FL0410400 Gang Related 2 OFFENSE-INCIDENT REPORT												Juvenile in Repor			uvenile /arn/Dismis	ss:		1. Original 2. Supplem	nent: 1	
ADM	Date of Supp	lement /			Но	lme	es Bea	.ch	Police	Depa	rtment	2	Agency Re	eport Numb		UI	Primary Offense Description			
_	Original Day		_	Date					ne (mil)		ne Dispatched (mil)		Tim	ne Arrived (ı				-	leted (mil)	
	Reported Incident Type		ed	10)/31/2	018	Incident: Day		0050 Date		0050 Time (mil)	1		0050 Day	Da	ıte.	Ш_	0430	Time (mil)	
	Felony Traffic Felo	3.	Misdemeanor Traffic Misdem	neanor	OrdinanOther	ce	From	Wed	1	1/2018		1	То	Wed			1/201	.8	043	
	OFF/INC # 1	Туре	Descriptio	on					A-Attempted	i	Statute Vio	lation Numb			Sub				NCIC/UCF	? Code
	OFF/INC	4	DUI-U	NLAW	BLD A				C-Committed	С	316	-	1	.93	(4)		
EVENT DATA	# 2 Incident Loca	ation (Stre	eet Number, S	Street. An	t.)				A-Attempted C-Committed			- Zip		Distric	()	Grid) Area	1 :	Zone
INT	800)	MANATE			' во	UND		HOLMES B	EACH		342	217							
EVE	Business Na	me/Area lo	dentifier											0. N/A 1. Yes	2. No	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Occupancy 0. N/A 1. Occupied	2. L	Jnoccupied Abandoned	0
	Location Typ 01. Residence			nvenience as Station	Store). Dept/Discount . Specialty Store		15. li	ndustrial/Mfg.		20. Religiou 21. Airport	us Bldg.		25. Par	king Lot/Ga hway/Road	arage		30. Other	
	 Apartment Residence 	/Condo e-Other	07. Liq 08. Bar	uor Sales r/Nightclub		12 13	2. Drug Store/Hos 3. Bank/Financial	spital Inst.	17. G 18. S	Sov't/Public Blo school/Univers		22. Bus/Ra 23. Constru	ction Site		27. Par 28. Lak	k/Woodland e/Waterway	ds/Field		oo. Ou loi	
	04. Hotel/Mote			permarket Offenders	# Prei	14 n. Ent.	# Veh. Stolen			ail/Prison Rifle	05. Knife/Cutting	24. Other S	Structure Hands/Fist/	/Foot		tor Vehicle Incendiary		13. Drug	20	26
	1		L	1)	0	00. N	I/A 03.	Shotgun Firearm	Instrument 06. Blunt Object	08.	Poison Explosives	11 661	11. Thre	et/Intimidati lated Wear	ion	88. Unk 99. Othe	nown	00
	V/W Code V - Victim	0-0	Other	Victim Ty 0. N/A		4. Busine	ess	Race N - N/A	I - Americar	n Indian	<u>Sex</u> N - N/A	Reside 0. N/A	ence Type 3. Flo	orida		Residence 0. N/A	<u>Status</u>		Extent of Inj	ury
S	W - Witness C - Reporting	Person		1. Juvenil 2. L.E. Of	ficer	5. Govern 6. Church		W - Whi			M - Male F - Female	1. City 2. Cou		ıt-of-State		Full Yea Part Yea	ar 🔪	/ 2	1. Minor 2. Serious	
CODES	Injury Type	03. La	ceration	3. Adult	07. Loss of T	9. Other	Victim R	elationsl	hip To Offender	06 F	U - Unknown Parent	10. Step-Chil	d 14	. Teacher		3. Non-Re			3. Fatal Employer	
0	00. N/A 01. Gunshot	04. Ur	conscious ss. Broken Bo		08. Burns 09. Abrasions		00. N/A 01. Unde	etermined	03. Spouse 04. Ex-Spou	07.	Prother/Sister Child	11. In-Law 12. Other Fal	15	i. Child of Bo Friend	y/Girl	18. Neigh		22.	Landlord/Te Acquaintand	
	02. Stabbed OFF/INC India		ss. Internal Inj		99. Other Na	ne (Last	02. Strar , First, Middle o	-	05. Co-Habi	tant 09. S	Step-Parent	13. Student	16	i. Boy/Girl Fr	iend	20. Emplo	•		Other Know	n
ESS	1.#1 2.#2 3.Both Address (Street	1	•	1 .	5 s:	CATE	OF FLO	RID	A City	\langle			ate	Zip				 Business		
VICTIM / WITNESS			-						City					-						
/ MI	Other Contac	into. (III	ie Avaliabie, i	interpreter	, etc.)						\	Synopsis	of Involve	ment						
VICT	If V/W Code i V, W or C		om. Violence	Race N	Sex N	Date	of Birth		Age Re	es. Type F	Res. Status Ext	ent of Injury	Injury 00	Type(s)	Relation	•	hnicity V		m prefer cha	_
0	Fill in this Lir OFF/INC Indica 1.#1 2 Poth		//W Code	# V. T		ne (Last	, First, Middle o	or Busine	ess)	U			00	- 00	00	<u>, </u>	-		ce Phone	
NES	1.#1 3.Both 2.#2 Address (Stre	et, Apt. N	umber)				_/		City			Sta	te	Zip			- 	 Business	s Phone	
/ WITNESS	Other Contac	Info (Tin	ne Available I	Interpreter	etc \		//					Synopsis of	Involveme	ant						
TIM /			,		, ,							., .,								
VICTIM	If V/W Code i V, W or C Fill in this Lir		om. Violence	Race	Sex	Date	of Birth		Age Re	es.Type R	tes. Status Exter	nt of Injury	Injury	/ Type(s)	Relation	nship Eth	hnicity V		m prefer cha	
	OFF/INC Indi 1.#1 3.Both 2.#2	_	Suspect Code S-Suspect E- A-Arrestee M-	Escapee		ng Co	de Susp.#	Juvenill 2	e Name (Last, Fir	1 1	•			SONJA	ı		LEI	E		
	Maiden Name		Traicatec III	wissing	L outci	١.	kname/Street N		/			e of Birth					Residen	ce Phon		
	Last Known A	ddress (S	treet, Apt. Nu	ımber)			$\overline{}$		City	/	FI		State	Zip)		Busines:		3-3436	
	10215 Occupation	MANA'	ree av	E #10		ployer/S	School	_	BRA	DENTON Address			FL	34	4209		Social S	ecurity N	- Number	-
CT	SERVER Driver's Licen		u lOtate	$\overline{}$	В		VANS migration and N	lati wali za	dian Number		ENTON Other I.D. Number		LODTO	Number (A			SCIC/NC		·	
SUSPECT	W25379	2/117 <i>)</i>		~	FL		nigration and N	laturaliza	ation Number		other I.D. Number		ОВТ	Number (A	irrestea)		SCIC/NC	,IC		
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	Race W	Sex F\	Date of	Birth)1/19	71	١.	ge 17		Height 5 - 7		ight 35	Eye Color BRO		Hair Co		Ha	air Length L		Hair S	-
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	Person/Unit I	Notified			1	Time		Re	elated Report Num	ber(s)		fficer Report	_			I.D. Numbe	er/Locator	Code		
ΓIVE	Signature of	Officer Re	porting						g (If Applicable)		I.D. Numbe	1. VAN	HOKN	U	Init	338		Date		
TRAI	Signature of	Officer Re	viewing				SGT .		PIERCE	eferred To	309	Assigned T	0	В	Ву			1 C)/31/2	:018
ADMINISTRATIV	Case Status			<u> </u>	Clearance 1	ype .	Arroct	211-4	undad		ıl+	Date Clea	red	Г	Jail Nur	nber			_//_ Number A	rrested
ADM		C	A				.Arrest 2.Exceptional	3.Unfo	1	A-Adu J-Juve			1/201	L8					1	L
,	Exception Ty 1.Extradition [2. Arre Sec	est on Prim condary Of	nary Offense fense Withou	t Prosecu			of Offender Refused to Coopera	ite	5. Prosecution De 6. Juvenile/No Cu				OBTS N	umber			Page 1 of	Page f 2

	Date of Supplement
ADM	//
ΑĽ	Original Date Reported
	10/31/2018
	INFORMATION:

Holmes Beach Police Department

1. Offense 2. Arrest	2	Juvenile Warn/Dismiss		1. Original 2. Supplement	1
Agency	ORI	Number	Age	ncy Report Number	
FL0	410	400	20	180774	

Case Reference
DUI

I ASSISTED OFC A. DESANTIS WITH A DUI ARREST. OFC DESANTIS STOPPED THE VEHICLE FOR SPEED 59/35 AND ALSO NOTED VEHICLE WEAVING ACROSS YELLOW CENTER LINE MARKINGS OF EAST BOUND MANATEE AVE CROSSING THE BRIDGE IN THE 800 BLOCK. WHEN I CONTACTED THE FEMALE DRIVER, I IMMEDIATELY NOTICED THE STRONG SMELL OF INTOXICANTS EMANATING FROM HER BREATH. I ALSO NOTICED SLURRED SPEECH, WATERY EYES. I ASKED HER TO STEP FROM THE VEHICLE AND NOTICED SHE HAD VERY POOR BALANCE. I ADVISED OFC DESANTIS THAT I WOULD PROCEED WITH THE PROCESS OF ASCERTAINING IF THE DRIVER WAS INDEED DUI.

SOBRIETY EXERCISES:

I READ THE SFST INSTRUCTIONS AND ASKED THE DRIVER SONJA WASMUTH TO PERFORM THE SOBRIETY EXERCISES. I FIRST CHECKED HER EYES UTILIZING THE HORIZONTAL GAZE NYSTAGMUS AND NOTED 6 POINTS LEADING TO BELIEVE INTOXICATION. SHE PERFORMED POORLY ON THE WALK AND TURN, MISSING HEEL TO TOE WITH LARGE GAPS IN HER STEPS. SHE ALSO USED HER ARMS FOR BALANCE. I STAYED CLOSE ENOUGH TO CATCH WASMUTH IF SHE FELL AS HER BALANCE WAS POOR. I RAISED MY ARMS AT ONE POINT TO ENSURE I COULD PREVENT HER FROM FALLING. HER ONE LEG STAND WAS ALSO POOR, SHE DID NOT LOOK AT HER TOE AND PUT HER FOOT ON THE GROUND AT THE COUNT OF SIX. SHE ALSO USED HER ARMS FOR BALANCE. SHE RECITED THE ALPHABET CORRECTLY. SHE PERFORMED POORLY ON COUNTING BACKWARDS FROM 85 TO 68 AND HER FINGER COUNT DEXTERITY WAS POOR, MISSING HER FINGER TIPS AND MISCOUNTING FROM 4 TO 1.

ARRESTED:

NARRATIV

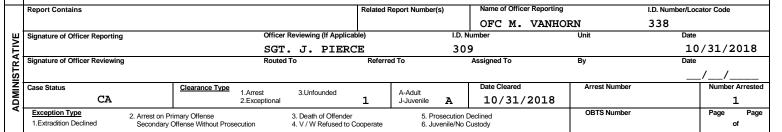
SONJA LEE WASMUTH W/FM 6/1/71 WAS ARRESTED AND CHARGED WITH DUI WITH A BLOOD ALCOHOL OVER .15 AS THE RESULTS OF BREATH TEST WAS .212. MCSO DEPUTY ANDREW VANOVER PERFORMED THE BREATH TEST AFTER OBSERVING WASMUTH FOR THE REQUIRED 20 MINS. DURING TRANSPORT TO THE MCSO PORT JAIL FOR BREATH TEST AND PROCESSING, AND LODGING WAS CONDUCTED WITHOUT INCIDENT.

VEHICLE:

2012 CHEVROLET EQUINOX BLACK IN COLOR, BEARING Y18KYN 2019 FL. VEHICLE TOWED BY NORMS UTILIZING THE HBPD ROTATION ROSTER.

STATUS:

CLOSED/BY/ARREST.



ARRATIVI

NARRATIVE CONTINUATION

Holmes Beach Police Department

I. Offense 2. Arrest	2	Juvenile Warn/Dismiss		1. Original 2. Supplement	2
Agenc	y ORI	Number	Age	ncy Report Number	
FL	041	L0 4 00	20	180774	

Date of Supplement
10/31/2018
Original Date Reported
10/31/2018

Case Reference

ON 10/31/18, I OBSERVED A VEHICLE TRAVELING EASTBOUND ON MANATEE AVE AT A HIGH RATE OF SPEED AND RISING. I ACTIVATED MY RADAR IN STATIONARY MODE AS IT PAST ME. RADARS DOPPLER TONE AND READOUT SHOWED 55MPH AND ROSE TO 59MPH. AS I CAUGHT UP TO THE VEHICLE TO CONDUCT A TRAFFIC STOP, I OBSERVED THE VEHICLE SWAYING LEFT OVER TO THE DOUBLE YELLOW LINE AND THEN RIGHT TO THE CURVE, ON THE ANNA MARIA BRIDGE. I ACTIVATED MY EMERGENCY LIGHTS AS THE VEHICLE EXITED OFF THE BRIDGE. THE VEHICLE WAS SLOW TO RESPOND TO MY EMERGENCY LIGHTS, CAUSING ME TO ACTIVATE MY HORN AND SIREN. THE VEHICLE CAME TO A STOP SHORTLY AFTER.

UPON MAKING CONTACT WITH THE DRIVER AND SOLE OCCUPANT, LATER IDENTIFIED AS THE REGISTERED OWNER (SONJA WASMUTH), I OBSERVED (WASMUTH) SHUFFLING THROUGH PAPERWORK APPEARING TO BE LOOKING FOR HER DOCUMENTATION FOR THE VEHICLE. I MADE CONTACT WITH (WASMUTH) AND REQUESTED HER LICENSE, REGISTRATION AND PROOF OF INSURANCE. (WASMUTH) HANDED ME HER DRIVERS LICENSE AND REGISTRATION. (WASMUTH) WAS SMOKING A FRESHLY BURNT CIGARETTE AND APPEARED TO BE ZONED OUT. WHEN I ASKED IF SHE WAS OK, SHE ANSWERED SHE WAS. I REQUESTED HER PROOF OF INSURANCE, STATING SHE HAD NOT GIVEN ME IT. SHE BEGAN LOOKING FOR HER INSURANCE AND STOPPED WHEN I ASKED HER WHERE SHE WAS COMING FROM. (WASMUTH) STATED SHE WAS COMING FROM TOMMY KNOCKERS. (WASMUTH) DID NOT CONTINUE LOOKING FOR HER INSURANCE, SO I REQUESTED IT AGAIN. (WASMUTH) ASKED ME IF SHE HAD GIVEN ME IT ALREADY. I STATED NO. I OBSERVED (WASMUTH'S) SPEECH TO BE SLURRED.

OFC. VANHORN ARRIVED ON SCENE AND I ADVISED HIM OF THE INCIDENT. OFC. VANHORN BEGAN A DUI INVESTIGATION. OFC. VANHORN REQUESTED (WASMUTH) CONDUCT THE STANDARDIZED FIELD SOBRIETY EXERCISE, TO WHICH (WASMUTH) CONSENTED. DURING THE WALK AND TURN, I OBSERVED (WASMUTH) RAISE HER ARMS FOR BALANCE, STEP OFF OF THE IMAGINARY LINE AND NOT WALK HEEL TO TOE NUMEROUS STEPS. (WASMUTH) STOPPED AFTER HER FIRST NINE STEPS AND HAD TO BE INSTRUCTED TO TURN AROUND AND CONTINUE THE EXERCISE. (WASMUTH) DID NOT CONDUCT THE TURN AROUND AS INSTRUCTED.

DURING THE ONE LEG STAND EXERCISE, I OBSERVED (WASHUTH) START COUNTING AT 1002 AND PLACE HER FOOT DOWN NUMEROUS TIMES. (WASHUTH) HAD HER FOOT ON THE GROUND FOR A PERIOD OF TIME WHILE SHE WAS COUNTING. (WASHUTH) DID NOT LOOK DOWN AT HER FOOT AS INSTRUCTED. OFC. VANHORN PLACED (WASHUTH) UNDER ARREST FOR DUI, AFTER SHE HAD COMPLETED THE EXERCISES. I REQUESTED DISPATCH CONTACT THE NEXT ROTATION TOWING COMPANY. DISPATCH ADVISED THE TOWING COMPANY WAS NORMS TOWING.

