

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1						
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description							
	____/____/____													20180801		DOMESTIC DISTURBANCE							
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)												
	Thu		11/15/2018		2053		2053		2054		2131												
	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		11/15/2018		2050		Thu		11/15/2018		2053					
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code									
	OFF/INC #2					A-Attempted C-Committed																	
	Incident Location (Street Number, Street, Apt.)										City		Zip		District	Grid	Area	Zone					
	5803 MARINA DR										HOLMES BEACH		34217					W80					
	Business Name/Area Identifier										Forced Entry		Occupancy										
											0. N/A 1. Yes		2. No		0. N/A 1. Occupied 2. Unoccupied 3. Abandoned								
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		01			
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs						
1	0	0	0	0	00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon						
VW Code	Victim Type	Race		Sex		Residence Type		Residence Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?					
V - Victim W - Witness C - Reporting Person	0 - Other	0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type			Victim Relationship To Offender		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer						
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		01. Undetermined 02. Stranger		04. Ex-Spouse 05. Co-Habitant		07. Brother/Sister 08. Child 09. Step-Parent		11. In-Law 12. Other Family 13. Student		15. Child of Boy/Girl Friend 16. Boy/Girl Friend		18. Neighbor 19. Sitter/Day Care 20. Employee		22. Landlord/Tenant 23. Acquaintance 99. Other Known				
OFF/INC Indicator	VW Code	#	V. Type	Name (Last, First, Middle or Business)			City		State		Zip		Residence Phone										
1.#1 2.#2 3.Both	1	C	1	SOBONA			FREEDOM		PA		15042		724 561-2731										
Address (Street, Apt. Number)										City		State		Zip		Business Phone							
120 6TH AVE										FREEDOM		PA		15042		-							
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement													
										COMPLAINANT													
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	09/14/1972	46	4	3	0	00 00	07		Yes <input type="checkbox"/> No <input type="checkbox"/>											
OFF/INC Indicator	VW Code	#	V. Type	Name (Last, First, Middle or Business)			City		State		Zip		Residence Phone										
1.#1 2.#2 3.Both	1	O	2	SOBONA			FREEDOM		PA		15042		724 462-7914										
Address (Street, Apt. Number)										City		State		Zip		Business Phone							
120 6TH AVE										FREEDOM		PA		15042		-							
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement													
										PRESENT DURING DISTURBANCE													
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	F	09/19/1969	49	4	3	0	00 00	12		Yes <input type="checkbox"/> No <input type="checkbox"/>											
OFF/INC Indicator	Suspect Code			Code		Susp.#	Juvenile	Name (Last, First, Middle)															
1.#1 2.#2 3.Both	S-Suspect E-Escapee A-Arrestee			R-Rec. 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 CONTINUATION																							
NARRATIVE																							
ADMINISTRATIVE																							
Person/Unit Notified				Time		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		Unit		Date												
				SGT. COPEMAN			307		HB11		11/15/2018												
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	3							

# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
**20180801**

<b>ADM</b>	Date of Supplement ____/____/____		<b>PERSON(S) REPORT</b>						Juvenile in Report: <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
	Original Date <b>11/15/2018</b>		Primary Offense Description <b>DOMESTIC DISTURBANCE</b>			Victim #1 Name (Last, First, Middle) <b>SOBONA RYAN M</b>														
<b>CODES</b>	<b>V/W Code</b> V - Victim W - Witness C - Reporting Person		<b>Victim Type</b> 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		<b>Race</b> N-N/A W-White B-Black		<b>Sex</b> N-N/A M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A 1. City 2. County		<b>Residence Status</b> 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		<b>Extent of Injury</b> 0. None 1. Minor 2. Serious 3. Fatal							
	<b>Injury Type</b> 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		<b>Victim Relationship To Offender</b> 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	
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>V/W Code #</b> 1 W 3	<b>V. Type</b> 3	Name (Last, First, Middle or Business) <b>LEHEW DAVID D</b>					Residence Phone <b>412 600-7523</b>										
	Address (Street, Apt. Number) <b>4015 CLARIDON DR</b>		City <b>MARS</b>		State <b>PA</b>		Zip <b>16046</b>		Business Phone _____-____											
	Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement <b>INVOLVED IN DISTURBANCE</b>								Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>V/W Code #</b> 1 O 4	<b>V. Type</b> 3	Name (Last, First, Middle or Business) <b>LEHEW RENEE L</b>					Residence Phone <b>412 996-0299</b>										
	Address (Street, Apt. Number) <b>4015 CLARIDON DR</b>		City <b>MARS</b>		State <b>PA</b>		Zip <b>16046</b>		Business Phone _____-____											
	Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement <b>INVOLVED IN DISTURBANCE</b>								Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code _____	Susp. # _____	Juvenile <input type="checkbox"/>	Name (Last, First, Middle) _____					Residence Phone _____-____							
	Maiden Name _____		Nickname/Street Name _____		Place of Birth _____		City _____		State _____		Zip _____		Business Phone _____-____							
	Last Known Address (Street, Apt. Number) _____		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) _____								Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>									
	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 _____														
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		Code _____	Susp. # _____	Juvenile <input type="checkbox"/>	Name (Last, First, Middle) _____					Residence Phone _____-____							
	Maiden Name _____		Nickname/Street Name _____		Place of Birth _____		City _____		State _____		Zip _____		Business Phone _____-____							
	Last Known Address (Street, Apt. Number) _____		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) _____								Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>									
	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 _____														
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway 2. Parental 3. Involuntary		4. Disabled 5. Endangered 6. Disaster Victim		7. Voluntary Adult 8. Unknown		<b>Foul Play Suspected ?</b> 1. Yes 2. No		<b>Missing Before ?</b> 1. Yes 2. No 8. Unknown		<b>Fingerprints Available?</b> 1. Yes 2. No 8. Unknown		<b>Photo Available?</b> 1. Yes 2. No 8. Unknown		<b>Dental Record Available</b> 1. Yes 2. No 8. Unknown		<b>MCIC Form Provided ?</b> 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 _____											
	<b>Recovery Information</b> 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											
<b>ADMINISTRATIVE</b>	Officer(s) Reporting <b>J. BETTS</b>		ID. Number(s)/Locator code <b>337</b>		Signature of Officer Reporting _____				Unit <b>HB11</b>		Date <b>11/15/2018</b>									
	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>		ID. Number <b>307</b>		Routed To _____		Referred To _____		Assigned To By _____		Date ____/____/____									
	Signature of Officer Reviewing _____		_____									Page <b>2</b>		Page <b>3</b>						

# NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number		Agency Report Number			
FL0410400		20180801			

## Holmes Beach Police Department

Date of Supplement	_/_/____
Original Date Reported	11/15/2018

Case Reference  
**DOMESTIC DISTURBANCE**

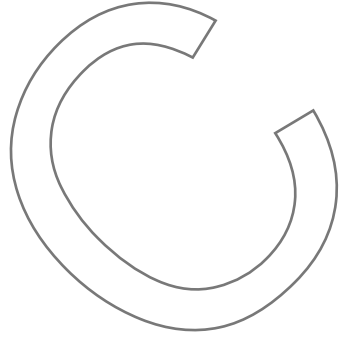
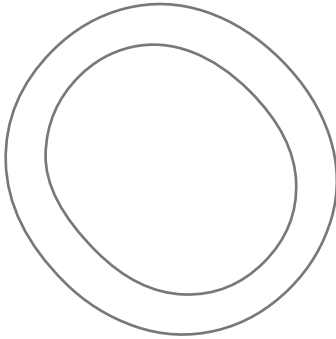
NARRATIVE

I WAS DISPATCHED TO THE LISTED ADDRESS IN REFERENCE TO A DOMESTIC DISTURBANCE. UPON ARRIVAL, I MADE CONTACT WITH RYAN SOBONA, IN THE DRIVEWAY, WHO ADVISED HE CALLED 911 DUE TO HIS SISTER RENEE LEHEW YELLING AND SCREAMING WITH EVERYBODY ABOUT WANTING TO LEAVE. I ENTERED THE HOUSE AND MADE CONTACT WITH MRS. LEHEW. SHE ADVISED SHE WAS IN AN ARGUMENT WITH HER BROTHER (RYAN SOBONA) AND HER HUSBAND DAVID LEHEW OVER WANTING TO PACK UP AND LEAVE THE RENTAL HOUSE AFTER SHE HEARD THEM TALKING ABOUT HER. MRS. LEHEW WENT ON TO SAY MR. LEHEW AND MR. SOBONA TRIED TO PREVENT HER FROM LEAVING. MRS. LEHEW STATED THE INCIDENT WAS ONLY VERBAL AND NO PHYSICAL VIOLENCE OCCURRED.

I THEN SPOKE WITH MR. LEHEW. HE STATED ALL PARTIES HAD BEEN DRINKING AND GOT INTO AN ARGUMENT WITH HIS WIFE OVER HER WANTING TO LEAVE. HE STATED MR. SOBONA AND HIS SELF TRIED TO PREVENT MRS. LEHEW FROM LEAVING WITH THE VEHICLE BECAUSE SHE WAS INTOXICATED. MR. LEHEW STATED NO PHYSICAL VIOLENCE WAS USED TO PREVENT HER FROM LEAVING.

LASTLY, I SPOKE WITH LISA SOBONA. MRS. SOBONA STATED SHE WAS SITTING ON THE COUCH DURING THE DISPUTE AND COULD NOT ELABORATE ON WHAT THE DISTURBANCE WAS ABOUT, BUT MENTIONED THERE WAS A LOT OF YELLING GOING ON.

ALL PARTIES STATED THEY WOULD END THE DISPUTE AND GO INTO THEIR RESPECTIVE BEDROOMS FOR THE NIGHT. NO FURTHER INFORMATION.



Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		<b>J. BETTS</b>	<b>337</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	<b>SGT. COPEMAN</b>	<b>307</b>	<b>HB11</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status	Clearance Type	Date Cleared	Arrest Number
	1.Arrest                      3.Unfounded 2.Exceptional	_/_/____	
Exception Type			Number Arrested
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
			<b>3 of 3</b>

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											
												20180802		WARRANT ARREST											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		11/17/2018		2050		2050		2050		2200															
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		11/17/2018		2050		Sat		11/17/2018		2200									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
1		WARRANT		C		901 - 16 ( )		2800																	
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													
752		MANATEE AVE		HOLMES BEACH		34217																			
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other											
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other											
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		28. Lake/Waterway		29. Motor Vehicle											
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		26											
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		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		03. Shotgun 04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other		00			
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. Business 5. Government 6. Church 9. Other			
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance		99. Other Known		01. Gunshot 02. Stabbed			
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known		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 2.#2		1		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		00		00		00		00		Ethnicity		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 2.#2		1		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						0		0		00		00		00		00		Ethnicity		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		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		REED		CHRISTOPHER ANTHONY		813 774-2619											
Maiden Name		Nickname/Street Name		City		State		Zip		Business Phone															
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1710 BALM RIVER VIEW DR		RIVERVIEW		FL		33598																			
Occupation		Employer/School		Address		Social Security Number																			
UNEMPLOYED																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
R300101934520		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
SHORTS TSHIRT HOODIE		MULTIPLE FULL UPPER BODY																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		12/12/1993		24		5-8		240		BLU		BLN		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		HEV		B																					
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						OFC M. VANHORN		338																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE				309				11/17/2018																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		11/17/2018				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: **20180802**

ADM	Date of Supplement __/__/____
	Original Date Reported <b>11/17/2018</b>

Case Reference  
**WARRANT**

**WHILE ON PATROL I OBSERVED THE SUSPECT VEHICLE TRAVELING EAST BOUND ON MANATEE AVE NEAR EAST BAY. THE VEHICLE DID NOT HAVE A WORKING PASSENGER SIDE HEADLIGHT. UPON CONTACTING AND IDENTIFYING THE 5 OCCUPANTS, THE MIDDLE REAR SEAT PASSENGER SHOWED 5 FELONY VOP WARRANTS OUT OF HILLSBOROUGH COUNTY SHERIFF'S DEPARTMENT. THE WARRANTS WERE CONFIRMED VALID VIA FCIC WITH HILLSBOROUGH COUNTY SHERIFF DEPT, WHO REQUESTED SUSPECT ARREST AND LODGED AWAITING THEIR PICK UP.**

**ARRESTED:**

**CHRISTOPHER ANTHONY REED W/M 12/12/1993 WAS ARRESTED AND TRANSPORTED TO 75TH AND MANATEE AVE FOR TRANSPORT BY MCSO TRANSPORT DEPUTY WITHOUT INCIDENT. THE DRIVER AND REMAINING OCCUPANTS WERE NOT CHARGED WITH AN OFFENSE AND RELEASED FROM THE SCENE.**

**VEHICLE:**

**2009 CHEVROLET PICKUP BLACK AND COLOR, BEARING GKUZ88 19/FL AFTER PERFORMING A VEHICLE INSPECTION IN THE PRESENCE OF THE OWNER/DRIVER NO OTHER EQUIPMENT DEFICIENCIES NOTED, RELEASED TO DRIVER FROM THE SCENE.**

**STATUS:**

**CLOSED BY ARREST.**

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>OFC M. VANHORN</b>	I.D. Number/Locator Code <b>338</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Unit <b>338</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status <b>CA</b>	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
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 <b>11/17/2018</b>		Arrest Number	Number Arrested <b>1</b>
OBTS Number		Page	Page of

