

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original Supplement: 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
20180774		DUI																							
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		10/31/2018		0050		0050		0050		0430															
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		10/31/2018		0050		Wed 10/31/2018 0430													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DUI-UNLAW BLD A		C		316 - 193 (4)																			
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					
800 MANATEE AVE EAST BOUND										HOLMES BEACH		34217													
Business Name/Area Identifier										Forced Entry		Occupancy													
										0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0							
Location Type										05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile					
01. Residence Single										06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other					
02. Apartment/Condo										07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field							
03. Residence-Other										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway							
04. Hotel/Motel										09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown 99. Other			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		00 00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		S		1		WASMUTH																	
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		1		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		WASMUTH		SONJA LEE		863 808-3436									
Maiden Name										Nickname/Street Name		FL		863 808-3436											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone									
10215 MANATEE AVE #10										BRADENTON		FL		34209											
Occupation		Employer/School		Address		Social Security Number																			
SERVER		BOB EVANS		BRADENTON																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
W253792/17011		FL																							
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)															
										TATTOOS ANKLE TOES AND BACK															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		F		06/01/1971		47		5-7		135		BRO		BLN		L		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		MED																							
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						OFC M. VANHORN		338																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE				309				10/31/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		10/31/2018				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		1		of		2									

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180774**

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

Case Reference
DUI

NARRATIVE	<p>INFORMATION:</p> <p>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.</p> <p>SOBRIETY EXERCISES:</p> <p>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.</p> <p>ARRESTED:</p> <p>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.</p> <p>VEHICLE:</p> <p>2012 CHEVROLET EQUINOX BLACK IN COLOR, BEARING Y18KYN 2019 FL. VEHICLE TOWED BY NORMS UTILIZING THE HYPD ROTATION ROSTER.</p> <p>STATUS:</p> <p>CLOSED BY ARREST.</p>
	<p>Report Contains</p>
	<p>Signature of Officer Reporting</p>

ADMINISTRATIVE	<p>Related Report Number(s)</p>	<p>Name of Officer Reporting OFC M. VANHORN</p>	<p>I.D. Number/Locator Code 338</p>			
	<p>Signature of Officer Reporting</p>	<p>Officer Reviewing (If Applicable) SGT. J. PIERCE</p>	<p>I.D. Number 309</p>	<p>Unit</p>	<p>Date 10/31/2018</p>	
	<p>Signature of Officer Reviewing</p>	<p>Routed To</p>	<p>Referred To</p>	<p>Assigned To</p>	<p>By</p>	<p>Date _ / _ / _</p>
	<p>Case Status CA</p>	<p>Clearance Type</p> <p>1. Arrest 1 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate</p>	<p>A-Adult J-Juvenile A</p>	<p>Date Cleared 10/31/2018</p>	<p>Arrest Number</p>	<p>Number Arrested 1</p>
<p>Exception Type 1. Extradition Declined</p>	<p>2. Arrest on Primary Offense Secondary Offense Without Prosecution</p>	<p>3. Death of Offender</p>	<p>5. Prosecution Declined 6. Juvenile/No Custody</p>	<p>OBTS Number</p>	<p>Page 1 of</p>	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180774**

ADM
Date of Supplement: **10/31/2018**
Original Date Reported: **10/31/2018**

Case Reference: **DUI**

NARRATIVE

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 (WASMUTH) START COUNTING AT 1002 AND PLACE HER FOOT DOWN NUMEROUS TIMES. (WASMUTH) HAD HER FOOT ON THE GROUND FOR A PERIOD OF TIME WHILE SHE WAS COUNTING. (WASMUTH) DID NOT LOOK DOWN AT HER FOOT AS INSTRUCTED. OFC. VANHORN PLACED (WASMUTH) 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 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		Date	
		SGT. J. PIERCE		309		10/31/2018	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To	
Case Status		Clearance Type		Date Cleared		Arrest Number	
CA		1.Arrest 1 2.Exceptional 3.Unfounded A-Adult A J-Juvenile		10/31/2018		1	
Exception Type		OBTS Number		Page		Page	
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				1		of 1	

OFFENSE-INCIDENT REPORT

FL0410400

Gang Related

2

Juvenile in Report: N

Juvenile Warn/Dismiss:

1. Original 2. Supplement: 1

Holmes Beach Police Department

Agency Report Number 20180776

Primary Offense Description DRIVERS LICENSE

Original Day Reported Thu 11/01/2018 Time (mil) 0947 Time Dispatched (mil) 0947 Time Arrived (mil) 0947 Time Completed (mil) 1100

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day Thu Date 11/01/2018 Time (mil) 0947 To Thu Date 11/01/2018 Time (mil) 0947

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

OFF/INC #2 4 Type 4 Description ATTACHING TAG A-Attempted C-Committed C Statute Violation Number - Chapter, Section, Sub 322 - 261 () NCIC/UCR Code 9000

Incident Location (Street Number, Street, Apt.) 4000 GULF DR City HOLMES BEACH Zip 34217 District Grid Area Zone W80

Business Name/Area Identifier MANATEE PUBLIC BEACH Forced Entry 0. N/A 1. Yes 2. No 0 Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 0