I COMPLETED AND ISSUED (WASMUTH) TRAFFIC CITATIONS FOR 59MPH IN A 35MPH ZONE AND NO PROOF OF INSURANCE. OFC. VANHORN TRANSPORTED (WASMUTH) TO MCSO JAIL. I CONDUCTED AN INVENTORY OF THE VEHICLE AND A TOW FORM. NORMS TOWING REMOVED THE VEHICLE FROM SCENE. THE AREA WAS CLEARED WITHOUT FURTHER INCIDENT.



	Report Contains				Related I	Report Number(s	s)	Name of Officer Reporting		I.D. Number/Loc	ator Code	
								A. DESANTIS		336		
Ш	Signature of Officer Reporting		Officer R	eviewing (If Applica	ble)		I.D. N	umber	Unit	Date		
É			SGT.	J. PIERO	Œ		309	9		10,	/31/2018	
Z	Signature of Officer Reviewing	Routed T	Го	Referre	ed To		Assigned To	Ву	Date			
ST										/	//	_
Z	Case Status	Clearance Type	1.Arrest	3.Unfounded		A-Adult		Date Cleared	Arrest Number		Number Arres	ted
Q	CA	2.Exceptional	3.01ilounded			Α	10/31/2018			1		
۹	Exception Type	2. Arrest on Primary Offense		3. Death of Offender		5. Pro	secution D	Declined	OBTS Number		Page Page	age
	1.Extradition Declined	Secondary Offense Without Prose		4 V / W Refused to 0			enile/No C				1 of	1

FI	FL0410400 Gang Related 2 OFFENSE-INCIDENT REPORT Juvenile in Report: N Juvenile Warn/Dismiss: 1. Original 2. Supplement: 1																		
ADM	Date of Sup	plement /			Но	Lmes	Beac	ch I	Police	Dep	artı	ment		Agency Re	port Numbe		Prim	•	Description
٩	Original Day		_	Date				Tim	e (mil)		Time Dis	patched (mil)	20		e Arrived (r		.IVERS		mpleted (mil)
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	Felony Traffic Fel	3. I	Misdemeanor Traffic Misdem	eanor	5. Ordinano 9. Other	e	From	Thu	11/0	1/20	18	0947	7	То	Thu		1/01/2	2018	0947
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EVI	Business N MANAT		dentifier BLIC B	EACH											0. N/A 1. Yes	2. No	0. N/		2. Unoccupied 3. Abandoned 0
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	02. Apartme 03. Residen	nt/Condo	07. Liq	s Station uor Sales r/Nightclub		12. E	Specialty Store Drug Store/Hos Bank/Financial	pital	17. G	Storage Sov't/Publi School/Uni		2	 Airport Bus/Rail Construct 				ay/Rdadway Voodlands/Fi Vaterway	eld	99. Other
	04. Hotel/Mo		09. Su	oermarket Offenders	# Prem		# Veh. Stolen		19. J	ail/Prison		2	24. Other St	ructure		29. Motor	Vehicle		26
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	V/W Code		Dub	Victim Typ		Business		Race		Indian	<u>s</u>	ex		nce Type 3. Flo	vi da	R	esidence Sta	tus	Extent of Injury
8	V - Victim W - Witness C - Reporting	O - (Other	Juvenile L.E. Offi	5.	Governm	nent	N - N/A W - Whit B - Black		/Asian	N	- N/A - Male - Female	1. City 2. Cour	4. Out	rida t-of-State	1	. N/A . Full Year . Part Year	$\langle \ \rangle$	None Minor Serious
CODES	Injury Type			3. Adult	9.	Other			ip To Offender		U	- Unknown				3	Non-Resider		3. Fatal
ö	00. N/A 01. Gunshot	04. Un	ceration conscious	0	7. Loss of Te 3. Burns		00. N/A 01. Undet		03. Spouse		06. Parent 07. Brother 08. Child	/Sister 11). Step-Child . In-Law	15.	Teacher Child of Bo	y/Girl	17. Friend 18. Neighbor		21. Employer 22. Landlord/Tenant
	02. Stabbed	06. Po	ss. Broken Bo ss. Internal Inj I/W Code	ury 9	9. Abrasions/ 9. Other		02. Strang	ger	04. Ex-Spou 05. Co-Habi		09. Step-P		2. Other Falm 3. Student		Friend Boy/Girl Fri		19. Sitter/Day 20. Employee		23. Acquaintance 99. Other Known ence Phone
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ITNE	Address (St	eet, Apt. N	umber)	<u> </u>	<u> </u>				City	$\overline{}$	$\overline{}$		Sta	ate	Zip			Busin	ess Phone
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VICTIM / WITNESS	If V/W Code	is Do	om. Violence	Race	Sex	Date of	Birth		Age Re	es. Type	Res. S	atus Exten	nt of Injury	Injury	Type(s)	Relations	nip Ethnici	ty Will Vi	ctim prefer charge?
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/ WITNESS	Address (Sti		•			,	//		City BRADEN'E	ON			Stat	e 『L	Zip 34	208		Busin	ess Phone
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			street, Apt. Nu SS HAR		R.				City G/IB	SONT	ON		Si	tate FL	Zip 3.3	3534	Bu	siness Pho	ne _
_	Occupation DRYWAI	т.			Emp N/	oloyer/Sci	hool			Addr N/.							So	cial Securit	y Number
SUSPECT	Driver's Lice	nse Nymbe		_			gration and Na	aturalizat	ion Number	147.		D. Number		OBTS	Number (A	rrested)	sc	IC/NCIC	
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	SHIRT	SHOR!	I'S Date of	Birth	$\overline{}$	Age	9		Height		RANDO Weight		Eye Color	ı	Hair Co	lor	Hair Le	ength	Hair Style
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	Person/Unit	Notified			.	me		l Bal	lated Report Numi	her/e\	1	Name of Offi	cer Penort	na		,,	D. Number/Lo	ncator Cod	
ш	rerson/Unit	Nounea			''				-	Jei (5)		JASON	-	_		3	31		
\TIV	Signature o	f Officer Re	porting					_	(If Applicable) PIERCE			I.D. Number 309			U	Init		Dat	e L1/01/2018
STR/	Signature o	f Officer Re	eviewing				Routed To			eferred T	о		ssigned To)	В	у		Dat	
ADMINISTRATIVE	Case Status		_	2	Clearance Ty	1.71	arrest	3.Unfou			-Adult		Date Cleare			Jail Numb	er	-	Number Arrested
AD	Exception T			est on Prima	ırv Offense	2.E	exceptional	3. Death	1 of Offender	J-	Juvenile 5. P	A rosecution Decli	-	1/201	.8	OBTS Nur	nber		Page Page
	1.Extradition	Declined	Sec	condary Offe	nse Without	Prosecution			Refused to Coopera	ite	6. Ju	venile/No Cust	tody						1 ^{of} 5

	.			Р	ERSON(S) REF	PORT			in Report:		2. Supplement: 1
_	Date of Supplement			Holme	s Beach	Poli	.ce Dei	partment	5		gency Report N	
ADM	Original Date	Primary Offense Desc	ription				First, Middle)			2	0180776	1
4	_	DRIVERS LI	•	s	TATE	. ,,	,,		OF		FLORIDA	<u> </u>
CODES	V/W Code V - Victim O - O W - Witness C - Reporting Person	Victim Typ	4. Business 5. Governme	Race N-N/A W-White B-Black	I-American India O-Oriental/Asian U-Unknown	M-N F-Fe U-U	I/A Male		orida ut-of-State	Residence Statu 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		of Injury e or ous
000		scious 08. Broken Bones 09. Al nternal Injury 99. O	brasions/Bruises ther	Victim Relation 00. N/A 01. Undetermin 02. Stranger	05. Co-Ha	e 07. ouse 08.	Parent Brother/Sister Child Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/C 16. Boy/Girl Frien		ghbor er/Day Care ployee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known
SS	1.#1 2.#2 3.Both	v. Typ	Name (Last,	riist, wildale of t	busiliess)						Resid	ence Phone
I.N	Address (Street, Apt. Nun	nber)	1		City			Sta	te Zip		Busin	ess Phone
Ž	Other Contact Info. (Time	Available, Interpreter,	etc.)					Synopsis of	Involvement	- 		
VICTIM / WITNESS												
	V, W or C Fill in this Line	Violence Race / Code # V. Typ		of Birth First, Middle or E	Age Business)	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship Eth	Ye	ictim prefer charge? S No ence Phone
ESS	1.#1 3.Both 2.#2				61							-
Į	Address (Street, Apt. Nun	nber)			City			Sta	ite Zip		Busin	ess Phone
<u>}</u>	Other Contact Info. (Time	Available, Interpreter,	etc.)					Synopsis	of Involvement		/ 7	
VICTIM / WITNESS	If V/W Code is Dom.	Violence Race	Sex Date	of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship Eth	nicity Will V	ictim prefer charge?
₹	V, W or C Fill in this Line				_						-	es No
	OFF/INC Indicator 1.#1 3.Both 3 S-S	spect Code Suspect E-Escapee R	-Rec. Missing	_	Juvenile Name		liddle)					
<u>s</u>	2.#2 2 A-A	Arrestee M-Missing Z-	-other	A 2 Nickname/Street	2 DEZ	IEL /			MARII Place of Birth	<u>S</u>	ELIZA Residence	
SON							<				<u> </u>	
PER	Last Known Address (Stree					City			State FL	Zip	Business	hone
NG.	3619 19TH ST Occupation	. в.	Employ	rer/School		BR	ADENTON	Address	ЕП	34208	Social Sec	urity Number
ISS	UNKNOWN Driver's License State/Nui	mber	N/A Immigr	ation and Natura	lization Number	I Oti	her ID. Number	N/A	OBTS Number		SCIC/NCIC	-
SUSPECT OR MISSING PERSONS	D24054560515		FL								3 = 12,11310	
CT	Clothing (Describe)							Scars/(Marks/	/Tatoos (Location/De	scribe)		
SPE	Race Sex	Date of Birth	-	//	Height		Weight	Eyé Colo			lair Length	Hair Style
SU	W F Complexion B	01/15/2		58 Speech	5-07 /Voice Special I	dentifiers	145	BLU	BR	10	M	S
	LT M	ED				/ /						
	1.#1 3.Both S-S	spect Code Suspect E-Escapee R Arrestee M-Missing Z-	-Rec. Missing	ode Susp.#	Juvenile Name	(Last, First, M	liddle)					
SNC	Maiden Name		1	Nickname/Street	Name))			Place of Birth		Residence	Phone _
PERSONS	Last Known Address (Stre	eet, Apt. Number)	/			City	,		State	Zip	Business	Phone
IG P	Occupation		Employ	ver/School				Address			Social Sec	urity Number
SSIN												
Ĭ	Driver's License State/Nu	poloter	Immigr	ation and Natura	lization Number		Other ID. Nu	mber	OBTS Number		SCIC/NCIC	
Ţ	Clothing (Describe)		ĺ				<u> </u>	Scars/Marks/	/Tatoos (Location/De	scribe)	1	
PEC	Race / Sex	Date of Birth	or Age 🔨	Age	Height		Weight	Eye Color	r Hair C	Color I H	lair Length	Hair Style
SUSPECT OR MISSING												2.3,00
	Complexion	uild Facial Ha	ir Teeth	Speech/	Voice Special Id	entifiers						
	Incident Type		/ /	Suspected ?	Missing Before ?		erprints Availab		ailable?	Dental Record Avail		Form Provided ?
٧A	1. Runaway 1. Disable 2. Parental 5. Endang 3. Involuntary 6. Disaste	d 7. Voluntary ered Adult r Victim 8. Unknown	1. Yes 2. No		1. Yes 2. No	2.	Yes No	1. Yes 2. No		1. Yes 2. No	1. 2.	Yes No
Ā	Date Last Seen	Time La	st Seen	Location I	8. Unknown Last Seen (Addres:		Unknown	8. Unkn	own Accompanied By	8. Unknown		
/RU	// Mental/Physical Condition			Madiant's	n Required/Type				Doctor/Dentist (Name,	Phone Number		
SON				modicallo					stan sentiat (Naille,	o.o (turnoer)		
PER	Property Carried			ID. Type/N	Number				ID. Type/Nu	mber		
MISSING PERSON / RUNAWAY	Probable Destination		Name/Add	ress				Transportation Mod	de			
IISSI	Recovery Information	0. N/A	2	Located-	3 Ho	spitalized		5. Law Enforcement C	Custody	7. Deceas	sed	
	-	1. Voluntary		Not Returned	4. HR	S Custody	6	6. Returned to Parent	-uolouy	9. Other		loto
ĭ∨E	Officer(s) Reporting	ID.	. Number(s)/Locate	or code	Signature	of Officer Rep	porting			Unit		Date
RAT	Officer Reviewing (If Appli	cable) ID.	. Number	R	outed To	Re	ferred To	Assign	ed To	Ву		11/01/2018 Date
IIST	SGT. J. PIER		09					-				//
ADMINISTRATIVE	Signature of Officer Review	wing										Page Page
⋖												2 of 5

Related Report Number(s)

A-Adult J-Juvenile

Referred To

Officer Reviewing (If Applicable)

SGT. J. PIERCE Routed To

3.Unfounded

Death of Offender
 V / W Refused to Cooperate

Clearance Type

Arrest on Primary Offense
 Secondary Offense Without Prosecution

1.Arrest 2.Exceptional Name of Officer Reporting

I.D. Number

Assigned To

Date Cleared

11/01/2018

309

5. Prosecution Declined 6. Juvenile/No Custody

JASON HIGGINS

Unit

Arrest Number

OBTS Number

I.D. Number/Locator Code

11/01/2018

Page

Number Arrested

of

Case Status

Exception Type

1.Extradition Declined

ADMINISTRATIVE

Report Contains

Signature of Officer Reporting

Signature of Officer Reviewing

CA

PROPERTY REPORT 1. Original 2. Suppleme Date of Supplement Agency Report Numbe **Holmes Beach Police Department** 20180776 Victim #1 Name (Last, First, Middle) Original Date Reported Primary Offense Description 11/01/2018 DWLS SECOND OFFENSE STATE OF FLORIDA Theft Type Codes Theft Type 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other 00 Person Codes Status Codes Damage Codes 7. Safekeeping 8. Evidence/Seized 2. Criminal Mischief 3. Stolen and Recovered 9. Other 0. N/A 9. Other V - Victim A - Arrestee O - Other 1. Stolen 5. Lost S - Suspect 2. Recovered 4. Recovered for Other Jurisdiction 6. Found 1. Arson 3. During other Offense CODES Property Type E. Equipment/Tool. F. Food/Liquor/Consumable O. Office Equipment J. Jewelry/Precious Metal T. TV/Video/VCR/ Y. Farm Equipment Z. Miscellaneous U. Currency/Negotiable
V. Credit Card/Non-Negotiable
W. Boat Motor A. Auto Accessory/Parts K. Clothing/Fur P Art/Collection B. Bicycle
C. Camera/Photo Equipment
D. Drug G. Gun
H. Household Appliance/Goods L. Livestock
M. Musical Instrument Q. Computer Equipment R. Radio/Stereo I. Plant/Citrus N. Construction Machinery S. Sports Equipment X. Structure Code Person Item # Status Damage Property Type Quantity Name Brand Model Name/Number 489VTZ LICENSE PLATE Α 1 1 8 0 Z 1 FL. ERTY Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.) PROPE 489VTZ N/A FL TAG Value Value Recovered Date Recovered SCIC/NCIC Person Status Damage Property Type Quantity Brand odel Name/Number PROPERTY Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.) Value Recovered Date Recovered SCIC/NCIC Value Code Person Item # Status Damage Property Type Quantity Name **Brand** Model Name/Number PROPERTY Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.) Value Value Recovered Date Recovered SCIC/NCIC Status Damage Model Name/Number Property Type Brand PROPERTY Description (Size, Color, Caliber, Barrel Length, Etc.) Serial Number Owner Applied Number lue Recovered Date Recovered SCIC/NCIC Value Brand Person Status Quantity Name Model Name/Number Code Item # Damag Property Type PROPERTY Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.) Date Recovered Value alue Recovered SCIC/NCIC Property Stolen Change in Property Stolen Value TOTALS 0.00 Change in Property Recovered Value Property 0.00 Activity Unit CODES Type R. Smuggle H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment P. Posse S. Sell B. Buy T. Traffic M. Manufacture/Produce/Cultivate A. Amphetamine B. Barbiturate 1. Gram 2. Milligram 3. Kilogram 4. Ounce 9. Dose Unit/Item Z. Other U. Unknown 6. Ton 7. Liter C. Cocaine Z. Other K. Dispense/Distribute E. Heroin 8. Milliliter Activity Туре Description Quantity Unit Estimated Street Value DRUGS Unit Estimated Street Value Quantity Activity Description Estimated Street Value Activity Description Quantity Unit 1 FLORIDA TAG **DETAIL / NARR.** PROP. Officer(s) Reporting ID. Number(s)/Locator code Signature of Officer Reporting Unit Date **ADMINISTRATIVE** JASON HIGGINS 331 08 11/01/2018 Officer Reviewing (If Applicable) ID. Number Routed To Referred To Assigned To Ву Date SGT. J. PIERCE 309 11/01/2018 Signature of Officer Reviewing Page Page 4 of 5