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1													
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																
/ /												20180803		COV/OTHER																
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																				
Sun		11/18/2018		2007		2007		2009		2238																				
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		11/18/2018		2007		Sun		11/18/2018		2238														
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																				
5		COV/OTHER		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										
115 WHITE AVENUE										HOLMES BEACH		34217		00		00		00		W80										
Business Name/Area Identifier										Forced Entry		Occupancy																		
										0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0												
Location Type										01. Residence Single		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile								
02. Apartment/Condo										06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		31. Other										
03. Residence-Other										07. Liquor Sales		12. Drug Store/Hospital		17. Govt/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other										
04. Hotel/Motel										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other										
09. Supermarket										14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		34. Other		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		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other										
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																		
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal										
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer												
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant												
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance												
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student		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		C		01		3 BROWN		JOANN		FL		34217		215 313-2270														
Address (Street, Apt. Number)										City		State		Zip		Business Phone														
111 AQUA LANE										HOLMES BEACH		FL		34217																
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																				
										NEIGHBOR																				
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						1		1		0		00 00		18		N		Yes <input type="checkbox"/> No <input type="checkbox"/>								
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone														
1.#1 3.Both 2.#2		1																												
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)		City		State		Zip		Residence Phone												
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		S		01		2		UNKNOWN		DAN		FL		34217														
Maiden Name										Nickname/Street Name		Place of Birth		Residence Phone																
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone														
115 WHITE AVENUE										HOLMES BEACH		FL		34217																
Occupation					Employer/School					Address		Social Security Number																		
THE DOCTOR'S OFFICE																														
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										11/19/2018										
Signature of Officer Reviewing					Routed To					Referred To					Assigned To					By		Date								
										CODE ENFORCE					J. THOMAS					PATROL		11/19/2018								
Case Status					Clearance Type					1.Arrest 2.Exceptional					3.Unfounded					A-Adult J-Juvenile					Date Cleared		Jail Number		Number Arrested	
A																														
Exception Type					1.Extradition Declined					2. Arrest on Primary Offense Secondary Offense Without Prosecution					3. Death of Offender 4. V / W Refused to Cooperate					5. Prosecution Declined 6. Juvenile/No Custody					OBTS Number		Page		Page	
																						1		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: **20180803**

ADM  
 Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported: **11/18/2018**

Case Reference: **COV/OTHER**

NARRATIVE

ON 11/18/18, I WAS DISPATCHED TO 111 AQUA LN IN REFERENCE TO A LOUD BANG AND A GAS ODOR COMING FROM THE NEIGHBOR'S RESIDENCE.

UPON ARRIVAL, I HEARD A RHYTHMIC BANGING COMING FROM THE REAR OF 115 WHITE AVENUE. THE NOISE WAS NOT LOUD ENOUGH TO BE A VIOLATION OF THE NOISE ORDINANCE AT THAT TIME. I MET WITH THE COMPLAINANT (JOANN BROWN). (BROWN) STATED HER AND HER HUSBAND SMELLED A GAS ODOR COMING FORM THE NEIGHBOR'S (115 WHITE AVENUE). (BROWN) STATED SHE THOUGHT THE RHYTHMIC BANGING WAS THE WASHER OR DRYER AND WAS WORRIED ABOUT A GAS LEAK. I COULD NOT SMELL AN ODOR OF GAS AT THIS TIME.

I WALKED OVER TO 115 WHITE AVENUE, (THE LIVING SPACE ABOVE THE GARAGE), TO MAKE CONTACT AND CONDUCT A SAFETY CHECK. I OBSERVED LIGHTS ON THROUGH THE FRONT SECOND FLOOR WINDOW. THE RESIDENT (DAN) ANSWERED THE DOOR. I INFORMED (DAN) OF THE NEIGHBOR'S CONCERN AND ASKED ABOUT THE BANGING NOISE. (DAN) STATED IT WAS A GENERATOR AND WHAT THEY WERE PROBABLY SMELLING WAS THE EXHAUST. (DAN) STATED HE WAS RUNNING THE GENERATOR, TRYING TO SEE HOW LONG A TANK OF GAS WOULD LAST HIM. I ADVISED HIM OF THE NOISE ORDINANCE AND (DAN) STATED HE WAS AWARE AND WAS GOING TO TURN IT OFF AT 2200HRS. (DAN) STATED THE NEIGHBOR'S WERE JUST COMPLAINING BECAUSE THEY DID NOT LIKE HIM. (DAN) STATED THE HOUSE AND GARAGE HE WAS IN WAS GOING TO BE BULLDOZED OVER IN TWO WEEKS AND HE WOULD NOT BE THERE AFTER. IT WAS UNKNOWN IF THERE WAS ELECTRICITY TO THE RESIDENCE. I DID NOT OBSERVE THE GENERATOR.

LATER THAT NIGHT, APPROXIMATELY 2230HRS, OFC. VANHORN AND I WENT BY 115 WHITE AVENUE TO CHECK IF THE GENERATOR WAS RUNNING. THE GENERATOR WAS NOT RUNNING AND THE RESIDENCE WAS COMPLETELY DARK. IT APPEARED (DAN) WAS USING THE GENERATOR FOR ELECTRICITY IN THE RESIDENCE. THIS CASE WILL BE FORWARDED TO CODE ENFORCEMENT FOR FURTHER INVESTIGATION.

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Unit <b>PATROL</b>
Signature of Officer Reviewing	Routed To <b>CODE ENFORCE</b>	Referred To <b>J. THOMAS</b>	Assigned To <b>PATROL</b>
Case Status <b>A</b>	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 <b>2</b> of <b>2</b>	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss: <input type="checkbox"/>	1. Original	2. Supplement: 1						
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description							
														20180804		DUI							
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)												
	Mon		11/19/2018		0010		0010		0010		0445												
	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		11/19/2018		0010		Mon		11/19/2018		0445						
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code									
	4	DUI						C		316 - 193 ( 1A )				5400									
	OFF/INC #2	Type	Description			A-Attempted C-Committed		C		893 - 13 ( 6b )				350A									
	3	MARIJUANA-POSSE						C															
	Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone		
	4000 GULF DRIVE										HOLMES BEACH		34217		00		00		00		W80		
Business Name/Area Identifier										Forced Entry		Occupancy											
MANATEE PUBLIC BEACH PARKING LOT										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		31. Other		99. Other	
03. Residence-Other										07. Liquor Sales		12. Drug Store/Hospital		17. Govt/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										09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				25	
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00				
03	01	01	00	00	00. N/A 01. Handgun		04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		88. Unknown 99. Other		00				
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury											
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County 3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal					
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer					
00. N/A		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														99. Other Known					
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone									
1.#1 2.#2	3.Both	3	V	STATE OF FLORIDA																			
Address (Street, Apt. Number)										City		State		Zip		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?											
2		N	N			0	0	0	00 00	00		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)										Residence Phone									
1.#1 2.#2	3.Both																						
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)							Residence Phone											
1.#1 2.#2	3.Both	3	S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other	A	01	2	CHOLAKOV																
Maiden Name			Nickname/Street Name			Place of Birth			Residence Phone														
						BULGARIA			941 302-7934														
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone							
4803 SAN ORTOBELLO DR										BRADENTON		FL		34208									
Occupation			Employer/School			Address						Social Security Number											
FINANCE MANAGER			VENICE TOYOTA																				
Driver's License Number/State			Immigration and Naturalization Number			Other I.D. Number			OBTS Number (Arrested)		SCIC/NCIC												
C421310851730			FL																				
Clothing (Describe)					Scars/Marks/Tatoos (Location/Describe)																		
PANTS AND LONG SLEEVE SWEATER																							
Race	Sex	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style														
W	M	05/13/1985	33	601	160	HAZ	BRO	S	S														
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers																		
LT	THN																						
NARRATIVE																							
1x- DUI																							
1x- POSSESSION OF MARIJUANA <20GRAMS F.S.S. 893.13(6)(B)																							
1x- POSSESSION OF DRUG PARAPHERNALIA F.S.S. 893.147(1)																							
CONTINUE TO NARRATIVE																							
ADMINISTRATIVE																							
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											
DET SGT HALL						311						11/19/2018											
Signature of Officer Reviewing			Routed To			Referred To			Assigned To			By											
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested									
CA				1				A		11/19/2018				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		5									



# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180804**

**ADM**  
 Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**11/19/2018**

Case Reference  
**DUI**

**NARRATIVE**

ON 11/19/18, WHILE TRAVELING EASTBOUND ON THE 600 BLOCK MANATEE AVE IN MY PATROL VEHICLE, I OBSERVED A LONE VEHICLE TRAVELING WESTBOUND ON THE 700 BLOCK OF MANATEE AVENUE AT A HIGH RATE OF SPEED. THIS IS A MARKED 35MPH ZONE. MY ESTIMATION OF SPEED WAS 50MPH. I ACTIVATED MY RADAR IN MOVING MODE. RADAR'S DOPPLER TONE AND READOUT SHOWED 50MPH. THE ACTUAL SPEED WAS 50MPH. I TURNED MY PATROL VEHICLE AROUND TO CONDUCT A TRAFFIC STOP ON THE VEHICLE.

I ACTIVATED MY EMERGENCY LIGHTS WHILE BEHIND THE VEHICLE. THE VEHICLE DID NOT IMMEDIATELY PULL OVER. I USED MY SIREN TO GAIN THE DRIVER'S ATTENTION. THE DRIVER CONTINUED TO THE BLINKING RED TRAFFIC SIGNAL INTERSECTION, PASSING AREAS TO STOP AT THE SIDE OF THE ROADWAY. THE VEHICLE STOPPED AT THE BLINKING RED TRAFFIC SIGNAL INTERSECTION, IN THE ROADWAY. I OBSERVED THE VEHICLE'S FRONT DRIVER WINDOW DOWN. THERE WERE NO OTHER VEHICLES IN THE AREA AT THIS TIME. USING MY PA SYSTEM, I COMMANDED THE VEHICLE TO PROCEED THROUGH THE INTERSECTION INTO THE MANATEE PUBLIC BEACH PARKING LOT TO CONDUCT A SAFE TRAFFIC STOP. I OBSERVED THE DRIVER NOD HIS HEAD, THROUGH THE DRIVER SIDE REAR VIEW MIRROR, APPEARING TO UNDERSTAND MY COMMANDS. THE DRIVER DID NOT PROCEED THROUGH THE INTERSECTION IMMEDIATELY. I COMMANDED THE DRIVER AGAIN TO PROCEED THROUGH THE INTERSECTION AND INTO THE PARKING LOT. THE VEHICLE THEN CROSSED THE INTERSECTION AND INTO THE PARKING LOT. THE VEHICLE CONTINUED TO TRAVEL THROUGH THE PARKING LOT INSTEAD OF PULLING OVER IMMEDIATELY ONCE IN THE PARKING LOT. I ACTIVATED MY HORN TO GAIN THE DRIVER'S ATTENTION TO STOP. THE DRIVER PULLED THE VEHICLE PARTIALLY INTO A PARKING SPOT.

I APPROACHED THE VEHICLE AND MADE CONTACT WITH THE DRIVER/REGISTERED OWNER, IDENTIFIED AS (GEORGE CHOLAKOV). (CHOLAKOV) WAS SMOKING A HALF BURNT CIGARETTE AND HANDED ME HIS FL DL WHEN I ASKED FOR HIS DL. REGISTRATION AND PROOF OF INSURANCE. THE VEHICLE REAR WINDOWS WERE VERY DARK, WITH A WINDOW ROLL UP NET SHADE ON THE INSIDE, AND I COULD NOT SEE INSIDE TO IDENTIFY IF THERE WERE ANY OTHER PERSONS INSIDE THE VEHICLE. I REQUESTED (CHOLAKOV) ROLL DOWN THE REAR WINDOWS FOR OFFICER SAFETY. (CHOLAKOV) BEGAN FUMBLING WITH HIS DOOR CONTROLS, LOOKING FOR THE WINDOW CONTROLS TO ROLL THEM DOWN. (CHOLAKOV) MADE A STATEMENT THAT I DID NOT HEAR. I LOWERED MY HEAD TO THE WINDOW TO HEAR BETTER AND GET A BETTER VIEW INSIDE THE VEHICLE TO IDENTIFY AND OTHER OCCUPANTS. (CHOLAKOV'S) SPEECH WAS SLOW, SLURRED AND MUMBLED. (CHOLAKOV'S) VOICE WAS QUIET AND HARD TO HEAR. (CHOLAKOV) SHUT HIS VEHICLE OFF INSTEAD OF ROLLING DOWN THE WINDOWS LIKE I REQUESTED. I DID NOT MAKE ANOTHER REQUEST FOR HIS WINDOWS TO BE ROLLED DOWN DUE TO MY OBSERVATIONS WHEN I BENT DOWN TO HEAR HIM, CONFIRMING THERE WERE NO OTHER OCCUPANTS INSIDE THE VEHICLE. (CHOLAKOV) HANDED ME AN EXPIRED PAST VEHICLE REGISTRATION. I ASKED HIM WHERE HE WAS COMING FROM. (CHOLAKOV) STATED HE WAS COMING FROM HIS PARENT'S HOUSE, OUT IN MYAKA. (CHOLAKOV) DISCONTINUED HIS SEARCH FOR THE REST OF THE INFORMATION I REQUESTED OF HIM. I REQUESTED HIS PROOF OF INSURANCE AND CURRENT REGISTRATION. (CHOLAKOV) DID NOT LOOK UP AT ME OR MAKE EYE CONTACT WITH ME, KEEPING HIS EYES LOW, AVOIDING MY OBSERVATION. (CHOLAKOV) LOOK DOWN AT MY BELT LEVEL, OR OFF IN ANOTHER DIRECTION, WHILE SPEAKING WITH ME. (CHOLAKOV) FUMBLLED SLOWLY THROUGH PAPERWORK THAT WAS IN HIS GLOVE BOX AND CENTER CONSOLE. I LOWERED MY HEAD TO THE VEHICLE DRIVER WINDOW AND I SMELLED AN ALCOHOLIC BEVERAGE ODOR COMING FROM INSIDE THE VEHICLE. (CHOLAKOV) STATED HE WAS AT HIS PARENT'S FOR DINNER AND HAD SOME BEERS AND WAS COMING OUT TO THE BEACH BECAUSE HIS DOG HAD DIED APPROXIMATELY TWO WEEKS PRIOR. (CHOLAKOV) STATED I WATCHED (CHOLAKOV) BLANKLY STARE AT PAPERWORK, LOOKING FOR THE REQUESTED CURRENT REGISTRATION FORM. (CHOLAKOV'S) RESPONSE TIME WAS VERY SLOW AND DELAYED DURING MY ENCOUNTER. I REQUESTED (CHOLAKOV) STEP OUT THE VEHICLE AND TO THE REAR TO SPEAK WITH ME.