Location Type 01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other 26

OFF/INC. 2 # Victims 1 # Offenders 2 # 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

V/W Code V - Victim O - Other W - Witness C - Reporting Person Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other Race N - N/A W - White B - Black I - American Indian O - Oriental/Asian U - Unknown Sex N - N/A M - Male F - Female U - Unknown Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal

Injury Type 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known

OFF/INC Indicator 1.#1 3.Both 2.#2 1 V.W. Code V # 1 V. Type 5 Name (Last, First, Middle or Business) STATE OF FLORIDA Residence Phone Business 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 No

OFF/INC Indicator 1.#1 3.Both 2.#2 3 W.W. Code W # 1 V. Type 3 Name (Last, First, Middle or Business) WILSON VERDELL Residence Phone Business Phone

Address (Street, Apt. Number) City State Zip Business Phone Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement BACK PASSENGER

If V/W Code is V, W or C Fill in this Line Dom. Violence Race Sex Date of Birth Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1.#1 3.Both 2.#2 1 Suspect Code S-Suspect E-Escapee R-Rec. Missing Z-other A 1 2 Name (Last, First, Middle) TREHARN DANNY JOE

Maiden Name Nickname/Street Name Place of Birth Residence Phone

Last Known Address (Street, Apt. Number) City State Zip Business Phone 9644 CYPRESS HARBOR DR. GIBSONTON FL 33534

Occupation Employer/School Address Social Security Number DRYWALL N/A N/A

Driver's License Number/State T665170612200 FL Immigration and Naturalization Number Other I.D. Number OBTS Number (Arrested) SCIC/NCIC

Clothing (Describe) SHIRT SHORTS Scars/Marks/Tatoos (Location/Describe) RANDOM

Race Sex Date of Birth Age Height Weight Eye Color Hair Color Hair Length Hair Style W M 06/20/1961 57 6-00 240 BRO S S

Complexion Build Facial Hair Teeth Speech/Voice Special Identifiers MED B

NARRATIVE

Person/Unit Notified Time 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. J. PIERCE I.D. Number 309 Unit Date 11/01/2018

Signature of Officer Reviewing Routed To Referred To Assigned To By Date

Case Status CA Clearance Type 1.Arrest 2.Exceptional 3.Unfounded 1 A-Adult J-Juvenile A Date Cleared 11/01/2018 Jail Number Number Arrested 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 1 of 5

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180776

ADM	Date of Supplement ____/____/____		Primary Offense Description DRIVERS LICENSE										Victim #1 Name (Last, First, Middle) STATE OF FLORIDA												
CODES	V/W Code V - Victim O - Other W - Witness C - Reporting Person		Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other				Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal										
VICTIM / WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code # V. Type		Name (Last, First, Middle or Business)										Residence Phone										
Address (Street, Apt. Number)			City			State			Zip			Business Phone													
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code #		V. Type		Name (Last, First, Middle or Business)										Residence Phone									
Address (Street, Apt. Number)			City			State			Zip			Business Phone													
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code #		V. Type		Name (Last, First, Middle or Business)										Residence Phone									
Address (Street, Apt. Number)			City			State			Zip			Business Phone													
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code		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															
OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code		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															
Incident Type		Foul Play Suspected ?		Missing Before ?		Fingerprints Available?		Photo Available?		Dental Record Available		MCIC Form Provided ?													
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		2. Located-Not Returned		3. Hospitalized		5. Law Enforcement Custody		7. Deceased		9. Other													
Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting		Unit		Date																	
Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date													
SGT. J. PIERCE		309										11/01/2018													
Signature of Officer Reviewing												Page 2 of 5													

NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/>	Juvenile Warn/Dismiss	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	1. Original	<input type="checkbox"/>
		2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number		Agency Report Number	
FL0410400		20180776	

Holmes Beach Police Department

Date of Supplement	_ / _ / _
Original Date Reported	11/01/2018

Case Reference
DWLS ATTACHED TAG NOT ASSIGNED

ADM

I WAS BEHIND A SILVER/GREY VOLKSWAGEN CAR WITH TAG (489VTZ). I UTILIZED MY IN-CAR FCIC/NCIC AND RAN THAT INFORMATION. THE QUERY RETURNED THAT IT BELONGED TO A 2005 BLUE CHEVROLET CAR WITH THE REGISTERED OWNER OF MARIE DEZIEL. I INITIATED A TRAFFIC STOP AND ASKED DRIVER FOR HIS LICENSE, INSURANCE, AND VEHICLE REGISTRATION.

SUBJECT LATER POSITIVELY IDENTIFIED AS DANNY JOE TREHARN GAVE ME THIS INFORMATION IN LIEU OF TELLING THE TRUTH, HE GAVE ME: 1. PHILLIP L. TREHARM 07/21/59; 2. PHILL LEYROY TREHARM 07/26/1959 WITH SOCIAL SECURITY NUMBER (265-61-7759); 3. PHILL SPELLED OUT BY HIM AS PHILL THEN PHILL. HE CHANGED HIS SOCIAL AND INFORMATION AND WAS GUESSING WHEN RECALLING INFORMATION. H.B.P.D. DISPATCH AND I USED D.A. V.I.D., RLEX(LINK, EAGENT. WE WERE UNABLE TO OBTAIN CORRECT INFORMATION UNTIL I MENTIONED INCARCERATION.