USA Rev. 01/21/2003

		_			VE	HICLE	REPORT				1. 2.	Original Supplement 1	
	Date of Supplement			Holi	nes Be	ach Pol	lice Depa	rtment	t		Agency Report		
ADM	// Original Date Reported	Primary Offense I	Description		Victim #1 N	ame (Last, First, M	iddle)				2018	0776	
1	11/01/2018	-	D OFFENSI	3	STATE		,		OF		FLORIDA		
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 Misc 3. During Other	hief 9.0	Stripped / Theft From Other	Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus	6. Trailer 7. Boat 8. Aircraft 9. Other	Recovery Loca 1. Family Reside 2. Apt. Complex 3. Housing Proje 4. Commercial / Industrial	ence 5. Park / F 6. Shoppi	nce 5. Park / Playground 6. Shopping Mall 1. Local / Local / Local / Other 2. Local / Other		
	Person Code	Person #	Vehicle#	Status 5	Damage O	Type 1	Year 2006	Make		Aodel 2DR	Style 2DR		
	Tag Reg./Doc. #	1	1	_	State		. Year	VOI Decal	Number	ZDR	ZDR Tag Type		
				F		20	17			\			
	VIN/Hull/FAA									Estim	ated Value		
	WVWBR71K56W2	201275					Incur	ance Company		\	\$2,	500	
_		Vindow Closed	2. Lo	ocked	3. Key	s in Ignition	NOI				ONE		
SSE	Color (Top/Bottom)						le Damage, Interior Colo	r, etc)					
/ VE	SILVER Vessel Name			2 DOOR	TRASH	ED AND DI	ENTED CAR	Pro	pulsion		Boat Type		
VEHICLE / VESSEL	755557 1141115					Tidii ilidio idi	_	_	paioioii				
νЕн	Recovery Address/Geogra	phic Indicator					Date Re	covered		Value	Recovered		
1	Recovery Loc. Recover	ry Code Origin	al Reporting Agenc	у			Report/Number	} }	Hold	Reaso	on/Authority		
))	Y - Yes N - No				
	of Theft		k 🔲 4. Steering	j 🔲 8. Unk.	l ·	_ \	2. Tires/Wheels	Z /	_	_	lajor Body Part:	10. Other - Spec.	
	1. Key	3. Hot Wire	5. Ignition		0. N/A Storage Loca	1. VIN Pit.	3. Radio/CB	5./Interio	or 🔲 7. Engin		Tag/Decal Stolen		
					0.0.ago 200.					2004	ion or onginar mon		
	Person Code	Person #	Vehicle#	Status	Damage	Туре	Year	Make	N	Model	Style		
	Tag Reg./Doc. #			Reg.	State	Reg	. Year	Decal	Number		Tag Type		
	VIN/Hull/FAA			_/_						Estim	ated Value		
	VIIVIIIIIII AA									LStilli	ateu value		
	Condition 1. V	Vindow Closed	2. L	ocked	3. Key	s in Ignition	Insur	ance Company		Li	en Holder		
/VESSEL	Color (Top/Bottom)			Description (Identifying Char	acteristics, Noticeab	Damage, Interior Colo	r, etc)					
/VE	Vessel Name			Length		Hull Material /		Pro	pulsion		Boat Type		
ICLE										Boat Type			
VEHICL	Recovery Address/Geogra	phic Indicator					Date /	Recovered /		Value	Recovered		
	Recovery Loc. Recover	ry Code Origin	al Reporting Agenc	у			Report Number		Hold Y - Yes	Reaso	on/Authority		
					C	to Ctrium ad	_		N - No				
	of Theft 1. Kley	3. Hot Wire	k 🔲 4. Steering 5. Ignition	8. Unk.	-		2. Tires/Wheels 3. Radio/CB	_	ry 🔲 6. Trans. or 🔲 7. Engin		lajor Body Part: ☐ Tag/Decal Stolen	10. Other - Spec.	
	Towed By	_	- 6		Storage Loca	_		CIC/NCIC			on of Original Theft		
Æ	2 DOOR VOLKS	IMPOUND	IED)										
ATIV	Z DOOK VOLKS	IMPOUND											
IARR			//										
۷. / ۸													
E IN													
VEHICLE INV. / NARRATIVE													
	Signature of Officer Reporti	na		Name of	f Officer Report	ina	ID N	lumber/Locator	Code		Unit		
				JASC	N HIGG	INS	33	1			08		
TIVE	Signature of Officer Reviewi	ing			Reviewing (If A		I.D. N 30:	lumber 9			Date 11/01/2018		
STRA	Routed To		Referre	ed To		Assigned To		Ву			Date / /		
ADMINISTRATIVE	Case Status		Clearance Type	1.Arrest	3.Unfounded		A-Adult	Date Cleare		Arrest Numbe	// r	Number Arrested	
AD	CA Exception Type	2. Arrest on Pri	imary Offense	2.Exceptional	3. Death of Offe	1 ender	J-Juvenile A 5. Prosecution [1/2018	OBTS Numbe	r	Page Page	
	1.Extradition Declined		Offense Without Pros	ecution		ed to Cooperate	6. Juvenile/No (5 of 5	

FI																	
ADM	Date of Sup	pplement /		•	Но	lmes E	each	Poli	ce I	Depar	tment		gency Report Nu		Prio DRIVERS	-	-
_	Original Day Reported			Date	/01 /00	10	Ti	me (mil)			Dispatched (mil)	_	Time Arrive	d (mil)		Time Con	npleted (mil)
	Incident Typ	oe_	nu		/01/20	Incident	: Day	1726 Date		1	.726 Time (mil)		1726 Day		ate	175	Time (mil)
	Felony Traffic Fel	lony 4. 7	Visdemeanor	meanor	5. Ordinance 9. Other	From	Thu	1 1	1/01/	/2018	172		To The				1726 NCIC/UCR Code
	OFF/INC #1	Type 4	Descripti DRIVI	ERS LI	С			A-Attempt C-Commi		С	322	ation Number	- Chapter, Secti	on, Sub	2B)	9000
DATA	OFF/INC # 2	4		STRATI				A-Attempt C-Commi		C	320		02	(1)	260A
NTD	420	-	SR. 78	, Street, Apt,) 89				City HOLME	S BE.	ACH		Zip 3421		trict	Grid	Area	Zone W80
EVENT	Business N	ame/Area Id	lentifier										0. N/A	Forced Entry Occupa O. N/A O. N			. Unoccupied . Abandoned 0
	Location Ty 01. Residence 02. Apartme 03. Residence 04. Hotel/Mo	ce Single ent/Condo ce-Other	06. G 07. Li 08. B	convenience Stas Station iquor Sales ar/Nightclub upermarket	tore	10. Dept/Dis 11. Specialt 12. Drug Sto 13. Bank/Fir 14. Comme	y Store ore/Hospital	g.	16. Stor 17. Gov	't/Public Bldg ool/University		20. Religious 21. Airport 22. Bus/Rail 7 23. Construct 24. Other Str	Bldg. Terminal ion Site	26. Hiç 27. Pa 28. La	arkng Lot/Garag ghway/Roadway ark/Woodlands/F lke/Waterway ntor Vehicle	je /	30. Other Mobile 99. Other
	# OFF/INC.	# Vio		# Offenders	# Prem.		00.	N/A	03. Sh	otgun	05. Knife/Cutting Instrument 06. Blunt Object	08. Po		11. Thre	/Incendiary eat/Intimidation		nknown
	V/W Code			Victim Typ	<u>ie</u>		Race	Handgun	04. Fir		Sex	Residen		12. SIM	ulated Weapon Residence S		her 00 Extent of Injury
	V - Victim W - Witness		Other	0. N/A 1. Juvenile	5.	Business Government Church	N - N// W - W	hite O-0	merican In Oriental/As Jnknown		N - N/A M - Male	0. N/A 1. City	Florida Ut-of-State	e	0. N/A 1. Full Year	$\setminus \rangle$	0. None 1. Minor
CODES	C - Reporting			2. L.E. Office 3. Adult	9.	Other	B - Bla				F - Female U - Unknown	2. County			Part Year Non-Reside	ent	Serious Fatal
ö	00. N/A 01. Gunshot 02. Stabbed	04. Un 05. Po	ceration conscious ss. Broken B ss. Internal Ir	08 ones 09	7. Loss of Tee 3. Burns 9. Abrasions/E 9. Other	00 Bruises 01	ctim Relations N/A Undetermine Stranger	03. S	ider Spouse Ex-Spouse Co-Habitan	08. Ch	other/Sister 1 ild 1	O. Step-Child I. In-Law Cother Famil S. Student	14. Teache 15. Child of Friend 16. Boy/Gir	Boy/Girl	17. Friend 18. Neighbor 19. Sitter/Da 20. Employe	r 2 y Care 2	Employer Landlord/Tenant Acquaintance Other Known
SS	OFF/INC Ind 1.#1 2.#2 3.Both	dicator V	/W Code	# V. Ty	-	(Last, First, Mi	ddle or Busir	ness)		//	OF	11	FT.O	RIDA		Reside	nce Phone
VICTIM / WITNESS	Address (Sti	-	-		1	··		City		\angle	<u> </u>	Stat		ip		Busine	ss Phone
/ / W	Other Conta	ct Info. (Tim	e Available,	, Interpreter, e	etc.)					$\overline{}$	\	Synopsis of	f Involvement				
ICTII	If V/W Code V, W or C	is Do	m. Violence	Race	Sex	Date of Birth		Age	Res.	Type Re	s. Status Exte	ent of Injury	Injury Type(s)	Relatio	onship Ethnic	-	tim prefer charge?
	Fill in this L		/W Code	# V. Ty	pe Name	(Last, First, Mi	ddle or Busir	ness)			_/						nce Phone
VICTIM / WITNESS	1.#1 3.Both 2.#2 Address (Str	reet, Apt. Nu	ımber)					City	_			State	. Z	ip		Busine	ess Phone
/WIT	Other Conta	ct Info. (Tim	e Available,	, Interpreter, e	etc.)	-/-/			$\overline{}$			Synopsis of In	nvolvement				
CTIM	If V/W Code	is Do	m. Violence	Race	Sex	Date of Birth		Age	Res.	Type Res	s. Status Exten	t of Injury	Injury Type(s)	Relatio	onship Ethnic	city Will Vic	tim prefer charge?
×	V, W or C Fill in this L OFF/INC Inc	ine	Suspect Cod	10		Code Su	sp.# Juveni	llo I Nomo /I	ast, First,	Middle						Yes	No 🔲
	1.#1 2.#2 3.Both	3	S-Suspect E	-Escapee R- M-Missing Z-	Rec. Missing other	\A \:	1 2	,	ISCH	, initiality	l Bleer	of Birth	KEVI	N		_	TOPHER
	Maiden Nam					Ničkname/S	reet Name			/	Place					esidence Pho	
	Last Known	•		lumber)					City MYAK	KA CI	ry	Sta	ate FL	^{Zip} 34251		usiness Phor	ne _
-	Occupation METAL	SCRAI	PER		Empl	oyer/School				Address N/A					S	ocial Security	Number
SUSPECT	Driver's Lice	ense Nymbe	r/State		FL		and Naturaliz	zation Numbe	er	-	ner I.D. Number		OBTS Numbe	r (Arrested)) S	CIC/NCIC	
SUS	Clothing (D	escribe)				\							cation/Describe)				
	SHIRT Race	SHOR		of Birth	$\overline{}$	Age		Height		Weig	ht	Eye Color		Color	Hair L	_ength	Hair Style
	W Complexio	n M	05/ Build	29/198 Facial	- 1	33 Teeth	Speech/Void	5-09 ce Special	Identifier	160 s	0	BRO	В	RO		S	s
	ACN	11/00	THN	FORM	/_												
	SEE FL	NAKK	ALLVE	FORM.		,											
TIVE																	
NARRATIVE																	
Ā																	
	Person/Unit	t Notifical			Tir	no.	1 -	Related Repo	rt Number	(c)	Name of C	ficer Reportin			I.D. Number/L	ocator Cad-	
ш					ıır			-		(3)	JASON	HIGGI	-		331		
ATIV	Signature o	of Officer Re	porting				ficer Reviewi				I.D. Numbe	r		Unit		Date 1	1/01/2018
ISTR	Signature o	of Officer Re	viewing			Ro	uted To		Refe	rred To		Assigned To		Ву		Date	_/_ /
ADMINISTRATIVE	Case Status	S C.	Δ	<u>c</u>	learance Ty	1.Arrest 2.Exceptio		ounded	1	A-Adult J-Juveni	le A	Date Cleared	./2018	Jail Nu	mber	_	Number Arrested
ΑI	Exception T	Гуре	2. A	rrest on Prima econdary Offe	ry Offense	•	3. Deat	h of Offender / Refused to C			5. Prosecution De 6. Juvenile/No Cu	clined	., 2010	OBTS	Number		Page Page
	/		5	coordary Offe	i ioc vviu iou(h	- JOSEGULIUI I	V / VI		- soperate		o. Juvernie/NO CU	Jiouy					1 of 2

	Date of Supplement
ADM	//
ΑĽ	Original Date Reported
	11/01/2018

Holmes Beach Police Department

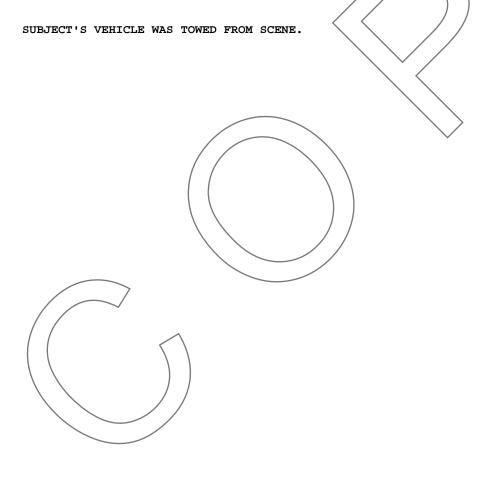
1. Offense 2. Arrest	2	Juvenile Warn/Dismiss		1. Original 2. Supplement	1
Agenc	ORI	Number	Age	ncy Report Number	
FL0	410	400	20	180777	

Case Reference

I OBSERVED SUBJECT OPERATING A NISSAN PICKUP WITHOUT A TAG ATTACHED TO VEHICLE. I INITIATED A TRAFFIC STOP AND SUBJECT QUICKLY MADE A TURN FROM GULF DRIVE ONTO SOUTH HARBOR DRIVE. WITH MY EMERGENCY LIGHTS ACTIVATED, SUBJECT QUICKLY BACKED UP INTO A YARD/DRIVEWAY THAT WAS NOT HIS AND FEARING HE WAS ATTEMPTING TO RAM MY PATROL VEHICLE OR FLEE, I PARKED NEAR SUBJECT'S FRONT BUMPER. I MADE CONTACT WITH THE AFOREMENTIONED SOLE OCCUPANT WHO WAS JITTERY AND APPEARED TO BE "TWEAKING-OUT".