\*\*\*\*\*CONTINUE TO NEXT PAGE\*\*\*\*\*

**ADMINISTRATIVE**

Report Contains		Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	Date
	<b>DET SGT HALL</b>	<b>311</b>		<b>11/19/2018</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By
Case Status <b>CA</b>	Clearance Type	1.Arrest 2.Exceptional	3.Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
			Date Cleared <b>11/19/2018</b>	Arrest Number
				<b>1</b>
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 <b>2</b> of

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180804**

ADM Date of Supplement  
 Original Date Reported  
**11/19/2018**

Case Reference  
**DUI**

\*\*\*\*\*CONTINUATION\*\*\*\*\*

WHEN (CHOLAKOV) STEPPED OUT OF HIS VEHICLE AND TO THE REAR OF IT, I OBSERVED HIS BALANCE TO BE UNSTEADY. (CHOLAKOV) WAS SWAYING FORWARD, BACKWARD, LEFT AND RIGHT. I OBSERVED ((CHOLAKOV'S) EYES TO BE BLOOD SHOT, WATERY AND EYELIDS APPEARING TO BE HEAVY. WHILE SPEAKING TO (CHOLAKOV), EXPLAINING THE REASONING FOR ME CONDUCTING A TRAFFIC STOP ON HIS VEHICLE, (CHOLAKOV) BEGAN LEANING ON HIS VEHICLE FOR BALANCE. I EXPLAINED MY OBSERVATIONS TO (CHOLAKOV) AND REQUESTING HIS CONSENT TO CONDUCT THE STANDARDIZE FIELD SOBRIETY EXERCISES. (CHOLAKOV) GAVE HIS CONSENT TO CONDUCT THE SFS'!

**FIELD SOBRIETY EVALUATIONS:**

THESE EVALUATIONS WERE CONDUCTED IN FRONT OF PATROL VEHICLE #09, ON THE BLACKTOP PARKING LOT OF MANATEE PUBLIC BEACH, AT 4000 GULF DR. THE PARKING LOT SURFACE WAS SMOOTH AND LEVEL. THERE WERE NO PARKING LOT LIGHTS. PATROL VEHICLE #9'S HEAD LIGHTS AND MY FLASHLIGHT WERE USED FOR LIGHTING. THERE WERE NO SURFACE DEFECTS WHERE THE EVALUATIONS WERE CONDUCTED. THERE WAS A SLIGHT BREEZE FROM WEST TO EAST.

**MEDICAL PROBLEMS:**

(CHOLAKOV) DID NOT STATE HE HAD ANY MEDICAL CONDITIONS REQUIRING TREATMENT.

**HORIZONTAL GAZE NYSTAGMUS(HGN): (EXPLAINED) (USING A TIP OF A PEN AS A STIMULUS)**

I EXPLAINED THE HGN EXERCISE TO (CHOLAKOV). (CHOLAKOV) STATED HE UNDERSTOOD. CHOLAKOV'S EYES WERE BLOOD SHOT WATERY AND HIS EYE LIDS WERE DROOPY. THE RESULTS OF MY OBSERVATIONS WERE THAT HE DID NOT FOLLOW SIMPLE INSTRUCTIONS, HAVING TO BE INSTRUCTED SEVERAL TIMES TO NOT MOVE HIS HEAD AND CONTINUE FOLLOWING THE STIMULUS. I OBSERVED BOTH OF HIS PUPILS TO BE EQUAL SIZE. I OBSERVED BOTH OF HIS EYES TO MOVE EQUALLY TOGETHER. I OBSERVED LACK OF SMOOTH PURSUIT IN BOTH OF HIS EYES WHILE HE WAS FOLLOWING THE STIMULUS, HIS EYES WERE JERKY. I HAD TO STOP THE EXERCISE SEVERAL TIME INSTRUCTING (CHOLAKOV) TO STOP MOVING HIS HEAD. I HAD TO INSTRUCT (CHOLAKOV) TO CONTINUE TO FOLLOW THE STIMULUS A COUPLE TIMES, BECAUSE HE WOULD STARE OFF OF THE STIMULUS AND NOT FOLLOW THE STIMULUS WHILE IT MOVED. HIS EYES SHOWED NYSTAGMUS (PRIOR TO 45 DEGREES AND AT MAXIM DEVIATION).

\*\*\*\*\*CONTINUE TO NEXT PAGE\*\*\*\*\*

NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>DET SGT HALL</b>	I.D. Number <b>311</b>	Date ____/____/____
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status <b>CA</b>	Clearance Type 1.Arrest 2.Exceptional <b>1</b>	3.Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared <b>11/19/2018</b>
OBTS Number		Arrest Number	Number Arrested <b>1</b>
Page		Page <b>3 of 5</b>	