SINCERELY APOLOGETIC, KNOWING THAT HIS LICENSE WAS SUSPENDED, HE CAME CLEAN WITH CORRECT INFORMATION AND HIS PASSENGER, MARIE DEZIEL, SAID SHE PLACED THE TAG ON THE VEHICLE KNOWING IT DIDN'T BELONG THERE. SHE ALSO KNEW THAT HIS LICENSE WAS SUSPENDED AND ALLOWED HIM TO DRIVE. THE VOLKSWAGEN'S VIN (WVWBR71K56W201275) WAS RAN THROUGH NCIC/FCIC AND IT WAS REGISTERED TO DEZIEL'S DAUGHTER.

THE TAG WAS SEIZED AND PLACED INTO PROPERTY AND BAKER'S TOWING SERVICE WAS SUMMONED TO TAKE VEHICLE.

DEZIEL WAS ISSUED TWO SUMMONSES TO APPEAR IN COURT FOR F.S.S. 322.36 (PERMITTING UNAUTHORIZED PERSON TO DRIVE) AND F.S.S. 320.261 (ATTACHING TAG NOT ASSIGNED).

TREHARN WAS ISSUED A SUMMONS FOR F.S.S. 322.34 (2)(B) KNOWINGLY DRIVING WHILE LICENSE SUSPENDED SECOND OFFENSE.

Report Contains	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 11/01/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	3.Unfounded 1	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Date Cleared 11/01/2018	Arrest Number 2
		OBTS Number	Page of

PROPERTY REPORT

1. Original
2. Supplement

1

ADM	Date of Supplement ____/____/____		Holmes Beach Police Department				Agency Report Number 20180776																				
	Original Date Reported 11/01/2018		Primary Offense Description DWLS SECOND OFFENSE		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			9. Other																	
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			2. Criminal Mischief 3. During other Offense																	
PROPERTY	Property Type																										
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure			Y. Farm Equipment Z. Miscellaneous											
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number															
	A	1	1	8	0	Z	1	LICENSE PLATE			FL	489VTZ															
	Serial Number 489VTZ				Owner Applied Number N/A				Description (Size, Color, Caliber, Barrel Length, Etc.) FL TAG					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							
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name			Brand	Model Name/Number															
	Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)					Value		Value Recovered		Date Recovered ____/____/____		SCIC/NCIC							
TOTALS	Property Stolen				0.00				Change in Property Stolen Value																		
	Property Recovered				0.00				Change in Property Recovered Value																		
CODES	Activity			Type			Description			Quantity			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 FLORIDA TAG																										
ADMINISTRATIVE	Officer(s) Reporting				ID. Number(s)/Locator code				Signature of Officer Reporting				Unit				Date										
	JASON HIGGINS				331								08				11/01/2018										
	Officer Reviewing (If Applicable)				ID. Number				Routed To				Referred To				Assigned To				By				Date		
SGT. J. PIERCE				309																11/01/2018							
Signature of Officer Reviewing																											
Page 4 of 5																											

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180776

ADM	Date of Supplement _ / _ / _		Primary Offense Description DWLS 2ND OFFENSE						Victim #1 Name (Last, First, Middle) STATE OF FLORIDA										
	Original Date Reported 11/01/2018																		
CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other		Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other		Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other		Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other		Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other		Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local								
	Person Code A		Person # 1		Vehicle # 1		Status 5		Damage 0		Type 1		Year 2006		Make VOLKS		Model 2DR		Style 2DR
VEHICLE / VESSEL	Tag Reg./Doc. #		Reg. State FL		Reg. Year 2017		Decal Number		Tag Type		Estimated Value \$2,500								
	VIN/Hull/FAA WVWBR71K56W201275																		
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition		Insurance Company NONE		Lien Holder NONE		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) SILVER 2 DOOR TRASHED AND DENTED CAR												
	Color (Top/Bottom) SILVER																		
	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.		Storage Location						SCIC/NCIC		Location of Original Theft						
	Towed By																		
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style
Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type		Estimated Value									
VIN/Hull/FAA																			
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)													
Color (Top/Bottom)																			
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.		Storage Location						SCIC/NCIC		Location of Original Theft							
Towed By																			
2 DOOR VOLKS IMPOUNDED																			
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. J. PIERCE						I.D. Number 309		Date 11/01/2018				
	Routed To				Referred To				Assigned To				By		Date _ / _ / _				
	Case Status CA		Clearance Type 1. Arrest 2. Exceptional 1		3. Unfounded		A-Adult J-Juvenile A		Date Cleared 11/01/2018		Arrest Number		Number Arrested 1						
Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V / W Refused to Cooperate 5. Prosecution Declined 6. Juvenile/No Custody						OBTS Number		Page 5		Page 5									

