

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											
/ /												20180787		DRIVERS LICENSE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		11/06/2018		1528		1528		1528		1550															
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		1528		Tue		11/06/2018		1528									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC		C		322 - 03 (1)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 GULF DR		HOLMES BEACH		FL								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				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		12. Simulated Weapon			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 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? 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		1		S		A		1		2		SEBASTIAN NICOLAS		ISRAEL											
Maiden Name		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Place of Birth		Residence Phone											
		S-Suspect E-Escapee R-Rec. Missing Z-other		A		1		2		SEBASTIAN NICOLAS		MEXICO													
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2205 15TH AVE. E.		BRADENTON		FL		34208																			
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																	
NONE		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		09/09/1985		33		5-5		160		BRO		BLK		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		THN																							
NARRATIVE																									
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				11/06/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		11/06/2018				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		2													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180787**

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

Case Reference
NO VALID DL

NARRATIVE

I RAN FLORID TAG (GJK37) THROUGH IN-CAR FCIC/NCIC AND THE QUERY ADVISED THERE WAS NO DL OR ADMIN NUMBER ASSIGNED TO THAT. I RAN HIS NAME THROUGH SYSTEM AND I WAS UNABLE TO LOCATE A DL OR ID CARD. I INITIATED A TRAFFIC STOP WITH SOLE OCCUPANT IN VEHICLE. I ASKED NICOLAS THE PERSON IN PHYSICAL CONTROL OF VEHICLE IF HE HAD A LICENSE AND HIS REPLY WAS NO. I WAS GIVEN A PASSPORT, INSURANCE, AND REGISTRATION PAPERWORK.

IT WAS VERIFIED THAT HE WAS UNLICENSED AND HE WAS ISSUED A SUMMONS-TO-APPEAR. WE BOTH USED GOOGLE TRANSLATER APPLICATION TO COMMUNICATE WITH EACH OTHER.

A SUMMONS-TO-APPEAR IN COURT WAS ISSUED FOR VIOLATING F.S.S. 322.03 (1) OPERATING MV WITHOUT DL.

NO FURTHER ACTION TAKEN.

C O P

ADMINISTRATIVE	Report Contains SUMMONS TO APPEAR		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 11/06/2018	
	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 11/06/2018
	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 1

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number				Primary Offense Description															
/ /						20180788				FOUND PROPERTY															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		11/06/2018		2246		2246		2250		2320															
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		1500		Tue		11/06/2018		2200									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		PROPERTY FOUND				C		0 - 0 (0)		0000															
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 GULF DR		HOLMES BEACH		34221		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																					
MANATEE BEACH		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															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
01		01		00		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		O		1		3		RANDAZZO-SANSOM		KIMBERLY		MAY		941 465-8900									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
8515 US HIGHWAY 41 N. LOT 53		PALMETTO		FL		34221																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		LOST HER PROPERTY ON BEACH																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		W		F		10/01/1965		53		2		1		0		00 00								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. M. PILATO				306		PATROL		11/12/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By				Date													
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											
												1		of 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 **20180788**

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

Case Reference
LOST/FOUND PROPERTY

ADM

ON THE ABOVE LISTED DATE AND TIME, I WAS DISPATCHED TO 4000 GULF DR.(MANATEE PUBLIC BEACH) IN REFERENCE TO A WOMAN CLAIMING HER BELONGINGS WERE STOLEN. UPON MY ARRIVAL I MET WITH KIMBERLY SANSOM AND STEVEN SANSOM WHO WERE VISITING THE BEACH THAT DAY. KIMBERLY STATED TO ME SHE HAD BEEN HANGING OUT AT A PICNIC TABLE AND HAD LEFT HER BACKPACK AND ALL ITS CONTENTS AT THE TABLE AND SHE WALKED AWAY TO TAKE A PHONE CALL. SHE CLAIMED THAT HER AND HER HUSBAND HAD FORGOTTEN ABOUT THE BAG AND WENT TO PUBLIX AND WHEN THEY RETURNED IT WAS MISSING. A CASE NUMBER WAS ISSUED FOR STOLEN PROPERTY AND A CASE CARD WAS GIVEN TO KIMBERLY. LATER THAT EVENING WHILE PERFORMING A BEACH PATROL ON THE 4-WHEELER I SAW A SUSPICIOUS LOOKING ITEM ON THE BEACH. UPON FURTHER INVESTIGATION IT WAS DETERMINED TO BE KIMBERLYS BACKPACK AND ALL ITS CONTENTS. DUE TO THE NATURE OF THE CONTENTS OF THE BAG, I CONTACTED MSO AND HAD THEM SEND A DEPUTY TO HER HOUSE AND MAKE CONTACT WITH HER TO COME GET HER BELONGINGS. KIMBERLY CALLED THE PD AND STATED DUE TO NOT HAVING A RIDE SHE WOULD HAVE TO COME IN THE MORNING AND COLLECT ALL HER BELONGINGS. KIMBERLY WAS ADVISED THAT SINCE SHE WAS CARRYING HER PILLS IN AN ALTOIDS BOX SHE WOULD NEED TO BRING IN HER PRESCRIPTION TO COLLECT HER MEDICATIONS IN WHICH SHE AGREED. KIMBERLY RETURNED TO THE PD THE NEXT DAY AND COLLECTED ALL HER BELONGINGS. NO FURTHER ACTION WAS TAKEN BY ME.