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180804**

ADM Date of Supplement: **11/19/2018**  
Original Date Reported: **11/19/2018**

Case Reference: **DUI**

\*\*\*\*\*CONTINUATION\*\*\*\*\*

**WALK AND TURN: (EXPLAINED AND DEMONSTRATED)**

(CHOLAKOV) COULD NOT STAND WITH HIS RIGHT FOOT IN FRONT OF HIS LEFT, HEEL TO TOE, AS INSTRUCTED WHILE I EXPLAINED AND DEMONSTRATED THE EXERCISE. (CHOLAKOV) COULD NOT KEEP HIS BALANCE AND CONTINUOUSLY STUMBLER. (CHOLAKOV) COULD NOT FOCUS ON MY INSTRUCTIONS WHILE HE WAS STUMBLING. I HAD HIM STAND WITH HIS FEET SIDE BY SIDE, SO HE COULD FOCUS AND UNDERSTAND THE INSTRUCTIONS I WAS GIVING HIM. I INSTRUCTED (CHOLAKOV) TO UTILIZE AN IMAGINARY STRAIGHT LINE. I ASKED (CHOLAKOV) SEVERAL TIMES IF HE UNDERSTOOD THE INSTRUCTIONS I HAD GIVEN HIM. (CHOLAKOV) STATED HE UNDERSTOOD. THE RESULTS OF MY OBSERVATIONS OF THE EXERCISE WAS HE DID NOT FOLLOW SIMPLE INSTRUCTIONS. HE DID NOT WALK HEEL TO TOE FOR ANY OF HIS STEPS. HE LOST HIS BALANCE, STEPPING OFF THE LINE AND RAISED HIS ARMS FOR BALANCE. HE DID NOT TURN AROUND BY PIVOTING AS INSTRUCTED. (CHOLAKOV) TOOK TEN STEPS OUT AND THEN TEN STEPS BACK. HE BEGAN COUNTING OUT LOUD AND THEN STOPPED DURING THE EXERCISE. THE LAST TEN STEPS WERE NOT COUNTED OUT LOUD. WHEN THE EXERCISE WAS COMPLETE, I ASKED (CHOLAKOV) AGAIN IF HE UNDERSTOOD THE INSTRUCTIONS THAT I HAD GIVEN HIM. (CHOLAKOV) STATED HE DID UNDERSTAND, "AS FAS AS I COULD REMEMBER."

**ONE LEG STAND: (EXPLAINED AND DEMONSTRATED)**

I DEMONSTRATED AND EXPLAINED THE ONE LEG STAND TO (CHOLAKOV). (CHOLAKOV) STATED HE UNDERSTOOD. HE CHOSE TO STAND ON HIS LEFT LEG AND RAISE HIS RIGHT LEG. (CHOLAKOV) USED HIS ARMS TO KEEP HIS BALANCE, PLACED HIS FOOT DOWN SEVERAL TIMES AND RESTARTED HIS COUNT DURING THIS EXERCISE. (CHOLAKOV) RESTARTED HIS COUNT EVERY TIME HE PLACED HIS FOOT DOWN, MAKING IT TO 1010 IN THE 30 SECONDS. (CHOLAKOV) HAD TO STOP THE EXERCISE TO GAIN HIS BALANCE, BEFORE STARTING AGAIN. HE LOST HIS BALANCE CAUSING HIM TO STUMBLE AND ALMOST FALL.

I OBSERVED (CHOLAKOV) TO BE IMPAIRED AND UNDER THE INFLUENCE OF ALCOHOL. BASED ON MY OBSERVATIONS OF (CHOLAKOV), I ADVISED HIM THAT I WAS PLACING HIM UNDER ARREST FOR DUI. I PLACED (CHOLAKOV) IN HANDCUFFS, DOUBLE LOCKED, AND SEARCHED HIS PERSON. I PLACED (CHOLAKOV) IN THE BACK OF MY PATROL VEHICLE #9.

WHILE STANDING AT (CHOLAKOV'S) VEHICLE, OFC. VANHORN DETECTED AN ODOR OF MARIJUANA COMING FROM INSIDE OF THE VEHICLE. I SEARCHED THE VEHICLE, COMPLETING AN INVENTORY AS WELL, OBSERVING SUSPECTED MARIJUANA, A GLASS PIPE AND A GLASS UPPER RECEIVER FOR AN E-CIGARETTE, WITH A TAR SUBSTANCE INSIDE, SUSPECTED TO BE HASH OIL, IN THE CLOSED CENTER CONSOLE COMPARTMENT UNDER THE RADIO. I OBSERVED SEVERAL EYE DROP CONTAINERS INSIDE THE VEHICLE. THE EVIDENCE WAS COLLECTED. I COMPLETED A TOW FORM. SGT. J. PIERCE STAYED WITH THE VEHICLE WAITING FOR BAKER'S TOWING TO REMOVE IT.

\*\*\*\*\*CONTINUE TO NEXT PAGE\*\*\*\*\*

ADMINISTRATIVE	Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		
					A. DESANTIS		336		
	Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Date		
			DET SGT HALL		311		___/___/___		
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To		
Case Status		Clearance Type		Date Cleared		Arrest Number		Number Arrested	
CA		1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate		11/19/2018				1	
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page of Page	
1. Extradition Declined								4 of 5	

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

<b>ADM</b>	Date of Supplement ___/___/___
	Original Date Reported 11/19/2018

Case Reference  
DUI

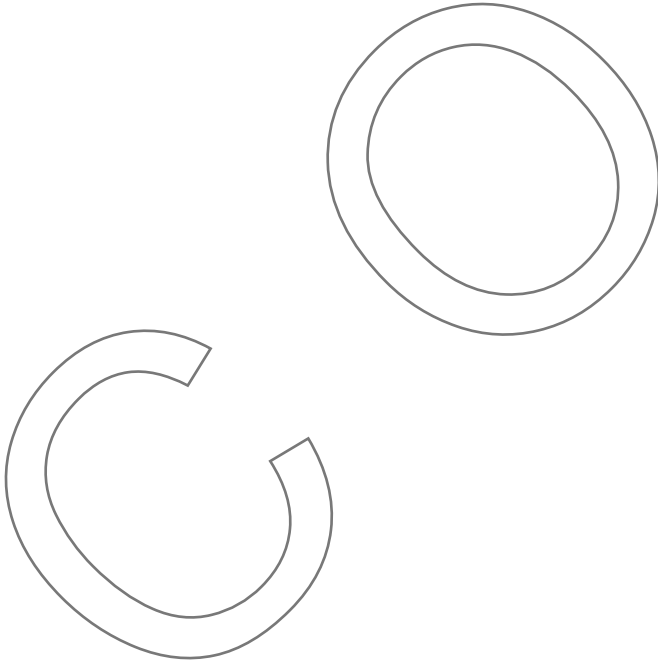
Agency ORI Number FL0410400	Agency Report Number 20180804
--------------------------------	----------------------------------

\*\*\*\*\*CONTINUATION\*\*\*\*\*

I TRANSPORTED (CHOLAKOV) TO THE MCSO JAIL. WHILE IN TRANSIT, (CHOLAKOV) MADE SEVERAL SPONTANEOUS UTTERANCES. "I'M REALLY SORRY, I DIDN'T MEAN TO." "I COULD'VE SWORN I TIMED IT RIGHT WITH DRINKING THE THREE BEERS THAT I DID, WITH THE FOOD." "I DIDN'T REALIZE I WAS GOING THAT FAST, I GUESS. THAT'S STUPID, I GET THAT. I TRY NOT TO SPEED." (CHOLAKOV) ASKED IF HE COULD BE PICKED UP BY FAMILY INSTEAD OF GOING TO JAIL. (CHOLAKOV) ASKED IF HE COULD DO THE SFST OVER AGAIN.

