

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1														
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																	
/ /												20180764		SUSPICIOUS CIRCUMSTANC																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																					
Wed		10/24/2018		2111		2111		2113		2212																					
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																			
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		10/24/2018		1740		Wed		10/24/2018		2100															
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																					
9		SUSP/CIRCUMSTAN		C		0 - 0 (0)		0000																							
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																					
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																			
201		HAVERKOS CT APT A		HOLMES BEACH		34217		00		00		00		W80																	
Business Name/Area Identifier		Forced Entry		Occupancy																											
		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		2																					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile																			
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other																			
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field																					
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																					
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				02																	
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		# Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs									
01		00		00		01		00		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown									
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																			
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer													
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant													
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance													
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known													
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone															
1.#1 2.#2 3.Both		1		C		01		3		CARTER		CRISTIN		MARIE		941 993-6234															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																							
201A HAVERKOS CT		HOLMES BEACH		FL		34217																									
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																													
		RESIDENT																													
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		05/07/1980		38		1		1		0		00 00		00		N		Yes <input type="checkbox"/> No <input type="checkbox"/>									
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																						Yes <input type="checkbox"/> No <input type="checkbox"/>									
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone													
1.#1 2.#2 3.Both		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																													
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																							
Occupation		Employer/School		Address		Social Security Number																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																					
SEE NARRATIVE																															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																							
						A. DESANTIS		336																							
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																							
		SGT. J. PIERCE		309		PATROL		10/25/2018																							
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																					
		B. HALL		DET		PATROL				10/24/2018																					
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested																	
A																															
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page																	
												1		3																	

PROPERTY REPORT

Holmes Beach Police Department

Agency Report Number
20180764

ADM	Date of Supplement ___/___/___		Primary Offense Description SUSPICIOUS CIRCUMSTANC					Victim #1 Name (Last, First, Middle) CARTER CRISTIN MARIE																																																																		
	Original Date Reported 10/24/2018																																																																									
THEFT	Theft Type Codes										Theft Type 00																																																															
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	<table style="width: 100%; font-size: x-small;"> <tr> <td>V - Victim</td><td>A - Arrestee</td><td>1. Stolen</td><td>3. Stolen and Recovered</td><td>5. Lost</td><td>7. Safekeeping</td><td>9. Other</td><td>0. N/A</td><td>2. Criminal Mischief</td><td>9. Other</td> </tr> <tr> <td>S - Suspect</td><td>O - Other</td><td>2. Recovered</td><td>4. Recovered for Other Jurisdiction</td><td>6. Found</td><td>8. Evidence/Seized</td><td></td><td>1. Arson</td><td>3. During other Offense</td><td></td> </tr> </table>			V - Victim	A - Arrestee	1. Stolen	3. Stolen and Recovered	5. Lost	7. Safekeeping	9. Other	0. N/A	2. Criminal Mischief	9. Other	S - Suspect	O - Other	2. Recovered	4. Recovered for Other Jurisdiction	6. Found	8. Evidence/Seized		1. Arson	3. During other Offense																																																				
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Signature of Officer Reviewing									Page	Page																																																																
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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 **20180764**

ADM Date of Supplement
 ___/___/___
 Original Date Reported
10/24/2018

Case Reference
SUSPICIOUS CIRCUMSTANCE

NARRATIVE

ON 10/24/18, I WAS DISPATCHED TO 201A HAVERKOS CT IN REFERENCE TO A BURGLARY PAST.

UPON ARRIVAL, I MET WITH (CRISTIN CARTER) AND HER TWO CHILDREN, STANDING OUTSIDE THE RESIDENCE. (CARTER) STATED SOMEONE HAD BEEN INSIDE THE RESIDENCE AND HAD MADE A MESS OF HER SON'S BEDROOM. I CONDUCTED A CHECK OF THE RESIDENCE AND DID NOT OBSERVE ANY PERSONS INSIDE OR OUT. (CARTER) STATED SHE AND HER DAUGHTER AND SON ARE THE ONLY OCCUPANTS OF THIS RESIDENCE. (CARTER) STATED HER AND HER DAUGHTER HAD LEFT THEIR HOUSE AT AROUND APPROXIMATELY 1730HRS. (CARTER) STATED HER SON HAD LEFT THEIR HOUSE AROUND APPROXIMATELY 1740HRS, ON 10/24/18. HER SON HAD RETURNED HOME AT APPROXIMATELY 2100HRS TO FIND THE FRONT DOOR UNLOCKED. HE SON WALKED THROUGH THE HOUSE AND FOUND HIS BEDROOM, LOCATED AT THE REAR OF THE HOUSE, SLIDING GLASS DOOR WAS OPEN AND HIS ROOM WAS TRASHED. (CARTER) WAS THEN CONTACTED BY HER SON AND BEGAN TO DRIVE HOME. (CARTER) CALLED HYPD TO REPORT THE INCIDENT WHEN SHE GOT CLOSER TO HOME. (CARTER) STATED THEY DID NOT OBSERVE ANYTHING MISSING AT THAT TIME. (CARTER) STATED HER SON HAD SHUT AND LOCKED THE SLIDING GLASS DOOR IMMEDIATELY WHEN HE OBSERVED IT OPEN. (CARTER) STATED THE OTHER ROOMS DID NOT APPEAR TO BE MOLESTED. (CARTER) STATED HER SON FOUND A KITCHEN DRAWER OPEN, THAT SHE DOES NOT RECALL BEING OPEN WHEN THEY LEFT.

I OBSERVED THE SCENE AND TOOK PHOTOS. I ATTEMPTED TO PRINT THE KITCHEN DRAWER AND THE SLIDING GLASS DOOR. I COLLECTED ONE POSSIBLE GOOD FINGER PRINT FROM THE INSIDE FRAME OF THE SLIDING GLASS DOOR. THE BACK YARD SOUTHEAST FENCE HAD TWO SLIGHTLY BROKEN PANELS AT THE TOP AND THERE WERE FISHING POLES AND A BASEBALL BAT ON THE GROUND. (CARTER) STATED SHE WAS NOT SURE IF THE POLES AND BAT WERE THERE FROM BEFORE. IT IS UNKNOWN WHO CAUSED THIS DISTURBANCE AND WHAT THE INTENTIONS WERE. I ADVISED (CARTER) TO CONTACT HYPD IF SHE DISCOVERED ANYTHING MISSING.

