

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> Y		Juvenile Warn/Dismiss: <input checked="" type="checkbox"/> W		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department						Agency Report Number		Primary Offense Description															
20180807		ASSIST MSO						2334																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		11/20/2018		2333		2333		2334																	
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		11/20/2018		2330		Tue		11/20/2018		2333									
OFF/INC #1		Type		Description		A-Attempted C-Committed		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													
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													
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		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
										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. 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		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		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		04. Ex-Spouse		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		08. Child		13. Student		20. Employee		20. Employee		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 2.#2																									
Address (Street, Apt. Number)																									
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									
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OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other																							
Last Known Address (Street, Apt. Number)																									
Occupation		Employer/School		Address																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		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																									

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180807**

<b>ADM</b>	Date of Supplement __/__/____
Original Date Reported 11/20/2018	

Case Reference  
**ASSIST MSO**

NARRATIVE

ON THE LISTED DATE AND TIME, I RESPONDED TO THE LISTED ADDRESS TO ASSIST MSO WITH A RUN AWAY JUVENILE. WHILE RESPONDING, MSO ADVISED THE COMPLAINANT STATED THEY LAST SAW THE JUVENILE RUNNING ON PALM AVE AND GULF DR. DEPUTY PAPAS AND MYSELF TRACKED THE JUVENILE TO A DOCK LOCATED ON MAXINE ST, BEHIND THE ANNA MARIA RECREATION CENTER.

DEP. PAPAS STARTED TO WALK ON THE DOCK WHEN THE JUVENILE RUSHED HIM AND TRIED TO RUN PAST HIM. DEPUTY PAPAS GRABBED THE JUVENILE AND A STRUGGLE ENSUED. I ASSISTED DEPUTY PAPAS IN GAINING CONTROL OF THE JUVENILE AND CALMING THE JUVENILE DOWN BY GRABBING THE JUVENILE'S ARM. FOR THE JUVENILE'S SAFETY, THE JUVENILE WAS PLACED INTO DOUBLE LOCKED HANDCUFFS. DUE TO DEPUTY PAPAS ALREADY HAVING A JUVENILE IN THE BACK OF HIS PATROL VEHICLE WHO WAS INVOLVED WITH THE MISSING JUVENILE, WE WALKED THE JUVENILE OVER TO THE BACK DOOR OF MY PATROL. I STOOD BY WITH THE JUVENILE WHILE DEPUTY PAPAS CONTINUED HIS INVESTIGATION. THE JUVENILE MADE SUICIDAL STATEMENTS TO DEPUTY PAPAS

AFTER DEPUTY PAPAS WAS FINISHED INTERVIEWING THE JUVENILE, THE JUVENILE TRIED TO TAKE OFF RUNNING. THE JUVENILE MADE EVASIVE MOVEMENTS, HOWEVER, I WAS ABLE TO GAIN CONTROL OF THE JUVENILE AND PLACED THE JUVENILE INTO THE BACK SEAT OF MY PATROL VEHICLE AS THE JUVENILE WAS STRUGGLING TO GET AWAY. I IMMEDIATELY ACTIVATED MY IN CAR VIDEO AND AUDIO SURVEILLANCE SYSTEM. I TRANSPORTED THE JUVENILE TO MSO'S DISTRICT 5 SO DEPUTY PAPAS COULD COMPLETE BAKER ACT PAPERWORK. THE JUVENILE WAS LEFT IN MY PATROL VEHICLE DUE TO THE JUVENILE BEING A FLIGHT RISK AND A DANGER TO SELF.

ONCE THE PAPERWORK WAS COMPLETED, I TRANSPORTED THE JUVENILE TO 752 MANATEE AVE, HOLMES BEACH (KINGFISH BOAT RAMP) WHERE THE JUVENILE WAS TURNED OVER TO AN MSO DEPUTY, WHO WAS TAKING THE JUVENILE TO A MENTAL TREATMENT CENTER. I TOOK NO FURTHER ACTION.