ONCE AT THE JAIL, WALKING UP TO THE JAIL ENTRANCE, (CHOLAKOV) SPONTANEOUSLY UTTERED HE WAS NOT AS IMPAIRED AS HE WAS WHEN I PULLED HIM OVER. (CHOLAKOV) CONSENTED TO PROVIDING A BREATH SAMPLE. PALMETTO PD CPL. A. URUCHIMA CONDUCTED THE BREATHALYZER. (CHOLAKOV'S) RESULTS WERE 0.176 AND 0.182. I READ (CHOLAKOV) HIS MIRANDA AND ASKED HIM THE QUESTIONS IN THE DUI PACKET (SEE DUI PACKET FOR RESULTS. SGT. PIERCE ADVISED HE WEIGHED THE MARIJUANA IN AT 4.1GRAMS AND PRESUMPTIVE TESTED IT POSITIVE FOR THC, WHICH IS THE MAIN CHEMICAL IN MARIJUANA. I ADVISED (CHOLAKOV) HE WOULD BE GETTING CHARGED FOR POSSESSION OF MARIJUANA LESS THAN 20GRAMS AND POSSESSION OF DRUG PARAPHERNALIA. (CHOLAKOV) WAS TRANSFERRED INTO MCSO CUSTODY. I COMPLETED AND ISSUED (CHOLAKOV) A UNIFORM TRAFFIC CITATION FOR SPEEDING (50MPH IN A 35MPH ZONE) AND A DUI CITATION.

NARRATIVE



<b>ADMINISTRATIVE</b>	Report Contains		Related Report Number(s)		Name of Officer Reporting <b>A. DESANTIS</b>		I.D. Number/Locator Code <b>336</b>		
	Signature of Officer Reporting		Officer Reviewing (If Applicable) <b>DET SGT HALL</b>		I.D. Number <b>311</b>		Date ___/___/___		
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To By Date ___/___/___		
	Case Status <b>CA</b>		Clearance Type 1.Arrest 2.Exceptional <b>1</b>		A-Adult J-Juvenile <b>A</b>		Date Cleared <b>11/19/2018</b>		
	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 <b>1</b>	
						OBTS Number		Page <b>5</b> of <b>5</b>	

# PROPERTY REPORT

<b>ADM</b>	Date of Supplement <b>11/19/2018</b>		<b>Holmes Beach Police Department</b>				Agency Report Number <b>20180804</b>													
	Original Date Reported <b>11/19/2018</b>		Primary Offense Description <b>DUI</b>		Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>															
<b>THEFT</b>	<u>Theft Type Codes</u>										Theft Type									
	00. N/A 01. Burglary		02. Robbery 03. Shoplifting		04. Pocket Picking 05. Purse Snatching		06. Embezzlement 07. From Coin Oper. Machine		08. From Public Access Building		09. From Vehicle 10. Extortion		11. By Computer 12. Fraud	99. Other	<b>00</b>					
<b>CODES</b>	<u>Person Codes</u>			<u>Status Codes</u>			<u>Damage Codes</u>													
	V - Victim S - Suspect		A - Arrestee O - Other	1. Stolen 2. Recovered		3. Stolen and Recovered 4. Recovered for Other Jurisdiction		5. Lost 6. Found		7. Safekeeping 8. Evidence/Seized		9. Other		0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense	9. Other				
<b>PROPERTY</b>	<u>Property Type</u>																			
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment			T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure			Y. Farm Equipment Z. Miscellaneous				
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number							
	<b>A</b>	<b>01</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>D</b>	<b>1</b>	<b>MARIJUANA</b>												
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>4 GRAMS LOOSE MARIJUANA IN BAGGY</b>															
Value				Value Recovered				Date Recovered		SCIC/NCIC										
								_/_/____												
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number							
	<b>A</b>	<b>01</b>	<b>2</b>	<b>8</b>	<b>0</b>	<b>D</b>	<b>1</b>	<b>PIPE</b>												
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>BLUE WHITE GLASS PIPE</b>															
Value				Value Recovered				Date Recovered		SCIC/NCIC										
								_/_/____												
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number							
	<b>A</b>	<b>01</b>	<b>3</b>	<b>8</b>	<b>0</b>	<b>D</b>	<b>1</b>	<b>MOUHPIECE PIPE</b>												
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>PIPE MOUHPIECE SILVER CLEAR</b>															
Value				Value Recovered				Date Recovered		SCIC/NCIC										
								_/_/____												
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number							
	<b>A</b>	<b>01</b>	<b>4</b>	<b>9</b>	<b>0</b>	<b>Z</b>	<b>2</b>	<b>PHOTOGRAPHS</b>												
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>PHOTOS OF EVIDENCE</b>															
Value				Value Recovered				Date Recovered		SCIC/NCIC										
								_/_/____												
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name				Brand	Model Name/Number							
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)															
Value				Value Recovered				Date Recovered		SCIC/NCIC										
								_/_/____												
<b>TOTALS</b>	Property Stolen		0.00				Change in Property Stolen Value													
	Property Recovered		0.00				Change in Property Recovered Value													
<b>CODES</b>	<u>Activity</u>					<u>Type</u>					<u>Unit</u>									
	P. Possess S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use K. Dispense/Distribute		M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment			S. Synthetic U. Unknown Z. Other		1. Gram 2. Milligram 3. Kilogram 4. Ounce			5. Pound 6. Ton 7. Liter 8. Milliliter		9. Dose Unit/Item
<b>DRUGS</b>	Activity	F	Type	M	Description			MARIJUANA		Quantity	4	Unit	1	Estimated Street Value		\$20				
	Activity	P	Type	P	Description			GLASS PIPE		Quantity	1	Unit	9	Estimated Street Value		\$1				
	Activity	P	Type	P	Description			MOUHPIECE PIPE		Quantity	1	Unit	9	Estimated Street Value		\$1				
<b>PROP. DETAIL / NARR.</b>	<b>4.1 GRAMS LOOSE MARIJUANA</b>																			
<b>ADMINISTRATIVE</b>	Officer(s) Reporting				ID. Number(s)/Locator code				Signature of Officer Reporting				Unit		Date					
	SGT. J. PIERCE				309										11/19/2018					
	Officer Reviewing (If Applicable)				ID. Number				Routed To		Referred To		Assigned To		By		Date			
SGT. J. PIERCE				309												11/19/1981				
Signature of Officer Reviewing														Page		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		2. Supplement: <input checked="" type="checkbox"/> 1																					
Date of Supplement		Holmes Beach Police Department						Agency Report Number				Primary Offense Description																											
20180805		COV/ NOISE						20180805				COV/ NOISE																											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)		Tue		11/20/2018		1830		1830		1845																			
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)		1. Felony		3. Misdemeanor		5. Ordinance		9. Other																			
2. Traffic Felony		4. Traffic Misdemeanor		Tue		11/20/2018		1825		Tue		11/20/2018		1830																									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code		9		COV/NOISE		A		0 - 0 ( 0 )		0000																			
OFF/INC #2																																							
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone		302		55TH ST		HOLMES BEACH		34221																			
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A		2. No		0		0. N/A		2. Unoccupied				3. Abandoned		0																			
1. Yes		0		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		31. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		32. Other		03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		33. Other													
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		88. Unknown		99. Other													
01. Handgun		04. Firearm		06. Blunt Object		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		O - Other		0. N/A		4. Business		N - N/A		I - American Indian		N - N/A													
W - Witness		1. Juvenile		2. L.E. Officer		3. Adult		5. Government		6. Church		9. Other		0. N/A		1. Full Year		2. Part Year		3. Non-Resident		0. None		1. Minor		2. Serious		3. Fatal											
C - Reporting Person																																							
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		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		20. Employee		23. Acquaintance		99. Other Known																			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1		3.Both		1		V		1		5		CITY OF HOLMES BEACH															
2.#2																																							
Address (Street, Apt. Number)		City		State		Zip		Business Phone		5801 MARINA DR		HOLMES BEACH		FL		34221																							
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"/>													
2		N		N								0		0		00		00		00																			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1		3.Both		2.#2																							
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		R-Rec. Missing		A-Arrestee		M-Missing		Z-other																													
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone		Occupation		Employer/School		Address		Social Security Number																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																											
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																					
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																													
SEE NARRATIVE.																																							
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		A. HURT		339		Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		DET SGT HALL		311		11/20/2018											
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																							
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																											
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				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: **20180805**

