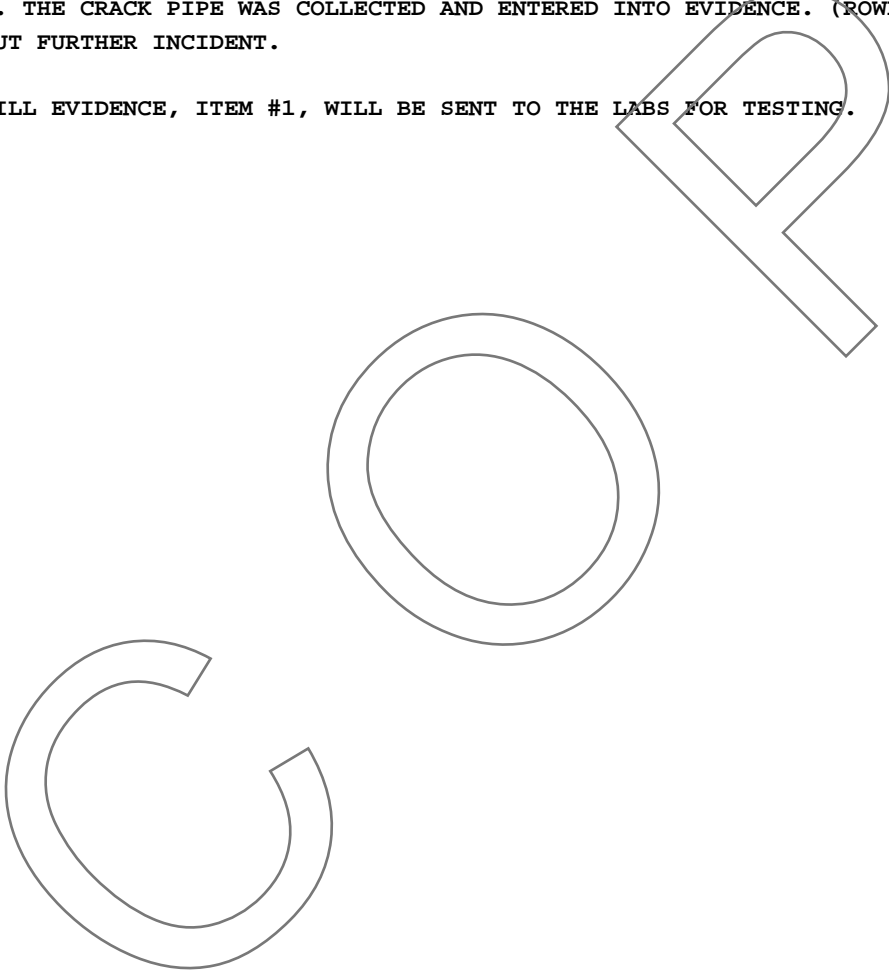
*****CONTINUATION*****

AT HYPD STATION, I CONDUCTED A SEARCH OF (ROWELL'S) PROPERTY. AS I BEGAN TO GO THROUGH (ROWELL'S) BAG, (ROWELL) STATED THE ONLY THING SHE HAD WAS PARAPHERNALIA AND STATED IT WAS IN A PLASTIC CONTAINER. I OBSERVED TWO PLASTIC CONTAINERS IN (ROWELL'S) BACKPACKS. ONE PLASTIC CONTAINER HAD SCISSORS, A PIPE, STRAWS, TINFOIL, TINY CLEAR ZIPLOCK BAGGIES AND HALF OF AN UNKNOWN PILL IN A CIGARETTE CONTAINER CELLOPHANE. (ROWELL) STATED THE PILL WAS A SUBUTEX. THE SECOND PLASTIC CONTAINER HAD STRAWS, TOOTHPICKS, A PLASTIC SPORK AND A BRILLO PAD. THESE WERE ALL PHOTOGRAPHED AND PLACED INTO EVIDENCE.