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting A. HURT	I.D. Number/Locator Code 339
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date __/__/____
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared __/__/____
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		Number Arrested	
OBTS Number		Page 2 of 2	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1																		
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																					
/ /												20180789		DOMESTIC BATTERY																					
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																									
Thu		11/08/2018		1535		1535		1535		1705																									
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																							
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		11/08/2018		Thu		11/08/2018																							
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																									
3		BATTERY				C		784 - 03 (1a1)		130B																									
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													
6808 PALM DR												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												01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile											
												02. Apartment/Condo		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other											
												03. Residence-Other		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field													
												04. Hotel/Motel		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway													
												09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				26											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs															
01		01		01		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other															
01		01		01		00		00		01. Handgun		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown															
01		01		01		00		00		01. Handgun		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown															
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																							
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal																							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer																	
		04. Unconscious		08. Abrasions/Bruises		01. Undetermined		05. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant																	
		01. Gunshot		09. Other		02. Stranger		04. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance																	
		02. Stabbed		99. Other						09. Step-Parent		13. Student		17. Friend		20. Employee		99. Other Known																	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone																			
1.#1 3.Both 2.#2		1		V		01		3		CHANEY		SKYLER		M		941 782-8061																			
Address (Street, Apt. Number)												City		State		Zip		Business Phone																	
6808 PALM DR												HOLMES BEACH		FL		34217		- - -																	
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement																							
												VICTIM																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?											
1		1		W		F		09/08/1986		32		1		1		00 00		16		CA		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		V		01		3		CHANEY		SKYLER		M		941 782-8061																			
Address (Street, Apt. Number)												City		State		Zip		Business Phone																	
6808 PALM DR												HOLMES BEACH		FL		34217		- - -																	
Other Contact Info. (Time Available, Interpreter, etc.)												Synopsis of Involvement																							
												VICTIM																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?											
1		1		W		F		09/08/1986		32		1		1		00 00		16		CA		Yes <input checked="" 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		01		2		SUBBIONDO		RICHARD		I																					
Maiden Name												Nickname/Street Name		Place of Birth		Residence Phone																			
														FL/USA		- - -																			
Last Known Address (Street, Apt. Number)												City		State		Zip		Business Phone																	
1218 2ND AVE E												BRADENTON		FL		34208		- - -																	
Occupation				Employer/School				Address				Social Security Number																							
NA				NA				NA				- - -																							
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)																							
S153749881220				FL																															
Clothing (Describe)												Scars/Marks/Tatoos (Location/Describe)																							
GRY SWEATSHIRT SHORTS																																			
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																	
W		M		04/02/1988		30		506		150		BRO		BLD																					
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																									
		MED																																	
SEE NARRATIVE																																			
Person/Unit Notified						Time						Related Report Number(s)						Name of Officer Reporting						I.D. Number/Locator Code											
																		T. FRASER						323											
Signature of Officer Reporting						Officer Reviewing (If Applicable)						I.D. Number						Unit						Date											
SGT. M. PILATO												306						PATROL						11/12/2018											
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				11/08/2018								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				of											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180789**

Date of Supplement ___/___/___
Original Date Reported 11/08/2018

Case Reference
BATTERY DOMESTIC

NARRATIVE

ON 11/8/18 AT ABOUT 1535 HOURS VICTIM SKYLER CHANEY STOPPED POLICE IN THE 4500 BLOCK OF GULF DR STATING RICHARD SUBBIONDO SLAPPED HER IN THE FACE 3 TIMES WHILE TRAVELING IN THE 4100 BLOCK OF GULF DR. CHANEY WAS DRIVING AND SUBBIONDO STRUCK HER WITH THE BACK OF HIS LEFT HAND THREE TIMES ON THE RIGHT SIDE OF HER CHEEK. SUBBIONDO THEN EXITED THE VEHICLE BEFORE POLICE ARRIVAL, BUT SHOWED UP AT THE VICTIMS HOUSE. SUBBIONDO WAS ARRESTED WITHOUT INICIDENT. CHANEY SAID SHE HAD BEEN DATING SUBBIONDO OFF AND ON FOR ABOUT A YEAR AND HAS STAYED AT HIS HOUSE BEFORE. CHANEY HAD NO INJURIES OR MARKS ON HER FACE AT THAT TIME. CHANEY FILLED OUT A STATEMENT. NO PHOTOS WERE TAKEN DUE TO THERE BEING NO MARKS ON CHANEY'S CHEEK. SUBBIONDO WAS TRANSPORTED TO THE MANATEE COUNTY JAIL. HIS VEHICLE WILL BE MOVED TO THE HOLMES BEACH POLICE DEPARTMENT BY CHANEY AND KEYS LEFT IN THE STATION FOR PICKUP WHEN HE IS RELEASED. SUBBIONDO SAID IT WAS OKAY FOR CHANEY TO DRIVE THE VEHICLE.

C O P

Report Contains	Related Report Number(s)	Name of Officer Reporting T. FRASER	I.D. Number/Locator Code 323
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. M. PILATO	I.D. Number 306	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared 11/08/2018		Arrest Number	Number Arrested 1
OBTS Number		Page 2	Page 2

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1										
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description													
												20180791		DRIVERS LICENSE													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Sat		11/10/2018		1155		1155		1155		1255																	
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		11/10/2018		1155		Sat		11/10/2018		1155											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
4		DRIVERS LIC				C		322 - 03 (1)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
9		WARRANT				C		901 - 04 ()		2800																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
600		MANATEE AVE.		HOLMES BEACH		34217						W80															
Business Name/Area Identifier		Forced Entry		Occupancy																							
CVS PARKING LOT		0. N/A 1. Yes		2. No 2		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.		# 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					
2		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 - 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 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											
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		3		S-Suspect A-Arrestee		E-Escapee R-Rec. Missing Z-other		A		1		2		FRIAS COMACHO		JOSE ENRIQUE											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
		JOSE ENRIQUE		MEXICO																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
508 57TH AVE. E.		BRADENTON		FL		34203																					
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)																									
		TATTOO ON WRIST																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
W		M		09/20/1995		23		5-08		10		BRO		BRO		S		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
LT		MED		B																							
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				11/11/2018																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
CA				1				A		11/10/2018				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		3													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180791**

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

Case Reference
WARRANT

NARRATIVE

I OBSERVED A WHITE SUV WITH FLORIDA TAG (6184YV) TRAVELING SOUTHBOUND ON S.R. 789. USING IN-CAR FCIC/NCIC, I RAN REGISTRATION AND THE QUERY DISPLAYED REGISTERED OWNER DIDN'T HAVE A LICENSE OR AN ADMIN NUMBER ASSIGNED. I RAN JOSE ENRIQUE FRIAS COMACHO WITH D.O.B. 09/20/2018 THROUGH SAME MEANS. WHEN I DID THAT, THERE WAS NO LICENSE OR IDENTIFICATION CARD ASSIGNED AND IT APPEARED HE HAD A PINELLAS COUNTY FLORIDA: NO DRIVER'S LICENSE--FAILURE TO APPEAR WARRANT.