**ADM**  
 Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported: **11/20/2018**

Case Reference: **COV/NOISE**

ON THE ABOVE DATE AND TIME, I WAS DISPATCHED TO 302 55TH ST IN REFERENCE TO A NOISE COMPLAINT. ONCE ON SCENE I WAS ABLE TO HEAR TALKING AND SPLASHING FROM A POOL. I GRABBED MY DECIBEL READER AND STOOD ON THE PROPERTY LINE AND TOOK A READING OF THE PROPERTY. STANDING ROUGHLY 20-25 FEET FROM THE SOURCE OF THE COMPLAINT I WAS ABLE TO GET A SUSTAINED READING OF 55 DECIBELS WHICH IS LOWER THEN THE CITY ORDINANCE OF 65 DECIBELS AT THE TIME OF THE COMPLAINT. DUE TO THE COMPLAINANT WISHING TO REMAIN ANONYMOUS I WAS UNABLE TAKE A DECIBEL READING FROM THE COMPLAINANT ADDRESS. NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

**NARRATIVE**

C O P Y

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b> A. HURT	<b>I.D. Number/Locator Code</b> 339
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b> DET SGT HALL	<b>I.D. Number</b> 311	<b>Unit</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b> By <b>Date</b> ___/___/___
<b>Case Status</b>	<b>Clearance Type</b> 1. Arrest 3. Unfounded 2. Exceptional	<b>A-Adult</b> J-Juvenile	<b>Date Cleared</b> ___/___/___
<b>Exception Type</b> 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
		<b>Arrest Number</b>	<b>Number Arrested</b>
		<b>OBTS Number</b>	<b>Page</b> of <b>Page</b>

ADM Date of Supplement / / Agency Report Number 20180806 Primary Offense Description NOISE COMPLAINT

Original Day Reported Tue 11/20/2018 Time (mil) 2003 Time Dispatched (mil) 2003 Time Arrived (mil) 2005 Time Completed (mil) 2012

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day Tue Date 11/20/2018 Time (mil) 2000 To Tue Date 11/20/2018 Time (mil) 2003

OFF/INC #1 Type 9 Description NOISE A-Attempted C-Committed C Statute Violation Number - Chapter, Section, Sub NCIC/UCR Code

OFF/INC #2 A-Attempted C-Committed

Incident Location (Street Number, Street, Apt.) 5501 HOLMES BLVD City HOLMES BEACH Zip 34217 District Grid Area Zone W80

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

Location Type 01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Govt/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other 03

# OFF/INC. 1 # Victims 1 # Offenders 0 # Prem. Ent. 0 # Veh. Stolen 0 Type of Weapon 00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other 00

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

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

OFF/INC Indicator 1.#1 3.Both 2.#2 1 0 1 5 Name (Last, First, Middle or Business) CITY OF HOLMES BEACH Residence Phone -

Address (Street, Apt. Number) City State Zip Business Phone -

Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement

If VW Code is V, W or C Fill in this Line Dom. Violence 2 Race N Sex N Date of Birth Age Res. Type 1 Res. Status 1 Extent of Injury 0 Injury Type(s) 00 00 Relationship 00 Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1.#1 3.Both 2.#2 1 0 1 5 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 VW Code is V, W or C Fill in this Line Dom. Violence 2 Race N Sex N Date of Birth Age Res. Type 1 Res. Status 1 Extent of Injury 0 Injury Type(s) 00 00 Relationship 00 Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1.#1 3.Both 2.#2 S-Suspect E-Escapee A-Arrestee Z-Other Code Susp. # Juvenile Name (Last, First, Middle) 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

NARRATIVE ON THE LISTED DATE AND TIME, I RESPONDED TO AN ANONYMOUS NOISE COMPLAINT LOCATED AT 5501 HOLMES BLVD (A KNOWN RENTAL UNIT). UPON ARRIVAL, I APPROACHED THE PROPERTY LINE AND HEARD PEOPLE TALKING AND PLAYING MUSIC FROM THE POOL AREA. I IMMEDIATELY TOOK A DECIBEL READING FROM MY LOCATION, WHICH WAS APPROXIMATELY 15 FEET FROM THE SOURCE. I OBTAINED A STEADY READING OF 57 dB'S. THE READING WAS UNDER THE ALLOWABLE 65 DECIBELS BETWEEN THE HOURS OF 7AM TO 10PM, UNDER CITY ORDINANCE 30-55 SUBSECTION 2A1. I MADE CONTACT WITH THE RENTERS AND ADVISED THEM OF THE CITIES ORDINANCE AFTER 10PM. THEY ACKNOWLEDGED AND ADVISED THEY WERE INFORMED WHEN THEY RENTED THE UNIT. DUE TO AN ANONYMOUS COMPLAINT, NO READING WAS TAKEN FROM THEIR LOCATION. THERE IS NO VIOLATION AT THIS TIME, NO FURTHER ACTION WAS TAKEN.

Person/Unit Notified Time Related Report Number(s) Name of Officer Reporting I.D. Number/Locator Code J. BETTS 337

Signature of Officer Reporting Officer Reviewing (If Applicable) Unit Date DET SGT HALL 311 HB11 11/20/2018

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