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description															
20180777		DRIVERS LICENSE																							
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Thu		11/01/2018		1726		1726		1726		1755															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		Thu		11/01/2018		1726		To		Thu		11/01/2018		1726					
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		322 - 34 (2B)		NCIC/UCR Code		9000									
OFF/INC #2		4		REGISTRATION		A-Attempted C-Committed		C		320 - 02 (1)		260A													
Incident Location (Street Number, Street, Apt.)				City				Zip		District		Grid		Area		Zone									
4200 SR. 789				HOLMES BEACH				34217								W80									
Business Name/Area Identifier										Forced Entry		Occupancy		0											
										0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied 2. Unoccupied 3. Abandoned											
Location Type				05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel				06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		99. Other											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other					
2		1		1		0		0		00. N/A 01. Handgun										00					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - 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 01. Gunshot 02. Stabbed		04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		08. Burns 09. Abrasions/Bruises 99. Other		01. Undetermined 02. Stranger		04. Ex-Spouse 05. Co-Habitant		07. Brother/Sister 08. Child 09. Step-Parent		11. In-Law 12. Other Family 13. Student		15. Child of Boy/Girl Friend 16. Boy/Girl Friend		18. Neighbor 19. Sitter/Day Care 20. Employee		22. Landlord/Tenant 23. Acquaintance 99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		1		5		STATE		OF		FLORIDA		-									
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		3		V		1		5		STATE		OF		FLORIDA		-									
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		GARLISCH		KEVIN CHRISTOPHER		-											
Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone													
Last Known Address (Street, Apt. Number)				City				State		Zip		Business Phone													
36035 SR. 70 E.				MYAKKA CITY				FL		34251		-													
Occupation				Employer/School				Address				Social Security Number													
METAL SCRAPPER				N/A				N/A				-													
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC									
G642503851890				FL																					
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																					
SHIRT SHORTS				SCARS STAPH INFECTION EVERYWHERE																					
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		05/29/1985		33		5-09		160		BRO		BRO		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
ACN		THN																							
SEE FL NARRATIVE FORM.																									
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. J. PIERCE								309								11/01/2018									
Signature of Officer Reviewing				Routed To				Referred To				Assigned To				By				Date					
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		11/01/2018				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody				OBTS Number		Page		Page											
1.Extradition Declined												1		2											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180777**

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

Case Reference

NARRATIVE

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.

SUBJECT'S VEHICLE WAS TOWED FROM SCENE.

ADM	Report Contains	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 331
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To
	Case Status CA	Clearance Type 1. Arrest 1 2. Exceptional	3. Unfounded 4. A-Adult J-Juvenile A	Date Cleared 11/01/2018
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
	Arrest Number	Number Arrested 1	OBTS Number	Page 2 of 2

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description													
/ /												20180778		COV/NOISE													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Sat		11/03/2018		2214		2214		2214		2244																	
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sat		11/03/2018		2214		Sat		11/03/2018		2244											
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															
212 HAVERKOS CT		HOLMES BEACH		34217		00		00		00		W80															
Business Name/Area Identifier		Forced Entry		Occupancy																							
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0																	
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile															
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile															
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				01													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		01		00		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)		Residence Phone																	
1.#1 2.#2		1		V		01		5		CITY OF HOLMES BEACH																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
2		N		N						0		0		0		00 00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
1.#1 2.#2		1		V		01		5		CITY OF HOLMES BEACH																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
2		N		N						0		0		0		00 00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		REBECCA		ANN													
1.#1 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		01		2		CONNOR																	
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
						410 491-2506																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
212 HAVERKOS CT		HOLMES BEACH		FL		34217																					
Occupation		Employer/School		Address		Social Security Number																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
C560721588830		FL																									
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
W		F		10/23/1958		60		505		145		BLU		BLN		L		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
LT		MED																									
SEE NARRATIVE																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
						A. DESANTIS		336																			
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
SGT. J. PIERCE				309				11/04/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
CA				1				A		11/03/2018				1													
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page															
1.Extradition Declined										1		2															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180778**

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

Case Reference
COV/NOISE

NARRATIVE

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 AVERAGE OF 58dBS 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

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Date 11/04/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status CA	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded 1	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared 11/03/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 2	Page 2