I INITIATED A TRAFFIC STOP AND WAS GIVEN REGISTRATION AND A PASSPORT FROM SOLE OCCUPANT AND OPERATOR OF THE VEHICLE, JOSE ENRIQUE FRIAS COMACHO. DISPATCH CONFIRMED HIS WARRANT AND ALSO CONFIRMED HIS LACK OF A VALID LICENSE. SUBJECT WAS ARRESTED AND LATER TRANSPORTED TO JAIL. HIS WALLET, MONEY, PHONE, TOW SHEET, AND CREDENTIALS WERE SECURED INTO A PROPERTY BAG AND TAKEN WITH HIM TO JAIL.

BARFIELD'S TOWING SERVICE REMOVED VEHICLE FROM SCENE.

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 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 11/10/2018	Arrest Number 1
		OBTS Number	Page 2 of 3

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180791

ADM	Date of Supplement _ / _ / _		Primary Offense Description NO VALID LICENSE						Victim #1 Name (Last, First, Middle) STATE OF FLORIDA											
	Original Date Reported 11/10/2018																			
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 2000		Make GMC		Model YUKON		Style SUV	
VEHICLE / VESSEL	Tag Reg./Doc. # 6184YV		Reg. State FL			Reg. Year 2018			Decal Number			Tag Type FL								
	VIN/Hull/FAA 1GKEC13T8YJ105405											Estimated Value \$2,500								
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition											Insurance Company N/A			Lien Holder N/A					
	Color (Top/Bottom) WHITE											Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) REGULAR INTERIOR								
	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"/> 4. Steering <input type="checkbox"/> 8. Unk.		Components Stripped			<input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part: <input type="checkbox"/> 9. Tag/Decal Stolen		<input type="checkbox"/> 10. Other - Spec.								
	Towed By BARFIELDS TOWING			Storage Location 1810 67TH AVE. E.			SCIC/NCIC			Location of Original Theft										
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style	
Tag Reg./Doc. #		Reg. State			Reg. Year			Decal Number			Tag Type									
VIN/Hull/FAA											Estimated Value									
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition											Insurance Company			Lien Holder						
Color (Top/Bottom)											Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)									
Vessel Name			Length			Hull Material			Propulsion			Boat Type								
Recovery Address/Geographic Indicator											Date Recovered _ / _ / _			Value Recovered						
Recovery Loc.		Recovery Code		Original Reporting Agency			Report Number			Hold Y - Yes N - No		Reason/Authority								
Method of Theft		<input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition		<input type="checkbox"/> 4. Steering <input type="checkbox"/> 8. Unk.		Components Stripped			<input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part: <input type="checkbox"/> 9. Tag/Decal Stolen		<input type="checkbox"/> 10. Other - Spec.									
Towed By			Storage Location			SCIC/NCIC			Location of Original Theft											
(1) GMC YUKON TOWED -- DRIVER ARRESTED FOR NO VALID LICENSE AND WARRANT.																				
ADMINISTRATIVE	Signature of Officer Reporting				Name of Officer Reporting JASON HIGGINS				I.D. Number/Locator Code 331				Unit 8							
	Signature of Officer Reviewing				Officer Reviewing (If Applicable) SGT. J. PIERCE				I.D. Number 309				Date 11/11/2018							
	Routed To				Referred To				Assigned To				By							
	Case Status CA				Clearance Type 1. Arrest 2. Exceptional 1				A-Adult J-Juvenile A				Date Cleared 11/10/2018				Arrest Number 1			
Exception Type 1. Extradition Declined				2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender 4. V / W Refused to Cooperate				5. Prosecution Declined 6. Juvenile/No Custody				OBTS Number				
Page 3 of 3																				

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
/ /												20180792		DRIVERS LICENSE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		11/10/2018		1642		1642		1642		1710															
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		11/10/2018		1652		To Sat		11/10/2018		1652									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC		C		322 - 03 (1)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 GULF DR		HOLMES BEACH		34217								W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		0. N/A 1. Occupied																					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		99. Other	
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		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		05. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stabbed		04. Ex-Spouse		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		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? 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		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? 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 A-Arrestee M-Missing		R-Rec. Missing Z-other		A		1		2		MONCADA MARADIAGA MIGUEL ANGEL		-											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
6036 10TH ST. E.		BRADENTON		FL		34203		-																	
Occupation		Employer/School		Address		Social Security Number																			
CONSTRUCTION						-																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
M523541813480		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
SHIRT SHORTS																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		09/28/1981		37		5-8		160		BRO		BLK		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN		B																					
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				11/11/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		11/10/2018				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		4													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180792**

