

| 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"/> |  |
|---|--|--|--|---|--|---|--|--|--|--|--|---|--|---|--|
| Date of Supplement                                      |  | Holmes Beach Police Department                       |  |   |  | Agency Report Number                                  |  | Primary Offense Description                              |  |  |  |   |  |   |  |
| / /   |  |  |  |   |  | 20180750  |  | BURGLARY   |  |  |  |   |  |   |  |
| Original Day Reported                                   |  | Date   |  | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                                       |  | Time Completed (mil)   |  |   |  |   |  |
| Fri   |  | 10/19/2018   |  | 1507  |  | 1507  |  | 1510   |  | 1656   |  |   |  |   |  |
| Incident Type   |  | Date   |  | Time (mil)  |  | Day   |  | Time (mil)   |  |  |  |   |  |   |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor             |  | 5. Ordinance<br>9. Other  |  | Incident: Day   |  | Date   |  | Time (mil)   |  | Day   |  | Time (mil)  |  |
| 1. Felony   |  | 3. Misdemeanor                                       |  | 5. Ordinance  |  | From  |  | Sat  |  | 10/13/2018   |  | To  |  | Fri 10/19/2018 1507   |  |
| OFF/INC #1  |  | Type   |  | Description   |  | A-Attempted<br>C-Committed                            |  | C  |  | Statute Violation Number - Chapter, Section, Sub                                   |  | 810 - 2 ( 2c2 )   |  | NCIC/UCR Code   |  |
| OFF/INC #2  |  |  |  |   |  | A-Attempted<br>C-Committed                            |  |  |  |  |  |   |  |   |  |
| Incident Location (Street Number, Street, Apt.)         |  | City   |  | Zip   |  | District  |  | Grid   |  | Area   |  | Zone  |  |   |  |
| 3220 GULF DR APT C                                      |  | HOLMES BEACH   |  | 34217   |  | 00  |  | 00   |  | 00   |  | 00  |  |   |  |
| Business Name/Area Identifier                           |  | Forced Entry   |  | Occupancy   |  | 0. N/A<br>1. Yes                                      |  | 2. No  |  | 2  |  | 0. N/A<br>1. Occupied                                     |  | 2. Unoccupied<br>3. Abandoned   |  |
| 1   |  | 1  |  | 1   |  | 1   |  | 1  |  | 1  |  | 1   |  | 1   |  |
| Location Type   |  | 05. Convenience Store                                |  | 10. Dept/Discount Store   |  | 15. Industrial/Mfg.                                   |  | 20. Religious Bldg.                                      |  | 25. Parking Lot/Garage   |  | 30. Other Mobile  |  | 99. Other   |  |
| 01. Residence Single                                    |  | 06. Gas Station                                      |  | 11. Specialty Store   |  | 16. Storage   |  | 21. Airport  |  | 26. Highway/Roadway  |  | 30. Other Mobile  |  | 99. Other   |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales                                     |  | 12. Drug Store/Hospital   |  | 17. Gov't/Public Bldg.                                |  | 22. Bus/Rail Terminal                                    |  | 27. Park/Woodlands/Field   |  |   |  |   |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub                                    |  | 13. Bank/Financial Inst.  |  | 18. School/University                                 |  | 23. Construction Site                                    |  | 28. Lake/Waterway  |  |   |  |   |  |
| 04. Hotel/Motel   |  | 09. Supermarket                                      |  | 14. Commercial/Office Bldg.   |  | 19. Jail/Prison                                       |  | 24. Other Structure                                      |  | 29. Motor Vehicle  |  |   |  | 01  |  |
| # OFF/INC.  |  | # Victims  |  | # Offenders   |  | # Prem. Ent.  |  | # Veh. Stolen  |  | Type of Weapon   |  | 02. Rifle<br>03. Shotgun<br>04. Firearm                   |  | 05. Knife/Cutting Instrument<br>06. Blunt Object  |  |
| 01  |  | 01   |  | 01  |  | 01  |  | 00   |  | 00. N/A<br>01. Handgun   |  | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives       |  | 10. Fire/Incendary<br>11. Threat/Intimidation<br>12. Simulated Weapon                   |  |
| VW Code   |  | Victim Type  |  | Race  |  | Sex   |  | Residence Type   |  | Residence Status   |  | Extent of Injury  |  |   |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult |  | 4. Business<br>5. Government<br>6. Church<br>9. Other                 |  | N - N/A<br>W - White<br>B - Black                     |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County   |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal   |  |
| Injury Type   |  | 03. Laceration                                       |  | 07. Loss of Teeth   |  | 00. N/A   |  | 06. Parent   |  | 10. Step-Child   |  | 17. Friend  |  | 21. Employer  |  |
| 00. N/A   |  | 04. Unconscious                                      |  | 08. Burns   |  | 01. Undetermined                                      |  | 07. Brother/Sister                                       |  | 11. In-Law   |  | 18. Neighbor  |  | 22. Landlord/Tenant   |  |
| 01. Gunshot   |  | 05. Poss. Broken Bones                               |  | 09. Abrasions/Bruises   |  | 02. Stranger  |  | 08. Child  |  | 12. Other Family   |  | 19. Sitter/Day Care                                       |  | 23. Acquaintance  |  |
| 02. Stabbed   |  | 06. Poss. Internal Injury                            |  | 99. Other   |  | 05. Co-Habitant                                       |  | 09. Step-Parent  |  | 13. Student  |  | 16. Boy/Girl Friend                                       |  | 99. Other Known   |  |
| OFF/INC Indicator                                       |  | VW Code  |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone  |  |   |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1  |  | V   |  | 1   |  | 3  |  | ELLIS  |  | ERIC  |  | 757 389-6665  |  |
| Address (Street, Apt. Number)                           |  | City   |  | State   |  | Zip   |  | Business Phone   |  |  |  |   |  |   |  |
| 3220 GULF DR APT C                                      |  | HOLMES BEACH   |  | FL  |  | 34217   |  |  |  |  |  |   |  |   |  |
| 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   |  |
| 2   |  | 2  |  | W   |  | M   |  | 06/16/1972   |  | 46   |  | 1   |  | 1   |  |
| Extent of Injury  |  | Injury Type(s)                                       |  | Relationship  |  | Ethnicity   |  | Will Victim prefer charge?                               |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |  |   |  |   |  |
| 0   |  | 00 00  |  | 01  |  |   |  |  |  |  |  |   |  |   |  |
| OFF/INC Indicator                                       |  | VW Code  |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone  |  |   |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1  |  | O   |  | 2   |  | 3  |  | RILEY  |  | EILEEN  |  | R   |  |
| Address (Street, Apt. Number)                           |  | City   |  | State   |  | Zip   |  | Business Phone   |  |  |  |   |  |   |  |
| 3220 GULF DR APT C                                      |  | HOLMES BEACH   |  | FL  |  | 34217   |  |  |  |  |  |   |  |   |  |
| 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   |  |
| 2   |  | 2  |  | W   |  | F   |  | 01/25/1961   |  | 57   |  | 1   |  | 1   |  |
| Extent of Injury  |  | Injury Type(s)                                       |  | Relationship  |  | Ethnicity   |  | Will Victim prefer charge?                               |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |  |   |  |   |  |
| 0   |  | 00 00  |  | 05  |  |   |  |  |  |  |  |   |  |   |  |
| OFF/INC Indicator                                       |  | Suspect Code   |  | Code  |  | Susp.#  |  | Juvenile   |  | Name (Last, First, Middle)   |  | Residence Phone   |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | S-Suspect<br>A-Arrestee                              |  | E-Escapee<br>M-Missing<br>Z-other                                     |  | R-Rec. Missing  |  | S  |  | 1 2  |  | CAMACHO   |  | JOSEPH  |  |
| Maiden Name   |  | Nickname/Street Name                                 |  | Place of Birth  |  | Residence Phone                                       |  |  |  |  |  |   |  |   |  |
|   |  |  |  |   |  | 585 369-4624  |  |  |  |  |  |   |  |   |  |
| Last Known Address (Street, Apt. Number)                |  | City   |  | State   |  | Zip   |  | Business Phone   |  |  |  |   |  |   |  |
| 523 SABAL PALM CIRCLE                                   |  | ALTAMONTE SPRGS                                      |  | FL  |  | 32701   |  |  |  |  |  |   |  |   |  |
| 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  |  |  |  |   |  |   |  |
| C520-495-76-284-0                                       |  | FL   |  |   |  |   |  |  |  |  |  |   |  |   |  |
| Clothing (Describe)                                     |  | Scars/Marks/Tatoos (Location/Describe)               |  |   |  |   |  |  |  |  |  |   |  |   |  |
|   |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |
| Race  |  | Sex  |  | Date of Birth   |  | Age   |  | Height   |  | Weight   |  | Eye Color   |  | Hair Color  |  |
| W   |  | M  |  | 08/04/1976  |  | 42  |  | 60   |  | 300  |  |   |  | BLK   |  |
| 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  |  | Unit   |  | Date  |  |   |  |
|   |  |  |  |   |  | FRASER  |  | 306  |  | PATROL   |  | 10/21/2018  |  |   |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)                    |  | Routed To   |  | Referred To   |  | Assigned To  |  | By   |  | Date  |  |   |  |
| SGT. M. PILATO  |  |  |  |   |  |   |  | DET SGT  |  | PATROL   |  | 10/22/2018  |  |   |  |
| Case Status   |  | Clearance Type                                       |  | 1.Arrest<br>2.Exceptional   |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                                    |  | Date Cleared   |  | Jail Number   |  | Number Arrested   |  |
|   |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |
| Exception Type  |  | 1.Extradition Declined                               |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |  | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>6. Juvenile/No Custody        |  | OBTS Number  |  | Page  |  | Page  |  |
|   |  |  |  |   |  |   |  |  |  |  |  | 1   |  | 3   |  |



# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180750**

|   |                                  |
|---|----------------------------------|
| <b>ADM</b>                                  | Date of Supplement<br>__/__/____ |
| Original Date Reported<br><b>10/19/2018</b> |                                  |

Case Reference  
**BURGLARY**

|                  |   |
|------------------|---|
| <b>NARRATIVE</b> | <p>THE ABOVE LISTED VICTIM STATED TO POLICE THAT AN UNKNOWN PERSON ENTERED HIS BEDROOM, WHICH HE RENTS, AND REMOVED THE LISTED ITEMS WITHOUT HIS PERMISSION. THE VICTIM STATED THAT HIS ROOMMATE (RILEY) STATED THAT SOMEONE KICKED IN HIS LOCKED DOOR BECAUSE THE SMELLED SMOKE. (POSSIBLY JOE CAMACHO). THE VICTIM STATED HE HAS NOT BEEN AT HIS RESIDENCE IN SEVERAL WEEKS AND RETURNED ON 10-13-18 AT 0730 AND OBSERVED THE DOOR KICKED OPEN. HE ALSO STATED TO POLICE ALL THE PROPERTY WAS THERE. WHEN HE RETURNED ON TODAYS DATE HE WAS ADVISED BY RILEY HIS TV WAS STOLEN. POLICE ATTEMPTED TO RETRIEVE FINGER PRINTS WITH NEGATIVE RESULTS.</p> |
|------------------|---|

|                                |   |   |  |   |
|--------------------------------|---|---|--|---|
| <b>ADMINISTRATIVE</b>          | Report Contains   | Related Report Number(s)                              | Name of Officer Reporting<br><b>FRASER</b> | I.D. Number/Locator Code<br><b>323</b>            |
| Signature of Officer Reporting | Officer Reviewing (If Applicable)<br><b>SGT. M. PILATO</b>            | I.D. Number<br><b>306</b>                             | Unit<br><b>PATROL</b>                      | Date<br><b>10/21/2018</b>                         |
| Signature of Officer Reviewing | Routed To   | Referred To   | Assigned To<br><b>DET SGT</b>              | By<br><b>PATROL</b>                               |
| Date<br><b>10/22/2018</b>      |   |   |  | Date  |
| Case Status                    | <u>Clearance Type</u>   | 1.Arrest<br>2.Exceptional                             | 3.Unfounded                                | A-Adult<br>J-Juvenile                             |
| <u>Exception Type</u>          | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | Date Cleared<br>__/__/____                 | 5. Prosecution Declined<br>6. Juvenile/No Custody |
| 1.Extradition Declined         |   |   | Arrest Number                              | Number Arrested                                   |
|                                |   |   | OBTS Number                                | Page<br><b>3</b>                                  |
|                                |   |   | Page<br><b>3 of 3</b>                      |   |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

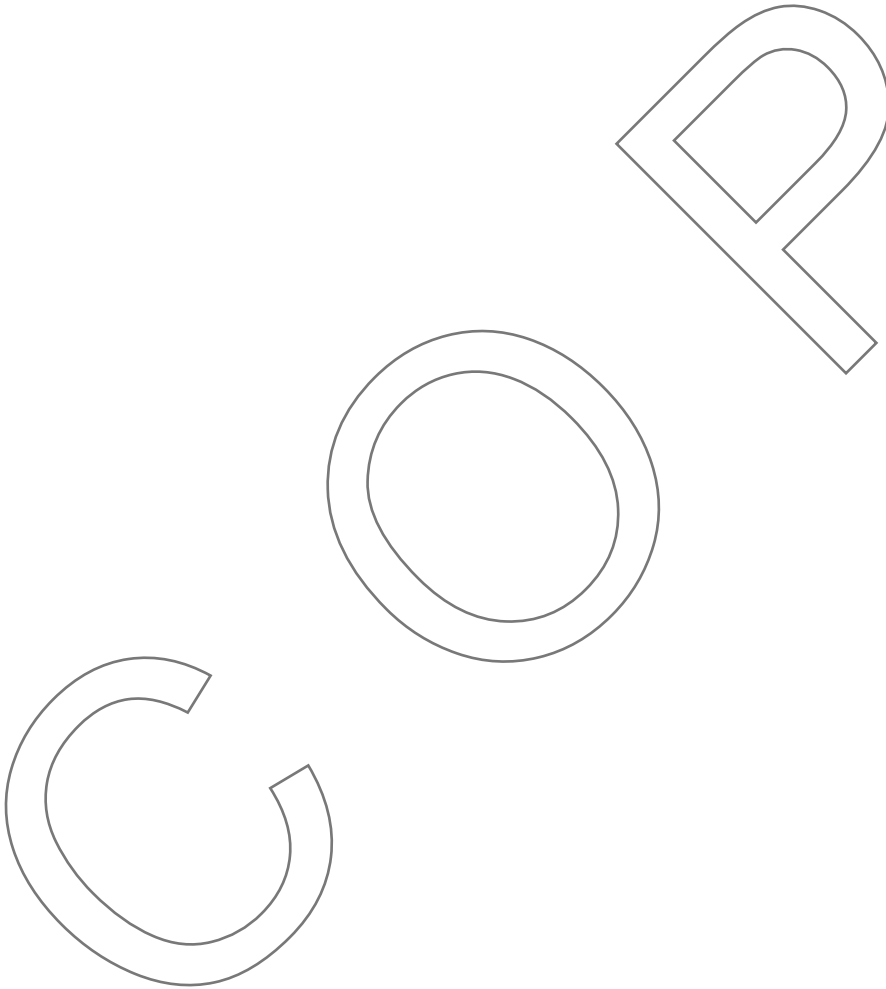
Agency ORI Number **FL0410400** Agency Report Number **20180750**

|     |   |
|-----|---|
| ADM | Date of Supplement<br><b>10/21/2018</b>     |
|     | Original Date Reported<br><b>10/19/2018</b> |

Case Reference  
**burglary**

ON THIS DATE, I RESPONDED WITH OFFICERS FRASER AND LABRANCHE TO THIS RESIDENCE. UPON ARRIVAL, I MET WITH RILEY AND THE VICTIM. (ELLIS) RILEY ADVISED THAT ON THE 10/17/2018 OFFICERS RESPONDED TO HER RESIDENCE IN REFERENCE TO A DISTURBANCE (CAD EVENT NUMBERS H1810170054 AND H1810170055) WHERE THE SUSPECT (CAMACHO) WAS STAYING WITH HER AND SHE WANTED HIM TO LEAVE. OFFICERS BETTS, DIEHL, AND HURT ARRIVED AT THIS RESIDENCE TWICE. THE FIRST TIME, SHE ADVISED BETTS THAT THERE WAS A SAMURI SWORD IN THE RESIDENCE. WHEN BETTS GOT TO THE RESIDENCE HE OBSERVED THE VICTIM'S BEDROOM DOOR OPEN AND THE SWORD WAS IN THE ROOM. THEY ASKED RILEY TO LEAVE THE RESIDENCE WHILE COMACHO PACKED UP HIS STUFF AND SHE LEFT THE RESIDENCE. OFFICERS BETTS ADVISED THAT THEY CLEARED THE SCENE AS COMACHO PACKED HIS STUFF AND LEFT. WHEN RILEY CAME BACK TO THE RESIDENCE, SHE CALL HYPD AND ADVISED THAT TV'S WERE STOLEN. WHEN OFFICER BETTS ARRIVED, HE OBSERVED THE OTHER TV'S AND ADVISED RILEY TO HAVE ELLIS CONTACT THE PD TO REPORT THE TV WAS STOLEN. OFFICER FRASER TOOK ALL OF ELLIS INFORMATION AND SUSPECT INFORMATION. NFI