<b>Report Contains</b>	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	Clearance Type	Date Cleared	Arrest Number
1. Extradition Declined 2. Arrest on Primary Offense 3. Death of Offender 4. V / W Refused to Cooperate	1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate	A-Adult J-Juvenile	5. Prosecution Declined 6. Juvenile/No Custody
OBTS Number		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											
ADM		Date of Supplement				Holmes Beach Police Department						Agency Report Number		Primary Offense Description															
		/ /										20180808		COCAINE-POSSESS															
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
		Thu		11/22/2018		0324		0325		0325		0651																	
		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		11/22/2018		0322		Thu		11/22/2018		0651											
		OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
		1		COCAINE-POSSESS		C		893 - 13 ( 6a )		350A																			
		OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
		3		MARIJUANA-POSSE		C		893 - 13 ( 6b )		350A																			
		Incident Location (Street Number, Street, Apt.)				City				Zip		District		Grid		Area		Zone											
		100 30TH STREET				HOLMES BEACH				34217		00		00		00		W80											
		Business Name/Area Identifier										Forced Entry		Occupancy															
												0. N/A 1. Yes		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0											
		Location Type				05. Convenience Store 10. Dept/Discount Store 15. Industrial/Mfg.				20. Religious Bldg. 25. Parking Lot/Garage 30. Other Mobile																			
		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel				06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket				11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.				16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison				21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure				25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		99. Other					
		# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00					
		02		01		01		00		00		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)		Residence Phone																	
		1.#1 3.Both 2.#2		3		V		01		5		STATE OF FLORIDA																	
		Address (Street, Apt. Number)				City				State		Zip		Business Phone															
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																							
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
		2		N		N								0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
		1.#1 3.Both 2.#2		3		V		01		5		STATE OF FLORIDA																	
		Address (Street, Apt. Number)				City				State		Zip		Business Phone															
		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																							
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
		2		N		N								0		0		0		00 00		00				Yes <input 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		WASH		NOAH		PIERCE													
		Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone															
		Last Known Address (Street, Apt. Number)				City				State		Zip		Business Phone															
		3017 AVE E APT 2				HOLMES BEACH				FL		34217																	
		Occupation				Employer/School				Address				Social Security Number															
		Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC											
		W200635963080 FL																											
		Clothing (Describe)				Scars/Marks/Tatoos (Location/Describe)																							
		T-SHIRT AND PANTS				TATTOOS ON ARMS																							
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
		W		M		08/28/1996		22		509		160		HAZ		BLN		S		S									
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
		LT		THN		C																							
		SEE NARRATIVE																											
		Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code											
														A. DESANTIS				336											
		Signature of Officer Reporting				Officer Reviewing (If Applicable)				I.D. Number				Unit				Date											
						SGT. J. PIERCE				309								11/22/2018											
		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		11/22/2018				1													
		Exception Type				1.Extradition Declined				2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender 4. V / W Refused to Cooperate				5. Prosecution Declined 6. Juvenile/No Custody				OBTS Number				Page			
																						Page							
																						1 of 3							