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

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Fri		10/26/2018		0956		0956		1006		1031															
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1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		10/19/2018		1000		To Tue		10/23/2018		0956									
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1		BURGLARY				C		810 - 2 (3d)		2200															
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206 77TH ST		HOLMES BEACH		34217								W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
STORAGE TRAILER ON PROPERTY		0. N/A 1. Yes		2. No		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		2															
Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other		03									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00			
1		1		1		0		0		00. N/A 01. Handgun															
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		3		KLEPPINGER		941 920-5755													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5844 MARIWETHER PLACE		SARASOTA		FL		34232																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		M		07/05/1955		63		3		1		0		00 00		20						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		S		1		JUAN HERNANDEZ		JOSE															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
UNKNOWN																									
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		SUSPECT																					
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		S		1		1		1		1		1		1		1		1		1		1		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing Z-other		S		1		1		JUAN HERNANDEZ		JOSE		941 226-3827											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
UNKNOWN						941 226-3827																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
UNKNOWN																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M																							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE FL NARRATIVE REPORT.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						JASON HIGGINS		331																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
								10/26/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
						HALL		MCGOWIN																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
A																									
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1 of 4													

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180766

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180766		
	Original Date Reported 10/26/2018		Primary Offense Description BURGLARY		Victim #1 Name (Last, First, Middle) KLEPPINGER KEITH					
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									Theft Type
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other			
CODES	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous									
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
PROPERTY	V	1	1	1	0	U	1	PAYROLL CHECK	PAPER	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) BANK OF AMERICA -- PAPER CHECK.					
	Value 627.98		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC N/A			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC			
TOTALS	Property Stolen		627.98				Change in Property Stolen Value			
	Property Recovered		0.00				Change in Property Recovered Value			
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use K. Dispense/Distribute T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter			
	Activity	Type	Description	Quantity	Unit	Estimated Street Value				
Activity	Type	Description	Quantity	Unit	Estimated Street Value					
Activity	Type	Description	Quantity	Unit	Estimated Street Value					
PROP. DETAIL / NARR.	(1) PAYROLL CHECK.									
ADMINISTRATIVE	Officer(s) Reporting JASON HIGGINS		ID. Number(s)/Locator code 331		Signature of Officer Reporting			Unit		Date 10/26/2018
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To HALL	By MCGOWIN
	Signature of Officer Reviewing									Date 10/26/2018
									Page 2	Page 4

NARRATIVE CONTINUATION

1. Offense 1. Original
 2. Arrest 2. Supplement 1

Holmes Beach Police Department

Agency ORI Number: FL0410400
 Agency Report Number: 20180766

ADM	Date of Supplement ___/___/___
	Original Date Reported 10/26/2018

Case Reference

I MADE CONTACT WITH KEITH KLEPPINGER WHO ADVISED THAT HE HAD AN EX EMPLOYEES PAYROLL CHECK INSIDE A UTILITY TRAILER ON THE PROPERTY. HE SAID HE THE EMPLOYEE JOSE JUAN HERNANDEZ HASN'T WORKED FOR HIM FOR APPROXIMATELY 3 WEEKS AND FORGOT TO DELETE HIM OFF THE AUTO PAYROLL. SO, A CHECK WAS AUTOMATICALLY PRINTED FOR 40 HOURS THAT HE WASN'T THERE FOR.

KLEPPINGER SAID FROM THE 19TH OF OCTOBER TO THE 23RD, AN UNKNOWN PERSON ENTERED THE TRAILER AND TOOK THE CHECK. THERE WAS NO SIGNS OF FORCED ENTRY AND JOSE HAS A KEY TO THE TRAILER THAT HE HASN'T TURNED IN. THE CHECK WAS CASHED IN A CHECK CASHING STORE IN ONECO FLORIDA IN THE AMOUNT OF \$627.98 ON OCTOBER 23RD. THE COPY OF THE CHECK WAS FORWARDED TO ME ELECTRONICALLY FROM KLEPPINGER. THE ENDORESMENT IS SIGNED JOSE JUAN AND THEN SCRIBBLE FOR THE LAST NAME. KLEPPINGER SAID HE BELIEVES AN EMPLOYEE HERE TIPPED HIM OFF THAT THERE WAS A CHECK LAYING AROUND FOR HIM AND HE CAME AND GOT IT.

AT THE REQUEST OF THE VICTIM, HE ASKED FOR ME TO CALL 941-226-3827 AND ASK HIM ABOUT THE CHECK. I CALLED JOSE AND ASKED HIM IF HE KNEW ANYTHING ABOUT THE PAYROLL CHECK AND HE SAID, "NO."

I WAS UNABLE TO FIND ADDITIONAL INFORMATION ON JOSE FROM KLEPPINGER.

COPY OF CHECK WAS PLACED INTO CASE FILES TO BE ATTACHED TO REPORT.

NO FURTHER ACTION TAKEN AT THIS TIME.

NARRATIVE

ADMINISTRATIVE	Report Contains COPY OF CHECK.	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit HALL
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To MCGOWIN
	Case Status A	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate		Date Cleared ___/___/___
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	5. Prosecution Declined 6. Juvenile/No Custody