NARRATIVE



|                |   |  |  |   |                                      |
|----------------|---|--|--|---|--------------------------------------|
| ADMINISTRATIVE | Report Contains                           | Related Report Number(s)   | Name of Officer Reporting<br><b>SGT. M. PILATO</b> | I.D. Number/Locator Code<br><b>306</b>            |                                      |
|                | Signature of Officer Reporting            | Officer Reviewing (If Applicable)<br><b>SGT. M. PILATO</b>                                     | I.D. Number<br><b>306</b>                          | Unit<br><b>PATROL</b>                             |                                      |
|                | Signature of Officer Reviewing            | Routed To  | Referred To  | Assigned To<br><b>DET SGT</b>                     |                                      |
|                | Case Status                               | Clearance Type<br>1. Arrest<br>2. Exceptional<br>3. Unfounded<br>4. V / W Refused to Cooperate | A-Adult<br>J-Juvenile                              | Date Cleared<br>___/___/___                       | Arrest Number<br><b>PATROL</b>       |
|                | Exception Type<br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution                          | 3. Death of Offender                               | 5. Prosecution Declined<br>6. Juvenile/No Custody | Number Arrested<br><b>10/22/2018</b> |

| 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   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| / /   |  |   |  |  |  |  |  | 20180752  |  |   |  | BURGLARY OF VEHICLE   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Original Day Reported                                   |  | Date  |  | Time (mil)   |  | Time Dispatched (mil)  |  | Time Arrived (mil)  |  | Time Completed (mil)  |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Sat   |  | 10/20/2018  |  | 1804   |  | 1822   |  | 1823  |  | 1840  |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Incident Type   |  | Incident: Day   |  | Date   |  | Time (mil)   |  | Day   |  | Date  |  | Time (mil)  |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor  |  | 5. Ordinance<br>9. Other   |  | From   |  | Sat   |  | 10/20/2018  |  | To  |  | Sat   |  | 10/20/2018  |  |  |  |  |  |           |  |   |  |  |  |
| OFF/INC #1  |  | Type  |  | Description  |  | A-Attempted<br>C-Committed   |  | Statute Violation Number - Chapter, Section, Sub  |  | NCIC/UCR Code   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| 1   |  | 1   |  | BURGLARY / VEH   |  | C  |  | 810 - 02 ( 4B )   |  | 230*  |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| OFF/INC #2  |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| 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 PARKING LOT                        |  | 0. N/A<br>1. Yes  |  | 2. No<br>1. Occupied   |  | 3. Abandoned   |  | 2   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Location Type   |  | 01. Residence Single<br>02. Apartment/Condo<br>03. Residence-Other<br>04. Hotel/Motel |  | 05. Convenience Store<br>06. Gas Station<br>07. Liquor Sales<br>08. Bar/Nightclub<br>09. Supermarket |  | 10. Dept/Discount Store<br>11. Specialty Store<br>12. Drug Store/Hospital<br>13. Bank/Financial Inst.<br>14. Commercial/Office Bldg. |  | 15. Industrial/Mfg.<br>16. Storage<br>17. Govt/Public Bldg.<br>18. School/University<br>19. Jail/Prison |  | 20. Religious Bldg.<br>21. Airport<br>22. Bus/Rail Terminal<br>23. Construction Site<br>24. Other Structure |  | 25. Parking Lot/Garage<br>26. Highway/Roadway<br>27. Park/Woodlands/Field<br>28. Lake/Waterway<br>29. Motor Vehicle |  | 30. Other Mobile<br>99. Other                                   |  | 25  |  |  |  |  |  |           |  |   |  |  |  |
| # OFF/INC.  |  | # Victims   |  | # Offenders  |  | # Prem. Ent.   |  | # Veh. Stolen   |  | Type of Weapon  |  | 02. Rifle<br>03. Shotgun<br>04. Firearm   |  | 05. Knife/Cutting Instrument<br>06. Blunt Object                |  | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives                                       |  | 10. Fire/Incendiary<br>11. Threat/Intimidation<br>12. Simulated Weapon |  | 13. Drugs<br>88. Unknown<br>99. Other                                      |  | 88        |  |   |  |  |  |
| 1   |  | 1   |  |  |  |  |  | 0   |  | 00. N/A<br>01. Handgun  |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| V/W Code  |  | Victim Type   |  | Race   |  | Sex  |  | Residence Type  |  | Residence Status  |  | Extent of Injury  |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0 - Other   |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult   |  | 4. Business<br>5. Government<br>6. Church<br>9. Other  |  | N - N/A<br>W - White<br>B - Black   |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown  |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown  |  | 0. N/A<br>1. City<br>2. County                                  |  | 3. Florida<br>4. Out-of-State   |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident              |  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal                              |  |           |  |   |  |  |  |
| Injury Type   |  | 03. Laceration<br>04. Unconscious<br>01. Gunshot<br>02. Stabbed                       |  | 07. Loss of Teeth<br>08. Burns<br>09. Abrasions/Bruises<br>99. Other                                 |  | Victim Relationship To Offender  |  | 00. N/A<br>01. Undetermined<br>02. Stranger   |  | 03. Spouse<br>04. Ex-Spouse<br>05. Co-Habitant  |  | 06. Parent<br>07. Brother/Sister<br>08. Child<br>09. Step-Parent  |  | 10. Step-Child<br>11. In-Law<br>12. Other Family<br>13. Student |  | 14. Teacher<br>15. Child of Boy/Girl<br>Friend<br>16. Boy/Girl Friend                     |  | 17. Friend<br>18. Neighbor<br>19. Sitter/Day Care<br>20. Employee      |  | 21. Employer<br>22. Landlord/Tenant<br>23. Acquaintance<br>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<br>2.#2                                     |  | 1   |  | V  |  | 1  |  | 3   |  | SCHUT   |  | CARLY   |  | JO  |  | 712 449-5586  |  |  |  |  |  |           |  |   |  |  |  |
| Address (Street, Apt. Number)                           |  | City  |  | State  |  | Zip  |  | Business Phone  |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| 3305 390TH ST   |  | SIOUX CENTER  |  | IA   |  | 51250  |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement   |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| JILL SCHUT (712)441-1168                                |  | LYLE SCHUT (712)441-4753  |  | VICTIM AND PARENTS   |  |  |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| 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  |  | 11/30/1999   |  | 18  |  | 4   |  | 3   |  | 0   |  | 00 00   |  | 01   |  | 01   |  |           |  | Yes <input checked="" 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<br>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<br>2.#2                                     |  | S-Suspect E-Escapee R-Rec. Missing 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  |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| SGT. J. PIERCE  |  | 309   |  | 10/20/2018   |  | OFC M. VANHORN   |  | 338   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Signature of Officer Reviewing                          |  | Routed To   |  | Referred To  |  | Assigned To  |  | By  |  | Date  |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| B. HALL   |  | DET   |  | PATROL   |  | 10/20/2018   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Case Status   |  | Clearance Type  |  | 1.Arrest<br>2.Exceptional  |  | 3.Unfounded  |  | A-Adult<br>J-Juvenile   |  | Date Cleared  |  | Jail Number   |  | Number Arrested   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| A   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |           |  |   |  |  |  |
| Exception Type  |  | 1.Extradition Declined  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution                                |  | 3. Death of Offender<br>4. V / W Refused to Cooperate  |  | 5. Prosecution Declined<br>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  
**20180752**

|                                |   |                    |   |   |  |   |  |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|--------------------------------|---|--------------------|---|---|--|---|--|---|------------------------|---|-------------------------|--------------------------------------|---|----------|--|---|--|---|---|----------|--|--|--|--|
| <b>ADM</b>                     | Date of Supplement<br>___/___/___   |                    | <b>Holmes Beach Police Department</b>                     |   |  |   |  | Agency Report Number<br><b>20180752</b>         |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Original Date Reported<br><b>10/20/2018</b>   |                    | Primary Offense Description<br><b>BURGLARY OF VEHICLE</b> |   | Victim #1 Name (Last, First, Middle)<br><b>SC HUT CARLY JO</b> |   |  |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>THEFT</b>                   | Theft Type Codes  |                    |   |   |  |   |  |   |                        | Theft Type<br><b>01</b>   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | 00. N/A<br>01. Burglary   |                    |   | 02. Robbery<br>03. Shoplifting  |  | 04. Pocket Picking<br>05. Purse Snatching |  | 06. Embezzlement<br>07. From Coin Oper. Machine |                        | 08. From Public Access Building<br>09. From Vehicle<br>10. Extortion<br>11. By Computer<br>12. Fraud        |                         | 99. Other                            |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>CODES</b>                   | <b>Person Codes</b><br>V - Victim<br>S - Suspect  |                    |   | <b>Status Codes</b><br>1. Stolen<br>2. Recovered  |  |   | 3. Stolen and Recovered<br>4. Recovered for Other Jurisdiction   |   |                        | 5. Lost<br>6. Found   |                         | 7. Safekeeping<br>8. Evidence/Seized |   | 9. Other |  | <b>Damage Codes</b><br>0. N/A<br>1. Arson |  | 2. Criminal Mischief<br>3. During other Offense |   | 9. Other |  |  |  |  |
|                                | <b>Property Type</b><br>A. Auto Accessory/Parts<br>B. Bicycle<br>C. Camera/Photo Equipment<br>D. Drug |                    |   | E. Equipment/Tool<br>F. Food/Liquor/Consumable<br>G. Gun<br>H. Household Appliance/Goods<br>I. Plant/Citrus |  |   | J. Jewelry/Precious Metal<br>K. Clothing/Fur<br>L. Livestock<br>M. Musical Instrument<br>N. Construction Machinery |   |                        | O. Office Equipment<br>P. Art/Collection<br>Q. Computer Equipment<br>R. Radio/Stereo<br>S. Sports Equipment |                         |                                      | T. TV/Video/VCR<br>U. Currency/Negotiable<br>V. Credit Card/Non-Negotiable<br>W. Boat Motor<br>X. Structure |          |  | Y. Farm Equipment<br>Z. Miscellaneous     |  |   |   |          |  |  |  |  |
| <b>PROPERTY</b>                | Code<br><b>V</b>  | Person<br><b>1</b> | Item #<br><b>1</b>  | Status<br><b>1</b>  | Damage<br><b>0</b>   | Property Type<br><b>V</b>                 | Quantity<br><b>1</b>   | Name<br><b>CREDIT CARD</b>                      |                        |   | Brand<br><b>VISA CC</b> | Model Name/Number                    |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Serial Number<br><b>4694510169788387</b>  |                    |   | Owner Applied Number  |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>RED IN COLOR VISA CREDIT CARD SCHEELS</b>            |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Value<br><b>0.00</b>  |                    |   | Value Recovered   |  |   | Date Recovered<br>___/___/___  |   |                        | SCIC/NCIC   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>PROPERTY</b>                | Code<br><b>V</b>  | Person<br><b>1</b> | Item #<br><b>2</b>  | Status<br><b>1</b>  | Damage<br><b>0</b>   | Property Type<br><b>V</b>                 | Quantity<br><b>1</b>   | Name<br><b>CREDIT CARD</b>                      |                        |   | Brand<br><b>VISA CC</b> | Model Name/Number                    |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Serial Number<br><b>4694510152372422</b>  |                    |   | Owner Applied Number  |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>BLACK IN COLOR VISA CREDIT CAR "SCHEELS"</b>         |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Value<br><b>0.00</b>  |                    |   | Value Recovered   |  |   | Date Recovered<br>___/___/___  |   |                        | SCIC/NCIC   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>PROPERTY</b>                | Code<br><b>V</b>  | Person<br><b>1</b> | Item #<br><b>3</b>  | Status<br><b>1</b>  | Damage<br><b>0</b>   | Property Type<br><b>U</b>                 | Quantity<br><b>1</b>   | Name<br><b>US CURRENCY</b>                      |                        |   | Brand                   | Model Name/Number                    |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Serial Number   |                    |   | Owner Applied Number  |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>ONE HUNDRED DOLLAR US BILL</b>                       |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Value<br><b>100.00</b>  |                    |   | Value Recovered   |  |   | Date Recovered<br>___/___/___  |   |                        | SCIC/NCIC   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>PROPERTY</b>                | Code  | Person             | Item #  | Status  | Damage   | Property Type                             | Quantity   | Name  |                        |   | Brand                   | Model Name/Number                    |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Serial Number   |                    |   | Owner Applied Number  |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Value   |                    |   | Value Recovered   |  |   | Date Recovered<br>___/___/___  |   |                        | SCIC/NCIC   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>TOTALS</b>                  | Property Stolen   |                    |   | <b>100.00</b>   |  |   | Change in Property Stolen Value  |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Property Recovered  |                    |   | <b>0.00</b>   |  |   | Change in Property Recovered Value   |   |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>CODES</b>                   | <b>Activity</b><br>P. Possess<br>S. Sell<br>B. Buy<br>T. Traffic                                      |                    |   | R. Smuggle<br>D. Deliver<br>E. Use<br>K. Dispense/Distribute  |  |   | M. Manufacture/Produce/Cultivate<br>Z. Other   |   |                        | <b>Type</b><br>A. Amphetamine<br>B. Barbiturate<br>C. Cocaine<br>E. Heroin                                  |                         |                                      | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Derivative<br>P. Paraphernalia/Equipment                        |          |  | S. Synthetic<br>U. Unknown<br>Z. Other    |  |   | <b>Unit</b><br>1. Gram<br>2. Milligram<br>3. Kilogram<br>4. Ounce |          |  | 5. Pound<br>6. Ton<br>7. Liter<br>8. Milliliter<br>9. Dose Unit/Item |  |  |
|                                | Activity  | Type               | Description   |   |  |   | Quantity   | Unit  | Estimated Street Value |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| Activity                       | Type  | Description        |   |   |  | Quantity                                  | Unit   | Estimated Street Value                          |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| Activity                       | Type  | Description        |   |   |  | Quantity                                  | Unit   | Estimated Street Value                          |                        |   |                         |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
| <b>ADMINISTRATIVE</b>          | Officer(s) Reporting  |                    | ID. Number(s)/Locator code                                |   | Signature of Officer Reporting                                 |   |  | Unit  |                        |   | Date                    |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | <b>OF C M. VANHORN</b>  |                    | <b>338</b>  |   |  |   |  |   |                        |   | <b>10/20/2018</b>       |                                      |   |          |  |   |  |   |   |          |  |  |  |  |
|                                | Officer Reviewing (If Applicable)   |                    | ID. Number  |   | Routed To  |   | Referred To  |   | Assigned To            |   | By                      |                                      | Date  |          |  |   |  |   |   |          |  |  |  |  |
|                                | <b>SGT. J. PIERCE</b>   |                    | <b>309</b>  |   | <b>B. HALL</b>   |   | <b>DET</b>   |   | <b>PATROL</b>          |   |                         |                                      | <b>10/20/2018</b>   |          |  |   |  |   |   |          |  |  |  |  |
| Signature of Officer Reviewing |   |                    |   |   |  |   |  |   |                        |   | Page                    | Page                                 |   |          |  |   |  |   |   |          |  |  |  |  |
|                                |   |                    |   |   |  |   |  |   |                        |   | <b>2</b>                | <b>3</b>                             |   |          |  |   |  |   |   |          |  |  |  |  |

# 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 **20180752**

ADM Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**10/20/2018**

Case Reference  
**BURGLARY OF VEHICLE FRAUDULENT USE OF STOLEN CREDIT CARDS**

**INFORMATION:**

I WAS DISPATCHED TO TAKE A REPORT OF A BURGLARY TO A VEHICLE IN THE PARKING LOT OF MANATEE PUBLIC BEACH PARKING LOT. INVESTIGATION REVEALED THAT THE VICTIMS VEHICLE DRIVERS SIDE DOOR HANDLE WAS PRIED OPEN WITH MINIMAL VISIBLE DAMAGE.

**VICTIM:**

CARLY JO SCHUT W/FM 11/30/1999 3305 390TH ST SIOUX CENTER IA 51250. CARLY STATED HER AND HER FRIENDS WERE AT THE BEACH AND SHE WAS POSITIVE HER VEHICLE WAS LOCKED. SHE HAD BEEN BACK AND FORTH TO HER VEHICLE AT 1:30P AND THEN AGAIN AT 5:30P. WHEN SHE WENT TO HER WALLET SHE NOTICED THAT HER \$100 DOLLAR BILL WAS MISSING ALSO TWO OF HER CREDIT CARDS. SHE THEN WAS ADVISED BY HER MOTHER THAT THE CARDS HAD BEEN USED IN LARGE DOLLAR VALUES. CARLY FILLED OUT A SWORN AFFIDAVIT AT MY REQUEST. DIGITAL PHOTOS OF VEHICLE TAKEN AND PLACED IN CASE FILES FOLDER.

**VEHICLE:**

2008 CHEV IMPALA 4DR TAN IN COLOR, BEARING CJU651 2019/IA MINIMAL VISUAL DAMAGE TO DRIVERS SIDE DOOR HANDLE. IT APPEARS THAT A SMALL FLAT SCREW DRIVER WAS USED TO UNLOCK THE DRIVERS SIDE DOOR. ALL LOCKS STILL WORK. I DID NOT PROCESS THE VEHICLE DUE TO THE VICTIM AND HER FRIENDS ALREADY HAVEN GONE THROUGH THE VEHICLE PRIOR TO MY ARRIVAL.

**STOLEN:**

\$100 IN US CURRENCY (\$100 DENOMINATION) TWO CREDIT CARDS BRAND NAME SCHEELS VISA  
 4694 5101 6078 8387 EXP 08/2021 "LYLE W. SCHUT RED IN COLOR  
 4694 5101 5237 2422 EXP 01/2021 "JILL J. SCHUT BLACK IN COLOR  
 BOTH WERE USED STARTING AT 3:54P IN BRADENTON BEST BUY STORE #114. THEN IN SARASOTA BEST BUY #0562 AT 5:20P THRU 5:30P. THE VICTIM EMAILED ME A HAND WRITTEN LIST AND I DOWNLOADED THE PICTURE OF THE LIST AND OF THE TWO CREDIT CARDS TO THE CASE FILE UNDER COMPLAINT NUMBER 20180752.

THE VICTIM AND HER PARENTS SHUT DOWN BOTH CREDIT CARDS BY CONTACTING THE VISA CORPORATION.