AS (ROWELL) WAS ABOUT TO BE TRANSPORTED TO MCSO JAIL, SHE STATED SHE HAD TO USE THE RESTROOM. SHE STATED IT WAS URGENT. THE RESTROOM AND TOILET WERE CHECKED BEFORE (ROWELL) WAS ALLOWED ACCESS. DISPATCHER/CITY EMPLOYEE NOTARY ROBIN EVANGELISTO OBSERVED (ROWELL) WHILE SHE UTILIZED THE RESTROOM. WHEN (ROWELL) WAS FINISHED, THE TOILET WAS CHECKED. A GLASS CRACK PIPE WAS OBSERVED IN (ROWELL'S) FECES. THE CRACK PIPE WAS COLLECTED AND ENTERED INTO EVIDENCE. (ROWELL) WAS TRANSPORTED TO MCSO JAIL WITHOUT FURTHER INCIDENT.

THE PILL EVIDENCE, ITEM #1, WILL BE SENT TO THE LABS FOR TESTING.

NARRATIVE



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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1															
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																					
/ /		20180747				DRIVERS LICENSE																							
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																			
Wed		10/17/2018		1510		1510		1510		1645																			
Incident Type		Incident: Day		Date		Time (mil)		Day		Time (mil)																			
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		10/17/2018		1510		To Wed		10/17/2018		1510													
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		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
3		WARRANT		C		901 - 16 ()		2800																					
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area Zone																			
700		MANATEE AVE		HOLMES BEACH		34217				W80																			
Business Name/Area Identifier		Forced Entry		Occupancy																									
KING FISH BOAT RAMP PARKING LOT		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		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							
4		1		1						00. N/A 01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other							
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																	
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		17. Friend		20. Employee		99. Other Known											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 3.Both 2.#2		3		V		1		5		STATE		OF FLORIDA																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																											
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		W		M		07/30/1969		49		2		1		0		00 00		17						Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																			
1.#1 3.Both 2.#2		3		W		2		3		O'NEIL		WILLIAM																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
6431 GEORGIA AVE.		BRADENTON		FL		34207																							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		PASSENGER																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		W		M		07/30/1969		49		2		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)																			
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing		A		1		2		BECK		IAN MICHAEL													
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																							
				FLORIDA																									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
3005 LOCKWOOD TER.		SARASOTA		FL		34231																							
Occupation		Employer/School		Address		Social Security Number																							
N/A		N/A		N/A																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																					
B200413894191		FL																											
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
SHIRT / SHORTS		SLEEVE TATTOO																											
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
W		M		11/19/1989		28		6-1		175		HAZ		BRO		S		S											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																			
LT		THN		B																									
SEE FLNARRATIVE.																													
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																					
						JASON HIGGINS		331																					
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																					
SGT. COPEMAN				307				10/17/2018																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By Date																					
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested															
CA				1				A		10/17/2018				1															
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined		6. Juvenile/No Custody		OBTS Number		Page of Page															
1.Extradition Declined														1 of 3															