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1									
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description													
		/ /										20180779		COCAINE-POSSESS													
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Sun		11/04/2018		0234		0234		0234		0600															
		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		11/04/2018		0234		Sun		11/04/2018		0600									
		OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code													
		1		1		COCAINE-POSSESS		C		C		893 - 13 (6a)		350A													
		OFF/INC #2		Type		Description		A-Attempted C-Committed		C		322 - 34 (2b)		9000													
		4		4		DRIVERS LIC		C		C																	
		Incident Location (Street Number, Street, Apt.)				City				Zip				District		Grid		Area		Zone							
		2800 GULF DR				HOMES BEACH				34210																	
		Business Name/Area Identifier										Forced Entry		Occupancy													
												0. N/A 1. Yes		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0									
		Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
		01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
		02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
		03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
		04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle								26							
		# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon								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		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		06. Parent		10. Step-Child		17. Friend		21. Employer													
		00. N/A		04. Unconscious		08. Burns		07. Brother/Sister		11. In-Law		18. Neighbor		22. Landlord/Tenant													
		01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		08. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance													
		02. Stabbed		06. Poss. Internal Injury		99. Other		09. Step-Parent		13. Student		20. Employee		99. Other Known													
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 2.#2		3.Both		3		V		1		5		STATE OF FLORIDA													
		Address (Street, Apt. Number)				City				State				Zip				Business Phone									
		Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		N		N								0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 2.#2		3.Both		3		V																			
		Address (Street, Apt. Number)				City				State				Zip				Business Phone									
		Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		N		N								0		0		0		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
		1.#1 2.#2		3.Both		3		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		A		1		2		WILLIAMS		TOREY		DARNELL		941 565-1798	
		Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone													
										IL				941 565-1798													
		Last Known Address (Street, Apt. Number)				City				State				Zip				Business Phone									
		1012 11TH AVE W				PALMETTO				FL				34221													
		Occupation		Employer/School		Address		Social Security Number																			
		LABORER		AAA CAST STONE		1470 12 ST E PALMETTO FL																					
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		W452804853340		FL																							
		Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																					
						MULTIPLE BOTH ARMS																					
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
		B		M		09/14/1985		33		5-9		160		BRO		BLK		S		X							
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		DK		MED		B																					
		NARRATIVE																									
		Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code									
														OFC M. VANHORN				338									
		Signature of Officer Reporting				Officer Reviewing (If Applicable)				I.D. Number				Unit				Date									
						SGT. J. PIERCE				309								11/05/2018									
		Signature of Officer Reviewing				Routed To				Referred To				Assigned To				By				Date					
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
		CA				1		1		A		11/04/2018				1											
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
																1		of		3							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180779

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180779				
	Original Date Reported 11/04/2018		Primary Offense Description COCAINE-POSSESS			Victim #1 Name (Last, First, Middle) STATE OF FLORIDA						
THEFT	Theft Type Codes									Theft Type		
	00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									00		
CODES	Person Codes			Status Codes			Damage Codes					
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson					
PROPERTY	Property Type											
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment		
PROPERTY	Property Details											
	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
Code: A Person: 1 Item #: 1 Status: 8 Damage: 0 Property Type: D Quantity: 1 Name: COCAINE										Brand: Model Name/Number:		
Serial Number: Owner Applied Number: Description: .09 GRAMS COCAINE RESIDUE										Date Recovered: SCIC/NCIC:		
Code: A Person: 1 Item #: 2 Status: 8 Damage: 0 Property Type: D Quantity: 8 Name: COCAINE ROCKS										Brand: Model Name/Number:		
Serial Number: Owner Applied Number: Description: .8 GRAMS CRACK COCAINE 8 ROCKS										Date Recovered: SCIC/NCIC:		
Code: A Person: 1 Item #: 3 Status: 8 Damage: 0 Property Type: Z Quantity: 1 Name: PLASTIC TUBE										Brand: Model Name/Number:		
Serial Number: Owner Applied Number: Description: WHITE IN COLOR PLASTIC TUBE CONTAINER										Date Recovered: SCIC/NCIC:		
Code: Person: Item #: Status: Damage: Property Type: Quantity: Name: Brand: Model Name/Number:										Serial Number: Owner Applied Number: Description:		
Value: Value Recovered: Date Recovered: SCIC/NCIC:										Date Recovered: SCIC/NCIC:		
Code: Person: Item #: Status: Damage: Property Type: Quantity: Name: Brand: Model Name/Number:										Serial Number: Owner Applied Number: Description:		
Value: Value Recovered: Date Recovered: SCIC/NCIC:										Date Recovered: SCIC/NCIC:		
TOTALS	Property Stolen				0.00				Change in Property Stolen Value			
	Property Recovered				0.00				Change in Property Recovered Value			
CODES	Activity			Type			Unit					
	P. Possess R. Smuggle M. Manufacture/Produce/Cultivate			A. Amphetamine H. Hallucinogen S. Synthetic			1. Gram 5. Pound 9. Dose Unit/Item					
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
	P	C	COCAINE RESIDUE				.09	1	\$1			
	P	C	COCAINE ROCKS				.8	1	\$80			
Activity: Type: Description: Quantity: Unit: Estimated Street Value:												
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	Ofc M. VANHORN		338							11/05/2018		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To			
	SGT. J. PIERCE		309									
Signature of Officer Reviewing												
Page Page												
2 of 3												

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180779**

ADM
Date of Supplement: ___/___/___
Original Date Reported: **11/04/2018**

Case Reference: **POSS OF CONTROLLED SUBSTANCE COCAINE DWLS 2ND OFFENSE**

NARRATIVE

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. PIERCE.

ARRESTED:

TOREY DARNELL WILLIAMS, B/M 9/14/1985. WILLIAMS WAS TAKEN TO HYPD 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.

ADMINISTRATIVE	Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		
					OFC M. VANHORN		338		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Date		
			SGT. J. PIERCE		309		11/05/2018		
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By	
Case Status		Clearance Type		Date Cleared		Arrest Number		Number Arrested	
CA		1.Arrest 2.Exceptional 3.Unfounded 4. V / W Refused to Cooperate		11/04/2018				1	
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page of Page	
1.Extradition Declined								3 of 3	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180779**

ADM	Date of Supplement 11/04/2018
	Original Date Reported 11/04/2018

Case Reference
POSSESSION OF COCAINE

NARRATIVE

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).