**STATUS:**

OPEN PENDING FURTHER INVESTIGATION.

NARRATIVE

|                                |                                |   |                                   |   |                          |                   |  |
|--------------------------------|--------------------------------|---|-----------------------------------|---|--------------------------|-------------------|--|
| <b>ADMINISTRATIVE</b>          | Report Contains                |   | Related Report Number(s)          | Name of Officer Reporting                         | I.D. Number/Locator Code |                   |  |
|                                |                                |   |                                   | <b>OFC M. VANHORN</b>                             | <b>338</b>               |                   |  |
|                                | Signature of Officer Reporting |   | Officer Reviewing (If Applicable) | I.D. Number                                       | Unit                     | Date              |  |
|                                |                                |   | <b>SGT. J. PIERCE</b>             | <b>309</b>  |                          | <b>10/20/2018</b> |  |
| Signature of Officer Reviewing |                                | Routed To   | Referred To                       | Assigned To                                       | By                       | Date              |  |
|                                |                                |   | <b>B. HALL</b>                    | <b>DET</b>  | <b>PATROL</b>            | <b>10/20/2018</b> |  |
| Case Status                    | <b>A</b>                       | <b>Clearance Type</b>   |                                   | Date Cleared                                      | Arrest Number            | Number Arrested   |  |
|                                |                                | 1.Arrest<br>2.Exceptional<br>3.Unfounded<br>A-Adult<br>J-Juvenile     |                                   | ___/___/___                                       |                          |                   |  |
| <b>Exception Type</b>          |                                | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |                                   | 5. Prosecution Declined<br>6. Juvenile/No Custody |                          | OBTS Number       |  |
| 1.Extradition Declined         |                                | 3. Death of Offender<br>4. V / W Refused to Cooperate                 |                                   |   |                          | Page<br>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 **20180753**

ADM Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**10/22/2018**

Case Reference  
**ASSIST BRADENTON BEACH PD**

NARRATIVE

**INFORMATION:**

I ASSISTED BBPD OFC F. PRICE WITH CONTACT AND DNA COLLECTION OF DAMAGES TO THE BATHROOM AT COQUINA BEACH. WHEN I WAS ADVISED OF THE DESCRIPTION OF A SHIRTLESS WHITE MALE I STARTED TO CANVASS THE PARKING AREA OF COQUINA BEACH. I OBSERVED A WHITE MALE RUNNING TOWARDS THE WATER LINE THEN NORTH BOUND. I GAVE THE DESCRIPTION OF OFC PRICE VIA RADIO. THE SUBJECT HAD A "MAN BUN" HAIR STYLE AND LIGHT COLORED SWIM TRUNKS. THE DESCRIPTION WAS CONFIRMED AND I WAS ADVISED THE SUSPECT WAS NAMED GARRETT.

I PULLED NEXT TO THREE SUBJECTS ONE WHO STATED HIS NAME WAS GARRETT. I OBSERVED INJURIES TO GARRETT'S RIGHT HAND, AND CUTS CONSISTENT WITH PUNCHING SOME HARD OBJECT. I EVENTUALLY GAINED CONSENT TO COLLECT BLOOD/DNA SAMPLE FROM GARRETT'S HAND.

**DNA COLLECTION:**

I UTILIZED/WORE NYTRIL GLOVES, AND USED A UNOPENED GUAZE FROM MY FIRST AID KIT. I USED AN UNOPENED BOTTLED WATER TO MOISTEN THE STERILE GUAZE AND GENTLY WIPED GARRETT'S RIGHT HAND KNUCKLES. I THEN PLACED THE GUAZE IN A NEW HYPD PAPER EVIDENCE BAG.

AT THE COQUINA BEACH BATHROOM, OFC PRICE AND I OBSERVED SMALL AMOUNTS OF BLOOD AND WHAT APPEARED TO BE FLESH ON THE BATHROOM MIRROR. I UTILIZED/WORE A NEW SET OF NITRILE GLOVES AND A NEW UNOPENED STERILE GUAZE TO WIPE THE BLOOD AND MATERIAL. THE GUAZE WAS PLACED IN A SEPERATE NEW HPBD PAPER EVIDENCE BAG. BOTH BAGS WERE TURNED OVER TO BBPD OFC PRICE.

|  |   |   |   |
|--|---|---|---|
| Report Contains                                  | Related Report Number(s)  | Name of Officer Reporting<br><b>M. VANHORN</b>        | I.D. Number/Locator Code<br><b>338</b>            |
| Signature of Officer Reporting                   | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                             | Date<br><b>10/22/2018</b>                         |
| Signature of Officer Reviewing                   | Routed To   | Referred To   | Assigned To<br>By<br>Date<br>___/___/___          |
| Case Status                                      | <b>Clearance Type</b><br>1. Arrest<br>2. Exceptional<br>3. Unfounded  | A-Adult<br>J-Juvenile                                 | Date Cleared<br>___/___/___                       |
| <b>Exception Type</b><br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody |
|  |   | Arrest Number   | Number Arrested                                   |
|  |   | OBTS Number   | Page<br>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                     |  |                     |  |  |  |                           |  |                       |  |  |  |
| / /   |  |  |  |                              |  |                               |  |  |  |                            |  | 20180753  |  | ASSIST BBPD                                     |  |                     |  |  |  |                           |  |                       |  |  |  |
| Original Day Reported                                   |  | Date                                   |  | Time (mil)                   |  | Time Dispatched (mil)         |  | Time Arrived (mil)                     |  | Time Completed (mil)       |  | Sat   |  | 10/20/2018                                      |  | 1849                |  | 1849   |  | 1854                      |  | 2034                  |  |  |  |
| Incident Type   |  | Incident: Day                          |  | Date                         |  | Time (mil)                    |  | Day                                    |  | Date                       |  | Time (mil)  |  | 1   |  | 2                   |  | 3  |  | 4                         |  | 5                     |  |  |  |
| 1. Felony   |  | 3. Misdemeanor                         |  | 5. Ordinance                 |  | 9. Other                      |  | From                                   |  | Sat                        |  | 10/20/2018  |  | To  |  | Sat                 |  | 10/20/2018   |  |                           |  |                       |  |  |  |
| 2. Traffic Felony                                       |  | 4. Traffic Misdemeanor                 |  |                              |  |                               |  |  |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| OFF/INC #1  |  | Type                                   |  | Description                  |  | A-Attempted                   |  | C-Committed                            |  | C                          |  | Statute Violation Number - Chapter, Section, Sub          |  | 0   |  | -                   |  | 0  |  | (                         |  | 0                     |  |  |  |
| 9   |  | ASSIST/BBPD                            |  |                              |  |                               |  |  |  |                            |  |   |  |   |  |                     |  |  |  |                           |  | 0000                  |  |  |  |
| OFF/INC #2  |  |  |  |                              |  |                               |  |  |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Incident Location (Street Number, Street, Apt.)         |  | City                                   |  | Zip                          |  | District                      |  | Grid                                   |  | Area                       |  | Zone  |  | 2650  |  | GULF DR S           |  | HOLMES BEACH   |  | 34217                     |  |                       |  |  |  |
| Business Name/Area Identifier                           |  | COQUINA BEACH                          |  | Forced Entry                 |  | Occupancy                     |  | 0                                      |  | 0                          |  | 0   |  | 0   |  | 0                   |  | 0  |  | 0                         |  | 0                     |  |  |  |
| 0. N/A  |  | 1. Yes                                 |  | 2. No                        |  | 3. Abandoned                  |  | 0                                      |  | 1. Occupied                |  | 2. Unoccupied   |  | 3. Abandoned                                    |  | 0                   |  | 0  |  | 0                         |  | 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  |  |
| 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 Building  |  | 37. Other                                       |  | 04. Hotel/Motel     |  | 08. Bar/Nightclub                                    |  | 13. Bank/Financial Inst.  |  | 18. School/University |  | 23. Construction Site                                    |  |
| 09. Supermarket   |  | 14. Commercial/Office Bldg.            |  | 19. Jail/Prison              |  | 24. Other Structure           |  | 29. Motor Vehicle                      |  | 34. Other                  |  | 39. Other   |  | 44. Other                                       |  |                     |  |  |  |                           |  |                       |  | 27   |  |
| # 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                 |  | 16. Other             |  | 00   |  |
| 01  |  | 00                                     |  | 00                           |  | 00                            |  | 00                                     |  | 00. N/A                    |  | 03. Shotgun   |  | 06. Blunt Object                                |  | 09. Explosives      |  | 11. Threat/Intimidation                              |  | 14. Unknown               |  | 17. Other             |  | 00   |  |
| V/W Code  |  | Victim Type                            |  | Race                         |  | Sex                           |  | Residence Type                         |  | Residence Status           |  | Extent of Injury  |  | V - Victim                                      |  | O - Other           |  | 0. N/A   |  | 4. Business               |  | 1. None               |  | 0  |  |
| W - Witness   |  | 1. Juvenile                            |  | W - White                    |  | M - Male                      |  | 0. N/A                                 |  | 1. City                    |  | 1. Full Year  |  | C - Reporting Person                            |  | 2. L.E. Officer     |  | 2. County  |  | 5. Government             |  | 2. Minor              |  | 0  |  |
|   |  | 3. Adult                               |  | B - Black                    |  | U - Unknown                   |  | 3. Florida                             |  | 4. Out-of-State            |  | 3. Non-Resident   |  |   |  | 9. Other            |  | 9. Other   |  | 9. Other                  |  | 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. Gunshot  |  |
| 02. Stabbed   |  | 05. Poss. Broken Bones                 |  | 09. Abrasions/Bruises        |  | 01. Undetermined              |  | 04. Ex-Spouse                          |  | 08. Child                  |  | 12. Other Family  |  | 15. Child of Boy/Girl                           |  | 19. Sitter/Day Care |  | 23. Acquaintance                                     |  | 06. Poss. Internal Injury |  | 09. Other             |  | 02. Stranger   |  |
|   |  | 06. Poss. Internal Injury              |  | 99. Other                    |  | 02. Stranger                  |  | 05. Co-Habitant                        |  | 09. Step-Parent            |  | 13. Student   |  | 16. Boy/Girl Friend                             |  | 20. Employee        |  | 99. Other Known                                      |  |                           |  |                       |  |  |  |
| OFF/INC Indicator                                       |  | V/W Code                               |  | #                            |  | V. Type                       |  | Name (Last, First, Middle or Business) |  | City                       |  | State   |  | Zip   |  | Residence Phone     |  | 1.#1   |  | 3.Both                    |  | 1                     |  | 0  |  |
| 1.#1  |  | O                                      |  | 01                           |  | 3                             |  | BROWN                                  |  | BRADENTON                  |  | FL  |  | 34209   |  | -                   |  | 2.#2   |  | 3.Both                    |  | 1                     |  | 0  |  |
| Address (Street, Apt. Number)                           |  | 7603 22ND AVE W                        |  | City                         |  | BRADENTON                     |  | State                                  |  | FL                         |  | Zip   |  | 34209   |  | 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                            |  | 04/29/2000                    |  | 18                                     |  | 2                          |  | 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) |  | City                       |  | State   |  | Zip   |  | Residence Phone     |  | 1.#1   |  | 3.Both                    |  | 1                     |  | 0  |  |
| 1.#1  |  | O                                      |  | 01                           |  | 3                             |  | BROWN                                  |  | BRADENTON                  |  | FL  |  | 34209   |  | -                   |  | 2.#2   |  | 3.Both                    |  | 1                     |  | 0  |  |
| Address (Street, Apt. Number)                           |  | 7603 22ND AVE W                        |  | City                         |  | BRADENTON                     |  | State                                  |  | FL                         |  | Zip   |  | 34209   |  | 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                            |  | 04/29/2000                    |  | 18                                     |  | 2                          |  | 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) |  | Maiden Name   |  | Nickname/Street Name                            |  | Place of Birth      |  | Residence Phone                                      |  | 1.#1                      |  | 3.Both                |  | 1  |  |
| 1.#1  |  | S-Suspect                              |  | E-Escapee                    |  | R-Rec. Missing                |  |  |  |                            |  |   |  |   |  |                     |  |  |  | 2.#2                      |  | 3.Both                |  | 1  |  |
| Address (Street, Apt. Number)                           |  | A-Arrestee                             |  | M-Missing                    |  | Z-other                       |  |  |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Last Known Address (Street, Apt. Number)                |  |  |  | City                         |  |                               |  |  |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Occupation  |  | Employer/School                        |  | Address                      |  |                               |  |  |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| 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        |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Person/Unit Notified                                    |  | Time                                   |  | Related Report Number(s)     |  | Name of Officer Reporting     |  | I.D. Number/Locator Code               |  | SGT. J. PIERCE             |  | 309   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)      |  | I.D. Number                  |  | Unit                          |  | Date                                   |  | SGT. J. PIERCE             |  | 309   |  | 10/20/2018                                      |  |                     |  |  |  |                           |  |                       |  |  |  |
| Signature of Officer Reviewing                          |  | Routed To                              |  | Referred To                  |  | Assigned To                   |  | By                                     |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Case Status   |  | Clearance Type                         |  | 1.Arrest                     |  | 3.Unfounded                   |  | A-Adult                                |  | Date Cleared               |  | Jail Number   |  | Number Arrested                                 |  |                     |  |  |  |                           |  |                       |  |  |  |
| 1.Extradition Declined                                  |  | 2. Arrest on Primary Offense           |  | 2.Exceptional                |  | 4. V / W Refused to Cooperate |  | J-Juvenile                             |  | / /                        |  | 0   |  | 0   |  |                     |  |  |  |                           |  |                       |  |  |  |
| Exception Type  |  | 1.Extradition Declined                 |  | 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                 |  |                            |  |   |  |   |  |                     |  |  |  |                           |  |                       |  |  |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

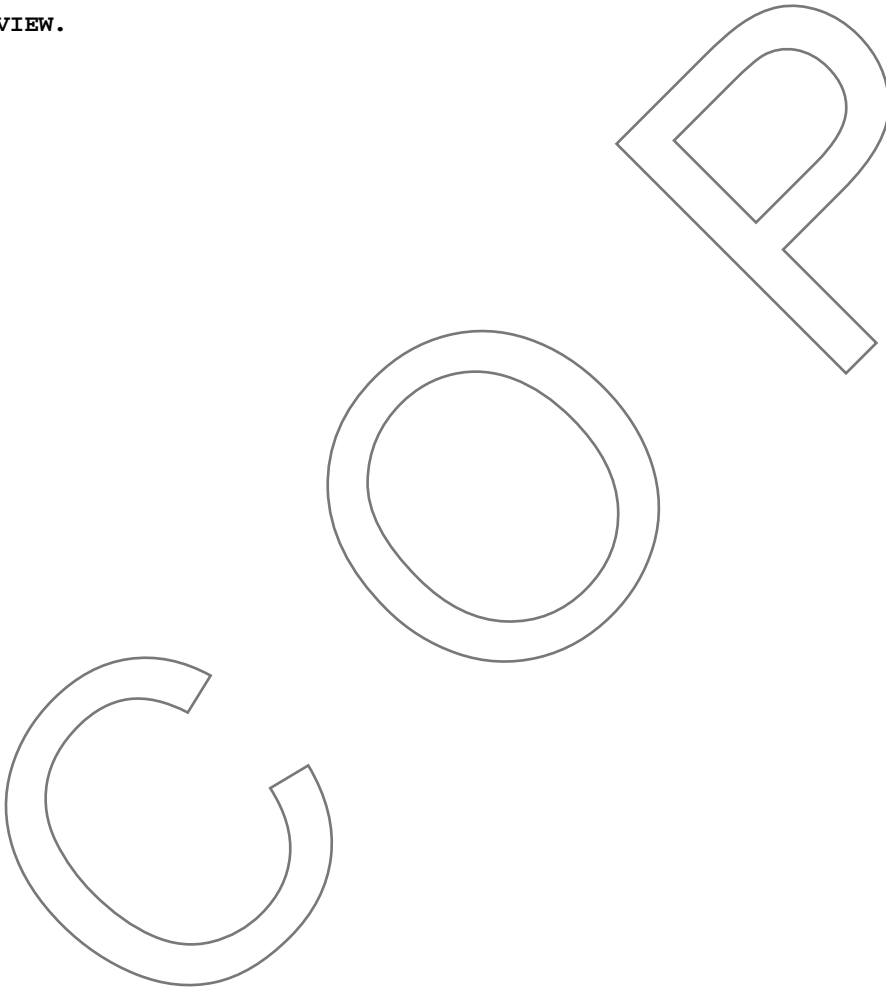
Agency ORI Number **FL0410400** Agency Report Number **20180753**

|            |   |
|------------|---|
| <b>ADM</b> | Date of Supplement<br>____/____/____        |
|            | Original Date Reported<br><b>10/20/2018</b> |

Case Reference  
**ASSIST BBPD CRIMINAL MISCHIEF**

ON 10-20-18 I WAS DISPATCHED TO 2650 GULF DR SOUTH TO ASSIST BBPD WITH A BURGLARY IN PROGRESS. UPON ARRIVAL WITH HYPD OFFICER VANHORN, BBPD OFFICER PRICE WAS ON SCENE SPEAKING TO WITNESSES. HE ADVISED OFFICERS THAT THE SUSPECT "GARRETT" WHO WAS PERSONALLY KNOWN TO WITNESSES ALLEGEDLY VANDALIZED THE BATHROOM AND WAS RUNNING NORTH ON THE BEACH WITH TWO OTHER MALES. OFFICER VANHORN LOCATED (GARRETT BROWN) 3 BLOCKS NORTH OF THE LOCATION OF THE VANDALISM. I OBSERVED BROWN TO HAVE BLOODY KNUCKLES AND SMELLED A STRONG ODOR OF ALCOHOL COMING FROM HIS PERSON. BROWN WAS 18 AND STATED HE HAD HAD A COUPLE VERY LARGE SHOTS OF ALCOHOL SOMETIME BEFORE 6 PM THIS EVENING. HE PROVIDED BREATH SAMPLES AT .129 AND .119 BAC. I TOOK PHOTOGRAPHS OF BROWN'S KNUCKLES AND PERSON. BBPD OFFICER PRICE ADVISED HE WAS GOING TO CONDUCT A SHOWUP WITH WITNESSES THAT OBSERVED BROWN AT THE BATHROOMS. BBPD OFFICER PRICE CONDUCTED A POSITIVE SHOWUP WITH WITNESSES AND HAD THEM FILL OUT AFFIDAVITS. BROWN VOLUNTARILY PROVIDED OFFICER VANHORN A DNA BLOOD SAMPLE FROM HIS KNUCKLES. BLOOD WAS FOUND IN THE BATHROOM WHERE THE VANDALISM WAS COMMITTED. BBPD OFFICER PRICE READ BROWN HIS MIRANDA WARNINGS AND INTERVIEWED HIM CONCERNING THE INCIDENT. I STOOD BY WHILE OFFICER PRICE FINISHED HIS INVESTIGATION AND CLEARED THE SCENE AFTER HIS INTERVIEW.