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

Case Reference

ADM

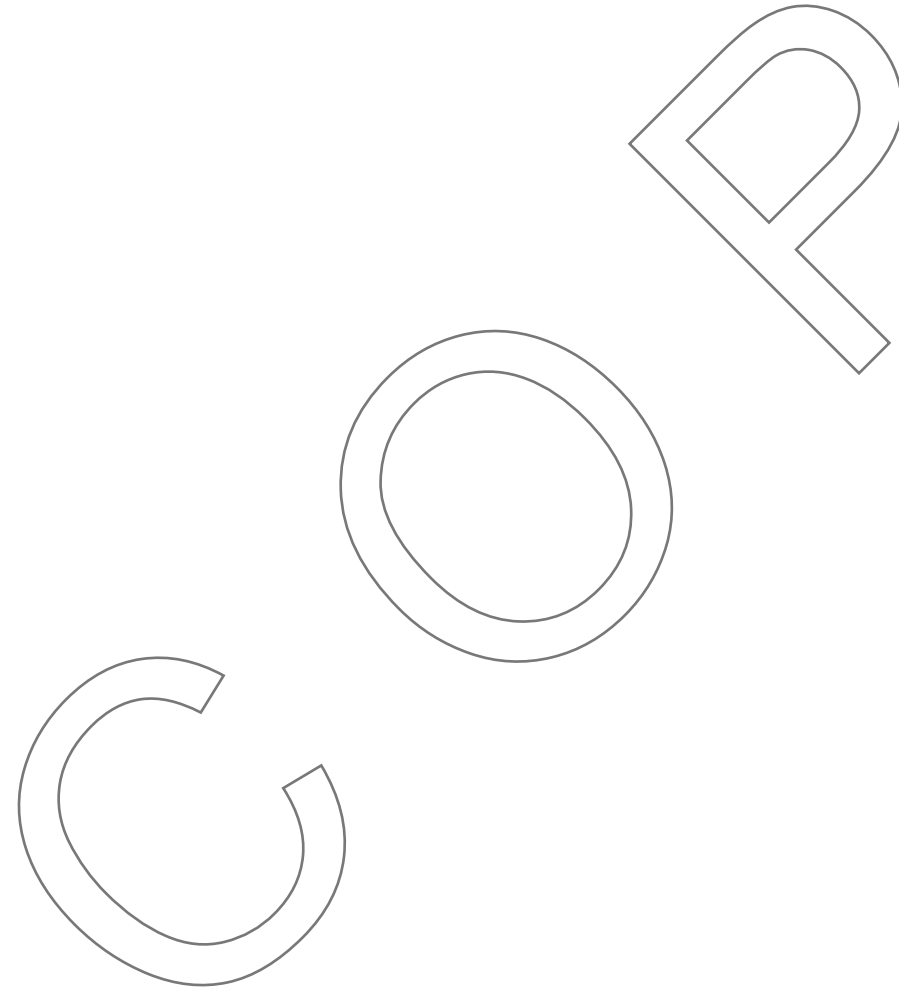
I RAN FLORIDA TAG (EYSX74) THROUGH FCIC/NCIC AS THE WHITE SUV WAS TRAVELING SOUTHBOUND ON GULF DRIVE (S.R. 789). THE QUERY RETURNED THAT THERE WAS NO FLORIDA DL ASSIGNED TO REGISTRATION. I RAN THE REGISTERED OWNER: MIGUEL ANGEL MONCADA MARADIAGA D.O.B. 09/28/1981 THROUGH SAME MEANS.

THE QUERY FROM THAT DISPLAYED AN ADMINISTRATIVE NUMBER (M523541813480) WHICH WASN'T A DL OR ID CARD AND ADVISED TO SEIZE TAG OF DRIVER IS OWNER. ON HIS RECORD THERE WERE 4 FINANCIAL RESPONSIBILITY SUSPENSIONS RANGING FROM: 06/06/16 TO 03/19/2018.

I INITIATED A TRAFFIC STOP AND MADE CONTACT WITH THE SOLE OCCUPANT AND REGISTERED OWNER OF VEHICLE. HE POSSESSED EXPIRED INFINITY INSURANCE AND A PASSPORT.

A SUMMONS-TO-APPEAR WAS ISSUED FOR NO DL, HIS VEHICLE WAS TOWED BY ELMER'S TOWING, AND HIS LICENSE PLATE WAS SEIZED.

NARRATIVE



Report Contains PROPERTY / SUMMONS /	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	Date 11/11/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status CA	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 1	4. A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number 1		Number Arrested 1	
OBTS Number		Page 2 of 4	

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20180792

ADM	Date of Supplement ____/____/____		Holmes Beach Police Department					Agency Report Number 20180792							
	Original Date Reported 11/10/2018												Primary Offense Description NO DRIVERS LICENSE		
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	
CODES	Person Codes			Status Codes			Damage Codes			Property Type					
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson			A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug					
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
	A		1	1	8	0	A	1	LICENSE PLATE		FLORIDA	METAL			
Serial Number EYSX74				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.) METALLIC STANDARDIZED TAG.							
Value				Value Recovered				Date Recovered 11/10/2018		SCIC/NCIC					
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)							
Value				Value Recovered				Date Recovered		SCIC/NCIC					
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)							
Value				Value Recovered				Date Recovered		SCIC/NCIC					
PROPERTY	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name		Brand	Model Name/Number			
Serial Number				Owner Applied Number				Description (Size, Color, Caliber, Barrel Length, Etc.)							
Value				Value Recovered				Date Recovered		SCIC/NCIC					
TOTALS	Property Stolen				0.00				Change in Property Stolen Value						
	Property Recovered				0.00				Change in Property Recovered Value						
CODES	Activity			Type			Unit			Description					
	P. Possess S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use K. Dispense/Distribute			A. Gram 2. Milligram 3. Kilogram 4. Ounce			M. Manufacture/Produce/Cultivate Z. Other					
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) METALLIC FLORIDA LICENSE PLATED.														
ADMINISTRATIVE	Officer(s) Reporting			ID. Number(s)/Locator code			Signature of Officer Reporting			Unit	Date				
	JASON HIGGINS			331						8	11/10/2018				
	Officer Reviewing (If Applicable)			ID. Number			Routed To	Referred To	Assigned To	By	Date				
SGT. J. PIERCE			309							11/11/2018					
Signature of Officer Reviewing												Page	Page		
												3	4		