OF. VANHORN PLACED (WILLIAMS) UNDER ARREST FOR DWLS WITH KNOWLEDGE AND SEARCHED (WILLIAMS') PERSON. (OF. 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. OF. 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' 16OZ 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' 12OZ 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.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To
	Case Status	Clearance Type	Date Cleared	Arrest Number
CA	1.Arrest 2.Exceptional 3.Unfounded 4. V / W Refused to Cooperate	11/04/2018	1	
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution	5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number	Page 1 of 1

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1	
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description									
/ /						20180780		COV/OTHER									
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)							
Sun		11/04/2018		2158		2158				2226							
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		11/04/2018		2158		Sun 11/04/2018 2226					
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code							
5		COV/OTHER				C		0 - 42 (42-1)		0000							
OFF/INC #2																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone					
800 MANATEE AVE		HOLMES BEACH		34217		00		00		00		W80					
Business Name/Area Identifier		Forced Entry		Occupancy													
		0. N/A 1. Yes		0. N/A 1. Occupied								2. Unoccupied 3. Abandoned 0					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile					
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other					
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field							
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway							
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle					
01		01		01		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury					
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		N - N/A W - White B - Black		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		17. Friend					
00. N/A		04. Unconscious		08. Burns		01. Undetermined		07. Brother/Sister		11. In-Law		18. Neighbor					
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		08. Child		12. Other Family		19. Sitter/Day Care					
02. Stabbed		06. Poss. Internal Injury		99. Other		04. Ex-Spouse		09. Step-Parent		13. Student		20. Employee					
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone							
1.#1 3.Both 2.#2		1		V		01		5 CITY OF HOLMES BEACH									
Address (Street, Apt. Number)		City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type					
2		N		N								0					
Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
0		0		00 00		00											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone							
1.#1 3.Both 2.#2		1		S		A		01 2 BURNS									
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		A		01		2		STEVEN RAY							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone											
						941 962-9971											
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone									
7311 14TH AVE W		BRADENTON		FL		34209											
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									
B652796973880 FL																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color					
W		M		10/28/1997		21		511		140		BRO					
Hair Color		Hair Length		Hair Style		Complexion		Build		Facial Hair		Teeth					
BRO		M		S		LT		THN									
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				11/05/2018									
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					
CA				1				A		11/04/2018							
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page					
1.Extradition Declined										1		3					

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180780

ADM	Date of Supplement __/__/__		Holmes Beach Police Department					Agency Report Number 20180780																
	Original Date Reported 11/04/2018		Primary Offense Description COV/OTHER		Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH																			
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 V - Victim S - Suspect			Status Codes 1. Stolen 2. Recovered			3. Stolen and Recovered 4. Recovered for Other Jurisdiction			5. Lost 6. Found		7. Safekeeping 8. Evidence/Seized		9. Other		Damage Codes 0. N/A 1. Arson		2. Criminal Mischief 3. During other Offense		9. Other				
	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure			Y. Farm Equipment Z. Miscellaneous								
PROPERTY	Code A	Person 01	Item # 1	Status 8	Damage 0	Property Type D	Quantity 1	Name MARIJUANA			Brand		Model Name/Number											
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) 2.8GRAMS MARIJUANA IN CLEAR ZIPLOC BAG																	
	Value			Value Recovered			Date Recovered __/__/__			SCIC/NCIC														
	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														
	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														
	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 P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other			Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce			5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item		
	Activity F	Type M	Description MARIJUANA					Quantity 2.8	Unit 1	Estimated Street Value \$20														
Activity	Type	Description					Quantity	Unit	Estimated Street Value															
Activity	Type	Description					Quantity	Unit	Estimated Street Value															
ADMINISTRATIVE	Officer(s) Reporting A. DESANTIS		ID. Number(s)/Locator code 336		Signature of Officer Reporting			Unit		Date 11/05/2018														
	Officer Reviewing (If Applicable) SGT. J. PIERCE		ID. Number 309		Routed To	Referred To	Assigned To	By	Date __/__/__															
	Signature of Officer Reviewing		Page 2 of 3																					
												Page	Page											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180780**

ADM Date of Supplement: ___/___/___
Original Date Reported: **11/04/2018**

Case Reference: **COV/MARIJUANA**

NARRATIVE

ON 11/04/18, I OBSERVED A VEHICLE WITH A HEADLIGHT OUT, TRAVELING EAST ON THE 700 BLOCK OF MANATEE AVE. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE AT THE 800 BLOCK OF MANATEE AVE. I APPROACHED THE VEHICLE AND MADE CONTACT WITH THE DRIVER AND SOLE OCCUPANT, (STEVEN BURNS). THE DRIVER WINDOW WAS NOT OPERABLE SO I HAD TO SPEAK TO (BURNS) THROUGH THE LEFT REAR PASSENGER WINDOW. WHILE (BURNS) WAS GATHERING HIS INFORMATION, I DETECTED AN ODOR OF FRESH MARIJUANA COMING FROM INSIDE THE VEHICLE. I ASKED (BURNS) IF THERE WAS ANYTHING IN THE VEHICLE THAT I SHOULD KNOW ABOUT. (BURNS) STATED HE HAD MARIJUANA IN THE VEHICLE. I ASKED (BURNS) TO STEP OUT OF THE VEHICLE TO SPEAK WITH ME. (BURNS) STATED THE MARIJUANA WAS ABOVE THE DRIVER DOOR IN THE VEHICLE SUNGLASSES COMPARTMENT. OFC. VANHORN OBTAINED THE MARIJUANA AND SEARCHED THE REST OF THE VEHICLE.