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180766

ADM	Date of Supplement _ / _ / _		Primary Offense Description BURGLARY					Victim #1 Name (Last, First, Middle) KLEPPINGER KEITH				
	Original Date Reported 10/26/2018											
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other		Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other		Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other		Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local	
	Person Code V		Person # 1	Vehicle # 1	Status 9	Damage 0	Type 6	Year 2017	Make CRGO	Model CARGO	Style	
VEHICLE / VESSEL	Tag Reg./Doc. # HCYV73		Reg. State FL		Reg. Year 2017		Decal Number		Tag Type FL			
	VIN/Hull/FAA 4D6EB1829HA037882		Estimated Value									
	Condition <input type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder							
	Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)									
	Vessel Name		Length		Hull Material		Propulsion		Boat Type			
	Recovery Address/Geographic Indicator					Date Recovered _ / _ / _		Value Recovered				
	Recovery Loc.	Recovery Code	Original Reporting Agency		Report Number			Hold Y - Yes N - No	Reason/Authority			
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.									
	Towed By		Storage Location		SCIC/NCIC		Location of Original Theft					
	Person Code		Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style	
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type				
VIN/Hull/FAA		Estimated Value										
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder								
Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)										
Vessel Name		Length		Hull Material		Propulsion		Boat Type				
Recovery Address/Geographic Indicator					Date Recovered _ / _ / _		Value Recovered					
Recovery Loc.	Recovery Code	Original Reporting Agency		Report Number			Hold Y - Yes N - No	Reason/Authority				
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.										
Towed By		Storage Location		SCIC/NCIC		Location of Original Theft						
UTILITY TRAILER.												
ADMINISTRATIVE	Signature of Officer Reporting			Name of Officer Reporting JASON HIGGINS			I.D. Number/Locator Code 331		Unit 08			
	Signature of Officer Reviewing			Officer Reviewing (If Applicable) SGT. V. MCGOWIN			I.D. Number 304		Date 10/26/2018			
	Routed To		Referred To		Assigned To DET MCGOWIN		By MCGOWIN		Date 10/28/2018			
	Case Status A		Clearance Type 1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared _ / _ / _			
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number				
								Page	Page			
								5	of 5			

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180769		TRAFFIC/DWLS											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		10/26/2018		1903		1903		1903		2000															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		10/26/2018		1900		To Fri		10/26/2018		1903									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		4		DRIVERS LIC		C		322 - 34 ()		9000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		4		UNREG VEH		C		322 - 02 (1)		9000															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
300 43RD ST		HOLMES BEACH		34217		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		0. N/A 1. Occupied																					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# 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					
4		1		1		00		00		00. N/A 01. Handgun		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal													
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		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		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5 STATE OF FLA		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5801 MARINA DR		HOLMES BEACH		FL		34217		941 778-2677																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		GOVERNMENT AGENCY																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		N		N						0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		S-Suspect A-Arrestee		R-Rec. Missing Z-other		A 1 FLOYD		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1202 22ND AVE W		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee		A		1				FLOYD		NORTH CAROLINA		941 704-6127											
Maiden Name		Nickname/Street Name		City		State		Zip		Business Phone															
				PALMETTO		FL		34221		-															
Last Known Address (Street, Apt. Number)		Employer/School		Address		Social Security Number																			
1202 22ND AVE W						-																			
Occupation		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							
I		M		01/08/1973		45		510		190		BRO		BRO		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
DK		MED		B																					
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. HURT		339																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. COPEMAN		307		307		10/27/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1		of											

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180769

ADM	Date of Supplement _/_/___		Victim #1 Name (Last, First, Middle) STATE OF FLA																						
	Original Date 10/26/2018		Primary Offense Description TRAFFIC/DWLS																						
CODES	V/W Code V - Victim W - Witness C - Reporting Person		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		Race N-N/A W-White B-Black		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal												
	Injury Type 00. N/A 01. Gunshot 02. Stabbed				03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known				
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2		V/W Code #		V. Type		Name (Last, First, Middle or Business)										Residence Phone								
	Address (Street, Apt. Number)		City		State		Zip																		
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 2.#2		V/W Code #		V. Type		Name (Last, First, Middle or Business)										Residence Phone									
Address (Street, Apt. Number)		City		State		Zip																			
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 2.#2		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)										Residence Phone					
Maiden Name		NickName/Street Name		Place of Birth		City		State		Zip															
Last Known Address (Street, Apt. Number)		City		State		Zip																			
Occupation		Employer/School		Address																					
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number																			
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
OFF/INC Indicator 1.#1 2.#2		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)										Residence Phone					
Maiden Name		NickName/Street Name		Place of Birth		City		State		Zip															
Last Known Address (Street, Apt. Number)		City		State		Zip																			
Occupation		Employer/School		Address																					
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number																			
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
Incident Type 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary 8. Adult 8. Unknown		Foul Play Suspected ? 1. Yes 2. No		Missing Before ? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown		Dental Record Available 1. Yes 2. No 8. Unknown		MCIC Form Provided ? 1. Yes 2. No									
Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)				Accompanied By																	
Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)																	
Property Carried				ID. Type/Number				ID. Type/Number																	
Probable Destination				Name/Address				Transportation Mode																	
Recovery Information				0. N/A 1. Voluntary				2. Located- Not Returned				3. Hospitalized 4. HRS Custody				5. Law Enforcement Custody 6. Returned to Parent				7. Deceased 9. Other					
ADMINISTRATIVE		Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date															
		A. HURT		339						10/27/2018															
		Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By													
		SGT. COPEMAN		307																					
		Signature of Officer Reviewing																							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180769

ADM	Date of Supplement _ / _ / _		Primary Offense Description TRAFFIC/DWLS					Victim #1 Name (Last, First, Middle) STATE OF FLA					Agency Report Number 20180769	
	Original Date Reported 10/26/2018													
THEFT	Theft Type Codes											Theft Type 00		
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other													
CODES	Person Codes			Status Codes			Damage Codes							
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense 9. Other				
PROPERTY	Property Type											Model Name/Number X9311A		
	A. Auto Accessory/Parts E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Y. Farm Equipment C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable Z. Miscellaneous D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor I. Plant/Citrus N. Construction Machinery S. Sports Equipment X. Structure													
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	A	1	1	8	0	A	1	LICENSE PLATE		FL	X9311A			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) 1 FL LICENSE PLATE (X9311A)							
Value				Value Recovered				Date Recovered		SCIC/NCIC				
								_ / _ / _						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value				Value Recovered				Date Recovered		SCIC/NCIC			
								_ / _ / _						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value				Value Recovered				Date Recovered		SCIC/NCIC			
								_ / _ / _						
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value				Value Recovered				Date Recovered		SCIC/NCIC			
								_ / _ / _						
TOTALS	Property Stolen				0.00				Change in Property Stolen Value					
	Property Recovered				0.00				Change in Property Recovered Value					
CODES	Activity			Type			Unit							
	R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Barbiturate C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment				
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value					
PROP. DETAIL / NARR.	SEE NARRATIVE													
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date				
	A. HURT		339							10/27/2018				
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By			
SGT. COPEMAN		307												
Signature of Officer Reviewing										Page		Page		
										2		of		