NARRATIVE



|  |   |  |   |
|--|---|--|---|
| <b>Report Contains</b>                           | Related Report Number(s)  | Name of Officer Reporting<br><b>SGT. J. PIERCE</b> | I.D. Number/Locator Code<br><b>309</b>                  |
| <b>Signature of Officer Reporting</b>            | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                          | Unit<br>Date<br><b>10/20/2018</b>                       |
| <b>Signature of Officer Reviewing</b>            | Routed To   | Referred To  | Assigned To By Date<br>____/____/____                   |
| <b>Case Status</b>                               | <b>Clearance Type</b><br>1. Arrest<br>2. Exceptional                  | 3. Unfounded<br>4. V / W Refused to Cooperate      | A-Adult<br>J-Juvenile<br>Date Cleared<br>____/____/____ |
| <b>Exception Type</b><br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender                               | 5. Prosecution Declined<br>6. Juvenile/No Custody       |
|  |   | Arrest Number                                      | Number Arrested   |
|  |   | OBTS Number  | Page of   |

| FL0410400   |  | Gang Related  |  | 2  |  | OFFENSE-INCIDENT REPORT     |  |  |  | Juvenile in Report: <input checked="" type="checkbox"/> N |  | Juvenile Warn/Dissmiss: <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            |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| / /   |  |   |  |  |  | 20180754                    |  | LARCENY                                |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Original Day Reported                                   |  | Sun   |  | Date   |  | 10/21/2018                  |  | Time (mil)                             |  | 0058  |  | Time Dispatched (mil)                            |  | 0058  |  | Time Arrived (mil)           |  | 0106                |  | Time Completed (mil) |  | 0130                    |  |  |  |             |  |           |  |    |  |
| Incident Type   |  | 1. Felony   |  | 3. Misdemeanor   |  | 5. Ordinance                |  | Incident: Day                          |  | Date  |  | Time (mil)                                       |  | Day   |  | Date                         |  | Time (mil)          |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 2. Traffic Felony                                       |  | 4. Traffic Misdemeanor  |  | 9. Other   |  | From                        |  | Sun                                    |  | 10/21/2018  |  | 0000   |  | To  |  | Sun                          |  | 10/21/2018          |  | 0055                 |  |                         |  |  |  |             |  |           |  |    |  |
| OFF/INC #1  |  | Type  |  | Description  |  | A-Attempted                 |  | C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub          |  | NCIC/UCR Code                                    |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 3   |  | LARC  |  |  |  |                             |  |  |  | 812 - 14 ( 2b1 )  |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| OFF/INC #2  |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Incident Location (Street Number, Street, Apt.)         |  | City  |  | Zip  |  | District                    |  | Grid                                   |  | Area  |  | Zone   |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 5410  |  | MARINA DR   |  | HOLMES BEACH   |  | 34217                       |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Business Name/Area Identifier                           |  | DECOY DUCKS BAR   |  | Forced Entry   |  | Occupancy                   |  | 0. N/A                                 |  | 2. Unoccupied   |  | 0  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 1. Yes  |  | 2. No   |  | 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   |  | 07. Liquor Sales   |  | 11. Specialty Store         |  | 16. Storage                            |  | 21. Airport   |  | 26. Highway/Roadway                              |  | 99. Other   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub   |  | 09. Supermarket  |  | 12. Drug Store/Hospital     |  | 17. Gov't/Public Bldg.                 |  | 22. Bus/Rail Terminal                                     |  | 27. Park/Woodlands/Field                         |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 04. Hotel/Motel   |  |   |  |  |  | 13. Bank/Financial Inst.    |  | 18. School/University                  |  | 23. Construction Site                                     |  | 28. Lake/Waterway                                |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
|   |  |   |  |  |  | 14. Commercial/Office Bldg. |  | 19. Jail/Prison                        |  | 24. Other Structure                                       |  | 29. Motor Vehicle                                |  | 25  |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| # OFF/INC.  |  | # Victims   |  | # Offenders  |  | # Prem. Ent.                |  | # Veh. Stolen                          |  | Type of Weapon  |  | 02. Rifle  |  | 03. Shotgun   |  | 05. Knife/Cutting Instrument |  | 07. Hands/Fist/Feet |  | 10. Fire/Incendiary  |  | 13. Drugs               |  |  |  |             |  |           |  |    |  |
| 1   |  | 1   |  | 0  |  | 0                           |  | 0                                      |  | 00. N/A   |  | 01. Handgun                                      |  | 04. Firearm   |  | 06. Blunt Object             |  | 08. Poison          |  | 09. Explosives       |  | 11. Threat/Intimidation |  | 12. Simulated Weapon                                     |  | 13. Unknown |  | 99. Other |  | 00 |  |
| V/W Code  |  | O - Other   |  | Victim Type  |  | 0. N/A                      |  | 4. Business                            |  | Race  |  | N - N/A  |  | I - American Indian   |  | Sex                          |  | N - N/A             |  | Residence Type       |  | Residence Status        |  | Extent of Injury   |  |             |  |           |  |    |  |
| V - Victim  |  |   |  | 1. Juvenile  |  | 5. Government               |  | W - White                              |  | O - Oriental/Asian  |  | W - White  |  | U - Unknown   |  | M - Male                     |  | 1. City             |  | 4. Out-of-State      |  | 0. N/A                  |  | 0. None  |  |             |  |           |  |    |  |
| W - Witness   |  |   |  | 2. L.E. Officer  |  | 6. Church                   |  | B - Black                              |  | U - Unknown   |  | F - Female                                       |  | U - Unknown   |  | 2. County                    |  |                     |  | 1. Full Year         |  | 1. Minor                |  | 1. Minor   |  |             |  |           |  |    |  |
| C - Reporting Person                                    |  |   |  | 3. Adult   |  | 9. Other                    |  |  |  |   |  |  |  |   |  |                              |  | 3. Non-Resident     |  | 2. Part Year         |  | 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) |  | City  |  | State  |  | Zip   |  | Residence Phone              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 1.#1 3.Both   |  | 1   |  | V  |  | 1                           |  | 3                                      |  | GREMLEY   |  | CHRISTOPHER JOHN                                 |  | 941 243-8228  |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 2.#2  |  |   |  |  |  |                             |  |  |  | BRADENTON   |  | FL   |  | 34207   |  | Business Phone               |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Address (Street, Apt. Number)                           |  | 7809 SAN JUAN AVE   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Synopsis of Involvement                                 |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| ALLEGED VICTIM OF THEFT                                 |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |  | Race   |  | Sex                         |  | Date of Birth                          |  | Age   |  | Res. Type  |  | Res. Status   |  | Extent of Injury             |  | Injury Type(s)      |  | Relationship         |  | Ethnicity               |  | Will Victim prefer charge?                               |  |             |  |           |  |    |  |
| 1   |  | 1   |  | W  |  | M                           |  | 11/18/1966                             |  | 51  |  | 2  |  | 1   |  | 0                            |  | 00 00               |  | 01                   |  | N                       |  | 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   |  | 1   |  | V  |  | 1                           |  | GREMLEY                                |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 2.#2  |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Address (Street, Apt. Number)                           |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 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?                               |  |             |  |           |  |    |  |
| 1   |  | 1   |  | W  |  | M                           |  | 11/18/1966                             |  | 51  |  | 2  |  | 1   |  | 0                            |  | 00 00               |  | 01                   |  | 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     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 1.#1 3.Both   |  | S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 2.#2  |  |   |  |  |  |                             |  |  |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| 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)                               |  | Routed To  |  | Referred To                 |  | Assigned To                            |  | By  |  | Date   |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Signature of Officer Reviewing                          |  | Routed To   |  | Referred To  |  | Assigned To                 |  | By                                     |  | Date  |  | 10/22/2018                                       |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Case Status   |  | Clearance Type  |  | 1.Arrest   |  | 3.Unfounded                 |  | Date Cleared                           |  | Jail Number   |  | Number Arrested                                  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| CU  |  |   |  | 2.Exceptional  |  | 3                           |  | A-Adult J-Juvenile                     |  |   |  |  |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| Exception Type  |  | 1.Extradition Declined  |  | 2. Arrest on Primary Offense Secondary Offense Without Prosecution |  | 3. Death of Offender        |  | 4. V / W Refused to Cooperate          |  | 5. Prosecution Declined                                   |  | 6. Juvenile/No Custody                           |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |
| OBTS Number   |  |   |  |  |  |                             |  |  |  |   |  | Page 1 of 3                                      |  |   |  |                              |  |                     |  |                      |  |                         |  |  |  |             |  |           |  |    |  |

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180754**

|                       |   |        |  |  |   |                        |   |  |             |                   |                   |  |
|-----------------------|---|--------|--|--|---|------------------------|---|--|-------------|-------------------|-------------------|--|
| <b>ADM</b>            | Date of Supplement<br>___/___/___   |        | <b>Primary Offense Description</b><br><b>LARCENY</b> |  |   |                        |   | <b>Victim #1 Name (Last, First, Middle)</b><br><b>GREMLEY CHRISTOPHER JOHN</b> |             |                   |                   |  |
|                       | Original Date Reported<br><b>10/21/2018</b>   |        |  |  |   |                        |   |  |             |                   |                   |  |
| <b>THEFT</b>          | <b>Theft Type Codes</b><br>00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. By Computer    12. Fraud    99. Other   |        |  |  |   |                        |   |  |             |                   | <b>Theft Type</b> |  |
|                       | <b>Person Codes</b><br>V - Victim    A - Arrestee    S - Suspect    O - Other   |        |  | <b>Status Codes</b><br>1. Stolen    2. Recovered    3. Stolen and Recovered    4. Recovered for Other Jurisdiction    5. Lost    6. Found    7. Safekeeping    8. Evidence/Seized    9. Other                |   |                        | <b>Damage Codes</b><br>0. N/A    1. Arson    2. Criminal Mischief    3. During other Offense    9. Other                                  |  |             |                   |                   |  |
| <b>CODES</b>          | <b>Property Type</b><br>A. Auto Accessory/Parts    B. Bicycle    C. Camera/Photo Equipment    D. Drug    E. Equipment/Tool    F. Food/Liquor/Consumable    G. Gun    H. Household Appliance/Goods    I. Plant/Citrus    J. Jewelry/Precious Metal    K. Clothing/Fur    L. Livestock    M. Musical Instrument    N. Construction Machinery    O. Office Equipment    P. Art/Collection    Q. Computer Equipment    R. Radio/Stereo    S. Sports Equipment    T. TV/Video/VCR    U. Currency/Negotiable    V. Credit Card/Non-Negotiable    W. Boat Motor    X. Structure    Y. Farm Equipment    Z. Miscellaneous |        |  |  |   |                        |   |  |             |                   |                   |  |
|                       | Code  | Person | Item #   | Status   | Damage  | Property Type          | Quantity  | Name   | Brand       | Model Name/Number |                   |  |
| <b>PROPERTY</b>       | O   | 1      | 1  | 9  | 9   | Z                      | 1   | GEO  |             |                   |                   |  |
|                       | Serial Number   |        | Owner Applied Number                                 |  | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>ONE BLUE IN COLOR BIKE HELMET</b> |                        |   |  |             |                   |                   |  |
|                       | Value<br><b>50.00</b>   |        | Value Recovered                                      |  | Date Recovered<br>___/___/___   |                        | SCIC/NCIC   |  |             |                   |                   |  |
| <b>PROPERTY</b>       | Code  | Person | Item #   | Status   | Damage  | Property Type          | Quantity  | Name   | Brand       | Model Name/Number |                   |  |
|                       | Serial Number   |        | Owner Applied Number                                 |  | Description (Size, Color, Caliber, Barrel Length, Etc.)   |                        |   |  |             |                   |                   |  |
|                       | Value   |        | Value Recovered                                      |  | Date Recovered<br>___/___/___   |                        | SCIC/NCIC   |  |             |                   |                   |  |
| <b>PROPERTY</b>       | Code  | Person | Item #   | Status   | Damage  | Property Type          | Quantity  | Name   | Brand       | Model Name/Number |                   |  |
|                       | Serial Number   |        | Owner Applied Number                                 |  | Description (Size, Color, Caliber, Barrel Length, Etc.)   |                        |   |  |             |                   |                   |  |
|                       | Value   |        | Value Recovered                                      |  | Date Recovered<br>___/___/___   |                        | SCIC/NCIC   |  |             |                   |                   |  |
| <b>PROPERTY</b>       | Code  | Person | Item #   | Status   | Damage  | Property Type          | Quantity  | Name   | Brand       | Model Name/Number |                   |  |
|                       | Serial Number   |        | Owner Applied Number                                 |  | Description (Size, Color, Caliber, Barrel Length, Etc.)   |                        |   |  |             |                   |                   |  |
|                       | Value   |        | Value Recovered                                      |  | Date Recovered<br>___/___/___   |                        | SCIC/NCIC   |  |             |                   |                   |  |
| <b>PROPERTY</b>       | Code  | Person | Item #   | Status   | Damage  | Property Type          | Quantity  | Name   | Brand       | Model Name/Number |                   |  |
|                       | Serial Number   |        | Owner Applied Number                                 |  | Description (Size, Color, Caliber, Barrel Length, Etc.)   |                        |   |  |             |                   |                   |  |
|                       | Value   |        | Value Recovered                                      |  | Date Recovered<br>___/___/___   |                        | SCIC/NCIC   |  |             |                   |                   |  |
| <b>TOTALS</b>         | Property Stolen   |        | 50.00  |  | Change in Property Stolen Value   |                        |   |  |             |                   |                   |  |
|                       | Property Recovered  |        | 0.00   |  | Change in Property Recovered Value  |                        |   |  |             |                   |                   |  |
| <b>CODES</b>          | <b>Activity</b><br>P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate    S. Sell    D. Deliver    Z. Other    B. Buy    E. Use    K. Dispense/Distribute    T. Traffic  |        |  | <b>Type</b><br>A. Amphetamine    H. Hallucinogen    S. Synthetic    B. Barbiturate    M. Marijuana    U. Unknown    C. Cocaine    O. Opium/Derivative    Z. Other    E. Heroin    P. Paraphernalia/Equipment |   |                        | <b>Unit</b><br>1. Gram    5. Pound    9. Dose Unit/Item<br>2. Milligram    6. Ton<br>3. Kilogram    7. Liter<br>4. Ounce    8. Milliliter |  |             |                   |                   |  |
|                       | Activity  | Type   | Description  | Quantity   | Unit  | Estimated Street Value |   |  |             |                   |                   |  |
| <b>DRUGS</b>          | Activity  | Type   | Description  | Quantity   | Unit  | Estimated Street Value |   |  |             |                   |                   |  |
|                       | Activity  | Type   | Description  | Quantity   | Unit  | Estimated Street Value |   |  |             |                   |                   |  |
|                       | Activity  | Type   | Description  | Quantity   | Unit  | Estimated Street Value |   |  |             |                   |                   |  |
| <b>ADMINISTRATIVE</b> | Officer(s) Reporting  |        | ID. Number(s)/Locator code                           |  | Signature of Officer Reporting  |                        | Unit  |  | Date        |                   |                   |  |
|                       | OFC M. VANHORN  |        | 338  |  |   |                        |   |  | 10/22/2018  |                   |                   |  |
|                       | Officer Reviewing (If Applicable)   |        | ID. Number   |  | Routed To   |                        | Referred To   |  | Assigned To |                   | By                |  |
|                       | Signature of Officer Reviewing  |        |  |  |   |                        |   |  |             |                   |                   |  |
|                       |   |        |  |  |   |                        |   |  |             | Page              | Page              |  |
|                       |   |        |  |  |   |                        |   |  |             | 2                 | 3                 |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180754**

ADM  
 Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**10/21/2018**

Case Reference  
**ALLEGED LARCENY OF BIKE HELMET**

**INFORMATION:**

I WAS DISPATCHED TO DECOY DUCKS BAR TO TAKE A REPORT OF A STOLEN BIKE HELMET. THE BIKE AND HELMET WAS UNSECURED ALONG THE SIDEWALK AREA IN FRONT OF DECOY DUCKS. A PATRON OF THE BAR WANTED A REPORT FOR THE THEFT:

**VICTIM:**

CHRISTOPHER JOHN GREMLEY WAS CONTACTED IN THE PARKING LOT. HE WAS INTOXICATED AND IT WAS DIFFICULT TO ASCERTAIN THE TIME FRAMES OF ALLEGED THEFT. GREMLEY STATED HE WAS PUSHED OUT OF THE BAR WHEN HE WAS ADAMANT THAT THE MANAGER CHECK THE VIDEO IMMEDIATELY. I ADVISED GREMLEY THAT THE BAR WAS BUSY AND HE SHOULD BE PATIENT. GREMLEY WAS NOT SATISFIED WITH MY DIRECTIONS.