I ISSUED (BURNS) A WRITTEN WARNING FOR THE VEHICLE HEADLIGHT OUT. I ISSUED (BURNS) A CITY ORDINANCE VIOLATION CITATION FOR LESS THAN 20 GRAMS. I EXPLAINED THE CITATION TO (BURNS). (BURNS) SIGNED THE COURT COPY AND RECEIVED HIS COPY OF THE CITATION. (BURNS) WAS RELEASED FROM THE SCENE.

I WEIGHED AND FIELD TESTED THE MARIJUANA. THE MARIJUANA WEIGHED IN AT 2.8 GRAMS AND TESTED POSITIVE FOR THC, WHICH IS THE MAIN CHEMICAL IN MARIJUANA. I PACKAGED THE EVIDENCE AND PLACED IT IN LOCKER #6. NFI

Report Contains	Related Report Number(s)	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Date 11/05/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared 11/04/2018
OBTS Number			Arrest Number 1
Page 3 of 3			Page 3

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input type="checkbox"/> 1													
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																	
20180781		COV/NOISE																													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																					
Mon		11/05/2018		0014		0014		0016		0109																					
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																			
1. Felony		3. Misdemeanor		5. Ordinance		From		Mon		11/05/2018		0014		To		Mon		11/05/2018		0109											
2. Traffic Felony		4. Traffic Misdemeanor		9. Other																											
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						A-Attempted		C-Committed																							
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																			
307		65TH STREET		HOLMES BEACH		34217		00		00		00		W80																	
Business Name/Area Identifier		Forced Entry		Occupancy																											
UNKNOWN RENTAL		0. N/A		1. Occupied		2. No		3. Abandoned		0		0		0																	
Location Type		01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile																	
02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other																			
03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other																			
04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																					
		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																					
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00									
01		01		01		00		00		01. Handgun		03. Shotgun		06. Blunt Object		09. Explosives		11. Threat/Intimidation		88. Unknown		00									
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																			
V - Victim		0. N/A		N - N/A		N - N/A		0. N/A		0. N/A		0. None																			
W - Witness		1. Juvenile		W - White		I - American Indian		1. City		1. Full Year		1. Minor																			
C - Reporting Person		2. L.E. Officer		B - Black		O - Oriental/Asian		2. County		2. Part Year		2. Serious																			
		3. Adult		U - Unknown		U - Unknown				3. Non-Resident		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		04. Ex-Spouse		09. Step-Parent		13. Student		20. Employee		99. Other Known																	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1.#1 3.Both		1		V		01		CITY OF HOLMES BEACH		-																					
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?							
		2		N		N		03/31/1987		31		0		0		00		00		00		N		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1.#1 3.Both		1		O		01		TORREON		443 481-8203																					
2.#2								RHEA		LYNNE																					
Address (Street, Apt. Number)		City		State		Zip		Business Phone																							
968 YACHTSMAN WAY		ANNAPOLIS		MD		21403		-																							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																													
				GIRLFRIEND OF (WROTEN'S) GIRLFRIEND																											
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		O		F		03/31/1987		31		4		3		0		00		00		N		Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		MICHAEL		WILLIAM																	
1.#1 3.Both		S-Suspect		S		01		2		WROTEN																					
2.#2		E-Escapee		R-Rec. Missing		Z-other																									
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																									
						443 790-6508																									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																							
968 YACHTSMAN WAY		ANNAPOLIS		MD		21403		-																							
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																							
W635603887967		MD																													
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																													
SWIMMING SHORTS, NO SHIRT																															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style													
W		M		12/21/1969		48		604		250		BRO		BRO		S		S													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																					
LT		MED		C																											
SEE NARRATIVE																															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																							
						A. DESANTIS		336																							
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																							
SGT. J. PIERCE				309				11/05/2018																							
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																					
				CODE ENFORCE		J. THOMAS		PATROL		11/05/2018																					
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested																	
A				2.Exceptional				J-Juvenile																							
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																	
				Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1		2																	

NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/> Juvenile	<input type="checkbox"/> 1. Original
2. Arrest	<input checked="" type="checkbox"/> Warn/Dismiss	<input type="checkbox"/> 2. Supplement
Agency ORI Number		Agency Report Number
FL0410400		20180781

Holmes Beach Police Department

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

Case Reference
COV/NOISE

NARRATIVE

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 WATERFALL 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 OCCUPANTS 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 ARRIVED 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 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
	SGT. J. PIERCE	309	
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
		CODE ENFORCE	J. THOMAS
Case Status	Clearance Type	Date Cleared	Arrest Number
A	1.Arrest 3.Unfounded 2.Exceptional	___/___/___	
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 2 of 2