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180792

ADM	Date of Supplement ____/____/____		Primary Offense Description NO DRIVERS LICENSE						Victim #1 Name (Last, First, Middle) STATE OF FLORIDA										
	Original Date Reported 11/11/2018																		
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 2003		Make GMC		Model YUKON		Style XL
VEHICLE / VESSEL	Tag Reg./Doc. # EYSX74		Reg. State FL			Reg. Year 2018			Decal Number			Tag Type FL							
	VIN/Hull/FAA 1GKFK16Z53J290805										Estimated Value \$2,500								
	Condition <input checked="" type="checkbox"/> 1. Window Closed <input checked="" type="checkbox"/> 2. Locked <input checked="" type="checkbox"/> 3. Keys in Ignition						Insurance Company EXPIRED INFINIT			Lien Holder N/A									
	Color (Top/Bottom) WHITE		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc) SUV																
	Vessel Name			Length			Hull Material			Propulsion			Boat Type						
	Recovery Address/Geographic Indicator								Date Recovered ____/____/____		Value Recovered								
	Recovery Loc.		Recovery Code		Original Reporting Agency			Report Number			Hold Y - Yes N - No		Reason/Authority						
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																
	Towed By ELMER'S TOWING			Storage Location 6732 15TH ST CT W			SCIC/NCIC			Location of Original Theft									
	Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style
Tag Reg./Doc. #		Reg. State			Reg. Year			Decal Number			Tag Type								
VIN/Hull/FAA										Estimated Value									
Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition						Insurance Company			Lien Holder										
Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)																	
Vessel Name			Length			Hull Material			Propulsion			Boat Type							
Recovery Address/Geographic Indicator								Date Recovered ____/____/____		Value Recovered									
Recovery Loc.		Recovery Code		Original Reporting Agency			Report Number			Hold Y - Yes N - No		Reason/Authority							
Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																	
Towed By			Storage Location			SCIC/NCIC			Location of Original Theft										
(1) GMC YUKON TOWED FOR NO DL.																			
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 11/11/2018						
	Routed To				Referred To				Assigned To				By						
	Case Status CA				Clearance Type 1. Arrest 2. Exceptional 1				A-Adult J-Juvenile A				Date Cleared 11/10/2018						
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 1							
								OBTS Number				Page 4 of 4							

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report		N		Juvenile Warn/Dismiss		1. Original		2. Supplement		1							
Date of Supplement		Holmes Beach Police Department										Agency Report Number				Primary Offense Description													
//___												20180793				COV ALCOHOL													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																			
Sun		11/11/2018		2235		2235		2235		2318																			
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		11/11/2018		2234		Sun		11/11/2018		2235													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
5		COV/ALCOHOL				C		0 - 6 (6-3A)		0000																			
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																	
600		MANATEE AVE		HOLMES BEACH		34217						W80																	
Business Name/Area Identifier		Forced Entry		Occupancy																									
		0. N/A 1. Yes		2. No 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		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other Mobile																	
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field																			
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																			
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																			
# 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							
1		1		2		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other									
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																	
V - Victim W - Witness C - Reporting Person		O - Other 1. N/A 2. Juvenile 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer													
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant													
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		09. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance													
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known													
OFF/INC Indicator		V/W Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1.#1 2.#2 3.Both		1 V 1		5		CITY OF HOLMES BEACH		-																					
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
5801 MARINA DR		HOLMES BEACH		FL		34217		-																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
2		N		N						1		1		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		V/W Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone																					
1.#1 2.#2 3.Both								-																					
Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
								-																					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
																						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		S-Suspect A-Arrestee		E-Escapee Z-Other		A 1		2		BARRACLOUGH		JEFFERY		P															
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																							
						-																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																					
840 VAN GOGH RD		ENGLEWOOD		FL		34223		-																					
Occupation		Employer/School		Address		Social Security Number																							
HOMLESS						-																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																					
B-624-435-68-099-0		FL																											
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
GRAY SHIRT / TAN SHORTS																													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style											
W		M		03/19/1968		50		510		220		GRN		GRY		S		W											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																			
LT		MED																											
ON THE LISTED DATE AND TIME, I OBSERVED TWO MALES (LATER IDENTIFIED AS JEFFERY BARRACLOUGH AND RONNIE LINDSEY) SITTING AT A TROLLEY STOP, LOCATED AT THE INTERSECTION OF 6TH AVE AND MANATEE AVE, DRINKING FROM A CAN OF WHAT APPEARED TO BE AN ALCOHOLIC BEVERAGE. AS I APPROACHED THE TWO MALES, I CONFIRMED THE CANS THEY WERE DRINKING FROM WAS LABELED "MILLER HIGH LIFE". I ASKED BOTH MEN WHAT THEY WERE DOING, AND THEY REPLIED "JUST HANGING OUT, WE MISSED THE LAST BUS INTO TOWN". I ADVISED THEM THEY WERE IN INVIOALATION OF CITY ORDINANCE 6-3 (CONSUMING AN ALCOHOLIC BEVERAGE IN PUBLIC, PROHIBITED). BOTH MEN ACKNOWLEDGE THEY UNDERSTOOD. AT THIS TIME, I MADE BOTH MEN POUR OUT THE REMAINING ALCOHOL AND ISSUED THEM A COV CITATION. BOTH MEN SIGNED AND RECEIVED A COPY OF THE CITATION.																													
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)		Unit		Date																							
SGT. M. PILATO		306		PATROL		11/12/2018																							
Signature of Officer Reviewing		Routed To		Referred		Assigned To		By																					
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested															
CA				1				A		11/11/2018				2															
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page															
														1 of 2															

PERSON(S) REPORT

Holmes Beach Police Department

Juvenile in Report: **N** 1. Original **1**
 2. Supplement: **1**
 Agency Report Number
20180793