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180769

ADM	Date of Supplement ____/____/____		Primary Offense Description TRAFFIC/DWLS					Victim #1 Name (Last, First, Middle) STATE OF FLA				
	Original Date Reported 10/26/2018											
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other		Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other		Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other		Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local	
	Person Code A	Person # 1	Vehicle # 1	Status 9	Damage 0	Type 1	Year 2002	Make CHEVY	Model 1500	Style PU		
VEHICLE / VESSEL	Tag Reg./Doc. # X9311A		Reg. State		Reg. Year		Decal Number		Tag Type			
	VIN/Hull/FAA 1GCHC29U42E132874								Estimated Value			
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder							
	Color (Top/Bottom) GRAY		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)									
	Vessel Name		Length		Hull Material		Propulsion		Boat Type			
	Recovery Address/Geographic Indicator						Date Recovered		Value Recovered			
	Recovery Loc.	Recovery Code	Original Reporting Agency		Report Number		Hold Y - Yes N - No	Reason/Authority				
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.									
	Towed By BARFIELDS TOWING		Storage Location 1810 67TH AVE E		SCIC/NCIC		Location of Original Theft					
	Person Code		Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style	
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type				
VIN/Hull/FAA								Estimated Value				
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder								
Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)										
Vessel Name		Length		Hull Material		Propulsion		Boat Type				
Recovery Address/Geographic Indicator						Date Recovered		Value Recovered				
Recovery Loc.	Recovery Code	Original Reporting Agency		Report Number		Hold Y - Yes N - No	Reason/Authority					
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.										
Towed By		Storage Location		SCIC/NCIC		Location of Original Theft						
SEE NARRATIVE.												
ADMINISTRATIVE	Signature of Officer Reporting			Name of Officer Reporting A. HURT			I.D. Number/Locator Code 339		Unit			
	Signature of Officer Reviewing			Officer Reviewing (If Applicable) SGT. COPEMAN			I.D. Number 307		Date 10/27/2018			
	Routed To		Referred To		Assigned To		By		Date			
	Case Status		Clearance Type 1. Arrest 2. Exceptional 3. Unfounded		A-Adult J-Juvenile		Date Cleared		Arrest Number		Number Arrested	
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile Custody		OBTS Number		Page 3	Page of	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

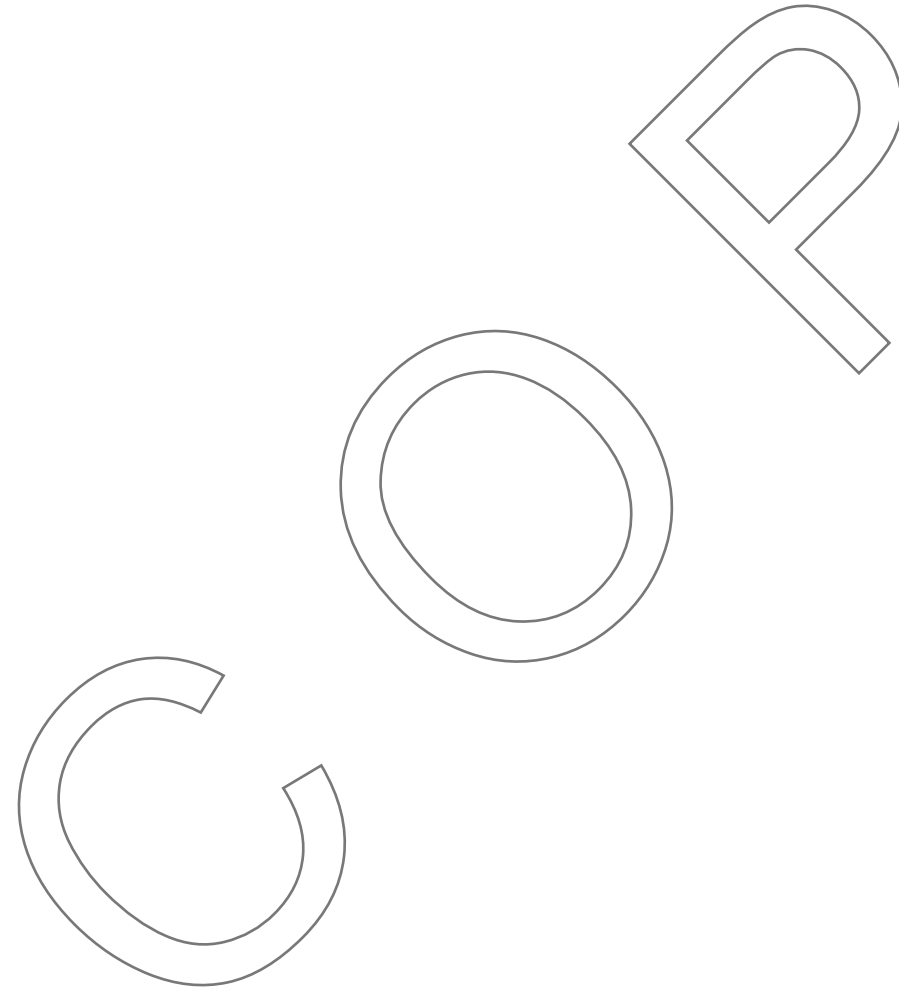
Agency ORI Number **FL0410400** Agency Report Number **20180769**