SUBJECT PRODUCED AN IDENTIFICATION CARD AND ASKED, "IS IT BETTER TO NOT ANSWER QUESTIONS." I MADE SURE SUBJECT WAS UNARMED BY GETTING HIM OUT OF THE VEHICLE AND TEMPORARILY DETAINING HIM IN HANDCUFFS TO ASSURE OFFICER DIEHL'S SAFETY AND MINE. SUBJECT WAS SEARCHED AND HIS INFORMATION WAS RAN THROUGH FCIC/NCIC BY DISPATCH. DISPATCH ADVISED HIS LICENSE WAS KNOWINGLY SUSPENDED AND SUBJECT HAD A VEHICLE TITLE IN THE GLOVEBOX.

THE 1997 NISSAN TRUCK WITH VIN: 1N6SD11S1VC383128 WAS RAN AND WAS NOT REGISTERED TO SUBJECT. SUBJECT SAID HE JUST GOT THE TRUCK, AND THEN CHANGED IT TO AN UNKNOWN DATE A LONG TIME AGO. SUBJECT'S LICENSE STATUS WAS VERIFIED SUSPENDED WITH A FAILURE-TO-APPEAR ON A TRAFFIC SUMMONS AND NUMEROUS OTHER CHARGES. SUBJECT WAS ISSUED A SUMMONS-TO-APPEAR FOR DWLS WITH KNOWLEDGE AND NO VEHICLE REGISTRATION.



	Report Contains			Related F	Report Number(s)	Name of Officer Reporting		I.D. Number/Loca	tor Code	
							JASON HIGGINS	5	331		
ΨĮ.	Signature of Officer Reporting	Offic	er Reviewing (If Applicate	ble)		I.D. N	umber	Unit	Date		
É		SG	T. J. PIERO	Œ		309	9		11	/01/20	18
Z	Signature of Officer Reviewing	Rout	ed To	Referre	d To		Assigned To	Ву	Date		
IST										//_	
ĭ	Case Status	Clearance Type 1.Arrest	1.Arrest 3.Unfounded		A-Adult	Date Cleared		Arrest Number	Number Number		rested
Ō	CA	2.Exceptiona		1	J-Juvenile	A	11/01/2018			1	
٩		n Primary Offense ary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to C	Cooperate		secution E renile/No C		OBTS Number		Page of	Page 2

NARRATIVE

FI	L041040	0	Gang Related	2	OFFENSE-INCIDENT REPORT					Juvenile in Repo			ıvenile arn/Dismiss:		1. Original 2. Suppleme	ent: 1			
ADM	Date of Supp	ement /			Hol	mes B	each	Polic	ce I	Depar	tment	2	Agency R	eport Numb		Pri OV/NO	mary Offens	Description	
_	Original Day	<u>′</u>	_	Date			Ti	me (mil)			Dispatched (mil)			ne Arrived (ı		017110	Time Co	mpleted (mil)	
	Reported Incident Type	Sa	it	11/	/03/20	18 Incident:	Day	2214 Date		2	214 Time (mil)			2214 Day	Dat	te	22	Time (mil)	
	Felony Traffic Felor		lisdemeanor raffic Misdem		OrdinanceOther	From	Sat	: 11	/03/	/2018	221	4	То	Sat		11/03/	/2018	224	
	OFF/INC #1	Type 5	Descriptio					A-Attempted C-Committee		a	Statute Viola	i	er-Chapt İ	ter, Section,	Sub	0	1,	NCIC/UCR	
×	OFF/INC # 2	5	COV/N	OISE				A-Attempted	d [С	0	- -	<u> </u> 	0		- 0		000	-
EVENT DATA	Incident Loca	tion (Stre	et Number, S	Street, Apt,)				C-Committee City	ed			Zip		Distric	t /	Grid	Are	a 2	one.
VEN	212 Business Na		HAVERK entifier	OS CT				HOLMES	BE.	ACH		342	17	00 Forced En	try \		0 (087
ш	Location Typ													0. N/A 1. Yes	2. No		Occupied	2. Unoccupied 3. Abandoned	0
	01. Residence 02. Apartment	Single	06. Gas	nvenience Sto s Station uor Sales	ore	 Dept/Dis Specialty Drug Sto 	Store		16. Stor	ıstrial/Mfg. age 't/Public Bldg.		20. Religiou 21. Airport 22. Bus/Rai	-		26. High	king Lot/Gara nvay/Roadwa k/Woodlands/	ny	30. Other 99. Other	Mobile
	03. Residence 04. Hotel/Mote	-Other	08. Bar	/Nightclub permarket		13. Bank/Fin 14. Commer	ancial İnst.			ool/University		23. Constru 24. Other S	ction Site		28. Lake	e/Waterway or Vehicle	riela		01
	# OFF/INC.	# Vic		Offenders	# Prem.		00.	oe of Weapon N/A	02. Rif 03. Sh	otgun	5. Knife/Cutting Instrument	08.	Hands/Fist Poison		11. Three	ncendiary at/Intimidation	88. l	Orugs Unknown	
	01 V/W Code	0:	1	01 Victim Type	00 e	0	01. Race	Handgun	04. Fir	earm 0	6. Blunt Object Sex		Explosives ence Type			Residence S		Extent of Inju	00 iry
	V - Victim W - Witness	0-0	ther	0. N/A 1. Juvenile	5. (Business Bovernment	N - N// W - W	hite O - Or	erican In iental/As		N - N/A M - Male	0. N/A 1. City		orida ut-of-State		0. N/A 1. Full Year	$\langle \ \rangle$	0. None 1. Minor	
CODES	C - Reporting	Person		2. L.E. Offic 3. Adult		Church Other	B - Bla		nknown		F - Female U - Unknown	2. Cou	nty			Part YearNon-Resid	lent	Serious Fatal	
ၓ	00. N/A		conscious	08	. Loss of Tee . Burns	00.	tim Relation: N/A Undetermine	ship To Offend 03. Sp	ouse		ther/Sister 1	0. Step-Child	15	4. Teacher 5. Child of Bo	y/Girl	17. Friend 18. Neighbo	or	21. Employer 22. Landlord/Te	
	01. Gunshot 02. Stabbed OFF/INC India	06. Pos	ss. Broken Bor ss. Internal Inju W Code		. Abrasions/B		Stranger	05. Co	-Spouse -Habitan			2. Other Fal 3. Student		Friend 6. Boy/Girl Fr	iend	19. Sitter/Da 20. Employe	ee	23. Acquaintanc 99. Other Known ence Phone	
SS	1.#1 2.#2 3.Both	1	v 0	1 5		Y OF H		BEACH	<				'						
VICTIM / WITNESS	Address (Stre							City		//	\setminus /		ate	Zip			Busir	ess Phone	
/ M	Other Contact	Info. (Tim	e Available, l	nterpreter, e	etc.)						\	Synopsis	of Involve	ement					
VICT	If V/W Code is V, W or C		m. Violence	Race N	Sex N	Date of Birth		Age	Res.	· .	. Status Exte	ent of Injury	Injury 00	y Type(s)	Relation 0 0	· 1	nicity Will Victim prefer charge? Yes X No		
S	OFF/INC Indication 1.#1 3.Both		W Code	# V. Typ		(Last, First, Mic	Idle or Busin	ness)		<u>, </u>		_	1 00	- 00	00			ence Phone	_
NES	2.#2 3.Both Address (Stre	et, Apt. Nu	mber)					City				Sta	te	Zip			Busir	ess Phone	
/ WITNESS	Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement													<u> </u>					
VICTIM	If V/W Code is	m. Violence	Race	Sex	Date of Birth		Age	Res.	Type Res	. Status Exten	t of Injury	I Iniur	y Type(s)	Relation	ship Ethni	icity Will V	ctim prefer cha	rge?	
>	V, W or C Fill in this Lin	е	Suspect Code				p.# Juveni			.\				, ,, ., ,			-	s 🔲 No 🛭	j
	1.#1 2.#2 3.Both	. 8	S-Suspect E-la-Arrestee M-	Escapee R-		/A \0	1 2	CONNO	- 1	Jac,	I Diagram	af Dinth	1	REBEC	CA		ANN		
	Maiden Name					Nickname/St	eet Name		/ ,	/	Place	e of Birth						1-2506	
	Last Known A	-		mber)					ity FOLM	ES BEA	CH	S	itate FL	Zip 3	4217		Business Pho	ne _	
	Occupation			<u></u>	Empl	oyer/School				Address							Social Securi	y Number	
SUSPECT	Driver's Licen			$\overline{}$		Immigration	and Naturaliz	zation Number		Oth	er I.D. Number		ОВТ	S Number (A	rrested)		SCIC/NCIC		
SUS	C56072 Clothing (Des		30		FL					\dashv	Scars/Mar	ks/Tatoos (I	ocation/D	Describe)					
	Race	Sex	Date of	Birth	$\overline{}$	Age		Height		Weigh	it	Eye Color		Hair Co	olor	Hair	Length	Hair St	yle
	W Complexion	F\	10/2 Build	3/195 Facial		60 Teeth	Speech/Voice	505 ce Special lo	dentifier	145	5	BLU		BLI	N		L	S	
	LT	$\overline{}$	MED		/_														
	SEE NAI	RRATI	VE		//	,													
IVE																			
NARRATIVE																			
NAF																			
	Person/Unit I	lotified			Tin	ie	F	Related Report	Number	r(s)		ficer Report	_			I.D. Number/ 336	Locator Code	1	
TIVE	Signature of	Officer Rep	porting					ng (If Applicabl			I.D. Numbe			U	Init	<i></i>	Da		010
ADMINISTRATIV	Signature of	Officer Rev	viewing				ited To	PIERC		rred To	309	Assigned T	0	В	Ву		Da	L1/04/2	210
MINIS	Case Status			<u>c</u>	learance Typ	1.//11631		ounded		A-Adult		Date Clear			Jail Num	ber		//_ Number Ar	
ADI	Exception Ty			est on Primar	y Offense	2.Exception	3. Deat	h of Offender	1	J-Juvenile	A A . Prosecution De		3/201	18	OBTS No	umber		Page	Page
	1.Extradition [eclined			nse Without P	rosecution		/ Refused to Co	operate		i. Juvenile/No Cu							1 ^{of}	2

	Date of Supplement	
ADM	//	
ΑĽ	Original Date Reported	
	11/03/2018	

Holmes Beach Police Department

1. Offense 2. Arrest	2	Juvenile Warn/Dismiss		1. Original 2. Supplement	1			
Agency	y ORI	Number	Age	ncy Report Number				
FL0	410	400	20180778					

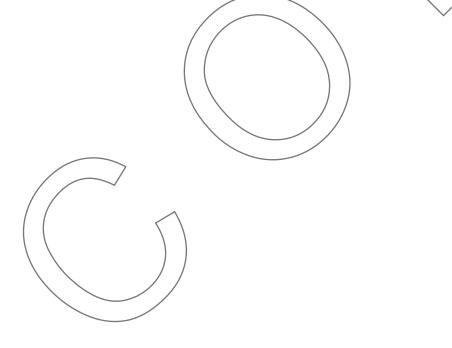
Case Reference
COV/NOISE

ON 11/03/18, I WAS DISPATCHED TO THE DEAD END OF THE 200 BLOCK OF HAVERKOS CT, IN REFERENCE TO AN ANONYMOUS COMPLAINT OF LOUD MUSIC AND A PARTY. UPON ARRIVAL, I PARKED MY VEHICLE ON HAVERKOS CT, AT THE SECOND HOUSE FROM GULF DR, AND GOT OUT ON FOOT. I COULD IMMEDIATELY HEAR BASS COMING FROM MUSIC, COMING FROM THE EAST END OF HAVERKOS CT. I WALKED THE ROAD AND LOCATED THE MUSIC COMING FROM THE BACK AND SIDE AREA OF 212 HAVERKOS CT.

I COULD HEAR AMPLIFIED MUSIC BEING PLAYED AND A LARGE GROUP/PARTY OF PEOPLE YELLING, TALKING AND LAUGHING IN THE SIDE AND BACK AREA OF THE RESIDENCE. I TOOK A READING, FROM THE SOUTHWEST CORNER OF THE RESIDENCE, USING THEN NOISE METER. THE NOISE METER SHOWED AN AVERGE OF 58GBS WITH THE AMBIENT NOISES OF THE WIND AND RUSTLING OF TREES. WITH THE MUSIC PLAYING, THE NOISE METER SHOWED AND AVERAGE OF 63 TO 64dbs, VIOLATING THE CITY ORDINANCE OF 50dbs BETWEEN THE HOURS OF 2200HRS TO 0800HRS.

I MADE CONTACT WITH THE OCCUPANTS INSIDE THE RESIDENCE. AS I WAITED FOR THE HOME OWNER TO COME TO THE DOOR, I OBSERVED A PARTY EVENT OCCURRING ON THE NORTH SIDE OF THE HOUSE. I OBSERVED A BAR SET UP AND PEOPLE DRINKING ALCOHOLIC BEVERAGES. (REBECCA CONNOR) IDENTIFIED HERSELF AS THE HOME OWNER AND STATED SHE WAS HAVING HER 60TH BIRTHDAY PARTY. I ADVISED HER OF THE NOISE COMPLAINT AND THE dB READINGS I TOOK, VIOLATING THE NOISE ORDINANCE. (CONNOR) APOLOGIZED AND STATED THE DJ THEY HIRED WAS ONLY PLAYING MUSIC UNTIL 2300HRS.