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180808**

<b>ADM</b>	Date of Supplement ___/___/___		<b>Holmes Beach Police Department</b>					Agency Report Number <b>20180808</b>																						
	Original Date Reported <b>11/22/2018</b>		Primary Offense Description <b>COCAINE-POSSESS</b>			Victim #1 Name (Last, First, Middle) <b>STATE OF FLORIDA</b>																								
<b>THEFT</b>	Theft Type Codes									Theft Type <b>00</b>																				
	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>CODES</b>	Person Codes			Status Codes			Damage Codes																							
	V - Victim S - Suspect A - Arrestee O - Other			1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other																							
<b>PROPERTY</b>	Property Type																													
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment																				
<b>PROPERTY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>A</td> <td>01</td> <td>1</td> <td>8</td> <td>0</td> <td>D</td> <td>1</td> <td>COCAINE</td> <td></td> <td></td> </tr> </table>										Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	A	01	1	8	0	D	1	COCAINE		
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	A	01	1	8	0	D	1	COCAINE																						
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>.025 GRMS OF COCAINE IN TINY ZIPLOCK BAG</b>						SCIC/NCIC																				
Value		Value Recovered		Date Recovered		SCIC/NCIC																								
		<b>1.00</b>		<b>11/22/2018</b>																										
<b>PROPERTY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td>A</td> <td>01</td> <td>2</td> <td>8</td> <td>0</td> <td>D</td> <td>1</td> <td>MARIJUANA</td> <td></td> <td></td> </tr> </table>										Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	A	01	2	8	0	D	1	MARIJUANA		
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number																				
	A	01	2	8	0	D	1	MARIJUANA																						
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>.045GRAMS MARIJUANA IN ZIP LOCK BAG</b>						SCIC/NCIC																				
Value		Value Recovered		Date Recovered		SCIC/NCIC																								
		<b>1.00</b>		<b>11/22/2018</b>																										
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	V	01	3	8	0	Z	22	PHOTOS OF EVIDE																						
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>PHOTOS OF EVIDENCE</b>						SCIC/NCIC																				
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Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						SCIC/NCIC																				
Value		Value Recovered		Date Recovered		SCIC/NCIC																								
				___/___/___																										
<b>PROPERTY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Person</th> <th>Item #</th> <th>Status</th> <th>Damage</th> <th>Property Type</th> <th>Quantity</th> <th>Name</th> <th>Brand</th> <th>Model Name/Number</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number										
	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.)						SCIC/NCIC																				
Value		Value Recovered		Date Recovered		SCIC/NCIC																								
				___/___/___																										
<b>TOTALS</b>	Property Stolen		0.00				Change in Property Stolen Value																							
	Property Recovered		2.00				Change in Property Recovered Value																							
<b>CODES</b>	Activity				Type				Unit																					
	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	Type	Description				Quantity	Unit	Estimated Street Value																					
	P	C	COCAINE IN TINY BAGGIE				.025	1	\$1																					
	P	M	MARIJUANA IN ZIP LOCK BAG				.045	1	\$1																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Activity</td> <td>Type</td> <td colspan="4">Description</td> <td>Quantity</td> <td>Unit</td> <td colspan="2">Estimated Street Value</td> </tr> <tr> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td colspan="2"></td> </tr> </table>											Activity	Type	Description				Quantity	Unit	Estimated Street Value											
Activity	Type	Description				Quantity	Unit	Estimated Street Value																						
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date																				
	A. DESANTIS		336							11/22/2018																				
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By																			
	SGT. J. PIERCE		309																											
Signature of Officer Reviewing										Page																				
										2 of 3																				

# NARRATIVE CONTINUATION

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

<b>ADM</b>	Date of Supplement __/__/____	Holmes Beach Police Department	
	Original Date Reported 11/22/2018	Case Reference COCAINE-POSSESS	

Agency ORI Number FL0410400	Agency Report Number 20180808
--------------------------------	----------------------------------

**NARRATIVE**

ON 11/22/18, I WAS DISPATCHED TO A SINGLE VEHICLE ACCIDENT WITH PROPERTY DAMAGE AT THE 100 BLOCK OF 30TH ST. THE ACCIDENT WAS CALLED IN AS VEHICLE VERSUS UTILITY POLE.

UPON ARRIVAL, I OBSERVED A RED DODGE CHARGER CRASHED HEAD FIRST INTO A WOOD UTILITY POLE, OFF THE RIGHT/NORTH SIDE OF THE ROAD. THE FRONT AIR BAGS WERE DEPLOYED. I DID NOT OBSERVE ANY OCCUPANTS INSIDE THE VEHICLE, NOR ANY PERSONS STANDING OUTSIDE THE VEHICLE AREA. I OBSERVED TWO OPEN ALCOHOLIC BEVERAGE CONTAINERS BEHIND THE DRIVER SEAT. I OBSERVED ACTIVE POWER LINES LAYING ON THE GROUND, ON THE VEHICLE AND ACROSS GULF DR. DISPATCH WAS NOTIFIED AND FLORIDA POWER AND LIGHT WERE CONTACTED. GULF DR WAS CLOSED DUE TO THE POWER LINES IN THE ROADWAY.

THE DRIVER OF THE CRASHED VEHICLE, (NOAH WASH), ARRIVED ON SCENE WITH HIS FATHER WITHIN A COUPLE MINUTES OF MY ARRIVAL ON SCENE. (WASH) STATED HE WAS THE DRIVER AND RAN HOME TO GET HIS DAD WHEN HE GOT IN THE ACCIDENT. (WASH) DID NOT HAVE HIS DRIVERS LICENSE ON HIM AT THAT TIME. (WASH) HAD A LITTLE BLOOD ON HIS BOTTOM LIP AND MINOR ABRASIONS ON HIS ARMS THAT WERE CONSISTENT WITH THE INJURIES A DEPLOYED AIR BAG WOULD CAUSE. (WASH) STATED THERE WERE NO OTHER INJURIES AND HE WAS OK. DISPATCH REQUESTED EMS TO EVALUATE (WASH). (WASH) HAD THE POWDERY SUBSTANCE ON HIS SHIRT AND PANTS FROM THE DEPLOYED AIR BAG. (WASH) STATED HE WAS COMING HOME FROM THE PADDYWAGON BAR. HE STATED HE WAS DISTRACTED AND LOOKING AT HIS PHONE SO HE TOOK THE TURN TOO WIDE, STRIKING THE WOODEN UTILITY POLE. (WASH) STATED HE THEN RAN HOME TO GET HIS DAD. (WASH) STATED HE WAS WEARING HIS SEAT BELT AND WAS GOING APPROXIMATELY 10-15MPH WHEN HE WAS IN THE ACCIDENT. (WASH) STATED THERE WERE NO OTHER OCCUPANTS IN THE VEHICLE DURING THIS INCIDENT. (WASH) WAS EMOTIONAL ABOUT THE DAMAGE TO HIS VEHICLE.