ADM
 Date of Supplement
 ___/___/___
 Original Date Reported
10/26/2018

Case Reference
TRAFFIC/DWLS

WHILE ON PATROL, I WAS TRAVELING BEHIND A PICKUP TRUCK ON MANATEE AVE. WHILE RUNNING RANDOM TAGS I RAN THE FL LICENSE PLATE X9311A, WHICH WAS ATTACHED TO THE PICK UP TRUCK IN FRONT OF ME. THE LICENSE PLATE RETURNED AS STOLEN OUT OF SARASOTA COUNTY. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE IN THE 300 BLOCK OF 43D ST. I MADE CONTACT WITH THE DRIVER WHO PRESENTED ME WITH A FL ID CARD AND IDENTIFIED HIMSELF AS TIMMY D. FLOYD.MR.FLOYD WAS DETAINED WHILE I COMPLETED MY INVESTIGATION. I RAN THE VIN TO THE TRUCK THROUGH FCIC/NCIC AND IT WAS RETURNED AS A UNREGISTERED MOTOR VEHICLE. WHEN ASKED ABOUT THE TRUCK AND THE TAG MR. FLOYD STATED HE JUST BOUGHT THE TRUCK FROM A FRIEND, AND THE TAG WAS ALREADY ATTACHED TO THE TRUCK. I RAN MR.FLOYD THROUGH THE DAVID SYSTEM AND WAS ABLE TO FIND THAT MR.FLOYD HAD NUMEROUS SUSPENSIONS ON HIS LICENSE INCLUDING ONE FOR DWLS.MR.FLOYD WAS ISSUED 2 SUMMONS TO APPEAR ONE FOR DWLS-2ND OFFENSE AND ONE FOR OPERATING AN UNREGISTERED MOTOR VEHICLE. MR.FLOYD WAS ALSO ISSUED 2 CITATIONS 1 FOR NO REGISTRATION AND 1 FOR NO INSURANCE. THE LICENSE PLATE (X9311A) WAS SEIZED AND BARFIELDS CAME TO THE SCENE AND TOWED THE TRUCK. NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

NARRATIVE



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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1																			
ADM		Date of Supplement _/_/____				Holmes Beach Police Department				Agency Report Number 20180770		Primary Offense Description DRIVERS LICENSE																					
EVENT DATA		Original Day Reported Sat		Date 10/27/2018		Time (mil) 1230		Time Dispatched (mil) 1230		Time Arrived (mil) 1230		Time Completed (mil) 1330																					
EVENT DATA		Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Sat		Date 10/27/2018		Time (mil) 1230		Day Sat		Date 10/27/2018		Time (mil) 1230															
EVENT DATA		OFF/INC #1 4		Type 4		Description DRIVERS LIC		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub 322 - 34 (2B)				NCIC/UCR Code 9000																	
EVENT DATA		OFF/INC #2 4		Type 4		Description WRECKLESS		A-Attempted C-Committed		C		316 - 646 (4)				9000																	
EVENT DATA		Incident Location (Street Number, Street, Apt.) 4100 S.R. 789				City HOLMES BEACH				Zip 34217		District		Grid 2		Area W80		Zone W80															
EVENT DATA		Business Name/Area Identifier				Forced Entry 0. N/A 1. Yes				2. No		Occupancy 0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0																	
EVENT DATA		Location Type 01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel				05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket				10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.				15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison				20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure				25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle				30. Other Mobile 99. Other		26					
EVENT DATA		# OFF/INC. 2		# Victims 1		# Offenders 1		# Prem. Ent. 0		# Veh. Stolen 0		Type of Weapon 00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00									
CODES		V/W Code V - Victim W - Witness C - Reporting Person		O - Other		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		Sex N - N/A M - Male F - Female U - Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal											
CODES		Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known													
VICTIM / WITNESS		OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 1		# 1		V. Type 5		Name (Last, First, Middle or Business) STATE		City OF		State FLORIDA		Zip		Residence Phone - - - - -		Business Phone - - - - -													
VICTIM / WITNESS		Address (Street, Apt. Number)				City				State				Zip				Business Phone - - - - -															
VICTIM / WITNESS		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																											
VICTIM / WITNESS		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>							
VICTIM / WITNESS		OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 3		# 3		V. Type A		Name (Last, First, Middle or Business) CASTRO ESPINOZA		City FRANCISCO		State JAVIER		Zip		Residence Phone - - - - -		Business Phone - - - - -													
VICTIM / WITNESS		Address (Street, Apt. Number)				City				State				Zip				Business Phone - - - - -															
VICTIM / WITNESS		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																											
VICTIM / WITNESS		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>							
SUSPECT		OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code A		Susp.# 1		Juvenile 2		Name (Last, First, Middle) CASTRO ESPINOZA		City FRANCISCO		State JAVIER		Zip		Residence Phone - - - - -		Business Phone - - - - -											
SUSPECT		Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone - - - - -																			
SUSPECT		Last Known Address (Street, Apt. Number) 6120 14TH ST. W. LOT 41				City BRADENTON				State FL				Zip 34207				Business Phone - - - - -															
SUSPECT		Occupation				Employer/School				Address				Social Security Number - - - - -																			
SUSPECT		Driver's License Number/State C236250871280 FL				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC															
SUSPECT		Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																											
SUSPECT		Race W		Sex M		Date of Birth 04/08/1987		Age 31		Height 5-11		Weight 175		Eye Color BRO		Hair Color BRO		Hair Length		Hair Style													
SUSPECT		Complexion LT		Build THN		Facial Hair		Teeth		Speech/Voice		Special Identifiers																					
NARRATIVE																																	
ADMINISTRATIVE		Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting JASON HIGGINS				I.D. Number/Locator Code 331															
ADMINISTRATIVE		Signature of Officer Reporting				Officer Reviewing (If Applicable) SGT. COPEMAN				I.D. Number 307				Unit				Date 10/27/2018															
ADMINISTRATIVE		Signature of Officer Reviewing				Routed To				Referred To				Assigned To				By				Date											
ADMINISTRATIVE		Case Status CA				Clearance Type 1.Arrest 2.Exceptional 3.Unfounded 4. V / W Refused to Cooperate				1				A-Adult J-Juvenile A				Date Cleared 10/27/2018				Jail Number				Number Arrested 1							
ADMINISTRATIVE		Exception Type 1.Extradition Declined				2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender				4. V / W Refused to Cooperate				5. Prosecution Declined				6. Juvenile/No Custody				OBTS Number				Page 1 of 4			