**ALLEGED STOLEN:**

ONE GEO BRAND BLUE IN COLOR BICYCLE HELMET, NO MARKS OR OWNER APPLIED NUMBERS. GREMLEY STATED HELMET WHEN PURCHASED NEW WAS \$150 AND IT WAS OVER A YEAR AGO WHEN PURCHASED.

**ADDITIONAL INFORMATION:**

INFORMATION WAS RECEIVED FROM PATRONS THAT THERE WAS NOT A HELMET ON GREMLEY'S BIKE WHEN HE ARRIVED.

**STATUS:**

CLOSED UNFOUNDED.

NARRATIVE

|                                |                                |   |                                   |   |                           |   |                          |                     |  |
|--------------------------------|--------------------------------|---|-----------------------------------|---|---------------------------|---|--------------------------|---------------------|--|
| ADMINISTRATIVE                 | Report Contains                |   | Related Report Number(s)          |   | Name of Officer Reporting |   | I.D. Number/Locator Code |                     |  |
|                                |                                |   |                                   |   | OFC M. VANHORN            |   | 338                      |                     |  |
|                                | Signature of Officer Reporting |   | Officer Reviewing (If Applicable) |   | I.D. Number               |   | Unit                     |                     |  |
|                                |                                |   |                                   |   |                           |   | Date<br>10/22/2018       |                     |  |
| Signature of Officer Reviewing |                                | Routed To   |                                   | Referred To   |                           | Assigned To                                       |                          | By                  |  |
|                                |                                |   |                                   |   |                           |   |                          | Date<br>___/___/___ |  |
| Case Status                    |                                | Clearance Type  |                                   | Date Cleared  |                           | Arrest Number                                     |                          | Number Arrested     |  |
| CU                             |                                | 1.Arrest<br>2.Exceptional<br>3.Unfounded <b>3</b>                     |                                   | A-Adult<br>J-Juvenile<br>___/___/___                  |                           |   |                          |                     |  |
| Exception Type                 |                                | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |                                   | 3. Death of Offender<br>4. V / W Refused to Cooperate |                           | 5. Prosecution Declined<br>6. Juvenile/No Custody |                          | OBTS Number         |  |
| 1.Extradition Declined         |                                |   |                                   |   |                           |   |                          | Page<br>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                                      |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| / /   |  |   |  |  |  |  |  |  |  |   |  | 20180755  |  | DUI  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Original Day Reported                                   |  | Date  |  | Time (mil)   |  | Time Dispatched (mil)  |  | Time Arrived (mil)   |  | Time Completed (mil)  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Sun   |  | 10/21/2018  |  | 1908   |  | 1908   |  | 1908   |  | 0100  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Incident Type   |  | Incident: Day   |  | Date   |  | Time (mil)   |  | Day  |  | Date  |  | Time (mil)  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor  |  | 5. Ordinance<br>9. Other   |  | Sun  |  | 10/21/2018   |  |   |  | Sun   |  | 10/21/2018   |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| OFF/INC #1  |  | Type  |  | Description  |  | A-Attempted<br>C-Committed   |  | Statute Violation Number - Chapter, Section, Sub   |  | NCIC/UCR Code   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 1   |  | 1   |  | DRUGS - POSSESS  |  | C  |  | 893 - 13 ( 6a )  |  | 350A  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| OFF/INC #2  |  | Type  |  | Description  |  | A-Attempted<br>C-Committed   |  | Statute Violation Number - Chapter, Section, Sub   |  | NCIC/UCR Code   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 4   |  | 4   |  | DUI  |  | C  |  | 316 - 193 ( 1A )   |  | 5400  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Incident Location (Street Number, Street, Apt.)         |  | City  |  | Zip  |  | District   |  | Grid   |  | Area  |  | Zone  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 3900  |  | EAST BAY DR   |  | HOLMES BEACH   |  | 34217  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Business Name/Area Identifier                           |  | Forced Entry  |  | Occupancy  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| PUBLIX  |  | 0. N/A<br>1. Yes  |  | 2. No<br>0   |  | 0. N/A<br>1. Occupied  |  | 2. Unoccupied<br>3. Abandoned  |  | 0   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Location Type   |  | 01. Residence Single<br>02. Apartment/Condo<br>03. Residence-Other<br>04. Hotel/Motel |  | 05. Convenience Store<br>06. Gas Station<br>07. Liquor Sales<br>08. Bar/Nightclub<br>09. Supermarket |  | 10. Dept/Discount Store<br>11. Specialty Store<br>12. Drug Store/Hospital<br>13. Bank/Financial Inst.<br>14. Commercial/Office Bldg. |  | 15. Industrial/Mfg.<br>16. Storage<br>17. Gov't/Public Bldg.<br>18. School/University<br>19. Jail/Prison |  | 20. Religious Bldg.<br>21. Airport<br>22. Bus/Rail Terminal<br>23. Construction Site<br>24. Other Structure |  | 25. Parking Lot/Garage<br>26. Highway/Roadway<br>27. Park/Woodlands/Field<br>28. Lake/Waterway<br>29. Motor Vehicle |  | 30. Other Mobile<br>99. Other                                    |  | 26   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| # OFF/INC.  |  | # Victims   |  | # Offenders  |  | # Prem. Ent.   |  | # Veh. Stolen  |  | Type of Weapon  |  | 02. Rifle<br>03. Shotgun<br>04. Firearm   |  | 05. Knife/Cutting Instrument<br>06. Blunt Object                 |  | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives                            |  | 10. Fire/Incendiary<br>11. Threat/Intimidation<br>12. Simulated Weapon |  | 13. Drugs<br>88. Unknown<br>99. Other                             |  | 00   |  |   |  |  |  |  |  |  |  |
| 01  |  | 01  |  | 01   |  | 00   |  | 00   |  | 00. N/A<br>01. Handgun  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| V/W Code  |  | Victim Type   |  | Race   |  | Sex  |  | Residence Type   |  | Residence Status  |  | Extent of Injury  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0 - Other   |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult   |  | 4. Business<br>5. Government<br>6. Church<br>9. Other  |  | N - N/A<br>W - White<br>B - Black  |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown  |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown  |  | 0. N/A<br>1. City<br>2. County                                   |  | 3. Florida<br>4. Out-of-State  |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident              |  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal                     |  |  |  |   |  |  |  |  |  |  |  |
| Injury Type   |  | 03. Laceration<br>04. Unconscious<br>01. Gunshot<br>02. Stabbed                       |  | 05. Poss. Broken Bones<br>06. Poss. Internal Injury  |  | 07. Loss of Teeth<br>08. Burns<br>09. Abrasions/Bruises<br>99. Other   |  | Victim Relationship To Offender  |  | 00. N/A<br>01. Undetermined<br>02. Stranger   |  | 03. Spouse<br>04. Ex-Spouse<br>05. Co-Habitant  |  | 06. Parent<br>07. Brother/Sister<br>08. Child<br>09. Step-Parent |  | 10. Step-Child<br>11. In-Law<br>12. Other Family<br>13. Student                |  | 14. Teacher<br>15. Child of Boy/Girl<br>Friend<br>16. Boy/Girl Friend  |  | 17. Friend<br>18. Neighbor<br>19. Sitter/Day Care<br>20. Employee |  | 21. Employer<br>22. Landlord/Tenant<br>23. Acquaintance<br>99. Other Known |  |   |  |  |  |  |  |  |  |
| OFF/INC Indicator                                       |  | V/W Code  |  | #  |  | V. Type  |  | Name (Last, First, Middle or Business)   |  | Residence Phone   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 1.#1<br>2.#2  |  | 3. Both   |  | 3  |  | V  |  | 01   |  | 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  |  | N  |  | 12/21/1953   |  | 64  |  | 2   |  | 1  |  | 0  |  | 00 00  |  | 00  |  |  |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |  |  |  |
| OFF/INC Indicator                                       |  | V/W Code  |  | #  |  | V. Type  |  | Name (Last, First, Middle or Business)   |  | Residence Phone   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 1.#1<br>2.#2  |  | 3. Both   |  | 2  |  | W  |  | 01   |  | 3   |  | SABB  |  | RAYMOND CHARLES  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Address (Street, Apt. Number)                           |  | City  |  | State  |  | Zip  |  | Business Phone   |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 4585 71ST ST W APT 190                                  |  | BRADENTON   |  | FL   |  | 34210  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement   |  | WITNESS / COMPLAINANT  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 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  |  | 12/21/1953   |  | 64  |  | 2   |  | 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<br>2.#2  |  | 3. Both   |  | 3  |  | S-Suspect<br>E-Escapee<br>R-Rec. Missing<br>A-Arrestee<br>M-Missing<br>Z-other   |  | A  |  | 01  |  | 2   |  | DUMDEI   |  | SABRINA MARIE  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Maiden Name   |  | Nickname/Street Name  |  | Place of Birth   |  | Residence Phone  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
|   |  |   |  | SOUTH DAKOTA   |  | 941 807-1037   |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Last Known Address (Street, Apt. Number)                |  | City  |  | State  |  | Zip  |  | Business Phone   |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 11510 3RD AVE E   |  | BRADENTON   |  | FL   |  | 34212  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Occupation  |  | Employer/School   |  | Address  |  | Social Security Number   |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| COSMETOLOGIST   |  | SLEF  |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Driver's License Number/State                           |  | Immigration and Naturalization Number   |  | Other I.D. Number  |  | OBTS Number (Arrested)   |  | SCIC/NCIC  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| D530793838031   |  | FL  |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Clothing (Describe)                                     |  | Scars/Marks/Tatoos (Location/Describe)  |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| BLACK SHORTS  |  | ARMS, BACK AND HIP  |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Height   |  | Weight  |  | Eye Color   |  | Hair Color   |  | Hair Length  |  | Hair Style   |  |   |  |  |  |   |  |  |  |  |  |  |  |
| W   |  | F   |  | 08/23/1983   |  | 35   |  | 507  |  | 125   |  | BLU   |  | BLN  |  | L  |  | S  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Complexion  |  | Build   |  | Facial Hair  |  | Teeth  |  | Speech/Voice   |  | Special Identifiers   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| LT  |  | THN   |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| NARRATIVE   |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Person/Unit Notified                                    |  | Time  |  | Related Report Number(s)   |  | Name of Officer Reporting  |  | I.D. Number/Locator Code   |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  | M. VANHORN   |  | 338  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)   |  | I.D. Number  |  | Unit   |  | Date   |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
|   |  | SGT. J. PIERCE  |  | 309  |  |  |  | 10/21/2018   |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Signature of Officer Reviewing                          |  | Routed To   |  | Referred To  |  | Assigned To  |  | By   |  | Date  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Case Status   |  | Clearance Type  |  | 1.Arrest<br>2.Exceptional  |  | 3.Unfounded  |  | A-Adult<br>J-Juvenile  |  | Date Cleared  |  | Jail Number   |  | Number Arrested  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| CA  |  |   |  | 1  |  |  |  | A  |  | 10/21/2018  |  |   |  | 01   |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Exception Type  |  | 1.Extradition Declined  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution                                |  | 3. Death of Offender<br>4. V / W Refused to Cooperate  |  | 5. Prosecution Declined<br>6. Juvenile/No Custody  |  | OBTS Number   |  | Page  |  | Page   |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180755**

| <b>ADM</b>   | Date of Supplement<br>___/___/___   |   | <b>Holmes Beach Police Department</b> |                           |   |                |                    | Agency Report Number<br><b>20180755</b> |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|--|---|---|---------------------------------------|---------------------------|---|----------------|--------------------|---|--|-------------------|---|---|---|--------|-----------------|---------------|----------|------|-------|-------------------|---|---|---|---|---|---|----|-----------------|--|--|
|  | Original Date Reported<br><b>10/21/2018</b>   |   |                                       |                           |   |                |                    |   |  |                   | Primary Offense Description<br><b>DUI</b> |   | Victim #1 Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b> |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>THEFT</b>   | Theft Type Codes  |   |                                       |                           |   |                |                    |   |  | <b>00</b>         |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | 00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. By Computer    12. Fraud    99. Other  |   |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>CODES</b>   | Person Codes  |   |                                       | Status Codes              |   |                | Damage Codes       |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | V - Victim<br>S - Suspect   |   |                                       | 1. Stolen<br>2. Recovered |   |                | 0. N/A<br>1. Arson |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>PROPERTY</b>  | Property Type   |   |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | A. Auto Accessory/Parts    E. Equipment/Tool    J. Jewelry/Precious Metal    O. Office Equipment    T. TV/Video/VCR    Y. Farm Equipment<br>B. Bicycle    F. Food/Liquor/Consumable    K. Clothing/Fur    P. Art/Collection    U. Currency/Negotiable    Z. Miscellaneous<br>C. Camera/Photo Equipment    G. Gun    L. Livestock    Q. Computer Equipment    V. Credit Card/Non-Negotiable<br>D. Drug    H. Household Appliance/Goods    M. Musical Instrument    R. Radio/Stereo    W. Boat Motor<br>I. Plant/Citrus    N. Construction Machinery    S. Sports Equipment    X. Structure |   |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>PROPERTY</b>  | <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>1</td> <td>8</td> <td>0</td> <td>D</td> <td>1</td> <td>CLONAZEPAM</td> <td></td> <td></td> </tr> </table>   |   |                                       |                           |   |                |                    |   |  |                   | Code                                      | Person  | Item #  | Status | Damage          | Property Type | Quantity | Name | Brand | Model Name/Number | A | 1 | 1 | 8 | 0 | D | 1  | CLONAZEPAM      |  |  |
|  | Code  | Person  | Item #                                | Status                    | Damage  | Property Type  | Quantity           | Name                                    | Brand                                    | Model Name/Number |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | A   | 1   | 1                                     | 8                         | 0   | D              | 1                  | CLONAZEPAM                              |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <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>MC 13 YELLOW</td> </tr> </table>    |   |   |                                       |                           |   |                |                    |   |  | Serial Number     | Owner Applied Number                      | Description (Size, Color, Caliber, Barrel Length, Etc.) |   |        | MC 13 YELLOW    |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Serial Number  | Owner Applied Number  | Description (Size, Color, Caliber, Barrel Length, Etc.) |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  |   | MC 13 YELLOW  |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Value  |   |   | Value Recovered                       |                           |   | Date Recovered |                    | SCIC/NCIC                               |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>PROPERTY</b>  | <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>2</td> <td>8</td> <td>0</td> <td>D</td> <td>1</td> <td>LEVOTHYROXINE S</td> <td></td> <td></td> </tr> </table>  |   |                                       |                           |   |                |                    |   |  |                   | Code                                      | Person  | Item #  | Status | Damage          | Property Type | Quantity | Name | Brand | Model Name/Number | A | 1 | 2 | 8 | 0 | D | 1  | LEVOTHYROXINE S |  |  |
|  | Code  | Person  | Item #                                | Status                    | Damage  | Property Type  | Quantity           | Name                                    | Brand                                    | Model Name/Number |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | A   | 1   | 2                                     | 8                         | 0   | D              | 1                  | LEVOTHYROXINE S                         |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <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>JSP 561 GREEN</td> </tr> </table>   |   |   |                                       |                           |   |                |                    |   |  | Serial Number     | Owner Applied Number                      | Description (Size, Color, Caliber, Barrel Length, Etc.) |   |        | JSP 561 GREEN   |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Serial Number  | Owner Applied Number  | Description (Size, Color, Caliber, Barrel Length, Etc.) |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  |   | JSP 561 GREEN   |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Value  |   |   | Value Recovered                       |                           |   | Date Recovered |                    | SCIC/NCIC                               |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>PROPERTY</b>  | <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>3</td> <td>8</td> <td>0</td> <td>D</td> <td>1</td> <td>SETRALINE HYDRO</td> <td></td> <td></td> </tr> </table>  |   |                                       |                           |   |                |                    |   |  |                   | Code                                      | Person  | Item #  | Status | Damage          | Property Type | Quantity | Name | Brand | Model Name/Number | A | 1 | 3 | 8 | 0 | D | 1  | SETRALINE HYDRO |  |  |
|  | Code  | Person  | Item #                                | Status                    | Damage  | Property Type  | Quantity           | Name                                    | Brand                                    | Model Name/Number |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | A   | 1   | 3                                     | 8                         | 0   | D              | 1                  | SETRALINE HYDRO                         |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <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>A 18 TAN</td> </tr> </table>        |   |   |                                       |                           |   |                |                    |   |  | Serial Number     | Owner Applied Number                      | Description (Size, Color, Caliber, Barrel Length, Etc.) |   |        | A 18 TAN        |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Serial Number  | Owner Applied Number  | Description (Size, Color, Caliber, Barrel Length, Etc.) |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  |   | A 18 TAN  |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Value  |   |   | Value Recovered                       |                           |   | Date Recovered |                    | SCIC/NCIC                               |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>PROPERTY</b>  | <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>4</td> <td>8</td> <td>0</td> <td>D</td> <td>9</td> <td>CLONAZEPAM</td> <td></td> <td></td> </tr> </table>   |   |                                       |                           |   |                |                    |   |  |                   | Code                                      | Person  | Item #  | Status | Damage          | Property Type | Quantity | Name | Brand | Model Name/Number | A | 1 | 4 | 8 | 0 | D | 9  | CLONAZEPAM      |  |  |
|  | Code  | Person  | Item #                                | Status                    | Damage  | Property Type  | Quantity           | Name                                    | Brand                                    | Model Name/Number |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | A   | 1   | 4                                     | 8                         | 0   | D              | 9                  | CLONAZEPAM                              |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <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>2530 V YELLOW</td> </tr> </table>   |   |   |                                       |                           |   |                |                    |   |  | Serial Number     | Owner Applied Number                      | Description (Size, Color, Caliber, Barrel Length, Etc.) |   |        | 2530 V YELLOW   |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Serial Number  | Owner Applied Number  | Description (Size, Color, Caliber, Barrel Length, Etc.) |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  |   | 2530 V YELLOW   |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Value  |   |   | Value Recovered                       |                           |   | Date Recovered |                    | SCIC/NCIC                               |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
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|  | Code  | Person  | Item #                                | Status                    | Damage  | Property Type  | Quantity           | Name                                    | Brand                                    | Model Name/Number |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | A   | 1   | 5                                     | 8                         | 0   | D              | 11                 | CLONAZEPAM                              |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
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| Serial Number  | Owner Applied Number  | Description (Size, Color, Caliber, Barrel Length, Etc.) |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  |   | 1 OVER 2 ORANGE   |                                       |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Value  |   |   | Value Recovered                       |                           |   | Date Recovered |                    | SCIC/NCIC                               |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>TOTALS</b>  | Property Stolen   |   |                                       |                           |   | 0.00           |                    | Change in Property Stolen Value         |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | Property Recovered  |   |                                       |                           |   | 0.00           |                    | Change in Property Recovered Value      |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>CODES</b>   | Activity  |   |                                       |                           | Type  |                |                    |   | Unit                                     |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate    A. Amphetamine    H. Hallucinogen    S. Synthetic   |   |                                       |                           | D. Deliver    Z. Other    B. Buy    E. Use    C. Cocaine    M. Marijuana    O. Opium/Derivative    U. Unknown    Z. Other |                |                    |   | 1. Gram    5. Pound    9. Dose Unit/Item |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>DRUGS</b>   | Activity  | Type  | Description                           |                           |   |                | Quantity           | Unit                                    | Estimated Street Value                   |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | Activity  | Type  | Description                           |                           |   |                | Quantity           | Unit                                    | Estimated Street Value                   |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | Activity  | Type  | Description                           |                           |   |                | Quantity           | Unit                                    | Estimated Street Value                   |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| <b>ADMINISTRATIVE</b>  | Officer(s) Reporting  |   | ID. Number(s)/Locator code            |                           | Signature of Officer Reporting  |                |                    | Unit                                    |  | Date              |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | M. VANHORN  |   | 338                                   |                           |   |                |                    |   |  | 10/21/2018        |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | Officer Reviewing (If Applicable)   |   | ID. Number                            |                           | Routed To   |                | Referred To        |   | Assigned To                              |                   | By  |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  | SGT. J. PIERCE  |   | 309                                   |                           |   |                |                    |   |  |                   |   |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
| Signature of Officer Reviewing   |   |   |                                       |                           |   |                |                    |   |  | Page              | Page                                      |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |
|  |   |   |                                       |                           |   |                |                    |   |  |                   | of  |   |   |        |                 |               |          |      |       |                   |   |   |   |   |   |   |    |                 |  |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180755**