I ISSUED (CONNOR) A CITY ORDINANCE VIOLATION CITATION AND ADVISED HER TO HAVE THE DJ LOWER THE MUSIC VOLUME AND HER GUESTS LOWER THEIR VOICES. I EXPLAINED THE CITATION. (CONNOR) APOLOGIZED AGAIN AND SIGNED THE CITATION, RECEIVING HE COPY. NFI



Name of Officer Reporting Report Contains Related Report Number(s) LD Number/Locator Code DESANTIS 336 Officer Reviewing (If Applicable I.D. Numb Signature of Officer Reporting 11/04/2018 SGT. J. PIERCE 309 Signature of Officer Reviewing Routed To Referred To Assigned To В۷ Clearance Type Date Cleared Arrest Number Number Arrested 5 1.Arrest 3.Unfounded A-Adult CA 11/03/2018 Ā 2 Exceptional .l-.luvenile Exception Type **OBTS Number** Page Arrest on Primary Offense
 Secondary Offense Without Prosecution 3. Death of Offender 4. V / W Refused to Cooperate 5. Prosecution Declined 1.Extradition Declined 2 of Juvenile/No Custody 2

NARRATI

FI	04104	00	Gang Related	2		OFF	ENSE	E-IN	CIDENT	REPO	RT		Juvenile in Repor		Juver Warn/	ile Dismiss:		1. Original 2. Supplement: 1		
ADM	Date of Sup	oplement /			Но	lmes	Beac	h I	Police	Depar	tment		Agency Re	eport Numbe		Primary	y Offense D	•		
_	Original Da	y	_	Date				Time	e (mil)	Time	Dispatched (mil)			ne Arrived (n			Time Comp			
	Reported Incident Ty		un		11/04/		ent: Day	0)234 Date	0	234 Time (mil)			0234 Day	Date		060	Time (mil)		
	Felony Traffic Fe	3. I	Misdemeanor Traffic Misder		5. Ordinand 9. Other		•	Sun	1	1/2018	0234	1	То	Sun		/04/20	18	0600		
	OFF/INC #1	Туре	Descripti						A-Attempted	1	Statute Violat	tion Numbe	er Chapt		Sub			NCIC/UCR Code		
_	OFF/INC	1	COCA	INE-PO	OSSESS				C-Committed A-Attempted	С	893	-	<u> </u> 	L3	(6a)	350A		
DATA	# 2 Incident Lo	4 cation (Stre	DRIVI eet Number,	ERS L] , Street, Apt	_				C-Committed City	С	322	Zip		34 Distric		2b Grid) Area	9000 Zone		
EVENT	280 Business N	0 0 lame/Area lo	GULF I	DR				I	HOMES BE	ACH		342	10	Forced Ent	\ rx \	Occupa	ncy			
ш														0. N/A 1. Yes	2. No \ (0. N/A 1. Occu		Unoccupied Abandoned 0		
	Location To 01. Residen	ice Single	06. G	onvenience S as Station	Store	11. Spe	/Discount Store		16. St	dustrial/Mfg. orage	2	20. Religiou 21. Airport	_		25. Parking 26. Highway	/Rdadway		30. Other Mobile 99. Other		
	02. Apartme 03. Residen 04. Hotel/M	ce-Other	08. B	iquor Sales ar/Nightclub upermarket		13. Ban	Store/Hospi /Financial In mercial/Offic	ıst.	18. Sc	ov't/Public Bldg chool/University iil/Prison	2	22. Bus/Rai 23. Constru 24. Other S	ction Site		27. Park/\/\/ 28. Lake/\/ 29. Motor \/		I	26		
	# OFF/INC.	# Vio		# Offenders	# Pren		eh. Stolen		of Weapon 02. I		95. Knife/Cutting Instrument	07.	Hands/Fist/ Poison	Feet	10. Fire/Incer	ndiary	13. Dru 88. Uni	qs		
	1	:	L	1	C)	0	01. Ha		Firearm (6. Blunt Object	09.	Explosives		12. Simulated	Weapon	99. Oth	er 00		
	V/W Code V - Victim W - Witness	0-0	Other	0. N/A 1. Juvenile		l. Business	N	<u>Race</u> N - N/A V - White	I - American		<u>Sex</u> N - N/A M - Male	0. N/A 1. City	3. Flo		0. N		_ \	Extent of Injury 0. None		
ES	C - Reportir			2. L.E. Off 3. Adult	ficer 6	6. Church 9. Other		v - vvriite 3 - Black	U - Unknowr		F - Female U - Unknown	2. Cou		it-01-State	2. F	art Year	\vee	2. Serious		
CODES	Injury Type	00. Lu	ceration		07. Loss of Te	eeth	Victim Rela	ationshi	p To Offender	06. Pa	ent 10). Step-Child			17	Friend	21	. Employer		
	01. Gunsho 02. Stabbeo	t 05. Po d 06. Po	ss. Broken B ss. Internal Ir	ones (09. Abrasions 99. Other		01. Undete 02. Strange	er	03. Spouse 04. Ex-Spous 05. Co-Habit	se 08. Ch	ld / 12	2. Other Fail 3. Student	nily	Friend	19	Sitter/Day Ca	are 23 99	. Acquaintance . Other Known		
SS	OFF/INC Inc 1.#1 2.#2 3.Both	dicator V	//W Code V	# V.T		ne (Last, Firs 'ATE O											Residen	ce Phone		
VICTIM / WITNESS	Address (St	reet, Apt. N	umber)		'				City			St	ate	Zip			Busines	s Phone		
× / N	Other Conta	act Info. (Tin	ne Available,	, Interpreter,	, etc.)						$\overline{}$	Synopsis	of Involve	ment						
ICT!	If V/W Code V. W or C	7 13	om. Violence		Sex	Date of Bi	th		Age Re			nt of Injury				Ethnicity				
	Fill in this L	ine	2 //W Code	# V.T	ype Nan	ne (Last, Firs	, Middle or I	Busines	s)	0	0	0	00	00	00					
/ WITNESS	1.#1 3.Both 2.#2 Address (St	reet. Apt. N	umber)						City			Sta	te	Zip			Busines	 s Phone		
WIT	Other Conta	not Info (Tin	a Available	Interpreter	oto \	/					I e.	unancis of	Involveme	unt .		Business Phone				
/ WIL	Other Conta	ict inio. (1111	, interpreter,	, etc.)						3	ynopsis oi	invoiveme	erit							
VICTIM	If V/W Code V, W or C Fill in this I		om. Violence	Race	Sex	Date of Bi	th		Age Re	s. Type Res	. Status Extent o	of Injury	Injury	Type(s)	Relationship	Ethnicity				
	0FF/INC In 1.#1 3.Both 2.#2	_	Suspect Cod S-Suspect E A-Arrestee M	-Escapee F	R-Rec. Missir Z-other	g Code A	Susp.# Ju		Name (Last, First					TOREY		D	ARNEL	·L		
	Maiden Nan		174100100 11		_ 00101	\	e/Street Nar					of Birth				Resid	dence Phor	ie		
	Last Known			lumber)			$\overline{}$		City	/	IL	S	itate	-						
	1012 Occupation		AVE W		Em	ployer/Schoo			PAL	METTO Address			FL	34	221	Socia	al Security	 Number		
۲.	LABOR		v/Sto/A	$\overline{}$	A.	AA CAS	F STON		on Number		12 ST E	PALM			rooted\	SCIC				
SUSPECT	W4528	04853		~	FL	Illilligia	ion and Nac	ui aiizati	on Number	Oth				•	resteuj	300	ANGIC			
ร	Clothing (D	escribe)				1				MUL	Scars/Marks TIPLE BO	•		escribe)						
	Race B	Sex		of Birth		Age			Height	Weigl	nt i	Eye Color					gth	Hair Style		
	Complexio	on M	Build		al Hair	33 Teeth	Speech	1/Voice	5-9 Special Identifi	ers	<u>, </u>	BRO		БПЕ	•	5				
	DK	$\overline{}$	MED]]	В /	-														
				_	//															
NARRATIVE																				
RRA																				
Ž																				
111	Person/Uni	t Notified			Т	ime		Rela	ated Report Numb	er(s)	Name of Offi	. VAN	-				itor Code			
ATIVE	Signature of	of Officer Re	porting					_	(If Applicable) PIERCE		I.D. Number 309			U	nit		Date 1	1/05/2018		
STR/	Signature of	of Officer Re	viewing				Routed To			ferred To		Assigned To	0	В	y		Date	/ /		
ADMINISTRATIVE	Case Statu		_		Clearance T	1.7 (110)		3.Unfour		A-Adult		Date Clear	1. Full Year 2. Part Year 2. Part Year 2. Part Year 3. Non-Resident 2. Part Year 3. Patal 3. Non-Resident 3. Patal 3. Non-Resident 2. Part Year 3. Patal 3. Non-Resident 3. Patal 3. Non-Resident 2. Part Year 3. Patal 3. Non-Resident 2. Part Year 3. Patal 3. Non-Resident 2. Part Year 3. Patal 3. Patal 3. Non-Resident 2. Part Year 2. Part Year 3. Patal	Number Arrested						
AD	Exception 1 Extradition			rrest on Prim	ary Offense	2.Exce	3.	Death of	f Offender	J-Juvenii	e A 5. Prosecution Decl		4/20	ra	OBTS Numb	er				

_						P	ROPER	TY REPO	RT					1. Ori 2. Su	ginal pplement	1
		of Supplement				Holme	es Beac	h Polic	e D	epartme	nt			Agency Report Nu 20180779	mber	
ADM		_// inal Date Reported	Prima	ry Offense D	escription		Victim #	1 Name (Last, First	, Middle	e)				20100779		
		L/04/2018	COC	AINE-P	OSSESS		STATE O	F FLORIDA								
THEFT	00. N		Robbery Shoplifting		Pocket Picking Purse Snatchin		bezzlement m Coin Oper. Macl		rom Put ccess B		From Vehicle Extortion	11. B 12. Fi	y Compute raud	er 99. Other	Theft Typ	Эе
	V - V		A - Arrestee	1	. Stolen	3. Stolen and R		5. Lost	7	. Safekeeping	9. Other	Damage Co 0. N/A	2. C	Criminal Mischief	9. Other	
CODES		uspect erty Type	O - Other	E. Equipm	. Recovered ent/Tool.		r Other Jurisdiction J. Jewelry/Precious			. Evidence/Seized Office Equipment		1. Arson T. TV/Video/		Ouring other Offense	n Equipment	
ဗ	B. Bio	mera/Photo Equipn	nent	F. Food/Lie G. Gun	quor/Consuma old Appliance/	ble Goods	K. Clothing/Fur L. Livestock M. Musical Instrum N. Construction Ma	nent	P. <i>P</i> Q. (R. F	Art/Collection Computer Equipmen Radio/Stereo Sports Equipment	nt	U. Currency, V. Credit Ca W. Boat Mot X. Structure	//Negotiable ard/Non-Neg tor	9 7 Misc	ellaneous	
	Cod	1	Item #	Status	Damage			Name			Brand		\top	Model Name/Number		
RTY	A Seria	1 Number	1	8	Owner A	D Applied Number	1	COCAINE	Descr	iption (Size, Color, Co	Caliber, Barrel I	_ength, Etc.)	+	 		
PROPERTY	Valu					Value Recovered	i			GRAMS CO	CATNE		1	SCIC/NCIC		
	Cod	le Person	Item #	Status	Damage	Property Typ	pe Quantity	Name		//_	Brand		$\overline{}$	Model Name/Number	,	
≥	A	1	2	8	0	D	8	COCAINE	ROC	KS						
PROPERTY	Seria	l Number			Owner A	applied Number				iption (Size, Color, CRAMS CRA			ם ריו <i>צ</i> יכ			
PRO	Valu	e				Value Recovered	i		/	Date Recovered		AINE O	ROCKE	SCIC/NCIC		
	Con	la Baraara	14 a ma 44	Status	Damaga	Dramarty To	Overstitu	Name	_/	<u> </u>	Brand			Model Name/Number		
≥	Coo A	le Person	Item #	Status 8	Damage O	Property Typ	pe Quantity	Name PLASTIC	TUB	E)	Brand			Model Name/Number		
PER	Seria	l Number		1	Owner A	Applied Number				iption (Size, Color,						_
PROPERTY	Valu	e				Value Recovered	i		MHI	TE IN COI		STIC TU	BE CC	SCIC/NCIC		
				1		ı			$\sqrt{}$	<u> </u>						
_	Cod	le Person	Item #	Status	Damage	Property Typ	pe Quantity	Name	`		Brand			Model Name/Number		
PROPERTY	Seria	l Number			Owner A	Applied Number			Descr	iption (Size, Color,	Saliber, Barrel I	ength, Etc.)				
ROF	Valu	e				Value Recovered		_		Date Recovered	<u> </u>			SCIC/NCIC		
	7 4.14									//_				00.0,110.0		
_	Cod	le Person	Item #	Status	Damage	Property Tyl	pe Quantity	Name			Brand			Model Name/Number		
ROPERTY	Seria	l Number			Owner A	pplied Number			Descr	iption (Size, Color, Co	Caliber, Barrel I	ength, Etc.)				
PRO	Valu	e				Value Recovered	i			Date Recovered	t			SCIC/NCIC		
_	_					$\overline{}$			-	//_						
TOTALS	Prope Stole					0.00			Stole	ge in Property n Value						
Ţ0		vered		\supset		0.00			Char Reco	ige in Property evered Value						
CODES	P. Po S. Se B. Bu T. Tra	ssess D. De	nuggle liver e spense/Distribu	Z. C	Manufacture/Pro	oduce/Cultivate	Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	H. Hallucinog M. Marijuana O. Opium/De P. Parapherr	rivative	U. Ui Z. Ot	ynthetic nknown ther	1. Gram 2. Milligra 3. Kilogra 4. Ounce	am am	5. Pound 9. Dose 6. Ton 7. Liter 8. Milliliter	Unit/Item	
	Activ	rity P T	ype C	Description	on coca	INE RESID	UE		Qua	ntity .09	Unit	1 Estimat	ted Street	Value	\$1	1
DRUGS	Activ	rity P	Nbe G	Description	on GOCZ	INE ROCKS	1		Qua	ntity . 8	Unit	1 Estimat	ted Street \	Value	\$80	0
۵	Activ	rity	уре	Description	wh /				Qua	ntity	Unit	Estimat	ted Street	Value		
R.																
NA/																
IAI.																
DE.																
PROP. DETAIL / NARR.																
-	Office	r(s) Reporting		ID	Number(s)/Loc	cator code	Signature of	f Officer Reporting			Un	it		Date		
TIVE		M. VANH	ORN	33				por.ung			3				/05/201	.8
ADMINISTRATIVE		Reviewing (If Appl	-		Number	F	Routed To	Referre	d To	Ass	igned To	Ву		Date		
MINIS		ture of Officer Rev		30	19										//_ Page Pa	ige
															2 of 3	
USA	rtev. 01	/21/2003														

	Date of Supplement	
Σ	//	
ΑD	Original Date Reported	
	11/04/2018	

Holmes Beach Police Department

:	1. Offense 2. Arrest	2	Juvenile Warn/Dismiss		1. Original 2. Supplement	1
	Agenc	y ORI	Number	Age	ncy Report Number	
	FLO	410	400	20	180779	

Case Reference

POSS OF CONTROLLED SUBSTANCE COCAINE DWLS 2ND OFFENSE

WHILE ON PATROL I OBSERVED THE SUSPECT VEHICLE TRAVELING SOUTH BOUND ON GULF DR NEAR 28TH STREET. I OBSERVED THE VEHICLES HEADLIGHTS MOVING LEFT TO RIGHT AND BACK (WEAVING) AND IT WAS READILY APPARENT TO ME THAT THE VEHICLE WAS NOT BEING DRIVEN CORRECTLY. I IMMEDIATELY BACKED INTO A DRIVEWAY TO ALLOW THE VEHICLE TO PASS ME, THEN I PURSUED TO EFFECT A TRAFFIC STOP. DURING MY ATTEMPT TO STOP THE VEHICLE I OBSERVED THE VEHICLE AGAIN WEAVING. I ACTIVATED MY EMERGENCY LIGHTING AND THE VEHICLE WAS SLOW TO PULL OVER, EVENTUALLY STOPPING IN THE 2400 BLOCK OF GULF DR.

I CONTACTED THE DRIVER TOREY WILLIAMS WHO STATED HE DID NOT HAVE HIS LICENSE AND THAT THE REASON FOR HIS DRIVING BEHAVIOR WAS THAT HE DROPPED HIS PHONE. I COULD SMELL THE ODOR OF INTOXICANTS ON HIS PERSON, AND I ASKED HIM TO STEP FROM THE VEHICLE SO I COULD SPEAK WITH AND HIM AND GET HIS NAME AND INFORMATION. UPON RUNNING HIM THROUGH NCIC/FCIC AND D.A.V.I.D., (TOREY WILLIAMS) DRIVERS LICENSE HAD BEEN REVOKED AS OF 06-23-16 FOR CH 893 VIOLATIONS WITH 1 PRIOR DRIVING WHILE LICENSE SUSPENDED CONVICTION. AFTER ARREST AN INVENTORY SEARCH OF THE SUSPECT VEHICLE YIELDED CRACK COCAINE A CUSTODY SEARCH FOR WEAPONS AND CONTRABAND OF WILLIAMS PERSON YIELDED A PLASTIC BAGGIE WITH COCAINE RESIDUE. I WAS ASSISTED AT THE SCENE BY OFC DESANTIS AND SGT J. PLERCE.

ARRESTED:

TOREY DARNELL WILLIAMS, B/M 9/14/1985. WILLIAMS WAS TAKEN TO HEPD FOR PROCESSING AND INTERVIEW, AND EVENTUALLY LODGED AT THE MCSO JAIL, WITHOUT INCIDENT.

MIRANDA/INTERVIEW:

I READ WILLIAMS HIS MIRANDA RIGHTS FROM MY ISSUED HPBD MIRANDA CARD ON 11/4/2018 AT 0334HRS IN THE BOOKING AREA. WILLIAMS AGREED TO SPEAK WITH ME. WHEN ASKED ABOUT THE CRACK COCAINE FOUND IN THE PLASTIC TUBE, HE STATED IS WAS CRUMBS, WHEN ASKED ABOUT THE PLASTIC BAGGIE TAKEN FROM HIS POCKET HE STATED IT WAS "A LITTLE COKE POWDER." WILLIAMS STATED HE USES COCAINE PRIMARILY ON WEEKENDS AND SPENDS ABOUT \$40-50 A DAY IN COCAINE. WILLIAMS STATED HE DOES NOT SMOKE ONLY SNORTS COCAINE. WILLIAMS DENIED SELLING COCAINE.