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180770

ADM	Date of Supplement ____/____/____		Holmes Beach Police Department					Agency Report Number 20180770							
	Original Date Reported 10/27/2018		Primary Offense Description DRIVERS LICENSE		Victim #1 Name (Last, First, Middle) STATE OF FLORIDA										
THEFT	Theft Type Codes										Theft Type 00				
	00. N/A 01. Burglary		02. Robbery 03. Shoplifting		04. Pocket Picking 05. Purse Snatching		06. Embezzlement 07. From Coin Oper. Machine		08. From Public Access Building 09. From Vehicle 10. Extortion			11. By Computer 12. Fraud 99. Other			
CODES	Person Codes			Status Codes			Damage Codes								
	V - Victim S - Suspect A - Arrestee O - Other			1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other								
PROPERTY	Property Type														
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure		Y. Farm Equipment Z. Miscellaneous
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	R		1	1	8	0	Z	1	INSURANCE CARD		INFINITY				
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) 1 PAPER CARD OF INFINITY INSURANCE.								
PROPERTY	Value			Value Recovered			Date Recovered			SCIC/NCIC					
							10/27/2018								
	Description (Size, Color, Caliber, Barrel Length, Etc.)														
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
PROPERTY															
	Description (Size, Color, Caliber, Barrel Length, Etc.)														
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)								
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
PROPERTY															
	Description (Size, Color, Caliber, Barrel Length, Etc.)														
	Value			Value Recovered			Date Recovered			SCIC/NCIC					
TOTALS	Property Stolen		0.00					Change in Property Stolen Value							
	Property Recovered		0.00					Change in Property Recovered Value							
	Activity														
CODES	Activity			Type			Description			Quantity		Unit	Estimated Street Value		
	P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment	S. Synthetic U. Unknown Z. Other	1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item	
DRUGS	Activity		Type	Description			Quantity		Unit	Estimated Street Value					
	Activity		Type	Description			Quantity		Unit	Estimated Street Value					
	Activity		Type	Description			Quantity		Unit	Estimated Street Value					
PROP. DETAIL / NARR.	(1) PAPER CARD OF INSURANCE USED WHEN FICTICIOUS.														
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date					
	JASON HIGGINS		331							10/27/2018					
	Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date							
SGT. COPEMAN		307													
Signature of Officer Reviewing										Page	Page				
											2 of 4				

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180770**

Date of Supplement ___/___/___
Original Date Reported 10/27/2018

Case Reference

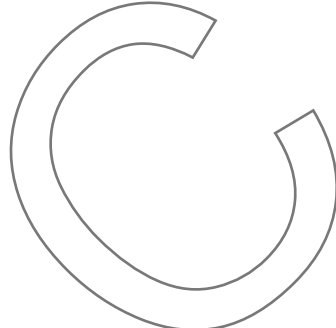
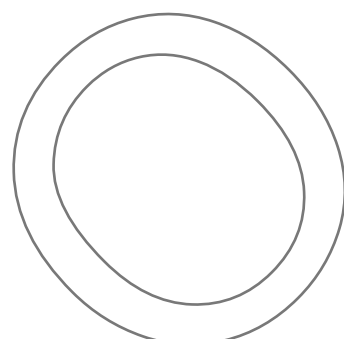
NARRATIVE

I WAS BEHIND VEHICLE ON GULF DRIVE AND I RAN TAG (878NDY) THROUGH IN-CAR FCIC/NCIC AND THE REGISTRATION RETURNED WITH FRANCISCO JAVIER CASTRO EPINOZA AS OWNER: WITH ADMINISTRATIVE NUMBER OF C236250871280. I RAN THAT THROUGH IN-CAR COMPUTER AND IT ADVISED IMPOUND VEHICLE IF DRIVER IS OWNER OR CO-OWNER. THE QUERY ALSO ADVISED THAT REGISTERED OWNER DOESN'T HAVE A LICENSE, AND IT DISPLAYED A LAUNDRY LIST OF SUSPENSIONS.

I INITIATED A TRAFFIC STOP ON VEHICLE AND MADE CONTACT WITH THE AFOREMENTIONED, WHO WAS IN PHYSICAL CONTROL OF THE VEHICLE. UPON CONTACT, I WAS GIVEN A FLORIDA IDENTIFICATION CARD, AND INSURANCE CARD. I TOLD SUBJECT HE SHOULDN'T BE DRIVING. HE REPLIED, "I HAD TO WORK FOR MY BOSS TODAY." WITH 3 RECENT FINANCIAL RESPONSIBILITY SUSPENSIONS, I CALLED INFINITY INSURANCE AND TALKED TO THEIR CUSTOMER SERVICE DEPARTMENT AND SPOKE TO AN AGENT. I READ OFF INFINITY POLICY NUMBER: 109910765683001-02967 AND HE ADVISED THAT THE POLICY HAS BEEN CANCELLED AND HE HAS NO INSURANCE.

I ISSUED A SECOND OFFENSE DRIVING WHILE LICENSE SUSPENDED SUMMONS F.S.S. 322.34 (2)(B), AND A MISREPRESENTATION OF INSURANCE SUMMONS F.S.S. 316.646 (4). I TOWED HIS VEHICLE BY MEANS OF ELMER'S TOWING. DUE TO THE STATE OF FLORIDA WISHING TO IMPOUND HIS VEHICLE, I PLACED A COURT ORDERED IMPOUND HOLD ON THE VEHICLE.

INSURANCE CARD WAS SEIZED AND PLACED INTO PROPERTY AND EVIDENCE.



Report Contains SIGNED SUMMONSES, SEIZED INSURANCE CARD.	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT .COPEMAN	I.D. Number 307	Unit 331
Signature of Officer Reviewing	Routed To	Referred To	Assigned To 10/27/2018
Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	3.Unfounded 1	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared 10/27/2018
OBTS Number		Arrest Number 1	Number Arrested 1
Page 3		Page 4	