EMS ARRIVED ON SCENE AND EVALUATED (WASH). EMS CLEARED (WASH) AND DEPARTED THE SCENE. ONCE I COMPLETED THE CRASH INVESTIGATION, MCSO DEPUTY M. KENYAN BEGAN A DUI INVESTIGATION. DEPUTY KENYAN CONCLUDED HIS DUI INVESTIGATION, PLACING (WASH) UNDER ARREST FOR DUI AND TRANSPORTED HIM TO MCSO JAIL.

FLORIDA POWER AND LIGHTS ARRIVED ON SCENE AND SHUT OFF THE POWER TO THE LIVE LINES THAT WERE DOWN. I REQUESTED DISPATCH CONTACT THE NEXT ROTATIONAL TOW. I COMPLETED AN INVENTORY OF THE VEHICLE FOR TOW. THE OPEN ALCOHOLIC BEVERAGE CONTAINERS (BEER CANS) DID HAVE SMALL AMOUNTS OF LIQUID IN EACH CONTAINER, BUT WERE WARM AND APPEARED TO BE OLDER. I OBSERVED A TINY ZIPLOC BAGGIE WITH WHITE POWDERY SUBSTANCE (SUSPECTED COCAINE), IN THE CENTER CONSOLE CUP HOLDER. I OBSERVED A ZIPLOC BAG WITH SUSPECTED MARIJUANA INSIDE, IN THE GLOVE BOX. THE SUSPECTED COCAINE FIELD TESTED POSITIVE. THE SUSPECTED MARIJUANA FIELD TESTED POSITIVE. THE COCAINE WEIGHED IN AT .025GRAMS. THE MARIJUANA WEIGHED IN AT .045GRAMS. OFC. VANHORN OBTAINED PHOTOS OF THE SCENE. THE VEHICLE WAS REMOVED BY BARFIELD'S TOWING.

I COMPLETED A PCA FOR POSSESSION OF CONTROLLED SUBSTANCE AND POSSESSION OF MARIJUANA LESS THAN 20 GRAMS. I ISSUED (WASH) UNIFORM TRAFFIC CITATIONS FOR CARELESS DRIVING AND NOT HAVING/EXHIBITING DL AT TIME OF THE CRASH. I TRANSPORTED THE PAPERWORK TO MCSO JAIL.

PLEASE REFER TO MCSO CASE #18-31192 FOR DUI ARREST.