VEHICLE:

2007 CHEV EQUINOX, GOLD IN COLOR, BEARING FLORIDA REGISTRATION 953RDE. THE VEHICLE WAS TOWED TO ELMERS TOWING FOR SAFE KEEPING, TOW SHEET COMPLETED. OFC A. DESANTIS INVENTORIED SEARCHED THE VEHICLE. SEE SUPPLEMENTAL 20180779 COMPLETED BY OFC DESANTIS.

STATUS:
CLOSED BY ARREST.

OFC M. VANHORN 338 I.D. Number Signature of Officer Reporting Officer Reviewing (If Applicable 11/05/2018 SGT. J. PIERCE Assigned To Signature of Officer Reviewing Date Cleared Clearance Type Arrest Number Number Arrested 1.Arrest 3.Unfounded A-Adult CA 11/04/2018 2 Exceptional .l-.luvenile OBTS Number Page Page Exception Type Arrest on Primary Offense
 Secondary Offense Without Prosecution 3. Death of Offender 4. V / W Refused to Cooperate 5. Prosecution Declined 3 of 6. Juvenile/No Custody 3

Related Report Number(s)

Name of Officer Reporting

I.D. Number/Locator Code

Report Contains

Date of Supplement 11/04/2018 Original Date Reported

11/04/2018

Holmes Beach Police Department

1. Offense 2. Arrest	2	Juvenile Warn/Dismiss		1. Original 2. Supplement	2
Agenc	y ORI	Number	Age	ncy Report Number	
FL	041	.0400	20	180779	

Case Reference

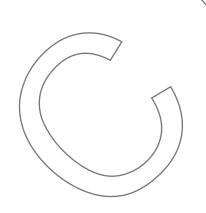
POSSESSION OF COCAINE

ON 11/04/18, I ARRIVED AT THE 2400 BLOCK OF GULF DR TO ASSIST OFC. M. VANHORN WITH A TRAFFIC STOP HE HAD CONDUCTED. UPON ARRIVAL, I OBSERVED THE DRIVER EXITING THE VEHICLE, THAT OFC. VANHORN STOPPED, THROUGH THE FRONT RIGHT PASSENGER DOOR. THE DRIVER WAS IDENTIFIED AS (TOREY WILLIAMS). AS I LOOKED INTO THE VEHICLE THROUGH THE WINDOWS AND OPEN FRONT RIGHT PASSENGER DOOR, I OBSERVED OPEN ALCOHOLIC BEVERAGE CONTAINERS (BEER CANS).

OFC. VANHORN PLACED (WILLIAMS) UNDER ARREST FOR DWLS WITH KNOWLEDGE AND SEARCHED (WILLIAMS') PERSON. (OFC. VANHORN FOUND A CLEAR PLASTIC SANDWICH BAG IN THE FRONT OF THE WITH A WHITE POWDERY SUBSTANCE RESIDUE INSIDE, IN (WILLIAMS') RIGHT FRONT POCKET OF HIS SWEAT PANTS. (WILLIAMS) STATED IT WAS COKE. OFC. VANHORN REQUESTED ME TO COMPLETE A VEHICLE INVENTORY AND TOW SHEET FOR THE VEHICLE.

WHILE CONDUCTING A VEHICLE INVENTORY, I OBSERVED A FEW RAZOR BLADES THROUGHOUT THE VEHICLE. I OBSERVED AN OPEN ALCOHOLIC BEVERAGE CONTAINER ('NATURAL ICE' 160Z BEER CAN), FRESHLY OPEN, BEHIND THE CENTER CONSOLE IN REACH OF THE DRIVER (WILLIAMS). I OBSERVED APPROXIMATELY FOUR MORE EMPTY OPEN ALCOHOLIC BEVERAGE CONTAINERS ('NATURAL ICE' 120Z BEER CANS) UNDER THE DRIVER SEAT, IN THE CENTER CONSOLE AREA BETWEEN THE FRONT DRIVER AND PASSENGER SEAT AND ON THE FRONT RIGHT PASSENGER FLOOR BOARD. THE CANS IN THE CENTER CONSOLE AREA WERE COVERED IN CIGARETTE ASHES, APPEARING TO BE USED AS ASHTRAYS. I OBSERVED A SMALL WHITE TUBE WITH A RED CAP WITH EIGHT SMALL WHITE SUSPECTED CRACK ROCKS INSIDE OF IT. THIS WHITE TUBE WAS LOCATED IN A STORAGE COMPARTMENT THAT UTILIZED NETTING, ON THE DRIVER SIDE OF THE CENTER CONSOLE DASH, WITHIN REACH OF THE DRIVER. I COMPLETED MY TOW FORM AND ELMERS TOWING REMOVED THE VEHICLE.

I ASSISTED OFC. VANHORN WITH WEIGHING AND FIELD TESTING THE COCAINE RESIDUE IN THE CLEAR PLASTIC SANDWICH BAG AND THE CRACK ROCKS IN THE WHITE TUBE. THE COCAINE AND CRACK ROCKS BOTH TESTED POSITIVE FOR PRESENCE OF COCAINE. THE COCAINE IN THE CLEAR PLASTIC SANDWICH BAG WEIGHED IN AT .09GRAMS AND THE CRACK ROCKS WEIGHED IN AT .8GRAMS. I TOOK PHOTOS OF THE EVIDENCE. I PACKAGED THE EVIDENCE AND PLACED IT INTO LOCKER #5. THIS CONCLUDED MY ROLE IN THIS CASE.



	Report Contains					Related F	Report Number	(s)	Name of Officer Reporting		I.D. Number/Locato	r Code
									A. DESANTIS		336	
ı	Signature of Officer Reporting			Officer	Reviewing (If Applic	able)		I.D. N	umber	Unit	Date	
				SGT	. J. PIER	CE		309	9		11/0	4/2018
2	Signature of Officer Reviewing			Routed	Referre	ed To		Assigned To	Ву	Date		
		graduo or ornor recommy									/_	_/
	Case Status		Clearance Type	1.Arrest	3.Unfounded		A-Adult		Date Cleared	Arrest Number		Number Arrested
,	CA			2.Exceptional	3.01ilourided	1	J-Juvenile	A	11/04/2018			1
	Exception Type	2. Arrest on Prim			3. Death of Offende			osecution D		OBTS Number		Page Page
AC.			ary Offense	2.Exceptional			J-Juvenile 5. Pr		leclined	OBTS Number		Page

FI	04104	00	Gang Related	2		O	FFENS	E-IN	ICIDENT	REPO	RT		Juvenile in Report:	N	Juvenile Warn/Dis	miss:	1	1. Original 2. Supplement: 1
ADM	Date of Sup	pplement /			н	olme	s Bea	ch :	Police	Depar	rtment		gency Report	Number	COV	Primary OTHER		escription
٩	Original Day	y	_	Date				Tim	e (mil)	Time	Dispatched (mil)	20		rived (mil)	COV			oleted (mil)
	Reported		un		11/04	-		:	2158	2	158		21		B-1-		222	
	1. Felony 2. Traffic Fel	3.	Misdemeano Traffic Misde		5. Ordinar 9. Other	nce	Incident: Day From	Sun	Date 11/0	4/2018	Time (mil)	8 l	To Day	un	Date 11 /	04/20	18	Time (mil) 2226
	OFF/INC #1	Туре	Descript		J. Ollici	<u> </u>			A-Attempted		Statute Viola	ation Number	- Chapter, Se		<u> </u>			NCIC/UCR Code
		5	COV/	OTHER					C-Committed	С	0	-	42	(4:	2-1)	0000
DATA	OFF/INC # 2 Incident Lo	antinu (Ptu	Alternation	Street Am					A-Attempted C-Committed			Zip		District	Grid) Area	Zone
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EVENT	Business N	lame/Area le	dentifier										0. N		0	Occupani 0. N/A	2. ا	Unoccupied 0
	Location Ty			Convenience	Store		Dept/Discount S			ndustrial/Mfg.		20. Religious	Bldg.	25. F	arking Lot	1. Occup Garage	ied 3.7	30. Other Mobile
	01. Residen 02. Apartme 03. Residen	ent/Condo	07. L	Sas Station iquor Sales sar/Nightclub		12.	Specialty Store Drug Store/Hos Bank/Financial	spital	17.	Storage Gov't/Public Bldg School/University		21. Airport 22. Bus/Rail 7 23. Construct		27. F	lighway/Ro Park/Woodl ake/Water	ands/Field		99. Other
	04. Hotel/Mo	otel	09. S	Supermarket		14.	Commercial/Off	fice Bldg.	19	lail/Prison		24. Other Str	ucture	29. A	Motor Vehic	:le ¹		26
	# OFF/INC.		ctims 1	# Offender:	_	m. Ent.	# Veh. Stolen	00. N	/A 03	Shotgun	05. Knife/Cutting Instrument 06. Blunt Object	08. Po	ands/Fist/Feet oison xplosives	11. 11	e/Incendia reat/Intimio nulated W	dation	13. Dru 88. Unk 99. Oth	nown
	V/W Code			Victim T	ype			Race			Sex	Residen	се Туре	12. 01	Reside	nce Status		Extent of Injury
	V - Victim W - Witness		Other	0. N/A 1. Juveni	ile	Busines Govern	ment	N - N/A W - Whit		l/Asian	N - N/A M - Male	0. N/A 1. City	3. Florida 4. Out-of-S	State	0. N/A 1. Full ` 2. Part			0. None 1. Minor
CODES	C - Reportin			2. L.E. Of 3. Adult		6. Church 9. Other		B - Black		/n	F - Female U - Unknown	2. Count	у			rear Resident		2. Serious 3. Fatal
S	Injury Type 00. N/A	04. Ur	ceration conscious		07. Loss of 7 08. Burns		00. N/A		ip To Offender 03. Spouse		other/Sister 1	0. Step-Child 1. In-Law		d of Boy/Girl	17. Fri 18. Ne	eighbor	22	. Employer . Landlord/Tenant
	01. Gunshot 02. Stabbed	06. Pc	ss. Broken B ss. Internal I	njury	09. Abrasion 99. Other		01. Under 02. Stran	ger	04. Ex-Spo 05. Co-Hab			Other Famil Student		nd /Girl Friend		ter/Day Car nployee	99.	. Acquaintance . Other Known
SS	0FF/INC Inc 1.#1 2.#2 3.Both	dicator 1	//W Code V				First, Middle of DF HOLM		-	/ /		//					Residen	ce Phone
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M /	Other Conta	ect Info. (Tin	ne Available	, Interpreter	r, etc.)						\sim	Synopsis o	f Involvement					
TI.	If V/W Code	e is D	om. Violence	e Race	Sex	Date o	of Birth		Age R	es. Type Re	s. Status Exte	ent of Injury	Injury Type	e(s) Relati	ionship	Ethnicity	Will Victi	m prefer charge?
NΝ	V, W or C Fill in this L	.ine	2	N	N					0	0	Q	00 (0 0	0		Yes	
SS	1.#1 3.Both	#1 3 Both						r Busines	ss)								Residen	ce Phone
/ WITNESS		reet, Apt. N	umber)	ı	ı		//		City			State	l	Zip			Busines	s Phone
M/1	Other Conta	Other Contact Info. (Time Available, Interpreter, etc.)							$\overline{}$	$\overline{}$		Synopsis of Ir	nvolvement			ļ		
VICTIM	If V/W Code		om. Violence	Race	Sex	Date o	of Birth		Age R	es. Type Re	s. Status Extent	t of Injury	Injury Type	e(s) Relatio	nship	Ethnicity	Will Victi	m prefer charge?
^	V, W or C Fill in this L OFF/INC Inc	ine.	Suspect Cod	de		Cod	le \ Susp.# I.	Juvenille	Name (Last, F	rst. Middle)							Yes	No No
	1.#1 2.#2 3.Both	1	S-Suspect E A-Arrestee M	-Escapee	R-Rec. Miss Z-other	ing A	01	2	BURNS	<i>[] </i>			STE	EVEN		R.		
	Maiden Nam	ne				Nick	kname/Street N	ame			Place	e of Birth					ence Phon 962	e 2-9971
	Last Known			lumber)					City	DENTON		Sta	ate FL	Zip 3420:	۵	Busine	ess Phone	_
	Occupation		AVE W		Er	nployer/So	chool	_	Jake .	Address			ГП	3420	<i>-</i>	Social	Security I	Number
ECT	Driver's Lice			$\overline{}$		lmm	nigration and Na	aturalizat	tion Number	Oti	ner I.D. Number		OBTS Num	ber (Arrested	d)	SCIC/N		
SUSPECT	B65279 Clothing (D		880		FI						Scars/Mar	ks/Tatoos (Lo	cation/Descri	ne)				
0,					<	1						-						
	Race W	Sex M		of Birth 28/19:	97	\ Ag 2:			Height 511	Weig		Eye Color BRO	'	lair Color BRO		Hair Lengt M	h	Hair Style S
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	SEE NA	ARRAT	$\overline{}$		-	$\overline{}$												
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NARRATIVE																		
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	Person/Unit	t Notified				Time		Re	lated Report Nun	ber(s)		ficer Reportin	-		I.D. Nur 336	nber/Locat	or Code	
TIVE	Signature o	of Officer Re	eporting					_	(If Applicable)		I.D. Number		•	Unit	330		Date	1 /05 /05 -
ADMINISTRATIVE	Signature o	of Officer Re	eviewing				SGT .		PIERCE	eferred To	309	Assigned To		Ву			1: Date	1/05/2018
SINIS	Case Status	s		Т	Clearance	Type 4	Arrest	3.Unfou	ınded	A-Adult		Date Cleared	d	Jail N	umber		_	//
ADM	Exception 1	C	Ά			2.1	Exceptional		1	J-Juveni		11/04	1/2018		Number			1 Page Page
1		Declined	2. A	rrest on Prin	nary Offense		3	3. Death o	of Offender Refused to Cooper		Prosecution Dec	clined		1 3513				. age rage