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180770

ADM	Date of Supplement _ / _ / _		Primary Offense Description DWLS 2ND OFFENSE						Victim #1 Name (Last, First, Middle) CASTRO ESPINOZA FRANCISCO JAVIER																										
	Original Date Reported 10/27/2018																																		
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious		Damage Code 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense		Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial		Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local																								
	Person Code A		Person # 1		Vehicle # 1		Status 5		Damage 0		Type 2		Year 2002		Make FORD		Model F150		Style TRUCK																
VEHICLE / VESSEL	Tag Reg./Doc. # 878NDY		Reg. State FL		Reg. Year 2018		Decal Number		Tag Type FL		VIN/Hull/FAA 1FTNX20L92EB27374		Estimated Value \$2,000																						
	Condition <input type="checkbox"/> 1. Window Closed		<input type="checkbox"/> 2. Locked		<input checked="" type="checkbox"/> 3. Keys in Ignition		Insurance Company NONE		Lien Holder NONE		Color (Top/Bottom) SIL		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) REGULAR WORK TRUCK DAMAGE																						
	Vessel Name		Length		Hull Material		Propulsion		Boat Type		Recovery Address/Geographic Indicator		Date Recovered _ / _ / _		Value Recovered																				
	Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No		Reason/Authority		Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																				
	Towed By		Storage Location		SCIC/NCIC		Location of Original Theft		Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style								
	Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type		VIN/Hull/FAA		Estimated Value		Condition <input type="checkbox"/> 1. Window Closed		<input type="checkbox"/> 2. Locked		<input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder		Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)								
	Vessel Name		Length		Hull Material		Propulsion		Boat Type		Recovery Address/Geographic Indicator		Date Recovered _ / _ / _		Value Recovered		Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No		Reason/Authority								
	Towed By		Storage Location		SCIC/NCIC		Location of Original Theft		Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																								
	VEHICLE INV. / NARRATIVE <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> </div>																																		
	ADMINISTRATIVE	Signature of Officer Reporting						Name of Officer Reporting JASON HIGGINS						I.D. Number/Locator Code 331						Unit 8															
Signature of Officer Reviewing						Officer Reviewing (If Applicable) SGT. COPEMAN						I.D. Number 307						Date 10/27/2018																	
Routed To						Referred To						Assigned To						By						Date _ / _ / _											
Case Status CA						Clearance Type 1. Arrest 2. Exceptional 1						A-Adult J-Juvenile A						Date Cleared 10/27/2018						Arrest Number 1						Number Arrested 1					
Exception Type 1. Extradition Declined						2. Arrest on Primary Offense Secondary Offense Without Prosecution						3. Death of Offender 4. V / W Refused to Cooperate						5. Prosecution Declined 6. Juvenile/No Custody						OBTS Number						Page 4 of 4					

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report	N	Juvenile Warn/Dismiss	1. Original	2. Supplement	1						
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
//____												20180771		COV/NOISE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		10/28/2018		1202		1202		1210		1223															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From Sun		10/28/2018		1202		To Sun		10/28/2018		1202									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/NOISE				C		0 - 0 (0)		0000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
520		58TH ST.		HOLMES BEACH		34217						W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
PRIVATE RESIDENCE		0. N/A 1. Yes		2. No		2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0													
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				03											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other		00			
VW Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		O - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		09. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known									
OFF/INC Indicator		VW Code #		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone											
1.#1 3.Both 2.#2		1 V 1		5		CITY OF		HOLMES		BEACH															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		VW Code #		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone											
1.#1 3.Both 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)		City		State		Zip		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect A-Arrestee E-Escapee Z-Other		S		1		2		GARCIA		FILEMON		FIENDA		941 465-5630									
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5804 7TH ST. E.		BRADENTON		FL		34203																			
Occupation		Employer/School		Address		Social Security Number																			
LANDSCAPING		GARICA LANDSCAPING		5804 7TH ST. E.																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
NONE		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
SHIRT / JEANS																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		07/20/1971		47		5-6		140		BRO		BLK											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		MED																							
I RESPONDED TO AFOREMENTIONED ADDRESS, AND DIDN'T HEAR NOISES THAT WOULD CONSTITUTE A NOISE VIOLATION. I OBSERVED TWO CHAINSAWS AND A POLE SAW ON THE GROUND. OFFICER DIEHL AND I SPOKE WITH SUBJECT WHO COULD COMMUNICATE IN LIMITED ENGLISH. HE SAID HE WAS INVITED HERE BY HOME OWNER TO FINISH UP ON A TREE THAT THEY HAVE BEEN WORKING ON. SUBJECT WAS UNAWARE OF CITY ORDINANCES AND WAS SINCERELY APOLOGETIC. OFFICER DIEHL MADE CONTACT WITH HOME OWNER AND HE SAID HE SAID HE SOLICITED THEM AND FORGOT ABOUT ORDINANCE. SUBJECT LEFT SCENE WITHOUT ISSUES AND WILL RETURN DURING NORMAL WORKING TIME.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						JASON HIGGINS		331																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. V. MCGOWIN		304		PATROL		10/28/2018																	
Signature of Officer Reviewing		Routed To		Referred		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
I																									
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined		6. Juvenile/No Custody		OBTS Number		Page		Page									
1.Extradition Declined														1		of 1									

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: Y	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180773		COV/ALCOHOL											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		10/28/2018		1750		1756		1800		1930															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sun		10/28/2018		1740		Sun		10/28/2018		1750									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
5		COV/ALCOHOL		C		0 - 6		(6-3A)		0000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
7306 GULF DR		HOLMES BEACH		34217		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																					
LA CASA COSTIERA		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
02. Apartment/Condo		06. Gas Station		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. Govt/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				02									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		2		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		CITY OF HOLMES BEACH															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5801 MARINA DR		HOLMES BEACH		FL		34217																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		GOVERNMENT AGENCY																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2																									
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)															
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. HURT		339																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		Unit		Date																			
		SGT. COPEMAN		307		10/29/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				J		10/28/2018				2											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1		3											