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: Y	Juvenile Warn/Dismiss: W	1. Original	2. Supplement: 1															
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description																
	/ /													20180785		ASSIST MSO																
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																					
	Tue		11/06/2018		1118		1118		1118		1300																					
	Incident Type			Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																		
	1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		11/06/2018		1118		Tue		11/06/2018		1300														
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub			0 - ()		NCIC/UCR Code		0000															
	OFF/INC #2					A-Attempted C-Committed																										
	Incident Location (Street Number, Street, Apt.)															City		Zip		District		Grid		Area		Zone						
	Business Name/Area Identifier															Forced Entry		Occupancy														
																0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0								
	Location Type																															
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel															05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other				01			
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00															
01	00	00	00	00	00. N/A 01. Handgun																											
V/W Code	Victim Type	Race		Sex		Residence Type		Residence Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?														
V - Victim W - Witness C - Reporting Person	0 - Other	0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal														
Injury Type	03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known													
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	City	State	Zip	Residence Phone	Business Phone																							
1.#1 2.#2	3.Both	1	C	1	2	FLEISCHER	J	-	-	941 708-5804																						
Address (Street, Apt. Number)															City		State		Zip		Business Phone											
Other Contact Info. (Time Available, Interpreter, etc.)															Synopsis of Involvement																	
HOLMES BEACH POLICE																																
If V/W Code is V, W or C	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Yes	No																		
Fill in this Line	2	N	N			0	0	0	00 00	00	00		Yes	No																		
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	City	State	Zip	Residence Phone	Business Phone																							
1.#1 2.#2	3.Both																															
Address (Street, Apt. Number)															City		State		Zip		Business Phone											
Other Contact Info. (Time Available, Interpreter, etc.)															Synopsis of Involvement																	
If V/W Code is V, W or C	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Yes	No																		
Fill in this Line													Yes	No																		
OFF/INC Indicator	Suspect Code	Code	Susp.#	Juvenile	Name (Last, First, Middle)	Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone																							
1.#1 2.#2	S-Suspect E-Escapee A-Arrestee	R-Rec. Missing Z-other																														
Last Known Address (Street, Apt. Number)															City		State		Zip		Business Phone											
Occupation															Employer/School		Address		Social Security Number													
Driver's License Number/State															Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC											
Clothing (Describe)															Scars/Marks/Tatoos (Location/Describe)																	
Race	Sex	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style																							
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																											
NARRATIVE																																
Person/Unit Notified	Time		Related Report Number(s)		Name of Officer Reporting			I.D. Number/Locator Code																								
Signature of Officer Reporting	Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																									
Signature of Officer Reviewing	Routed To		Referred To		Assigned To		By		Date																							
Case Status	Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested																			
Exception Type	1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page																			

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180785

ADM	Date of Supplement ____/____/____	Primary Offense Description ASSIST MSO		Victim #1 Name (Last, First, Middle) FLEISCHER J								
	Original Date 11/06/2018											
CODES	V/W Code V - Victim W - Witness C - Reporting Person	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Race N-N/A W-White B-Black	Sex 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	Business Phone				
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator 1.#1 2.#2	V/W Code #	V. Type	Name (Last, First, Middle or Business)				Residence Phone					
Address (Street, Apt. Number)				City	State	Zip	Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement								
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code	Susp. #	Juvenile	Name (Last, First, Middle)				Residence Phone		
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone			
Last Known Address (Street, Apt. Number)				City	State	Zip	Business Phone					
Occupation		Employer/School		Address				Social Security Number				
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC				
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
OFF/INC Indicator 1.#1 2.#2	Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code	Susp. #	Juvenile	Name (Last, First, Middle)				Residence Phone		
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone			
Last Known Address (Street, Apt. Number)				City	State	Zip	Business Phone					
Occupation		Employer/School		Address				Social Security Number				
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		SCIC/NCIC				
Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style		
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers							
Incident Type 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 8. Unknown		Foul Play Suspected ? 1. Yes 2. No	Missing Before ? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available 1. Yes 2. No 8. Unknown	MCIC Form Provided ? 1. Yes 2. No	
Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)				Accompanied By				
Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)				
Property Carried				ID. Type/Number				ID. Type/Number				
Probable Destination				Name/Address				Transportation Mode				
Recovery Information		0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other		
Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date 11/06/2018		
Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date ____/____/____
Signature of Officer Reviewing												Page of

NARRATIVE CONTINUATION

1. Offense	1	Juvenile Warn/Dismiss	W	1. Original	1
2. Arrest				2. Supplement	
Agency ORI Number		Agency Report Number			
FL0410400		20180785			

Holmes Beach Police Department

Case Reference

Date of Supplement	_/_/____
Original Date Reported	11/06/2018

ADM

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 FURTHER INTERVIEW.

N.F.I.

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		J. FLEISCHER	314
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	DET SGT HALL	311	11/06/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status	Clearance Type	Date Cleared	Arrest Number
	1.Arrest 2.Exceptional 3.Unfounded	_/_/____	
Exception Type	1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate
		5. Prosecution Declined 6. Juvenile/No Custody	OBTS Number
			Page of