ADM Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
Original Date Reported: **10/21/2018**

Case Reference: **DUI POSS CONTROLLED SUBSTANCE**

**INFORMATION:**

I RECEIVED A BOLO FROM HYPD DISPATCH REF A RECKLESS DRIVER, WEST BOUND ON MANATEE AVE NEARING THE BIRDGE. I WAS AT THE 4000 BLK OF GULF AND PROCEEDED IMMEDIATELY TO THE AREA. THE SUSPECT VEHICLE WAS DESCRIBED AS A CHEV MALIBU GREEN IN COLOR. WHEN I APPROACHED THE INTERSECTION OF MANATEE AND EAST BAY I WAS EAST BOUND IN AN ATTEMPT TO INTERCEPT THE SUSPECT VEHICLE. I OBSERVED A LINE OF VEHICLES STOPPED AT THE TRAFFIC LIGHT OF MANATEE AND EAST BAY. I OBSERVED A GREYISH GREEN MALIBU WHICH WAS THIRD IN LINE TO TURN. I DID A U TURN AND ASKED DISPATCH IF THERE WAS A PLATE NUMBER GIVEN. THE PLATE THAT I OBSERVED WAS THE SAME AS GIVEN BY THE WITNESS. I OBSERVED THE VEHICLE TURN LEFT S.B. ON EAST BAY TURNING WIDE, I ACTIVATED MY LIGHTS AND THE VEHICLE MADE A RIGHT TURN W. B. INTO THE PUBLIC PARKING LOT. UPON APPROACH THE DRIVER DID NOT ROLL DOWN HER WINDOW AND I HAD TO TAP ON THE WINDOW TO GET HER TO OPEN.

I OBSERVED THE DRIVER TO HAVE BLOODSHOT AND WATERY EYES. HER SPEECH WAS SLURRED, I ASKED HER HOW MUCH SHE HAD TO DRINK AND SHE STATED TWO GLASSES OF WINE. I REQUESTED THAT SHE STEP OUT OF THE VEHICLE, AND SHE REFUSED, AND WOULD TAKE HER SEATBELT OFF, STATING NO WE ARE NOT DOING THIS. I ADVISED THE FEMALE DRIVER THAT WE WERE NOT GOING TO ESCALATE THIS INCIDENT AND SHE NEEDED TO EXIT THE VEHICLE. I WAS ABLE TO GAIN COMPLIANCE AND REQUESTED HER TO PERFORM FIELD SOBRIETY EXERCISES. THE DRIVER PERFORMED POORLY ON THE SOBRIETY EXERCISES AND WAS ARRESTED FOR DUI. SGT PIERCE LOCATED CONTROLLED SUBSTANCES PERSCRIPTION TYPE PILLS IN THE DRIVERS PURSE AND SHE WAS CHARGED WITH FELONY POSSESSION OF CONTROLLED SUBSTANCES.

**SOBRIETY EXERCISES:**

I CONDUCTED HGN OBSERVATION OF THE DRIVERS EYES AND NOTED ALL POINTS THAT LEAD TO INTOXICATION. I HAD THE DRIVER PERFORM A HEEL TO TOE AND ONE LEG STAND BOTH OF WHICH SHE PERFORMED POORLY. IN FACT I WAS CONCERNED FOR HER SAFETY WITH HER POOR BALANCE THAT I PUT MY HANDS UP TO CATCH HER FROM NEARLY FALLING. SEE DUI PACKET FOR SPECIFIC RESULTS OF HGN AND FIELD TESTS.

**ARRESTED:**

SABRINA MARIE DUMDEI W/FM 08/23/1983. SHE WAS CHARGED WITH DUI OVER .15 AND POSSESSION OF CONTROLLED SUBSTANCE. WHEN I ATTEMPTED TO PLACE HANDCUFFS ON DUMDEI SHE PULLED AWAY AND STATED NO, I WAS ABLE TO UTILIZE A WRIST LOCK WITH MINIMAL EFFORT, ALONG WITH VERBAL DE ESCALATION TO GAIN COMPLIANCE. I TRANSPORTED HER TO MCSO FOR A BREATH TEST WHICH RESULTED IN A .331 AND .313. CPL URUCHIMA BADGE 1515 CONDUCTED THE BREATH TEST. THE DRIVER WAS OBSERVED FOR THE 20 MIN OBSERVATION PERIOD AS REQUIRED. DUE TO THIS LEVEL OF INTOXICATION THE MCSO JAIL NEEDED MEDICAL CLEARANCE PRIOR TO LODGEING. I REQUESTED EMS AND SHE WAS TRANSPORTED TO MANATEE MEMORIAL HOSPITAL AND CLEARED BY THE ER DOCTOR. I THEN TRANSPORTED BACK TO MCSO JAIL WITHOUT INCIDENT.

**STATUS:**

**CLOSED.**

NARRATIVE

|                                |                                |   |                                   |   |                           |                         |                          |                               |  |
|--------------------------------|--------------------------------|---|-----------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------------|--|
| ADMINISTRATIVE                 | Report Contains                |   | Related Report Number(s)          |   | Name of Officer Reporting |                         | I.D. Number/Locator Code |                               |  |
|                                |                                |   |                                   |   | M. VANHORN                |                         | 338                      |                               |  |
|                                | Signature of Officer Reporting |   | Officer Reviewing (If Applicable) |   | I.D. Number               |                         | Date                     |                               |  |
|                                |                                |   | SGT. J. PIERCE                    |   | 309                       |                         | 10/21/2018               |                               |  |
| Signature of Officer Reviewing |                                | Routed To   |                                   | Referred To   |                           | Assigned To             |                          | By                            |  |
|                                |                                |   |                                   |   |                           |                         |                          |                               |  |
| Case Status                    |                                | Clearance Type  |                                   | Date Cleared  |                           | Arrest Number           |                          | Number Arrested               |  |
| CA                             |                                | 1.Arrest<br>2.Exceptional<br>3.Unfounded<br>4. V / W Refused to Cooperate |                                   | 10/21/2018  |                           |                         |                          | 01                            |  |
| Exception Type                 |                                | 1.Extradition Declined  |                                   | 2. Arrest on Primary Offense<br>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                       |  |
|                                |                                |   |                                   |   |                           |                         |                          |                               |  |



# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180755**

|                                |   |          |                                       |  |                                |   |  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|--------------------------------|---|----------|---------------------------------------|--|--------------------------------|---|--|---|------------------------|---|--|-------------------|---|---|-----------|--|--|--|---|--|--|---|--|--|-------------------|--|
| <b>ADM</b>                     | Date of Supplement<br>_ / _ / _   |          | <b>Holmes Beach Police Department</b> |  |                                |   |  | Agency Report Number<br><b>20180755</b>         |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Original Date Reported<br><b>10/21/2018</b>                                   |          |                                       |  |                                |   |  |   |                        |   | Primary Offense Description<br><b>DUI POSS CONTROLLED SUBST</b>      |                   |   | Victim #1 Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b> |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>THEFT</b>                   | Theft Type Codes  |          |                                       |  |                                |   |  |   |                        | Theft Type<br><b>00</b>   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | 00. N/A<br>01. Burglary   |          |                                       | 02. Robbery<br>03. Shoplifting   |                                | 04. Pocket Picking<br>05. Purse Snatching |  | 06. Embezzlement<br>07. From Coin Oper. Machine |                        |   | 08. From Public Access Building<br>09. From Vehicle<br>10. Extortion |                   | 11. By Computer<br>12. Fraud  |   | 99. Other |  |  |  |   |  |  |   |  |  |                   |  |
| <b>CODES</b>                   | <b>Person Codes</b>   |          |                                       | <b>Status Codes</b>  |                                |   | <b>Damage Codes</b>  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | V - Victim<br>S - Suspect   |          |                                       | 1. Stolen<br>2. Recovered  |                                |   | 0. N/A<br>1. Arson   |   |                        | 3. Stolen and Recovered<br>4. Recovered for Other Jurisdiction  |  |                   | 5. Lost<br>6. Found   |   |           | 7. Safekeeping<br>8. Evidence/Seized   |  |  | 9. Other<br>2. Criminal Mischief<br>3. During other Offense |  |  |   |  |  |                   |  |
| <b>PROPERTY</b>                | <b>Property Type</b>  |          |                                       |  |                                |   |  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | A. Auto Accessory/Parts<br>B. Bicycle<br>C. Camera/Photo Equipment<br>D. Drug |          |                                       | E. Equipment/Tool.<br>F. Food/Liquor/Consumable<br>G. Gun<br>H. Household Appliance/Goods<br>I. Plant/Citrus |                                |   | J. Jewelry/Precious Metal<br>K. Clothing/Fur<br>L. Livestock<br>M. Musical Instrument<br>N. Construction Machinery |   |                        | O. Office Equipment<br>P. Art/Collection<br>Q. Computer Equipment<br>R. Radio/Stereo<br>S. Sports Equipment |  |                   | T. TV/Video/VCR<br>U. Currency/Negotiable<br>V. Credit Card/Non-Negotiable<br>W. Boat Motor<br>X. Structure |   |           | Y. Farm Equipment<br>Z. Miscellaneous  |  |  |   |  |  |   |  |  |                   |  |
| <b>PROPERTY</b>                | Code  | Person   | Item #                                | Status   | Damage                         | Property Type                             | Quantity   | Name  |                        |   | Brand  | Model Name/Number |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | <b>A</b>  | <b>1</b> | <b>6</b>                              | <b>8</b>   | <b>0</b>                       | <b>D</b>                                  | <b>1</b>   | <b>IBUPROPHEN</b>                               |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Serial Number   |          |                                       | Owner Applied Number   |                                |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>26 IBUPROPHEN IN BOTTLE</b>                          |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| Value                          |   |          | Value Recovered                       |  |                                | Date Recovered                            |  |   | SCIC/NCIC              |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>PROPERTY</b>                | Code  | Person   | Item #                                | Status   | Damage                         | Property Type                             | Quantity   | Name  |                        |   | Brand  | Model Name/Number |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | <b>A</b>  | <b>1</b> | <b>7</b>                              | <b>8</b>   | <b>0</b>                       | <b>D</b>                                  | <b>7</b>   | <b>PHOTOGRAPHS</b>                              |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Serial Number   |          |                                       | Owner Applied Number   |                                |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>EVIDENTIARY PHOTOS</b>                               |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| Value                          |   |          | Value Recovered                       |  |                                | Date Recovered                            |  |   | SCIC/NCIC              |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>PROPERTY</b>                | Code  | Person   | Item #                                | Status   | Damage                         | Property Type                             | Quantity   | Name  |                        |   | Brand  | Model Name/Number |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                |   |          |                                       |  |                                |   |  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Serial Number   |          |                                       | Owner Applied Number   |                                |   | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| Value                          |   |          | Value Recovered                       |  |                                | Date Recovered                            |  |   | SCIC/NCIC              |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>PROPERTY</b>                | Code  | Person   | Item #                                | Status   | Damage                         | Property Type                             | Quantity   | Name  |                        |   | Brand  | Model Name/Number |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                |   |          |                                       |  |                                |   |  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Serial Number   |          |                                       | Owner Applied Number   |                                |   | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| Value                          |   |          | Value Recovered                       |  |                                | Date Recovered                            |  |   | SCIC/NCIC              |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>TOTALS</b>                  | Property Stolen   |          |                                       |  | 0.00                           |   |  | Change in Property Stolen Value                 |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Property Recovered  |          |                                       |  | 0.00                           |   |  | Change in Property Recovered Value              |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>CODES</b>                   | <b>Activity</b>   |          |                                       | <b>Type</b>  |                                |   | <b>Unit</b>  |   |                        |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | P. Possess<br>S. Sell<br>B. Buy<br>T. Traffic                                 |          |                                       | R. Smuggle<br>D. Deliver<br>E. Use<br>K. Dispense/Distribute   |                                |   | M. Manufacture/Produce/Cultivate<br>Z. Other   |   |                        | A. Amphetamine<br>B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  |                   | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Derivative<br>P. Paraphernalia/Equipment                        |   |           | S. Synthetic<br>U. Unknown<br>Z. Other |  |  | 1. Gram<br>2. Milligram<br>3. Kilogram<br>4. Ounce          |  |  | 5. Pound<br>6. Ton<br>7. Liter<br>8. Milliliter |  |  | 9. Dose Unit/Item |  |
| <b>DRUGS</b>                   | Activity  | Type     | Description                           |  |                                |   | Quantity   | Unit  | Estimated Street Value |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Activity  | Type     | Description                           |  |                                |   | Quantity   | Unit  | Estimated Street Value |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Activity  | Type     | Description                           |  |                                |   | Quantity   | Unit  | Estimated Street Value |   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| <b>ADMINISTRATIVE</b>          | Officer(s) Reporting  |          | ID. Number(s)/Locator code            |  | Signature of Officer Reporting |   |  | Unit  |                        | Date  |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | <b>M. VANHORN</b>   |          | <b>338</b>                            |  |                                |   |  |   |                        | <b>10/21/2018</b>   |  |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | Officer Reviewing (If Applicable)   |          | ID. Number                            |  | Routed To                      |   | Referred To  |   | Assigned To            |   | By   |                   | Date  |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                | <b>SGT. J. PIERCE</b>   |          | <b>309</b>                            |  |                                |   |  |   |                        |   |  |                   | <b>10/21/2018</b>   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
| Signature of Officer Reviewing |   |          |                                       |  |                                |   |  |   |                        | Page  | Page   |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |
|                                |   |          |                                       |  |                                |   |  |   |                        |   | of   |                   |   |   |           |  |  |  |   |  |  |   |  |  |                   |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180755**

ADM Date of Supplement:   /  /    
Original Date Reported: **10/21/2018**

Case Reference: **DUI POSS CONTROLLED SUBSTANCE**

NARRATIVE

ON 10-21-18 I WAS DISPATCHED TO A RECKLESS DRIVER TRAVELING WEST OVER THE ANNA MARIA BRIDGE INTO HOLMES BEACH. THE VEHICLE DESCRIPTION WAS A GREY/GREEN CHEVY MALIBU. THE COMPLAINANT/WITNESS(RAYMOND CHARLES SABB) WAS FOLLOWING BEHIND THE RECKLESS(CHEVY MALIBU) BEARING FL TAG #9078BF. OFFICER VANHORN NOTIFIED DISPATCH THAT HE LOCATED THE VEHICLE COMING OVER THE BRIDGE AND WOULD BE CONDUCTING A TRAFFIC STOP AT EAST BAY DR AND MANATEE AVE. OFFICER VANHORN CONDUCTED THE TRAFFIC STOP AT THE 3900 BLOCK OF EAST BAY DR. THE VEHICLE PULLED INTO THE PUBLIX PARKING LOT.