<b>ADM</b>	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 Date 11/22/2018		
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To By Date __/__/____		
	Case Status CA		Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. V / W Refused to Cooperate 1		A-Adult J-Juvenile A		Date Cleared 11/22/2018		Arrest Number Number Arrested 1
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number Page 3 of 3	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1												
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description													
														20180809		GRAND THEFT													
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																		
	Fri		11/23/2018		1445		1445		1509		1555																		
	Incident Type			Incident: Day		Date		Time (mil)		Day		Date		Time (mil)															
	1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		11/21/2018		1930		To Fri		11/23/2018		1930											
	OFF/INC #1	Type	Description			A-Attempted C-Committed		C	Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																		
	1	1	VEHICLE THEFT						812 - 14 ( 2C6 )		2400																		
	OFF/INC #2	Type	Description			A-Attempted C-Committed		C	322 - 34 ( 2c )		9000																		
	1	1	DRIVERS LIC																										
	Incident Location (Street Number, Street, Apt.)				City				Zip		District		Grid		Area		Zone												
	508				65TH ST.				HOLMES BEACH		34217						W80												
Business Name/Area Identifier										Forced Entry		Occupancy																	
HOUSE										0. N/A 1. Yes		2. No 2		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		29. Other									
03. Residence-Other										07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other									
04. Hotel/Motel										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site													
09. Supermarket										14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		28. Lake/Waterway		29. Motor Vehicle		03									
# 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	00															
1	1	1	0	1	00. N/A 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	Extent of Injury	0. N/A	1. Full Year	2. Part Year	3. Non-Resident	0. None	1. Minor	2. Serious	3. Fatal																
V - Victim	O - Other	0. N/A	4. Business	1. Juvenile	5. Government	N - N/A	I - American Indian	N - N/A	3. Florida	0. N/A	1. None	2. Landlord/Tenant	3. Acquaintance	99. Other															
W - Witness		1. Juvenile	6. Church	2. L.E. Officer	9. Other	W - White	O - Oriental/Asian	M - Male	4. Out-of-State	1. Full Year	1. Minor	2. Serious	3. Fatal																
C - Reporting Person		2. Adult	9. Other			B - Black	U - Unknown	F - Female		2. County	2. Part Year	3. Non-Resident																	
U - Unknown																													
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	23. Acquaintance	99. Other Known								
00. N/A	04. Unconscious	07. Loss of Teeth	00. N/A	03. Spouse	06. Parent	10. Step-Child	14. Teacher	17. Friend	21. Employer	00. N/A	05. Poss. Broken Bones	09. Abrasions/Bruises	02. Stabbed	06. Poss. Internal Injury	09. Other	09. Stranger	05. Co-Habitant	09. Step-Parent	13. Student	16. Boy/Girl Friend	20. Employee								
01. Gunshot	05. Poss. Broken Bones	09. Abrasions/Bruises	01. Undetermined	05. Ex-Spouse	08. Child	12. Other Family	15. Child of Boy/Girl	18. Neighbor	22. Landlord/Tenant	23. Acquaintance	99. Other Known																		
02. Stabbed	06. Poss. Internal Injury	09. Other	02. Stranger	05. Co-Habitant	09. Step-Parent	13. Student	16. Boy/Girl Friend	20. Employee																					
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	City	State	Zip	Residence Phone	Business Phone	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 2.#2	3.Both	1	V	1	3	LOVE-ROSCHE	BERYL	J	941 224-9255	508 65TH ST.	HOLMES BEACH	FL	34217				02/10/1937	81	1	1	00 00	15		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	Business Phone	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 2.#2	3.Both	1	V	1	3	LOVE-ROSCHE	BERYL	J	941 224-9255	508 65TH ST.	HOLMES BEACH	FL	34217				02/10/1937	81	1	1	00 00	15		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator	Suspect Code	Code	Susp.#	Juvenile	Name (Last, First, Middle)	City	State	Zip	Residence Phone	Business Phone	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?					
1.#1 2.#2	3.Both	1	S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other	A	1	2	RIES	JACK	WAYLAND	508 65TH ST.	HOLMES BEACH	FL	34217				05/06/1959	59	5-11	165	GRN	GRY	S	S					
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
		OHIO	941 524-6227	508 65TH ST.	HOLMES BEACH	FL	34217		HOMELESS			- - - -	R200-439-59-166-0	FL				UNKNOWN	UNKNOWN	W	M	05/06/1959	59	5-11	165	GRN	GRY	S	S
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
LT	MED					LT	MED					LT	MED					LT	MED					LT	MED				
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	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	By	Date	Case Status	Clearance Type	1.Arrest	3.Unfounded	A-Adult	J-Juvenile	Date Cleared	Jail Number	Number Arrested					
			JASON HIGGINS	331	SGT. COPEMAN		307		11/23/2018						CA		1	1	A	A	11/24/2018		1						
Exception Type	1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	4. V / W Refused to Cooperate	5. Prosecution Declined	6. Juvenile/No Custody	OBTS Number	Page	Page																				
																							1 of 3						

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180809**

ADM  
 Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported: **11/23/2018**

Case Reference: **VEHICLE THEFT**

NARRATIVE

I WAS DISPATCHED TO VICTIM'S HOUSE AT 508 65TH ST. HOLMES BEACH, FL 34217 FOR A GRAND THEFT AUTO. VICTIM SAID ON 11-21-2018 AT 1930 HRS., HER SON, JACK RIES, TOOK HER CAR TO GET BEER AND NEVER RETURNED HER VEHICLE. SHE'S CALLED HIM NUMEROUS TIMES THROUGHOUT THE PAST FEWS DAYS AND HASN'T RECEIVED ANY RETURNED CALLS.