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180747

ADM	Date of Supplement ____/____/____		Primary Offense Description DRIVERS LICENSE					Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																							
	Original Date Reported 10/17/2018																														
THEFT	Theft Type Codes										Theft Type 00																				
	<table style="width: 100%; font-size: small;"> <tr> <td>00. N/A</td> <td>02. Robbery</td> <td>04. Pocket Picking</td> <td>06. Embezzlement</td> <td>08. From Public Access Building</td> <td>09. From Vehicle</td> <td>11. By Computer</td> <td>99. Other</td> <td colspan="3"></td> </tr> <tr> <td>01. Burglary</td> <td>03. Shoplifting</td> <td>05. Purse Snatching</td> <td>07. From Coin Oper. Machine</td> <td></td> <td>10. Extortion</td> <td>12. Fraud</td> <td></td> <td colspan="3"></td> </tr> </table>											00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other				01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud		
00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Building	09. From Vehicle	11. By Computer	99. Other																								
01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine		10. Extortion	12. Fraud																									
CODES	Person Codes			Status Codes			Damage Codes																								
	V - Victim S - Suspect A - Arrestee O - Other			1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other																								
PROPERTY	Property Type																														
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			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	1	1	2	0	A	1	LICENSE PLATE	FLORIDA																						
	Serial Number Y04HGK		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) FLORIDA STATE TAG.																										
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC																					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	A	1	2	2	0	D	5	DRUG PARA.	SYRINGE																						
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) 5 SYRINGES																										
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC																					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	A	1	3	2	0	D	8	PILLS	MORPHINE																						
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) GREEN-PURPLE PILLS																										
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC																					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																					
	A	1	4	2	0	Z	2	SUNGLASS CASES	UNKNOWN																						
	Serial Number N/A		Owner Applied Number N/A		Description (Size, Color, Caliber, Barrel Length, Etc.) 1 GREEN -- 1 BLACK SUNGLASS CASE.																										
Value				Value Recovered				Date Recovered 10/17/2018		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																				
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	E	Type	S	Description			MORPHINE PILLS	Quantity	8	Unit	9	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																					
	JASON HIGGINS		331							10/17/2018																					
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date																		
SGT. COPEMAN		307										____/____/____																			
Signature of Officer Reviewing											Page	Page																			
											2	4																			

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180747**

Date of Supplement __/__/____
Original Date Reported 10/17/2018

Case Reference

NARRATIVE

I OBSERVED A WHITE KIA SEDAN WITH A WHITE MALE DRIVER, PASS ME AS I WAS SITTING ON THE SIDE OF THE ROAD. I RAN FLORIDA TAG (Y04HGK) THAT WAS ASSIGNED TO IT, AND THE EAGENT QUERY DISPLAYED A BLANK REGISTRATION, AND ADVISED TAG (JRHM43) WAS NOW ASSIGNED TO VEHICLE. I RAN THE NEW TAG AND THE REGISTERED OWNER, IAN BECK, THROUGH FCIC/NCIC. IT DISPLAYED DWLS/HABITUAL TRAFFIC OFFENDER WITH 8 OTHER SUSPENSIONS ATTACHED.

I INITIATED A TRAFFIC STOP AND BOTH OCCUPANTS OF THE VEHICLE WERE SHIFTING AROUND AND IT APPEARED THEY WERE STASHING ITEMS UNDEERNEATH THEIR SEATS. IT TOOK LONGER THAN USUAL FOR VEHICLE TO STOP, AND THE TINTED WINDOWS GAVE THEM A SLIGHT ADVANTAGE OF CONCEALMENT. I GAVE ORDERS FOR DRIVER TO ROLL DOWN THE WINDOWS AND HE DID-SO WITHIN A FEW SECONDS.

I MADE CONTACT WITH IAN BECK, WHO WAS IN PHYISCAL CONTROL OF VEHICLE. HE SAID HE DIDN'T HAVE A LICENSE OR ID ON HIM, AND IT WAS SUSPENDED. IN PLAINVIEW THERE WAS A SYRINGE WITH CLEAR LIQUID IN IT. HE SAID THAT WAS WATER WITH A LITTLE BIT OF HEROIN. SUBJECT HAD SCABS ON HIS BODY, AND STUNK REAL BADLY. BECK WAS DETAINED AND PLACED INTO MY VEHICLE. WHEN ASKED IF THERE WERE ANY DRUGS OR WEAPONS IN THE VEHICLE, HE REPLIED, "MY PASSENGER STASHED STUFF UNDERNEATH THE SEAT."