_				P	ROPER'	TY REPO	RT				1. Origi 2. Supp	inal plement	1
	Date of Supplement			Holme	s Beac	h Polic	e D	epartmen	ıt		Agency Report Num	ber	
ADM	Original Date Reported	Primary Offense	Description		Victim #	1 Name (Last, First	, Middle)			20180780		_
	11/04/2018	COV/OTHE	:R		CITY OF	HOLMES B	EACI	I					
THEFT	Theft Type Codes 00. N/A 02. Rot 01. Burglary 03. Sho		Pocket Picking Purse Snatching		pezzlement m Coin Oper. Mac		rom Pub		From Vehicle Extortion	11. By Com _l 12. Fraud	puter 99. Other	Theft Typ	Эе
0		Arrestee Other	1. Stolen 2. Recovered	Stolen and Re Recovered for	ecovered r Other Jurisdiction	5. Lost 6. Found	7. 8.	Safekeeping Evidence/Seized	9. Other		Criminal Mischief During other Offense	9. Other	
CODES	Property Type A. Auto Accessory/Parts	F. Food	oment/Tool. /Liquor/Consumab	le l	J. Jewelry/Preciou K. Clothing/Fur	s Metal	P. A	Office Equipment		T. TV/Video/VCR/ U. Currency/Negoti	ilable Z. Miscel	Equipment Ilaneous	
	B. Bicycle C. Camera/Photo Equipment D. Drug Code Person	I. Plant/0		oods !	L. Livestock M. Musical Instrum N. Construction Ma	achinery	R. R	Computer Equipment tadio/Stereo ports Equipment	Brand	V. Credit Cart/Non W. Boat Motor X. Structure	Model Name/Number		
L	A 01	tem # Status 8	Damage 0	Property Typ	e Quantity 1	Name MARIJUAN	ΙA		Brand	\	Model Name/Number		
ER	Serial Number	L	Owner Ap	plied Number	L			ption (Size, Color, Ca		- '			_
PROPERTY	Value			Value Recovered	l		2.8	Date Recovered	JUÁNA	IN CLEAR	ZIPLOC BAG scic/ncic		
>	Code Person	Item # Status	Damage	Property Typ	oe Quantity	Name		//	Brand		Model Name/Number		
PROPERTY	Serial Number	<u> </u>	Owner Ap	plied Number	I		Descri	ption (Size, Color, Ca	liber, Barrel Le	ngth, Etc.)			
PRO	Value			Value Recovered	ļ			Date Recovered			SCIC/NCIC		
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PROPERTY	Serial Number		Owner Ap	plied Number			Descri	ption (Size, Color, Ca	liber, Barrel Le	ngth, Etc.)		-	
PR	Value			Value Recovered	I			Date Recovered			SCIC/NCIC		
>	Code Person	Item # Status	Damage	Property Typ	e Quantity	Name	/		Brand		Model Name/Number		
PROPERTY	Serial Number	l	Owner Ap	pplied Number			Descri	ption (Size, Color, Ca	liber, Barrel Le	ngth, Etc.)			_
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PR	Value			Value Recovered	ı			Date Recovered//			SCIC/NCIC		
TOTALS	Property Stolen			0.00		/	Stole	ge in Property n Value					
10	Property Recovered	7		0.00			Reco	ge in Property vered Value					
CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smagg D. Delive E. Use K. Disper	, IV	M. Manufacture/Prod Z. Other	duce/Cultivate	Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	e H. Hallucinog M. Marijuana O. Opium/De P. Parapherr	rivative	S. Synt U. Unk Z. Othe	nown	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce	5. Pound 9. Dose U 6. Ton 7. Liter 8. Milliliter	nit/Item	
(0	Activity P	e M Descrip	otion MARI	UANA	l		Quar	ntity 2.8	Unit 1	Estimated Str	eet Value	\$20	0
DRUGS	Activity Type	Descrip	otion				Quar	ntity	Unit	Estimated Str	eet Value		
	Activity	Descrip	otion				Quar	ntity	Unit	Estimated Str	eet Value		
PROP. DETAIL / NARR.													
L/N													
ETAI													
P. D													
PRO													
Ē	Officer(s) Reporting	II	D. Number(s)/Loca	tor code	Signature o	f Officer Reporting			Unit		Date		
ATIV	A. DESANTIS Officer Reviewing (If Applical		336 D. Number		Poutod To	Referre	d T-	A = - *	and To	B.,	11 /	05/201	.8
ADMINISTRATIVE	SGT. J. PIERO	E 3	309		Routed To	Keierre	u 10	ASSIG	ned To	Ву	/	/	
	Signature of Officer Review	ing										Page Page 2	
USA	Rev. 01/21/2003												

		NARRATIN	/E CONTINUATION		1. Offense	Juvenile		1. Original
5	Date of Supplement	Holmes Beach	n Police Departm	nent	2. Arrest 2 Agency OR FL0410		-	2. Supplement 2.
ADM	Original Date Reported	Case Reference			110410	7400	2010	3700
	11/04/2018	COV/MARIJUANA						
NARRATIVE	AVE. I CONDUCTE VEHICLE AND MAI OPERABLE SO I I GATHERING HIS : ASKED (BURNS) : MARIJUANA IN THE THE MARIJUANA I THE MARIJUANA I I ISSUED (BURNS) VIOLATION CITAL COURT COPY AND I WEIGHED AND I	OBSERVED A VEHICLE WITH A CD A TRAFFIC STOP ON THE VEH CD CONTACT WITH THE DRIVER DE CONTACT WITH THE	VEHICLE AT THE 800 BIR AND SOLE OCCUPANT, HROUGH THE LEFT REAR NODOR OF FRESH MARIATION OF THE VEHICLE THAT I SIGN THE VEHICLE SUNGSTHE VEHICLE. THE VEHICLE HEADLIGHT MES. I EXPLAINED THE CITATION. (BURNS) WAS A. THE MARIJUANA WEIGHT.	COCK OF MAN (STEVEN BU PASSENGER JUANA COMIN HOULD KNOW E VEHICLE T LASSES COME TOUT. I IS CITATION TO AS RELEASED THE EVIDE	EXTER AVE WINDOW. IN IG FROM II ABOUT. (II O SPEAK IN SUED (BUI O (BURNS) O FROM THI 2.8 GRAMS INCE AND II	E DELVER WHILE (BUINS ST. WITH ME. OFC. VANUERNS) A CI. (BURNS) E SCENE.	ACHED WINDOW RNS) W VEHIC ATED I (BURNS HORN (TY ORI SIGNI	THE W WAS NOT WAS CLE. I HE HAD S) STATED DETAINED DINANCE ED THE

Officer Reviewing (If Applicable)

SGT. J. PIERCE

3.Unfounded

Death of Offender
 V / W Refused to Cooperate

Clearance Type

Arrest on Primary Offense
 Secondary Offense Without Prosecution

1.Arrest 2.Exceptional 336

Arrest Number

OBTS Number

11/05/2018

Page

3 of

Number Arrested

Page

3

A. DESANTIS

309

5. Prosecution Declined 6. Juvenile/No Custody

A-Adult J-Juvenile

1

Assigned To

Date Cleared

11/04/2018

Exception Type

1.Extradition Declined

ADMINISTRATIVE

Signature of Officer Reporting

Signature of Officer Reviewing

CA

FI	041040	00	Gang Related	2	C	FFENSE	E-INCID	ENT	REPO	RT		Juvenile in Repor			enile n/Dismiss:		1. Original 2. Supplement: 1
ADM	Date of Supp	lement /			Holme	es Beac	h Pol	ice :	Depar	tment		Agency Re	eport Numbe		Prima V/NOIS	-	Description
_	Original Day Reported		<u> </u>	Date			Time (mil)			Dispatched (mil)		Tim	ne Arrived (n		V/HOLD	Time Com	pleted (mil)
	Incident Type	Mo	on		05/2018	Incident: Day	0014 Dat	te	0	014 Time (mil)			0016 Day	Date		010	9 Time (mil)
	Felony Traffic Felor	ny 4. T	Misdemeanor raffic Misdeme	anor 9.	Ordinance Other	From 1	Mon :	11/05	/2018	0014		То	Mon		1/05/2	018	0109
	OFF/INC #1	Type 5	Description COV/NO				A-Atterr C-Comr		C	Statute Violatio	n Numbe		er, Section, O	Sub (0	b	NCIC/UCR Code
ΤA	OFF/INC # 2						A-Attem C-Comr			-	-			()	
EVENT DATA		-	et Number, St				City				Zip		Distric		Grid	Area	Zone
VEN	307 Business Nar		65TH ST lentifier	TREET			HOLM	ES BE	ACH		342	17	00 Forced Ent	_ \	0 0 Occupa		W80
ш	UNKNOW Location Typ												0. N/A 1. Yes	2. No	0. N/A 1. Occ		Unoccupied Abandoned 0
	01. Residence 02. Apartment	Single	05. Con 06. Gas 07. Liqu		11	0. Dept/Discount Store 15. Industrial/Mfg. 20. Rel 1. Specialty Store 16. Storage 21. Airg. 2. Drug Store/Hospital 17. Gov/t/Public Bldg. 22. Bug.						s Bldg. I Termi <u>nal</u>		26. High	g Lot Garage ay/Roadway Voodlands/Fiel	4	30. Other Mobile 99. Other
	03. Residence 04. Hotel/Mote	e-Other	08. Bar/	Nightclub ermarket	10	3. Bank/Financial In 4. Commercial/Offic	st.		ool/University	23.		ction Site		28. Lake/\ 29. Motor	Vaterway	-	03
	# OFF/INC.	# Vic		Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weape 00. N/A	03. SI	notgun	5. Knife/Cutting Instrument	08.	Hands/Fist/ Poison		10. Fire/Inc 11. Threat/	ntimidation	13. Dr 88. Un	known
	01 V/W Code	0		01 Victim Type	00	00	01. Handgun	04. Fi	rearm 0	6. Blunt Object Sex		Explosives ence Type			ed Weapon esidence Stat	99. Otl	Extent of Injury
	V - Victim W - Witness	0-0		0. N/A 1. Juvenile	4. Busine 5. Gover	nment V	V - White O	American Ir - Oriental/A		N - N/A M - Male	0. N/A 1. City		orida it-of-State	1.	N/A Full Year	$\langle \ \rangle$	0. None 1. Minor
CODES	C - Reporting	Person		2. L.E. Officer 3. Adult	r 6. Churc 9. Other			- Unknown		F - Female U - Unknown	2. Cou	nty			Part Year Non-Resident		Serious Fatal
ၓ	Injury Type 00. N/A 01. Gunshot	04. Un	conscious	08. E	Loss of Teeth Burns	00. N/A		. Spouse		her/Sister 11. In	Step-Child	15.	. Teacher . Child of Bo	y/Girl 1	7. Friend 8. Neighbor	22	Employer Landlord/Tenant
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M / W	Other Contact	t Info. (Tim	e Available, In	terpreter, etc	c.)					s	ynopsis	of Involver	ment				
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NARRATIVE CONTINUATION Holmes Beach Police Department

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

20180781

FL0410400

Date of Supplement							
//							
Original Date Reported							
11/05/2018							

Case Reference COV/NOISE

ON 11/05/18, I WAS DISPATCHED TO 307 65TH ST IN REFERENCE TO A NOISE COMPLAINT OF LOUD MUSIC. DISPATCH ADVISED THE COMPLAINANT WAS AT 312 64TH ST AND WISHED TO REMAIN ANONYMOUS.

UPON ARRIVAL, I COULD HEAR PEOPLE TALKING IN THE BACK POOL AREA OF THE RESIDENCE IN QUESTION, FROM THE STREET. I DID NOT HEAR MUSIC PLAYING AT FIRST. OFC. VANHORN AND I LISTENED FOR A FEW MINUTES AND CONTINUED TO HEAR VOICES, GETTING LOUD AND THEN QUIET IN THE BACK YARD POOL AREA! FROM THE ROAD, OVER THE FENCE, I OBSERVED A WHITE MALE STANDING ON SOMETHING TALL IN THE BACK YARD OF THE RESIDENCE IN QUESTION. I HEARD THE MALE TALKING LOUD AND THEN QUIET. I HEARD THE MUSIC TURN ON AT THIS POINT. I TOOK A dB READING WITH THE METER. THE METER SHOWED AN AVERAGE OF 43dbs. THE HOUSE AND FENCE WERE ACTING AS A NOISE BARRIER. I REQUESTED DISPATCH CONTACT THE COMPLAINANT TO ASK PERMISSION TO TAKE A READING FROM THEIR BACK YARD. DISPATCH ADVISED THE COMPLAINANT CONSENTED.

AS I WALKED IN THE BACK YARD AREA OF 312 64TH ST, THE AREA WAS VERY QUIET AND I COULD HEAR THE VOICES, WATERFALL AND/OR POOL JETS MUCH CLEARER AND LOUDER. THE MUSIC WAS NOT PLAYING ANYMORE AT THIS TIME. THERE WAS NO WIND AND/OR OTHER AMBIENT NOISES THAT COULD BE HEARD IN THE BACKYARD OF 312 64TH ST. THE db meter showed an average of 58dbs with the waterfall and/or pool jets going. While taking the READING, I OBSERVED THREE PERSONS ON THE BACK DECK AREA. THE PERSONS WERE TALKING, MAKING THE METER READ 59 TO 60dBS OVER THE 58dBS THAT THE WATERFAIL, AND/OR POOL/JETS WERE SHOWING. THE PERSONS VOICES WOULD GET LOUDER ON AND OFF, SHOWING PEAKS OF 65dbs ON THE METER. I RETURNED BACK TO 307 65TH ST TO MEET WITH OFC. VANHORN AND MAKE CONTACT WITH THE OCCURANTS OF THE RESIDENCE.

WHEN I RANG THE DOOR BELL, A FEMALE ANSWERED THE DOOR. I ASKED TO SPEAK WITH THE PERSON IN CHARGE THAT SIGNED THE RENTAL AGREEMENT. THE FEMALE WENT INSIDE TO NOTIFY THE PERSON IN CHARGE. ANOTHER FEMALE CAME OUT SHORTLY AFTER AND ADVISED ONE OF THEIR GROUP MEMBERS HAD A HEAD INJURY FROM JUMPING IN TO THE POOL. SHE STATED THE INJURY OCCURRED APPROXIMATELY MINUTES BEFORE OFC. VANHORN AND I CAME TO THE DOOR. SHE ASKED IF WE WOULD LOOK AT HIS HEAD AND TELL THEM IF HE NEEDED TO GO TO THE HOSPITAL. THAT IS WHEN A MALE, LATER IDENTIFIED AS (MICHAEL WROTEN) THE RENTAL AGREEMENT SIGNER, CAME TO THE DOOR HOLDING A TOWEL, WITH BLOOD ON IT, TO HIS HEAD. (WROTEN) APPEARED HEAVILY INTOXICATED, NOT BEING ABLE TO CONTROL THE VOLUME OF HIS VOICE AND USE AN INSIDE VOICE. (WROTEN) SHOWED OFC. VANHORN AND I THE BACK OF HIS HEAD. I OBSERVED A LARGE LACERATION ON THE BACK/OF/(WROTEN'S) HEAD. THE BLEEDING HAD STOPPED. (WROTEN) ASKED OFC. VANHORN AND I IF HE SHOULD GO TO THE HOSPITAL. (WROTEN) STATED THE THREE FEMALE OCCUPANTS THAT WERE WITH HIM WERE TRYING TO CONVINCE HIM TO GO TO THE HOSPITAL BUT HE THOUGHT HE WAS FINE. I ADVISED (WROTEN) THAT I WOULD CONTACT EMS TO COME TAKE A LOOK AT HIM, TO WHICH HE FINALLY AGREED. OFC. VANHORN AND I REQUESTED (WROTEN) SIT DOWN WHILE WAITING FOR EMS. I GATHERED (WROTEN'S) INFORMATION.

EMS ARKIVED AND BEGAN EVALUATING (WROTEN). EMS ADVISED (WROTEN) THAT THEY WERE GOING TO TRANSPORT HIM TO BLAKE HOSPITAL. (WROTEN) WAS BEING BELLIGERENT AND HAD TO BE CONVINCED TO COOPERATE AND GO. I WAS UNABLE TO ISSUE A CITY ORDINANCE VIOLATION CITATION TO (WROTEN) FOR THE NOISE VIOLATION DUE TO HIM BEING TRANSPORTED TO THE HOSPITAL.