I ARRIVED ON SCENE WHILE OFFICER VANHORN WAS MAKING CONTACT WITH THE DRIVER/REGISTERED OWNER OF THE VEHICLE (SABRINA MARIE DUMDEI). THE COMPLAINANT/WITNESS THAT HAD BEEN FOLLOWING WAS (RAYMOND CHARLES SABB). HE WAS ALSO ON SCENE. THE WITNESS STATED HE HAD BEEN FOLLOWING THIS VEHICLE FROM THE 3400 BLOCK OF MANATEE AVE. HE STATED THE VEHICLE WAS ALL OVER THE ROADWAY AND THAT IT NEARLY STRUCK HIS VEHICLE. HE DOCUMENTED HIS OBSERVATIONS IN A VOLUNTARY SWORN AFFIDAVIT.

I OBSERVED OFFICER VANHORN CONDUCT FIELD SOBRIETY EXERCISES. HE ALMOST HAD TO STOP THE EXERCISES DUE TO (SABRINA MARIE DUMDEI) NEARLY FALLING. AFTER CONDUCTING THE EXERCISES HE PLACED HER UNDER ARREST AND TRANSPORTED HER TO THE JAIL FOR PROCESSING FOR DUI. (DUMDEI)HAD HER PURSE IN THE DRIVERS' SEAT ALONG WITH HER CELL PHONE. PRIOR TO HER BEING ABLE TO TAKE HER PROPERTY I LOCATED AN IBUPROPHEN BOTTLE IN HER PURSE WITH 6 DIFFERENT TYPES OF PILLS INSIDE.

26 IBUPROPHEN  
1 CLONAZEPAM "MC 13" .5MG YELLOW ROUND(SCHEDULE 4)  
1 LEVOTHYROXINE SODIUM (NON SCHEDULE)  
1 SETRALINE HYDROCHLORIDE (NON SCHEDULE)  
9 CLONAZEPAM "2530 V" YELLOW .5MG (SCHEDULE 4)  
11 CLONAZEPAM "1 OVER 2" ORANGE .5MG (SCHEDULE 4)

INVENTORY SEARCH OF THE VEHICLE PRIOR TO IT BEING TOWED REVEALED THERE WERE NO PRESCRIPTIONS FOR THESE PILLS INSIDE THE VEHICLE. NORMS TOWING RESPONDED TO TOW THE VEHICLE. I PLACED ALL PILLS INTO PROPERTY AND EVIDENCE LOCKER #1.

I HAD PALMETTO PD ASSIST AND MEET OFFICER VANHORN AT THE JAIL TO OPERATE THE INTOXYLIZER. OFFICER VANHORN ADVISED THAT DUE TO (SABRINA MARIE DUMDEI'S) BAC RESULTS BEING OVER .3 THE JAIL WOULD NOT ACCEPT HER. I THEN HAD DISPATCH NOTIFY EMS TO RESPOND TO THE SALLY PORT OF THE JAIL TO TRANSPORT HER TO THE HOSPITAL TO BE MEDICALLY CLEARED. OFFICER VANHORN FOLLOWED EMS TO MANATEE MEMORIAL HOSPITAL. UPON (SABRINA DUMDEI) BEING CLEARED AT MMH, OFFICER VANHORN RETURNED TO THE JAIL AND COMPLETED PAPERWORK FOR DUI AND POSSESSION OF CONTROLLED SUBSTANCE.

|   |                                |                                   |   |                           |                                   |
|---|--------------------------------|-----------------------------------|---|---------------------------|-----------------------------------|
| ADMINISTRATIVE  | Report Contains                |                                   | Related Report Number(s)                          | Name of Officer Reporting | I.D. Number/Locator Code          |
|   |                                |                                   |   | <b>SGT. J. PIERCE</b>     | <b>309</b>                        |
|   | Signature of Officer Reporting | Officer Reviewing (If Applicable) | I.D. Number                                       | Unit                      | Date                              |
|   |                                |                                   | <b>SGT. J. PIERCE</b>                             | <b>309</b>                | <b>10/21/2018</b>                 |
|   | Signature of Officer Reviewing | Routed To                         | Referred To                                       | Assigned To               | By                                |
|   |                                |                                   |   |                           | Date                              |
|   |                                |                                   |   |                           | <u>  </u> / <u>  </u> / <u>  </u> |
| Case Status   | <b>CA</b>                      | <u>Clearance Type</u>             | 1.Arrest<br>2.Exceptional                         | 3.Unfounded<br><b>1</b>   | A-Adult<br>J-Juvenile<br><b>A</b> |
|   |                                | Date Cleared                      | Arrest Number                                     | Number Arrested           |                                   |
|   |                                | <b>10/21/2018</b>                 |   | <b>1</b>                  |                                   |
| <u>Exception Type</u>   |                                |                                   | OBTS Number                                       | Page                      | Page                              |
| 1.Extradition Declined  |                                |                                   |   | of                        |                                   |
| 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |                                |                                   | 5. Prosecution Declined<br>6. Juvenile/No Custody |                           |                                   |
| 3. Death of Offender<br>4. V / W Refused to Cooperate                 |                                |                                   |   |                           |                                   |

| 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    |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| / /   |  |   |   |   |  |   |  |  |  |  |  | 20180762   |  | COV/ALCOHOL                    |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Original Day Reported                                   |  | Date  |   | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                     |  | Time Completed (mil)                                     |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Wed   |  | 10/24/2018  |   | 1731  |  | 1731  |  | 1735                                   |  | 2020   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Incident Type   |  | Date  |   | Time (mil)  |  | Day   |  | Date                                   |  | Time (mil)   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                              |   | 5. Ordinance<br>9. Other                              |  | Incident: Day   |  | Wed                                    |  | 10/24/2018   |  | 1731   |  | To                             |                        | Wed                           |                  | 10/24/2018  |  | 2020  |  |                          |  |   |  |      |  |  |  |
| OFF/INC #1  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                            |  | C                                      |  | Statute Violation Number - Chapter, Section, Sub         |  | 0 - 6 ( 6-3A )                                   |  | NCIC/UCR Code                  |                        | 0000                          |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| OFF/INC #2  |  | 5   |   | COV/OTHER   |  | A-Attempted<br>C-Committed                            |  | C                                      |  | 0 - 42 ( 42-3 )  |  | 0000   |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Incident Location (Street Number, Street, Apt.)         |  |   |   |   |  |   |  |  |  | City   |  | Zip  |  | District                       |                        | Grid                          |                  | Area  |  | Zone  |  |                          |  |   |  |      |  |  |  |
| 5701 MARINA DR  |  |   |   |   |  |   |  |  |  | HOLMES BEACH   |  | 34217  |  | 00                             |                        | 00                            |                  | 00  |  | W80   |  |                          |  |   |  |      |  |  |  |
| Business Name/Area Identifier                           |  |   |   |   |  |   |  |  |  | Forced Entry   |  | Occupancy  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| HOLMES BEACH PUBLIC LIBRARY                             |  |   |   |   |  |   |  |  |  | 0. N/A<br>1. Yes   |  | 2. No<br>0                                       |  | 0. N/A<br>1. Occupied          |                        | 2. Unoccupied<br>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             |                  | 17  |  |   |  |                          |  |   |  |      |  |  |  |
| # 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                |  |   |  |      |  |  |  |
| 02  |  | 01  |   | 01  |  | 00  |  | 00                                     |  | 00. N/A<br>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<br>W - Witness<br>C - Reporting Person       |  | 0 - Other   |   | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult  |  | 4. Business<br>5. Government<br>6. Church<br>9. Other |  | N - N/A<br>W - White<br>B - Black      |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County |                        | 3. Florida<br>4. Out-of-State |                  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |  | 0. None<br>1. Minor<br>2. Serious<br>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<br>2.#2  |  | 3. Both   |   | 3   |  | V   |  | 01                                     |  | 5  |  | CITY OF HOLMES BEACH                             |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Address (Street, Apt. Number)                           |  |   |   |   |  |   |  |  |  | City   |  | State  |  | Zip                            |                        | Business Phone                |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  |   |   |   |  |   |  |  |  | Synopsis of Involvement                                  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |   | Race  |  | Sex   |  | Date of Birth                          |  | Age  |  | Res. Type  |  | Res. Status                    |                        | Extent of Injury              |                  | Injury Type(s)  |  | Relationship                                  |  | Ethnicity                |  | Will Victim prefer charge?  |  |      |  |  |  |
| 2   |  | N   |   | N   |  |   |  |  |  |  |  | 0  |  | 0                              |                        | 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<br>2.#2  |  | 3. Both   |   | 3   |  | V   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| 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<br>2.#2  |  | 3. Both   |   | 3   |  | S-Suspect<br>E-Escapee<br>R-Rec. Missing<br>Z-other   |  | A                                      |  | 01   |  | 2  |  | PETRELLI                       |                        | SCOTT                         |                  | FRANCIS   |  |   |  |                          |  |   |  |      |  |  |  |
| Maiden Name   |  |   |   |   |  |   |  |  |  | Nickname/Street Name                                     |  | Place of Birth                                   |  | Residence Phone                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
|   |  |   |   |   |  |   |  |  |  |  |  | CT/US  |  | 941 447-7769                   |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Last Known Address (Street, Apt. Number)                |  |   |   |   |  |   |  |  |  | City   |  | State  |  | Zip                            |                        | Business Phone                |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| HOMELESS BRIDGE STREET                                  |  |   |   |   |  |   |  |  |  | BRADENTON BEACH  |  | FL   |  | 34217                          |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Occupation  |  |   |   |   |  |   |  |  |  | Employer/School  |  | Address  |  | Social Security Number         |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| N/A   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Driver's License Number/State                           |  | Immigration and Naturalization Number                                 |   | Other I.D. Number                                     |  | OBTS Number (Arrested)                                |  | SCIC/NCIC                              |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| P364786671700   |  | FL  |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Clothing (Describe)                                     |  |   |   |   |  |   |  |  |  | Scars/Marks/Tatoos (Location/Describe)                   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| SHORTS AND T-SHIRT                                      |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Race  |  | Sex   |   | Date of Birth   |  | Age   |  | Height                                 |  | Weight   |  | Eye Color  |  | Hair Color                     |                        | Hair Length                   |                  | Hair Style  |  |   |  |                          |  |   |  |      |  |  |  |
| W   |  | M   |   | 05/10/1967  |  | 51  |  | 509                                    |  | 140  |  | BLU  |  | BRO                            |                        | M                             |                  | S   |  |   |  |                          |  |   |  |      |  |  |  |
| Complexion  |  | Build   |   | Facial Hair   |  | Teeth   |  | Speech/Voice                           |  | Special Identifiers                                      |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| LT  |  | THN   |   | C   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| 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  |  |                                |                        |                               |                  |   |  |   |  | 10/25/2018               |  |   |  |      |  |  |  |
| Signature of Officer Reviewing                          |  |   |   |   |  | Routed To   |  |  |  |  |  | Referred To                                      |  |                                |                        |                               |                  | Assigned To   |  |   |  | By                       |  |   |  | Date |  |  |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Case Status   |  | Clearance Type  |   | 1.Arrest<br>2.Exceptional                             |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                  |  | Date Cleared   |  | Jail Number                                      |  | Number Arrested                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| CA  |  |   |   | 1   |  |   |  | A                                      |  | 10/24/2018   |  |  |  | 1                              |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| Exception Type  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |   | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>6. Juvenile/No Custody     |  | OBTS Number                            |  | Page   |  | Page   |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |
| 1.Extradition Declined                                  |  |   |   |   |  |   |  |  |  | 1  |  | 1  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |      |  |  |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180762**

ADM  
 Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**10/24/2018**

Case Reference  
**COV/ALCOHOL**

NARRATIVE

ON 10/24/18, OFC. M. VANHORN AND I WERE DISPATCHED TO THE HOLMES BEACH PUBLIC LIBRARY IN REFERENCE TO A HEAVILY INTOXICATED MALE SUBJECT. DISPATCH ADVISED THE MALE SUBJECT WAS INSIDE THE LIBRARY, HEAVILY INTOXICATED AND SLEEPING AT THE COMPUTERS. THE LIBRARY EMPLOYEES ASKED THE MALE SUBJECT TO LEAVE. THE LIBRARY EMPLOYEES WATCHED THE MALE SUBJECT LEAVE, STUMBLING, AND GO OUTSIDE TO THE WEST SIDE OF HE BUILDING WHERE HE LAID DOWN AND FELL ASLEEP.

UPON ARRIVAL, I OBSERVED THE MALE SUBJECT SLEEPING OUTSIDE OF THE WEST SIDE OF THE BUILDING. THE SUBJECT WAS SLEEP ON ON A HILL WITH HIS HEAD DOWN THE HILL AND HIS BODY UP THE HILL. I MADE CONTACT WITH THE SUBJECT WHOM WAS IDENTIFIED AS (SCOTT PETRELLI). (PETRELLI) WAS HEAVILY INTOXICATED, SLURRING HIS WORDS AND HAVING A HARD TIME SITTING UP. OFC. VANHORN OBSERVED TWO BOTTLES OF ALCOHOLIC BEVERAGES (VODKA) IN (PETRELLI'S) BACKPACK. ONE OF THE BOTTLES WAS OPEN AND ALMOST HALF GONE. (PETRELLI) GOT DEFENSIVE AND IRRITATED WHEN OFC. VANHORN POINTED OUT THE BOTTLES, STATING THEY WERE HIS AND HE WANTED THEM BACK. (PETRELLI) COULD NOT STAND ON HIS OWN AND HAD TO BE ASSISTED BY OFC. VANHORN AND I. I REQUESTED DISPATCH CONTACT EMS TO RESPOND DUE TO (PETRELLI'S) STATE OF INTOXICATION. I PLACED (PETRELLI) IN HANDCUFFS, DOUBLE LOCKED, AND IN THE BACK OF MY PATROL VEHICLE TO WAIT FOR EMS.

WHEN EMS ARRIVED AND CHECKED (PETRELLI), (PETRELLI) STATED HE DID NOT WANT TO GO TO THE HOSPITAL. WHEN I TOLD (PETRELLI) HE WAS UNDER ARREST AND GOING TO JAIL, HE TOLD EMS HE WANTED TO GO TO THE HOSPITAL. I FOLLOWED EMS WHILE THEY TRANSPORTED (PETRELLI) TO BLAKE HOSPITAL.

AT BLAKE HOSPITAL, THE DOCTOR STATED (PETRELLI'S) BLOOD ALCOHOL LEVEL WAS A .44 AND THAT HE WOULD HAVE TO STAY AT THE HOSPITAL OVER NIGHT TO BE OBSERVED. I COMPLETED AN NOTICE TO APPEAR FOR THE COV VIOLATIONS AND EXPLAINED IT TO (PETRELLI). (PETRELLI) STATED HE WOULD BE AT COURT ON THE DATE AND TIME PROVIDED. I HAD (PETRELLI) SIGN THE NTA AND POINTED TO THE LINE WHERE HE HAD TO SIGN. (PETRELLI) SIGNED WHEREVER HE WANTED TO SIGN, WHICH WAS OVER MY SIGNATURE, STATING HE TRIED. (PETRELLI) WAS TURNED OVER TO BLAKE HOSPITAL'S CUSTODY AND CARE. NFI

|   |   |   |   |
|---|---|---|---|
| Report Contains                           | Related Report Number(s)  | Name of Officer Reporting<br><b>A. DESANTIS</b>       | I.D. Number/Locator Code<br><b>336</b>            |
| Signature of Officer Reporting            | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                             | Unit<br><b>336</b>                                |
| Signature of Officer Reviewing            | Routed To   | Referred To   | Assigned To<br>By<br>Date<br>___/___/___          |
| Case Status<br><b>CA</b>                  | Clearance Type<br>1. Arrest<br>2. Exceptional<br><b>1</b>             | 3. Unfounded<br><b>1</b>                              | A-Adult<br>J-Juvenile<br><b>A</b>                 |
| Exception Type<br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody |
| Date Cleared<br><b>10/24/2018</b>         |   | Arrest Number   | Number Arrested<br><b>1</b>                       |
| OBTS Number                               |   | Page<br><b>2</b>                                      | Page<br><b>2</b>                                  |