WILLIAM O'NEIL WAS IN THE PASSENGER SEAT AND WAS ASKED TO LEAVE THE VEHICLE SO THAT I COULD SEARCH IT. WHEN HE GOT OUT, HE GAVE ME CONSENT TO PAT HIM DOWN. UNDERNEATH HIS SEAT WERE TWO SUNGLASS CASES. ONE BLACK CASE CONTAINED 2 SYRINGES, AND A PLASTIC LIP BALM CASE WHICH HAD WHITE COTTON INSIDE OF IT. A GREEN CASE CONTAINED 2 SYRINGES AND 8 GREEN AND PURPLE PILLS WHICH WERE A MORPHINE DERIVATIVE. O'NEIL CONFESSED THAT THE BLACK CASE WAS HIS. UNDER THE PASSENGER SEAT WAS A SMALL PLASTIC ZIP LOCK BACK WITH WHITE POWDER. I TESTED THAT FOR HEROIN, WITHE A FIELD TEST KIT. IT HAD A FAINT POSITIVE REACTION FOR HEROIN. O'NEIL SAID THAT WAS "PROBABLY CUT, AND IT PROBABLY WOULDN'T TEST POSITIVE FOR ANYTHING. HE CLAIMED IT WAS CREATINE. HE SAID IT WAS ONCE A HEROIN BAG, AND CUT WAS PLACED IN THERE FOR WHEN THEY SCORE SOME DRUGS THEY CAN USE IT THEN.

NEITHER BECK, NOR O'NEIL, KNEW WHO OWNED THE GREEN CASE AND IT WAS SAID TO BE KICKED UNDERNEATH O'NEIL'S SEAT WHEN GETTING PULLED OVER.

DISPATCH CONFIRMED BECK HAD 2 MANATEE COUNTY WARRANTS FOR DWLS AND 1 ORDER FOR REVOKING BOND OUT-OF SARASOTA COUNTY. VEHICLE WAS TOWED AND O'NEIL WAS RELEASED FROM SCENE.

FOUND PROPERTY WAS PLACED INTO PROPERTY AND EVIDENCE TO BE DESTROYED.

Report Contains SEIZED TAG, FOUND PROPERTY, ARREST PAPERS	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit 331
Signature of Officer Reviewing	Routed To	Referred To	Assigned To 10/17/2018
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 10/17/2018
5. Prosecution Declined 6. Juvenile/No Custody		Arrest Number 1	Number Arrested 1
OBTS Number		Page 3	Page 4

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180747

ADM	Date of Supplement ____/____/____		Primary Offense Description DWLS HABITUAL						Victim #1 Name (Last, First, Middle) STATE OF FLORIDA											
	Original Date Reported 10/17/2018																			
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 KIA		Model SEDAN		Style 4DR	
VEHICLE / VESSEL	Tag Reg./Doc. #		Reg. State FL				Reg. Year 2018		Decal Number				Tag Type NONE							
	VIN/Hull/FAA KNAGM4AD9D5042300										Estimated Value \$13,000									
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition										Insurance Company				Lien Holder					
	Color (Top/Bottom) WHITE		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) WHITE SEDAN, TRASHED INSIDE.																	
	Vessel Name N/A		Length N/A				Hull Material N/A				Propulsion N/A				Boat Type N/A					
	Recovery Address/Geographic Indicator										Date Recovered ____/____/____				Value Recovered					
	Recovery Loc.		Recovery Code		Original Reporting Agency				Report Number				Hold Y - Yes N - No		Reason/Authority					
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																	
	Towed By				Storage Location				SCIC/NCIC				Location of Original Theft							
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style	
Tag Reg./Doc. #		Reg. State				Reg. Year		Decal Number				Tag Type								
VIN/Hull/FAA										Estimated Value										
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition										Insurance Company				Lien Holder						
Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)																		
Vessel Name		Length				Hull Material				Propulsion				Boat Type						
Recovery Address/Geographic Indicator										Date Recovered ____/____/____				Value Recovered						
Recovery Loc.		Recovery Code		Original Reporting Agency				Report Number				Hold Y - Yes N - No		Reason/Authority						
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																		
Towed By				Storage Location				SCIC/NCIC				Location of Original Theft								
VEHICLE INV. / NARRATIVE																				
1 WHITE KIA SEDAN.																				
ADMINISTRATIVE	Signature of Officer Reporting						Name of Officer Reporting JASON HIGGINS						I.D. Number/Locator Code 331				Unit			
	Signature of Officer Reviewing						Officer Reviewing (If Applicable) SGT. COPEMAN						I.D. Number 307				Date 10/17/2018			
	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 10/17/2018		Arrest Number		Number Arrested					
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender 4. V / W Refused to Cooperate				5. Prosecution Declined 6. Juvenile/No Custody				OBTS Number		Page 4 of 4				