FORWARD INFORMATION TO CODE ENFORCEMENT NFI

	Report Contains			Related F	Report Number(s)	Name of Officer Reporting		I.D. Number/Locator Code	
						A. DESANTIS		336	
Æ	Signature of Officer Reporting		Officer Reviewing (If Applic	able)	I.D. N	lumber	Unit	Date	
	Signature of Officer Reporting		SGT. J. PIER	CE	E 309			11/05/2	
R	Signature of Officer Reviewing		Routed To	Referre	d To	Assigned To	Ву	Date	
DMINISTRA				COD	E ENFORCE	J. THOMAS	PATROL	11/05/20	018
<u>≅</u> 1	Case Status	Clearance Type	1.Arrest 3.Unfounded		A-Adult	Date Cleared	Arrest Number	Number A	rrested
٥	A		2.Exceptional		J-Juvenile	//			
₹	Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Pros	3. Death of Offender secution 4. V / W Refused to		5. Prosecution E 6. Juvenile/No C		OBTS Number	Page 2 of	Page 2

FI	04104	100	Gang Related	2			0	FFENS	SE-IN	1CID	ENT	REP	OR	T		Juveni in Repo			enile n/Dismiss	s: W	1. Original 2. Supplement: 1
ADM	Date of Su	pplement /				Hol	.me	s Bea	ch :	Poli	ice	Depa	art	ment	2	Agency F	Report Numb		Pr SIST	mary Offense	Description
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	Incident Ty		ue	1		6/20		Incident: Day		1118 Da			11	18 Time (mil)	1		1118 Day	Date		130	0 0 Time (mil)
	Felony Traffic Fe	elony 4.	Misdemeanor Traffic Misder	neanor		Ordinance Other		From	Tue	:	11/06	6/2018	8	111		То	Tue		1/06	/2018	1300
	OFF/INC #1	Type 9	Descripti INFOI		ION					A-Atten C-Com		C		Statute Viol	ation Numb	er-Chap	pter, Section	, Sub)	NCIC/UCR Code
٩TA	OFF/INC # 2									A-Atten C-Com					-			(1)	
EVENT DATA		•	eet Number,	Street, A	Apt,)					City			•		Zip		Distri	[Grid	Are	a Zone
EVI	Business Name/Area Identifier														0. N/A 1. Yes	2. No	0 \ 0.		2. Unoccupied 3. Abandoned 0		
	01. Residence Single 06. Gas Station					10. Dept/Discount Store 15. Industri 11. Specialty Store 16. Storage				ndustrial/Mfg torage	21. Airport					25. Parkir 26. Highv	ng Lot/Gara ay/Roadw	age ay	30. Other Mobile 99. Other		
	02. Apartm 03. Resider 04. Hotel/M	nce-Other	08. B	quor Sale ar/Nightclu upermarke	ub		12. 13.	12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Bank/Financial Inst. 16. School/University 17. Gov∀Public Bldg. 18. School/University 19. Jail/Prison						22. Bus/Rail Terminal 27. Pair/vl\/oodlands/Field 23. Construction/Site 28. Laker\/\aten\/							
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	V/W Code		0	Victim	Туре	00		00	Race	Handgun		Firearm	5	Blunt Object	Resid	ence Type	9		esidence		Extent of Injury
S	V - Victim W - Witness C - Reportir		other	0. N/A 1. Juve 2. L.E.		5. (Busines Govern Church	nment	N - N/A W - Whi B - Blac	ite O	 American Oriental/ Unknown 	/Asian	P F	N - N/A M - Male Female	0. N/A 1. City 2. Cou	4. C	Torida Out-of-State	1	. N/A . Full Year . Part Year	\rightarrow	None Minor Serious
CODES	Injury Type		ceration	3. Adul		9. 0	Other th	Victim R	Relations	hip To Off	fender	06.	. Paren	J - Unknown t 1	10. Step-Chi	d 1	4. Teacher		Non-Resi		Fatal Employer
)	00. N/A 01. Gunsho 02. Stabbe	ot 05. Po d 06. Po	conscious ss. Broken B ss. Internal Ir		08. Bu 09. Ab 99. Oth	rasions/B her		02. Strar	-	i ₀₄ 05	3. Spouse 4. Ex-Spous 5. Co-Habita	se 08.	. Brothe . Child . Step-F	er/Sister 1	11. In-Law 12. Other Fa 13. Student	nily 1	5. Child of B Friend 6. Boy/Girl F		18. Neighb 19. Sitter/D 20. Employ	ay Care	22. Landlord/Tenant 23. Acquaintance 99. Other Known
SS	OFF/INC In 1.#1 2.#2 3.Both	<u>dicator</u> V	//W Code C	# V	. Type 2			, First, Middle o	or Busine	ess)	4	< <	/	J	//	/				Resid	ence Phone
VICTIM / WITNESS	Address (S		-	-						City						tate	Zip				ess Phone L 708-5804
N/NI			ne Available, CH POI		er, etc.)								\angle		Synopsis	of Involv	ement				
VICT	If V/W Code V, W or C	;	om. Violence 2	Race		Sex N	Date o	of Birth		Age	Res	s. Type	Res. S		ent of Injury	Inju	ry Type(s)	Relations	iip Ethr	vicity Will Vi	ctim prefer charge?
SS	OFF/INC Ind 1.#1 3.Both 2.#2		//W Code	# V	. Type	Name	(Last,	, First, Middle o	or Busine	ess)					$\overline{\ \ }$					Resid	ence Phone
/ WITNESS		treet, Apt. N	umber)			.1		//		City	$\overline{}$				Sta	ate	Zip			Busin	ess Phone
M / W	Other Cont	act Info. (Tin	ne Available,	Interpret	er, etc.)		7	$\overline{}$			\angle	$\overline{}$			Synopsis o	f Involven	nent				
VICTIM	If V/W Code V, W or C	;	om. Violence	Race	e	Sex	Date o	of Birth		Age	Res	s. Type	Res. S	tatus Exten	t of Injury	Inju	ry Type(s)	Relationshi	p Ethn	- 1	ctim prefer charge?
	OFF/INC In	dicator	Suspect Cod S-Suspect E A-Arrestee M	-Escapee	R-Rec	. Missing	Cod	de Susp.#	Juvenille	e Name	(Last, Fire	st, Middle)									· 🗖 · 🚨
	2.#2 Maiden Nar		A-Arrestee N	1-iviissirig	Z-otne		Nick	kname/Street N	Name		$\overline{}$	-		Place	e of Birth					Residence Ph	one
	Last Knowr	n Address (S	treet, Apt. N	umber)				$\overline{}$	_		City	/			;	State	Zi	p	_	Business Pho	ne
	Occupation	1		_	>	Empl	oyer/S	ichool	_	_		Addres	ss							Social Securit	y Number
SUSPECT	Driver's Lic	ense Numbe	er/State	$\overline{}$			lmr	nigration and Naturalization Number Other I.D. Number						ОВТ	S Number (Arrested)	_	SCIC/NCIC			
SUS	Clothing (E	Describe)												Scars/Mar	rks/Tatoos (Location/	Describe)				
	Race	Sex	Date o	f Birth		$\overline{}$	Ag	ge		Height		W	/eight		Eye Color		Hair C	olor	Hair	Hair Length Hair Style	
	Complexion	on \	Build	Fa	acial Hair	-	Fee	eth Spee	ech/Voice	e Spec	cial Identifi	iers									
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NARRATIVE																					
NAR																					
	Person/Un	it Notified				Tin	10		Re	elated Rep	port Numb	er(s)			fficer Repor	-			0. Number	/Locator Code	1
4TIVE	Signature	of Officer Re	porting							g (If Appli HALI				I.D. Numbe			ı	Jnit		Dat	e L1/06/2018
STR,	Signature	of Officer Re	viewing					Routed				eferred To			Assigned T	О	ı	Зу		Dat	
ADMINISTRATIVE	Case Statu	IS			Clear	ance Typ		.Arrest .Exceptional	3.Unfo	unded		A-Ad J-Juv	dult venile		Date Clea	red /		Jail Numb	er er	-	Number Arrested
A	Exception 1.Extraditio		2. Ai Se	rest on Precondary	rimary Of Offense	ffense Without P	rosecu			of Offende Refused to	er o Cooperat	te	5. F 6. J	Prosecution De luvenile/No Cu	eclined stody	<u>'</u>		OBTS Nur	iber		Page Page of

				PER	RSON(S)	REPORT				Y 2	. Original 2. Supplement: 1
_	Date of Supplement		I	Holmes	Beach F	olice De	partment	5	_	cy Report Nu 180785	mber
ADM	Original Date	Primary Offense Desc		I		ne (Last, First, Middle)				.00/85	
_		ASSIST MSO			ISCHER			J			
CODES	V/W Code V - Victim O - O W - Witness C - Reporting Person	ther Victim Typ 0. N/A 1. Juvenile 2. L.E. Offic 3. Adult	4. Business 5. Government cer 6. Church 9. Other	W-White O-B-Black U-I	Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Flo 1. City 4. Oc 2. County	orida 0. l ut-of-State 1. l 2. l	sidence Status N/A Full Year Part Year Non-Resident	Extent o 0. None 1. Minor 2. Seriou 3. Fatal	
8		scious 08. Bu Broken Bones 09. Al nternal Injury 99. Of	or reeth orasions/Bruises ther	Victim Relationshi 10. N/A 11. Undetermined 12. Stranger 14. Middle or Busir	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 Fr 16. Boy/Girl Friend	iend 17. Friend 18. Neighb 19. Sitter/D 20. Employ	or 2 ay Care 2 ee 9	21. Employer 22. Landlord/Tenant 23. Acquaintance 39. Other Known
SS	1.#1 2.#2 3.Both	/ Code # V. Typ	e Name (Last, Firs	t, Middle or Busir	ness)					Kesidei	
VICTIM / WITNESS	Address (Street, Apt. Nun				City		Sta	·		Busine	ss Phone
Σ	Other Contact Info. (Time	· Available, Interpreter,	etc.)				Synopsis of I	Involvement	\ \		
	V, W or C Fill in this Line	Violence Race	Sex Date of B	irth t, Middle or Busir		s. Type Res. Status	Extent of Injury	Injury Type(s) Rela	tionship Ethnici	Yes	No No nce Phone
ESS	1.#1 3.Both 2.#2									<u> </u>	
Ē	Address (Street, Apt. Nun	nber)			City		Sta	te Zip		Busine	ss Phone
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VICTIM / WITNESS	If V/W Code is Dom.	Violence Race	Sex Date of B	irth	Age Res	s. Type Res. Status	Extent of Injury	Injury Type(s) Rela	tionship Ethnici	ty Will Vic	tim prefer charge?
₹	V, W or C Fill in this Line								1		No 🔲
	OFF/INC Indicator Su	spect Code Suspect E-Escapee R-		Susp. # Juve	enile Name (Last	, First, Middle)	1				
S	2.#2 A-A Maiden Name	Arrestee M-Missing Z-	other	name/Street Nam	e	_/_/		Place of Birth	Τ	Residence F	hone
SO	Last Known Address (Street	at Ant Number			•	City		State =	in	Business Ph	
PER	Last Known Address (Stree	st, Apt. Number)				Ony		State Z	ip		
NG ING	Occupation		Employer/S	chool		$\overline{}$	Address			Social Secu	rity Number
MISS	Driver's License State/Nui	mber	Immigratio	n and Naturalizati	on Number	Other ID. Number	er	OBTS Number		SCIC/NCIC	
SUSPECT OR MISSING PERSONS	Clothing (Describe)						Scaré/Marke	/Tatoos (Location/Describ	ne)		
CT	(Describe)						Soul Signal RS/		/		
JSPE	Race Sex	Date of Birth	or Age		Height	Weight	Eye Colo	or Hair Color	Hair	Length	Hair Style
S	Complexion B	uild Facial Hai	r Teeth	Speech/Voic	ce Special Identif	liers					<u> </u>
		spect Code		Susp. # Juve	enile Name (Last	, First, Middle)					
တ္ဆ		Suspect E-Escapee R- Arrestee M-Missing Z-	other \	name/Street Nam	le \		<u> </u>	Place of Birth	Т	Residence F	hone
SONS			\\		/						
PER	Last Known Address (Stre	eet, Apt. Number)				City		State Z	ip	Business Ph	none
Ŋ N	Occupation		Employer/S	chool	$-\!$	/	Address			Social Secu	rity Number
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OR	Clothing (Describe)	/					Scare/Morles	/Tatoos (Location/Describ	10)		
ECT.	Cicining (Describe)						GCai S/IVIAI KS/	racoos (Location/Descrit	,		
SUSPECT OR MISSING PERS	Race / Sex	Date of Birth	or Age Ag	je	Height	Weight	Eye Color	r Hair Color	Hair	Length	Hair Style
ิ์	Complexion B	uild Facial Ha	ir Teeth	Speech/Voice	e Special Identifi	ers	<u> </u>				<u> </u>
	Incident Type		Foul/Play Sus	spected ? Mis	sing Before ?	Fingerprints Availa	ble? Photo Ava	ailable? Denta	l Record Available	MCIC	Form Provided ?
ĮΑ	1. Runaway 4. Disable 2. Parental 5. Endang	ered Adult	1. Yes 2. No	2.	Yes No	1. Yes 2. No	1. Yes 2. No	1. Y 2. N	lo	1. Yo 2. N	
AA	3. Involuntary 6. Disaste Date Last Seen	r Victim 8. Unknown Time Las	st Seen		Unknown Seen (Address, City	8. Unknown y, St.)	8. Unkn	own 8. U Accompanied By	Inknown	1	
/RU	//		/	Madlend	andre d There			DestaulDerst-t /h' 5:	no Niconalis and		
Ņ O	Mental/Physical Condition	1		Medication Red	quired/Type		[Doctor/Dentist (Name, Phor	ne Number)		
ERS	Property Carried			ID. Type/Numb	er			ID. Type/Number	,		
MISSING PERSON / RUNAWAY	Probable Destination		Name/Address				Transportation Mod	de			
MIS	Recovery Information	0. N/A 1. Voluntary	2. Loca		3. Hospitali		5. Law Enforcement C	Custody	7. Deceased		
	Officer(s) Reporting	1. Voluntary ID.	Not Number(s)/Locator co	Returned de	4. HRS Cus Signature of Of	-	6. Returned to Parent	Ur	9. Other	Da	te
ĬΝ										1	1/06/2018
DMINISTRATIVE	Officer Reviewing (If Appli	cable) ID.	Number	Route	d To	Referred To	Assign	ed To By	,	Da	te
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2	Signature of Officer Reviet	wing									Page Page

	Date of Supplement	
ADM	//	
ΑĽ	Original Date Reported	
	11/06/2018	

Holmes Beach Police Department

1. Offense 2. Arrest	1	Juvenile Warn/Dismiss	W	1. Original 2. Supplement	1				
Agenc	y ORI	Number	Agency Report Number						
FL0	410	400	20180785						

Case Reference

ON 11/06/18 AROUND 1118 I RESPONDED TO THE FRONT OFFICE OF ANNA MARIA ELEMENTARY 4700 GULF DR TO MEET WITH CPS. I ARRIVED AND MET WITH CPS IN THE PARKING LOT. THEY STATED THEY WERE HERE TO SEE A MINOR BECAUSE MINOR WAS POSSIBLY BEING SEXUALLY ABUSED BY THE GRANDFATHER. WE LOCATED THE CHILD IN CLASS. WE TOOK CHILD TO THE GUIDANCE OFFICE SO WE COULD SPEAK TO THE CHILD PRIVATELY. ONCE THERE THE CHILD WAS ASKED BASIC QUESTIONS. WE ASKED THE CHILD IF CHILD KNEW WHAT CHILD'S PRIVATE PARTS WERE AND CHILD STATED YES. THE CHILD WAS THEN ASKED IF ANYONE HAS EVER TOUCHED CHILD'S PRIVATE PARTS. THE CHILD STATED MY BROTHER DOES. WE ASKED CHILD HOW OLD IS BROTHER AND CHILD RESPONDED WITH 20 YEARS OLD. THEN CHILD STARTED TO DENY EVERYTHING ABOUT BROTHER. I LOOKED AT CHILD AND REMINDED CHILD SEVERAL TIMES IF SOMEONE WAS TOUCHING CHILD'S PRIVATE PARTS THAT IT WAS NOT CHILD'S FAULT AND CHILD WAS NOT IN TROUBLE. BUT CHILD NEEDED TO BE HONEST SO WE CAN MAKE IT STOP. CHILD THEN STARTED TO TELL US THAT BROTHER HAS CHILD CLOSE CHILD'S EYES SOMETIMES AND TOUCHES CHILD'S PRIVATES EVERYDAY WITH HIS FINGERS. IT HAS BEEN GOING ON FOR A LONG TIME. CHILD STATED IT IS UNDER CHILD'S CLOTHES AND THAT HE RUBS CHILD'S PRIVATE AREA. WE ASKED CHILD IF CHILD HAD TOLD THE GRANDFATHER THAT BROTHER HAD BEEN TOUCHING CHILD'S PRIVATES. CHILD STATED CHILD HAD A FEW DAYS AGO AND THAT CHILD'S GRANDFATHER TOLD CHILD THAT BROTHER WOULD BE GROUNDED. CHILD WAS THEN TAKEN DOWN TO LUNCH WHILE WE WAITED ON A DETECTIVE FROM MSO TO CALL AND TO SEE IF CPT COULD TAKE HER. I NOTIFIED THE WEST SIDE SUPERVISOR OF THE FINDINGS. A CASE NUMBER WAS ISSUED AND CHILD WAS TAKEN TO CPT BY CPS FOR FUETHER INTERVIEW.