| 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   |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| / /   |  | 20180763  |  |  |  | DWLR HTO  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Original Day Reported   |  | Date  |  | Time (mil)   |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)  |  | Time Completed (mil)   |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Wed   |  | 10/24/2018  |  | 1850   |  | 1850  |  | 1850  |  | 2000   |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Incident Type   |  | Incident: Day   |  | Date   |  | Time (mil)  |  | Day   |  | Date   |  | Time (mil)  |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 1. Felony<br>2. Traffic Felony  |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                        |  | 5. Ordinance<br>9. Other   |  | From Wed  |  | 10/24/2018  |  | 1850   |  | To Wed 10/24/2018 2000  |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| OFF/INC #1  |  | Type  |  | Description  |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub  |  | NCIC/UCR Code  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 2   |  | DRIVERS LIC   |  | A  |  | 322 - 34 ( 5 )  |  | 9000  |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| OFF/INC #2  |  | A-Attempted<br>C-Committed                                      |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 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   |  | 0  |  |  |  |  |  |   |  |           |  |   |  |  |  |
|   |  |   |  |  |  |   |  | 0. N/A<br>1. Yes  |  | 2. No  |  | 0   |  | 0. N/A<br>1. Occupied<br>2. Unoccupied<br>3. Abandoned                         |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Location Type   |  |   |  | 05. Convenience Store<br>10. Dept/Discount Store<br>15. Industrial/Mfg.<br>20. Religious Bldg. |  |   |  | 25. Parking Lot/Garage<br>30. Other Mobile  |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 01. Residence Single<br>02. Apartment/Condo<br>03. Residence-Other<br>04. Hotel/Motel |  |   |  | 06. Gas Station<br>07. Liquor Sales<br>08. Bar/Nightclub<br>09. Supermarket                    |  |   |  | 11. Specialty Store<br>12. Drug Store/Hospital<br>13. Bank/Financial Inst.<br>14. Commercial/Office Bldg. |  |  |  | 16. Storage<br>17. Gov't/Public Bldg.<br>18. School/University<br>19. Jail/Prison |  |  |  | 21. Airport<br>22. Bus/Rail Terminal<br>23. Construction Site<br>24. Other Structure |  |  |  | 26. Highway/Roadway<br>27. Park/Woodlands/Field<br>28. Lake/Waterway<br>29. Motor Vehicle |  |           |  | 99. Other   |  |  |  |
| # OFF/INC.  |  | # Victims   |  | # Offenders  |  | # Prem. Ent.  |  | # Veh. Stolen   |  | Type of Weapon   |  | 02. Rifle<br>03. Shotgun<br>04. Firearm   |  | 05. Knife/Cutting Instrument<br>06. Blunt Object                               |  | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives                                  |  | 10. Fire/Incendiary<br>11. Threat/Intimidation<br>12. Simulated Weapon     |  | 13. Drugs<br>88. Unknown<br>99. Other   |  | 00        |  |   |  |  |  |
| 1   |  | 1   |  | 1  |  | 0   |  | 0   |  | 00. N/A<br>01. Handgun   |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| V/W Code  |  | Victim Type   |  | Race   |  | Sex   |  | Residence Type  |  | Residence Status   |  | Extent of Injury  |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| V - Victim<br>W - Witness<br>C - Reporting Person                                     |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult            |  | 4. Business<br>5. Government<br>6. Church<br>9. Other  |  | N - N/A<br>W - White<br>B - Black                     |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown  |  | 0. N/A<br>1. City<br>2. County                                   |  | 3. Florida<br>4. Out-of-State   |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident                      |  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal  |  |  |  |   |  |           |  |   |  |  |  |
| Injury Type   |  | 03. Laceration<br>04. Unconscious<br>01. Gunshot<br>02. Stabbed |  | 07. Loss of Teeth<br>08. Burns<br>09. Abrasions/Bruises<br>99. Other                           |  | Victim Relationship To Offender                       |  | 00. N/A<br>01. Undetermined<br>02. Stranger   |  | 06. Parent<br>07. Brother/Sister<br>08. Child<br>09. Step-Parent |  | 10. Step-Child<br>11. In-Law<br>12. Other Family<br>13. Student                   |  | 14. Teacher<br>15. Child of Boy/Girl<br>Friend<br>16. Boy/Girl Friend          |  | 17. Friend<br>18. Neighbor<br>19. Sitter/Day Care<br>20. Employee                    |  | 21. Employer<br>22. Landlord/Tenant<br>23. Acquaintance<br>99. Other Known |  |   |  |           |  |   |  |  |  |
| OFF/INC Indicator   |  | V/W Code  |  | #  |  | V. Type   |  | Name (Last, First, Middle or Business)  |  | Residence Phone  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 1.#1 3.Both<br>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  |  | N   |  |   |  |  |  | 0   |  | 0  |  | 0  |  | 00 00  |  | 00  |  |           |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| OFF/INC Indicator   |  | V/W Code  |  | #  |  | V. Type   |  | Name (Last, First, Middle or Business)  |  | Residence Phone  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 1.#1 3.Both<br>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  |  | N   |  |   |  |  |  | 0   |  | 0  |  | 0  |  | 00 00  |  | 00  |  |           |  | Yes <input type="checkbox"/> No <input type="checkbox"/>            |  |  |  |
| OFF/INC Indicator   |  | Suspect Code  |  | Code   |  | Susp.#  |  | Juvenile  |  | Name (Last, First, Middle)                                       |  | Place of Birth  |  | Residence Phone  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 1.#1 3.Both<br>2.#2   |  | S-Suspect<br>E-Escapee<br>R-Rec. Missing<br>Z-other             |  | A  |  | 1   |  | 2   |  | GALAMBOS   |  | FRANK   |  | GEORGE   |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Maiden Name   |  |   |  | Nickname/Street Name   |  |   |  | Place of Birth  |  |  |  | Residence Phone   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
|   |  |   |  |  |  |   |  | AZ  |  |  |  | 941 321-8143  |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Last Known Address (Street, Apt. Number)  |  |   |  |  |  |   |  | City  |  | State  |  | Zip   |  | Business Phone   |  |  |  |  |  |   |  |           |  |   |  |  |  |
| 1564 FLEETWOOD DR   |  |   |  |  |  |   |  | SARASOTA  |  | FL   |  | 34232   |  | -  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Occupation  |  |   |  | Employer/School  |  |   |  | Address   |  |  |  | Social Security Number  |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| SELF EMPLOYED   |  |   |  | GALAMBOS FLOORING  |  |   |  |   |  |  |  | -   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Driver's License Number/State   |  |   |  | Immigration and Naturalization Number  |  |   |  | Other I.D. Number   |  |  |  | OBTS Number (Arrested)  |  |  |  | SCIC/NCIC  |  |  |  |   |  |           |  |   |  |  |  |
| G451-267-69-094-0   |  |   |  | FL   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Clothing (Describe)   |  |   |  |  |  |   |  | Scars/Marks/Tatoos (Location/Describe)  |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| WORK CLOTHES  |  |   |  |  |  |   |  | TATOO BACK "NEVER SAY GOODBYE"  |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Race  |  | Sex   |  | Date of Birth  |  | Age   |  | Height  |  | Weight   |  | Eye Color   |  | Hair Color   |  | Hair Length  |  | Hair Style   |  |   |  |           |  |   |  |  |  |
| W   |  | M   |  | 03/14/1969   |  | 49  |  | 5-11  |  | 252  |  | HAZ   |  | 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   |  |  |  |   |  |  |  | 10/24/2018   |  |  |  |   |  |           |  |   |  |  |  |
| Signature of Officer Reviewing  |  |   |  | Routed To  |  |   |  | Referred To   |  |  |  | Assigned To   |  |  |  | By   |  |  |  | Date  |  |           |  |   |  |  |  |
|   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Case Status   |  | Clearance Type  |  | 1.Arrest<br>2.Exceptional  |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile   |  | Date Cleared   |  | Jail Number   |  | Number Arrested  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| CA  |  |   |  | 1  |  |   |  | A   |  | 10/24/2018   |  |   |  | 1  |  |  |  |  |  |   |  |           |  |   |  |  |  |
| Exception Type  |  | 1.Extradition Declined  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution                          |  | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>6. Juvenile/No Custody   |  | OBTS Number  |  | Page  |  | Page   |  |  |  |  |  |   |  |           |  |   |  |  |  |
|   |  |   |  |  |  |   |  |   |  |  |  | 1   |  | 3  |  |  |  |  |  |   |  |           |  |   |  |  |  |

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180763**

|                       |   |                    |  |  |  |   |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|-----------------------|---|--------------------|--|--|--|---|--|---|--|--|--|--------------------------------------|---|-------------|--|---|---|---|---|----------|---------------------------------------|--|--|--|
| <b>ADM</b>            | Date of Supplement<br>____/____/____  |                    | <b>Holmes Beach Police Department</b>          |  |  |   |  | Agency Report Number<br><b>20180763</b>                 |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Original Date Reported<br><b>10/24/2018</b>   |                    | Primary Offense Description<br><b>DWLR HTO</b> |  |  | Victim #1 Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b> |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>THEFT</b>          | Theft Type Codes  |                    |  |  |  |   |  |   |  | Theft Type<br><b>00</b>  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | 00. N/A<br>01. Burglary   |                    |  | 02. Robbery<br>03. Shoplifting                               |  | 04. Pocket Picking<br>05. Purse Snatching                       |  | 06. Embezzlement<br>07. From Coin Oper. Machine         |  | 08. From Public Access Building<br>09. From Vehicle<br>10. Extortion       |  | 11. By Computer<br>12. Fraud         | 99. Other   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>CODES</b>          | <b>Person Codes</b><br>V - Victim<br>S - Suspect  |                    |  | <b>Status Codes</b><br>1. Stolen<br>2. Recovered             |  |   | 3. Stolen and Recovered<br>4. Recovered for Other Jurisdiction   |   |  | 5. Lost<br>6. Found  |  | 7. Safekeeping<br>8. Evidence/Seized |   | 9. Other    |  | <b>Damage Codes</b><br>0. N/A<br>1. Arson |   | 2. Criminal Mischief<br>3. During other Offense |   | 9. Other |                                       |  |  |  |
|                       | <b>Property Type</b><br>A. Auto Accessory/Parts<br>B. Bicycle<br>C. Camera/Photo Equipment<br>D. Drug |                    |  |  | E. Equipment/Tool.<br>F. Food/Liquor/Consumable<br>G. Gun<br>H. Household Appliance/Goods<br>I. Plant/Citrus |   |  |   | J. Jewelry/Precious Metal<br>K. Clothing/Fur<br>L. Livestock<br>M. Musical Instrument<br>N. Construction Machinery |  |  |                                      | O. Office Equipment<br>P. Art/Collection<br>Q. Computer Equipment<br>R. Radio/Stereo<br>S. Sports Equipment |             |  |   | T. TV/Video/VCR<br>U. Currency/Negotiable<br>V. Credit Card/Non-Negotiable<br>W. Boat Motor<br>X. Structure |   |   |          | Y. Farm Equipment<br>Z. Miscellaneous |  |  |  |
| <b>PROPERTY</b>       | Code<br><b>A</b>  | Person<br><b>1</b> | Item #<br><b>1</b>                             | Status<br><b>7</b>   | Damage<br><b>0</b>   | Property Type<br><b>G</b>                                       | Quantity<br><b>1</b>   | Name<br><b>PISTOL</b>                                   | Brand<br><b>S&amp;W</b>  | Model Name/Number<br><b>MP 40</b>  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Serial Number<br><b>HVY5004</b>   |                    |  | Owner Applied Number   |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>.40 CAL SMITH &amp; WESSON PISTOL CLEAR NCIC</b> |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Value   |                    |  | Value Recovered  |  |   | Date Recovered<br>____/____/____   |   |  | SCIC/NCIC<br><b>CLEAR</b>  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       |   |                    |  |  |  |   |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>PROPERTY</b>       | Code<br><b>A</b>  | Person<br><b>1</b> | Item #<br><b>2</b>                             | Status<br><b>8</b>   | Damage<br><b>0</b>   | Property Type<br><b>Z</b>                                       | Quantity<br><b>1</b>   | Name<br><b>BRASS KNUCKLES</b>                           | Brand  | Model Name/Number  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Serial Number   |                    |  | Owner Applied Number   |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>BLACK IN COLOR BRASS KNUCKLES</b>                |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Value   |                    |  | Value Recovered  |  |   | Date Recovered<br>____/____/____   |   |  | SCIC/NCIC  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       |   |                    |  |  |  |   |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>PROPERTY</b>       | Code<br><b>A</b>  | Person<br><b>1</b> | Item #<br><b>3</b>                             | Status<br><b>7</b>   | Damage<br><b>0</b>   | Property Type<br><b>G</b>                                       | Quantity<br><b>1</b>   | Name<br><b>SILVER MAGAZINE&amp;7LIVE ROUNDS FOR GUN</b> | Brand  | Model Name/Number  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Serial Number   |                    |  | Owner Applied Number   |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>SILVER MAGAZINE&amp;7LIVE ROUNDS FOR GUN</b>     |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Value   |                    |  | Value Recovered  |  |   | Date Recovered<br>____/____/____   |   |  | SCIC/NCIC  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       |   |                    |  |  |  |   |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>PROPERTY</b>       | Code  | Person             | Item #   | Status   | Damage   | Property Type   | Quantity   | Name  | Brand  | Model Name/Number  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Serial Number   |                    |  | Owner Applied Number   |  |   | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Value   |                    |  | Value Recovered  |  |   | Date Recovered<br>____/____/____   |   |  | SCIC/NCIC  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       |   |                    |  |  |  |   |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>TOTALS</b>         | Property Stolen   |                    |  |  | 0.00   |   |  |   | Change in Property Stolen Value  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Property Recovered  |                    |  |  | 0.00   |   |  |   | Change in Property Recovered Value   |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>CODES</b>          | <b>Activity</b><br>P. Possess<br>S. Sell<br>B. Buy<br>T. Traffic                                      |                    |  | R. Smuggle<br>D. Deliver<br>E. Use<br>K. Dispense/Distribute |  |   | M. Manufacture/Produce/Cultivate<br>Z. Other   |   |  | <b>Type</b><br>A. Amphetamine<br>B. Barbiturate<br>C. Cocaine<br>E. Heroin |  |                                      | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Derivative<br>P. Paraphernalia/Equipment                        |             |  | S. Synthetic<br>U. Unknown<br>Z. Other    |   |   | <b>Unit</b><br>1. Gram<br>2. Milligram<br>3. Kilogram<br>4. Ounce |          |                                       | 5. Pound<br>6. Ton<br>7. Liter<br>8. Milliliter<br>9. Dose Unit/Item |  |  |
|                       |   |                    |  |  |  |   |  |   |  |  |  |                                      |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>DRUGS</b>          | Activity  |                    | Type   |  | Description  |   |  | Quantity  |  | Unit   |  | Estimated Street Value               |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Activity  |                    | Type   |  | Description  |   |  | Quantity  |  | Unit   |  | Estimated Street Value               |   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Activity  |                    | Type   |  | Description  |   |  | Quantity  |  | Unit   |  | Estimated Street Value               |   |             |  |   |   |   |   |          |                                       |  |  |  |
| <b>ADMINISTRATIVE</b> | Officer(s) Reporting<br><b>OFC M. VANHORN</b>   |                    |  | ID. Number(s)/Locator code<br><b>338</b>                     |  |   | Signature of Officer Reporting   |   |  | Unit   |  |                                      | Date<br><b>10/24/2018</b>   |             |  |   |   |   |   |          |                                       |  |  |  |
|                       | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>  |                    |  | ID. Number<br><b>309</b>                                     |  |   | Routed To  |   |  | Referred To  |  |                                      | Assigned To<br>By   |             |  | Date<br>____/____/____                    |   |   |   |          |                                       |  |  |  |
|                       | Signature of Officer Reviewing  |                    |  |  |  |   |  |   |  |  |  | Page                                 |   | Page        |  |   |   |   |   |          |                                       |  |  |  |
|                       |   |                    |  |  |  |   |  |   |  |  |  | <b>2</b>                             |   | <b>of 3</b> |  |   |   |   |   |          |                                       |  |  |  |

# 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: **20180763**

ADM Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**10/24/2018**

Case Reference  
**DWLR HTO**

**INFORMATION:**

I STOPPED THE SUSPECT VEHICLE FOR A SEVERLY CRACKED PASSENGER SIDE WINDOW. THE RIGHT FRONT PASSENGER ALSO HAD HIS SEATBELT SHOULDER HARNESS TUCKED UNDER HIS ARM, AND IT APPEARED HE WAS NOT WEARING HIS SEATBELT. I STOPPED THE VEHICLE AND CONTACTED THE DRIVER AND PASSENGERS. THE DRIVER WHEN CHECKED THROUGH FCIC/NCIC SHOWED DRIVER WAS REVOKED WITH HABITUAL TRAFFIC OFFENDER STATUS. RUNNING THE DRIVER THROUGH DAVID SHOWED 3 PRIOR DWLS CONVICTIONS. THE DRIVER WAS ARRESTED WITH OUT INCIDENT AND TAKEN TO HYPD FOR PROCESSING. THE WAS LATER TRANSPORTED TO MANATEE AND 75TH FOR TRANSPORT TO MCSO JAIL BY MCSO TRANSPORT.

**ARESTED:**

FRANK GEORGE GALAMBOS W/M 3/14/1969. WHEN I ASKED GALAMBOS TO STEP FROM THE VEHICLE, I ASKED IF HE HAD ANY WEAPONS. GALAMBOS STATED THAT HE DID HAVE A .40 CAL PISTOL IN THE COOLER NEXT TO HIS SEAT. I RETRIEVED THE WEAPON, WHICH HAD A LOADED MAGAZINE WIT 7 LIVE ROUNDS, HOWEVER THERE WAS NOT A LIVE ROUND CHAMBERED. THE WEAPON AND A SET OF BRASS KNUCKLES WERE SEIZED AND HELD AT HYPD FOR SAFE KEEPING. THE WEAPON AND BRASS KNUCKLES WILL BE RETURNED TO GALAMBOS. GALAMBOS DID POSSESS A VALID CPL, HE WAS CHECKED FOR PRIOR ARRESTS, OR FELONIES, WITH NOTHING FOUND THROUGH NCICIII.

**VEHICLE:**

2007 FORD BOX TRUCK YELLOW IN COLOR, BEARING FL REGISTRATION 8257IR. VEHICLE WAS LEFT AT THE SCENE TO BE PICKED UP BY GALAMBOS BROTHER AND WIFE.

**STATUS:**

CLOSED BY ARREST.

NARRATIVE

|  |   |   |   |
|--|---|---|---|
| Report Contains                          | Related Report Number(s)  | Name of Officer Reporting<br><b>OFC M. VANHORN</b>    | I.D. Number/Locator Code<br><b>338</b>            |
| Signature of Officer Reporting           | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                             | Date<br><b>10/24/2018</b>                         |
| Signature of Officer Reviewing           | Routed To   | Referred To   | Assigned To By Date<br>____/____/____             |
| Case Status<br><b>CA</b>                 | Clearance Type<br>1.Arrest<br>2.Exceptional<br><b>1</b>               | 3.Unfounded<br><b>1</b>                               | A-Adult<br>J-Juvenile<br><b>A</b>                 |
| Exception Type<br>1.Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody |
| Date Cleared<br><b>10/24/2018</b>        |   | Arrest Number   | Number Arrested<br><b>1</b>                       |
| OBTS Number                              |   | Page<br><b>3</b>                                      | Page<br><b>3</b>                                  |