PROPERTY REPORT

Holmes Beach Police Department

Agency Report Number
20180747

ADM	Date of Supplement ____/____/____							Agency Report Number 20180747						
	Original Date Reported 10/17/2018		Primary Offense Description DWLS			Victim #1 Name (Last, First, Middle) BECK IAN MICHAEL								
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										00			
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	
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number				
	R	01	1	6	0	Z	4	NEEDLES						
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ORANGE									
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number				
	R	01	2	6	0	Z	1	PLASTIC BAG						
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) WHITE SUBSTANCE									
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number				
	R	01	3	6	0	Z	1	PILL BOX						
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) PINK, YELLOW, ORANGE									
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number				
	R	01	4	6	0	Z	8	PILLS						
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) GREEN, PURPLE									
Value				Value Recovered				Date Recovered 10/17/2018		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number				
	R	01	5	6	0	Z	1	CLEAR CONTAINER						
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)									
Value				Value Recovered				Date Recovered 10/17/2018		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			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	
DRUGS	Activity		Type		Description			Quantity		Unit	Estimated Street Value			
	Activity		Type		Description			Quantity		Unit	Estimated Street Value			
	Activity		Type		Description			Quantity		Unit	Estimated Street Value			
PROP. DETAIL / NARR.	ITEMS FOUND IN VEHICLE BY OFC. HIGGINS. PROCESSED ITEMS TO BE DESTROYED AND PLACED IN EVIDENCE LOCKER #66.													
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date			
	L. DIEHL		333								10/17/2018			
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By			
SGT. COPEMAN		307												
Signature of Officer Reviewing										Page	Page			
										of				

PROPERTY REPORT

ADM	Date of Supplement 10/17/2018		Holmes Beach Police Department				Agency Report Number 20180747																			
	Original Date Reported 10/17/2018		Primary Offense Description DWLS		Victim #1 Name (Last, First, Middle) BECK IAN MICHAEL																					
THEFT	<u>Theft Type Codes</u>										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	<u>Person Codes</u>			<u>Status Codes</u>			<u>Damage Codes</u>																			
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense			9. Other													
PROPERTY	<u>Property Type</u>																									
	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	6	8	0	Z	1	FL TAG		Y04HGK																
	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																
	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																
	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																
	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	<u>Activity</u>			<u>Type</u>			<u>Unit</u>																			
	P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Barbiturate C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other			1. Gram 2. Milligram 3. Kilogram 4. Ounce			5. Pound 6. Ton 7. Liter 8. Milliliter			9. Dose Unit/Item	
DRUGS	Activity	Type	Description					Quantity	Unit	Estimated Street Value																
	Activity	Type	Description					Quantity	Unit	Estimated Street Value																
	Activity	Type	Description					Quantity	Unit	Estimated Street Value																
PROP. DETAIL / NARR.	TAG ATTACHED TO VEHICLE DRIVEN BY IAN BECK. TAG NOT ASSIGNED TO VEHICLE.																									
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date															
	L. DIEHL		333								10/17/2018															
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date													
SGT. COPEMAN		307										____/____/____														
Signature of Officer Reviewing										Page		Page														
										of																