ADM	Date of Supplement ____/____/____		PERSON(S) REPORT										Agency Report Number 20180793														
CODES	Original Date Reported 11/11/2018		Primary Offense Description COV ALCOHOL				Victim #1 Name (Last, First, Middle) CITY OF HOLMES BEACH																				
VICTIM / WITNESS	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 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														
VICTIM / WITNESS	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								
SUSPECT OR MISSING PERSONS	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"/>	
SUSPECT OR MISSING PERSONS	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"/>	
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)										Residence Phone						
		Maiden Name		Nickname/Street Name		Place of Birth																					
		Last Known Address (Street, Apt. Number)		City		State		Zip																			
		Occupation		Employer/School		Address																					
		Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number																			
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
SUSPECT OR MISSING PERSONS	OFF/INC Indicator 1.#1 2.#2		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)										Residence Phone						
		Maiden Name		Nickname/Street Name		Place of Birth																					
		Last Known Address (Street, Apt. Number)		City		State		Zip																			
		Occupation		Employer/School		Address																					
		Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number																			
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MISSING PERSON / RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 8. Unknown		Foul/Play Suspected? 1. Yes 2. No		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown		Dental Record Available 1. Yes 2. No 8. Unknown		MCIC Form Provided? 1. Yes 2. No										
		Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)		Accompanied By																			
		Mental/Physical Condition		Medication Required/Type		Doctor/Dentist (Name, Phone Number)																					
		Property Carried		ID. Type/Number		ID. Type/Number																					
		Probable Destination		Name/Address		Transportation Mode																					
		Recovery Information		0. N/A 1. Voluntary		2. Located-Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other															
ADMINISTRATIVE	Officer(s) Reporting J. BETTS		ID. Number(s)/Locator code 337		Signature of Officer Reporting		Unit HB11		Date 11/12/2018																		
		Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By		Date													
		Signature of Officer Reviewing																									
																Page 2		Page 2									

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input type="checkbox"/>		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input type="checkbox"/>									
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description													
		/ /										20180794		DEATH													
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
		Mon		11/12/2018		0843		0843		0849		1105															
		Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
		1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)									
		2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Mon		11/12/2018		To		Mon		11/12/2018									
		OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code											
		9		DEATH								0		- 0 (0)		0000											
		OFF/INC #2																									
		Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
		3201		6TH AVE		HOLMES BEACH		34217																			
		Business Name/Area Identifier		Forced Entry		Occupancy																					
				0. N/A		2. No		0		0. N/A		2. Unoccupied		1													
				1. Yes						1. Occupied		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		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
		02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
		03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
		04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle						03									
		# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
		01		01		00		01		00		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown					
												01. Handgun		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other		00					
		VW 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													
		O - Other		1. Juvenile		W - White		M - Male		1. City		1. Full Year		1. Minor													
				2. L.E. Officer		B - Black		F - Female		4. Out-of-State		2. Part Year		2. Serious													
				3. Adult		U - Unknown		U - Unknown		2. County		3. Non-Resident		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		16. Boy/Girl Friend		99. Other Known													
		OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 3.Both		1		V		1		3		PETRELLI		SCOTT		FRANCIS		941 447-7769									
		2.#2																									
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		HOMELESS BRIDGE STREET		BRADENTON BEACH		FL		34217		- - -																	
		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		2		W		M		05/10/1967		51		2		1		3		00 00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
		1.#1 3.Both		1		O		1		3		PETRELLI		RONALD		941 350-7402											
		2.#2																									
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		6207 46TH CT EAST		BRADENTON		FL				- - -																	
		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		If VW Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		2		W		M																		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)															
		1.#1 3.Both		S-Suspect		E-Escapee		R-Rec. Missing																			
		2.#2		A-Arrestee		M-Missing		Z-other																			
		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
		Occupation		Employer/School		Address		Social Security Number																			
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
		SEE NARRATIVE																									
		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
								SGT. M. PILATO		306																	
		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
				SGT. M. PILATO		306		PATROL		11/12/2018																	
		Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
		Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		J-Juvenile		Jail Number		Number Arrested									
						2.Exceptional																					
		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																	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180794**

ADM	Date of Supplement __/__/____
Original Date Reported 11/12/2018	

Case Reference
DEATH

NARRATIVE

ON THIS DATE, OFFICERS WERE DISPATCHED TO THIS RESIDENCE IN REFERENCE TO A POSSIBLE DRUNK PERSON SLEEPING ON THE SOUTHSIDE OF THE RESIDENCE. UPON ARRIVAL, I WAS THE FIRST ON SCENE. I OBSERVED PETRELLI AND IT APPEARED TO ME THAT HE WAS SLEEPING. AS I GOT CLOSER, I OBSERVED HIS HANDS TO TURNED A DARK SHADE OF BLUE AND HE HAD FOAM COMING OUT OF HIS MOUTH. I OBSERVED HIS LEFT EYE TO BE PARTIALLY OPEN AND OBSERVED THAT HIS EYEBALL HAD ROLLED INTO THE BACK OF HIS HEAD. I CHECKED FOR A PULSE AND OBSERVED HIS SKIN TO BE COLD AS ICE AND NO PULSE. I CONTACTED DISPATCH AND ADVISED THAT HE WAS DECEASED AND REQUESTED EMS. DISPATCH ADVISED THAT EMS STATED THAT IF THE SUBJECT WAS DECEASED THEY WERE NOT RESPONDING. I BEGAN PHOTOGRAPHING THE SCENE AND REMOVED A CELLPHONE AND WALLET FROM PETRELLI'S RIGHT FRONT POCKET. I THEN HAD DISPATCH CONTACT THE MEDIC EXAMINER. OFFICERS LABRANCHE AND FRASER ASSISTED ME AS WE FINISHED PROCESSING THE PAPERWORK AND THE SCENE. OFFICER LABRANCHE LOGGED IN ALL OF HIS PROPERTY AND TOOK IT TO THE PD FOR SAFEKEEPING. AN ATTEMPT WAS MADE TO CONTACT THE NEXT OF KIN AND HIS FATHER WAS ON A MONTH CRUISE. I PLACED THE NEXT OF KIN INFORMATION ON THE MEDICAL EXAMINERS OFFICE FORM AND SENT IT WITH BRAT TO THE MEDICAL EXAMINERS OFFICE. NFI