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180773

ADM	Date of Supplement ____/____/____	Primary Offense Description COV/ALCOHOL		Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH								
	Original Date 10/28/2018											
CODES	V/W Code V - Victim W - Witness C - Reporting Person O - Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other	Race N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal					
	Injury Type 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known										
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2 3.Both	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone					
	Address (Street, Apt. Number)			City	State	Zip	Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
VICTIM / WITNESS	OFF/INC Indicator 1.#1 2.#2 3.Both	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone					
	Address (Street, Apt. Number)			City	State	Zip	Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2 3.Both	Suspect Code S-Suspect A-Arrestee E-Escapee M-Missing R-Rec. Missing Z-other	Code	Susp. #	Juvenile	Name (Last, First, Middle)			Residence Phone			
	Maiden Name		Nickname/Street Name		Place of Birth			Residence Phone				
Last Known Address (Street, Apt. Number)			City	State	Zip	Business Phone						
Occupation		Employer/School		Address			Social Security Number					
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number	SCIC/NCIC					
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2 3.Both	Suspect Code S-Suspect A-Arrestee E-Escapee M-Missing R-Rec. Missing Z-other	Code	Susp. #	Juvenile	Name (Last, First, Middle)			Residence Phone			
	Maiden Name		Nickname/Street Name		Place of Birth			Residence Phone				
Last Known Address (Street, Apt. Number)			City	State	Zip	Business Phone						
Occupation		Employer/School		Address			Social Security Number					
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number	SCIC/NCIC					
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style		
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary 8. Adult 9. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available 1. Yes 2. No 8. Unknown	MCIC Form Provided? 1. Yes 2. No					
	Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)			Accompanied By						
Mental/Physical Condition			Medication Required/Type			Doctor/Dentist (Name, Phone Number)						
Property Carried		ID. Type/Number			ID. Type/Number							
Probable Destination			Name/Address		Transportation Mode							
Recovery Information		0. N/A 1. Voluntary	2. Located- Not Returned	3. Hospitalized 4. HRS Custody	5. Law Enforcement Custody 6. Returned to Parent	7. Deceased 9. Other						
Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit	Date 10/29/2018					
Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date ____/____/____					
Signature of Officer Reviewing							Page of					

NARRATIVE CONTINUATION

1. Offense	<input checked="" type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number			Agency Report Number		
FL0410400			20180773		

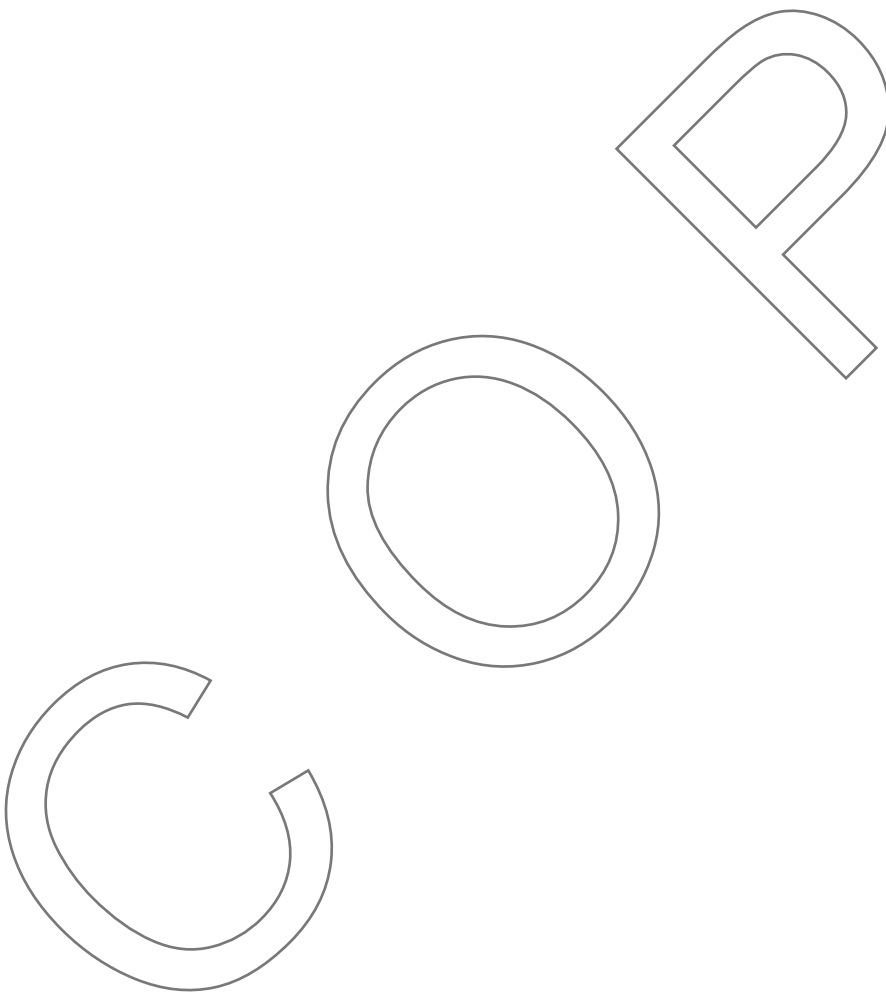
Holmes Beach Police Department

Date of Supplement	___/___/___
Original Date Reported	10/28/2018

Case Reference
COV/ ALCOHOL

2WHILE ON ROUTINE PATROL, I WAS DISPATCHED TO 7306 GULF DR. IN REFERENCE TO SOME MINORS IN A PRIVATE POOL POSSIBLY DRINKING ALCOHOL. ONCE ON SCENE MYSELF AND OFC JOSH BETTS WERE ABLE TO LOCATE 10 JUVENILES IN THE POOL OF LA CASA COSTIERA. WE WERE ABLE TO SPOT BUD LIGHT CANS SCATTERED THROUGHOUT THE POOL AREA. THE INDIVIDUALS ALL IDENTIFIED THEMSELVES AND WERE ALL UNDER THE AGE OF 18. THE 2 LISTED MALES WERE OBSERVED TO BE IN POSSESSION OF ALCOHOL AND WERE CITED FOR POSSESSION/CONSUMING ALCOHOL IN PUBLIC. PARENTS WERE NOTIFIED FOR ALL PARTIES INVOLVED AND CAME TO PICK UP EVERYBODY. NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	SGT. COPEMAN	307	10/29/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date
Case Status	Clearance Type	1.Arrest	3.Unfounded
CA		1	J
Exception Type	1.Extradition Declined	2. Arrest on Primary Offense	3. Death of Offender
		Secondary Offense Without Prosecution	4. V / W Refused to Cooperate
		5. Prosecution Declined	6. Juvenile/No Custody
		Date Cleared	Arrest Number
		10/28/2018	2
		OBTS Number	Page
			3 of 3
		Number Arrested	Page
		2	3