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

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1															
ADM		Date of Supplement				Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
		/ /								20180796		PROPERTY FOUND																	
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
		Mon		11/12/2018		1834		1834		1836		1905																	
		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		Mon		11/12/2018		1834		Mon 11/12/2018 1905															
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
		9		PROPERTY FOUND				C		0 - 0 (0)		0000																	
		OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
		Incident Location (Street Number, Street, Apt.)				City		Zip		District		Grid		Area		Zone													
		3900 EAST BAY DR				HOLMES BEACH		34217		00		00		00		W80													
		Business Name/Area Identifier				Forced Entry		Occupancy																					
		PUBLIX				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				09													
		# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
		01		01		00		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon					
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury															
		V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
		Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
		00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
		01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance									
		02. Stabbed		06. Poss. Internal Injury		99. Other																							
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
		1.#1 3.Both 2.#2		1		C		01		4		WALLGREN		SANDI															
		Address (Street, Apt. Number)				City		State		Zip		Business Phone																	
		3900 EAST BAY DR				HOLMES BEACH		FL		34217		941 778-5422																	
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																							
		PUBLIX SUPER MARKET				ASSISTANT CUSTOMER SERVICE MANAGER																							
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		2		W		F						0		0		00		00		00		00		N		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
		1.#1 3.Both 2.#2																											
		Address (Street, Apt. Number)				City		State		Zip		Business Phone																	
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																							
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
																										Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone									
		1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																									
		Last Known Address (Street, Apt. Number)				City		State		Zip		Business Phone																	
		Occupation		Employer/School		Address						Social Security Number																	
		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
		Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																							
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
		SEE NARRATIVE																											
		Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code											
														A. DESANTIS				336											
		Signature of Officer Reporting				Officer Reviewing (If Applicable)				I.D. Number				Unit				Date											
						SGT. J. PIERCE				309								11/13/2018											
		Signature of Officer Reviewing				Routed To				Referred To				Assigned To				By				Date							
		Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
																1 of 3													

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20180796

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20180796			
	Original Date Reported 11/12/2018		Primary Offense Description PROPERTY FOUND		Victim #1 Name (Last, First, Middle) WALLGREN SANDI						
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									Theft Type 00	
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other				
CODES	Property Type A. Auto Accessory/Parts E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR Y. Farm Equipment B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Z. Miscellaneous C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor X. Structure I. Plant/Citrus N. Construction Machinery S. Sports Equipment										
	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
PROPERTY	C		01	1	6	0	Z	1	WHEEL CHAIR		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) WHEEL CHAIR W/ RED "EPCOT" MESH						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
				100.00		11/12/2018					
PROPERTY	C		01	2	6	0	Z	1	WHEEL CHAIR		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) WHEEL CHAIR W/ BLUE "EPCOT" MESH						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
				100.00		11/12/2018					
PROPERTY											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
PROPERTY											
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered		SCIC/NCIC				
PROPERTY											
	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		200.00				Change in Property Recovered Value				
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use T. Traffic K. Dispense/Distribute			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter				
	Activity	Type	Description	Quantity	Unit	Estimated Street Value					
Activity	Type	Description	Quantity	Unit	Estimated Street Value						
Activity	Type	Description	Quantity	Unit	Estimated Street Value						
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code	Signature of Officer Reporting		Unit	Date				
	A. DESANTIS		336				11/13/2018				
	Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date			
	SGT. J. PIERCE		309					___/___/___			
Signature of Officer Reviewing								Page		Page	
								2		3	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180796**

ADM	Date of Supplement __/__/____
	Original Date Reported 11/12/2018

Case Reference
PROPERTY FOUND

NARRATIVE

ON 11/12/18, I WAS DISPATCHED TO PUBLIX IN REFERENCE TO FOUND PROPERTY. UPON ARRIVAL, I MADE CONTACT WITH PUBLIX ASSISTANT CUSTOMER SERVICE MANAGER (SANDI WALLGREN). (WALLGREN) BROUGHT OUT TWO WHEEL CHAIRS STATING THEY HAD BEEN AT PUBLIX FOR TWO WEEKS AND NO ONE HAS COME TO PICK THEM UP. THE WHEEL CHAIRS HAD MESH ON THEM THAT HAD "EPCOT" ON THE MESH. ONE WAS RED MESH AND THE OTHER WAS BLUE MESH. I TOOK THE WHEEL CHAIRS, COMPLETED A PROPERTY FORM AND PLACED THEM INTO THE BIKE SHED.

I WILL NOTIFY THE NEXT SHIFT AND DISPATCH TO ATTEMPT TO CONTACT "EPCOT" TO RETURN THE WHEEL CHAIRS.

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

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20180799

ADM	Date of Supplement ____/____/____		Primary Offense Description DOMESTIC DISTURBANCE										Victim #1 Name (Last, First, Middle) PURCELL										Residence Type EVAN										Residence Status T									
Original Date 11/14/2018																																										
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 3.Both		V/W Code # 1 0 3		V. Type 3		Name (Last, First, Middle or Business) CHANEY										Residence Phone _____																									
Address (Street, Apt. Number) 6808 PALM DR		City HOLMES BEACH		State FL		Zip 34217		Business Phone _____																																		
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement PARTY INVOLVED IN DISTURBANCE																																
If V/W Code is V, W or C Fill in this Line		Dom. Violence 2		Race W		Sex F		Date of Birth 09/08/1986		Age 32		Res. Type 1		Res. Status 1		Extent of Injury 0		Injury Type(s) 00 00		Relationship 08		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
OFF/INC Indicator 1.#1 2.#2 3.Both		V/W Code # 1 0 3		V. Type 3		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 3.Both		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 3.Both		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 J. BETTS		ID. Number(s)/Locator code 337		Signature of Officer Reporting				Unit HB11		Date 11/15/2018																																
Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To By		Date ____/____/____																																
Signature of Officer Reviewing										Page 2		Page of 3																														

NARRATIVE CONTINUATION

1. Offense	<input checked="" 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		20180799	

Holmes Beach Police Department

Date of Supplement	___/___/___
Original Date Reported	11/14/2018

Case Reference
DOMESTIC DISTURBANCE

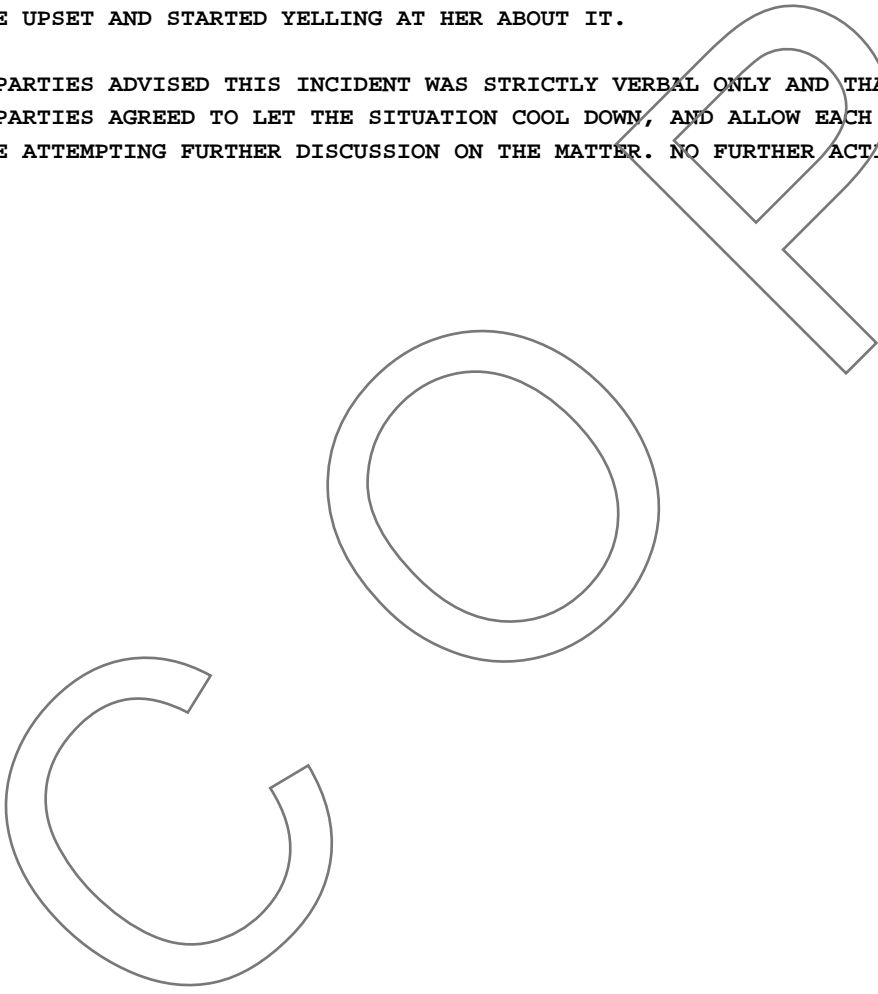
NARRATIVE

ON THE LISTED DATE AND TIME, I RESPONDED TO 6808 PALM DR IN REFERENCE TO A DOMESTIC DISTURBANCE. UPON ARRIVAL, I MADE CONTACT WITH THE COMPLAINANT EVAN PURCELL IN THE DRIVEWAY. MR. PURCELL STATED HIS MOTHER (BONNIE PURCELL) AND HIS SISTER (SKYLER CHANEY) ARE YELLING AT EACH OTHER INSIDE THE HOUSE OVER A POSSIBLE MEDICAL DIAGNOSIS. MR. PURCELL STATED HE DID NOT KNOW WHAT TO DO, SO HE CALLED 911.

AT THIS TIME, I FOLLOWED MR. PURCELL INTO THE RESIDENCE AND OBSERVED SKYLER CHANEY YELLING AT HER MOTHER BONNIE PURCELL. I ASKED MS. CHANEY WHAT WAS CAUSING HER TO BE SO UPSET, SHE REPLIED "I JUST RECEIVED A LETTER FROM MY DOCTOR WITH A POSSIBLE TRAGIC MEDICAL DIAGNOSIS". "MY MOTHER WON'T LEAVE ME ALONE ABOUT IT, SHE HAS HER OWN MEDICAL ISSUES TO DEAL WITH, SHE DOESN'T NEED TO WORRY ABOUT MINE". "I JUST WANT TO BE LEFT ALONE, THAT'S WHY I'M SO UPSET".

I THEN SPOKE WITH MRS. PURCELL. MRS. PURCELL STATED THAT SHE IS CONCERNED AND WANTED HER DAUGHTER TO GET FURTHER TESTING TO DETERMINE IF THE DIAGNOSIS IS CORRECT OR NOT. MRS. PURCELL ADVISED HER DAUGHTER BECAME UPSET AND STARTED YELLING AT HER ABOUT IT.

BOTH PARTIES ADVISED THIS INCIDENT WAS STRICTLY VERBAL ONLY AND THAT NO PHYSICAL VIOLENCE OCCURRED. BOTH PARTIES AGREED TO LET THE SITUATION COOL DOWN, AND ALLOW EACH OTHER TO COPE WITH THE DIAGNOSIS BEFORE ATTEMPTING FURTHER DISCUSSION ON THE MATTER. NO FURTHER ACTION WAS TAKEN AT THIS TIME.



Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		J. BETTS	337
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	SGT. COPEMAN	307	11/15/2018
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By Date ___/___/___
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	A-Adult J-Juvenile	Arrest Number OBTS Number
	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Number Arrested Page 3 of 3