VICTIM SAID HE DOES NOT HAVE PERMISSION TO USE VEHICLE AND WHEN HE TOOK THE KEYS, OTHER FAMILY MEMBERS WERE AROUND AND TOLD HIM THEY HAVE PLENTY OF BEER IN THE FRIDGE: WHEN HE SAID HE WANTED TO GO GET BEER.

VICTIM SAID HER SON USES HER ADDRESS AS A PERMANENT ADDRESS BUT HE'S USUALLY HOMELESS. SHE ALSO SAID HE USES COCAINE AND IS AN ADDICT.

A WRITTEN COMPLAINT AFFIDAVIT ALONG WITH AN AUTO THEFT AFFIDAVIT WERE COMPLETED BY VICTIM.

VEHICLE INFORMATION WAS PASSED ALONG TO DISPATCH TO INSERT THE VEHICLE INTO FCIC/NCIC.

CAPIAS COMPLETED AND TURNED INTO PAPERWORK BASKET.

ADMINISTRATIVE	Report Contains <b>AFFIDAVITS</b>		Related Report Number(s)	Name of Officer Reporting <b>JASON HIGGINS</b>	I.D. Number/Locator Code <b>331</b>	
	Signature of Officer Reporting		Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Date <b>11/23/2018</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>11/24/2018</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 <b>1</b>

# VEHICLE REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180809**

<b>ADM</b>	Date of Supplement _ / _ / _		<b>Primary Offense Description</b> <b>GRAND THEFT</b>						<b>Victim #1 Name (Last, First, Middle)</b> <b>LOVE-ROSCHE BERYL J</b>																										
	Original Date Reported <b>11/23/2018</b>																																		
<b>CODES</b>	<b>Person Code</b> V- Victim S- Suspect A- Arrestee O- Other		<b>Status Code</b> 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other		<b>Damage Code</b> 0. N/A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other		<b>Type</b> 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other		<b>Recovery Location</b> 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other		<b>Recovery Code</b> <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local																								
	Person Code <b>V</b>		Person # <b>1</b>		Vehicle # <b>1</b>		Status <b>3</b>		Damage <b>0</b>		Type <b>1</b>		Year <b>2009</b>		Make <b>HYUNDA</b>		Model <b>AZERA</b>		Style <b>4DR</b>																
<b>VEHICLE / VESSEL</b>	Tag Reg./Doc. # <b>N557AP</b>		Reg. State <b>FL</b>		Reg. Year <b>2018</b>		Decal Number		Tag Type <b>FL</b>		VIN/Hull/FAA <b>KMHFC46D79A349873</b>		Estimated Value <b>\$25,000</b>																						
	Condition <input checked="" type="checkbox"/> 1. Window Closed		<input checked="" type="checkbox"/> 2. Locked		<input type="checkbox"/> 3. Keys in Ignition		Insurance Company <b>GEICO</b>		Lien Holder <b>N/A</b>		Color (Top/Bottom) <b>RED / BURG</b>		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)																						
	Vessel Name		Length		Hull Material		Propulsion		Boat Type		Recovery Address/Geographic Indicator		Date Recovered <b>11/24/2018</b>		Value Recovered <b>\$25,000</b>																				
	Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No		Reason/Authority		Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																				
	Towed By		Storage Location		SCIC/NCIC		Location of Original Theft		Person Code		Person #		Vehicle #		Status		Damage		Type		Year		Make		Model		Style								
	Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type		VIN/Hull/FAA		Estimated Value		Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition		Insurance Company		Lien Holder		Color (Top/Bottom)		Description (Identifying Characteristics, Noticeable Damage, Interior Color, etc)												
	Vessel Name		Length		Hull Material		Propulsion		Boat Type		Recovery Address/Geographic Indicator		Date Recovered _ / _ / _		Value Recovered		Recovery Loc.		Recovery Code		Original Reporting Agency		Report Number		Hold Y - Yes N - No		Reason/Authority								
	Towed By		Storage Location		SCIC/NCIC		Location of Original Theft		Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.		Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Part <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.																								
	<b>VEHICLE STOLEN BY SON.</b>																																		
	<b>ADMINISTRATIVE</b>	Signature of Officer Reporting						Name of Officer Reporting <b>WALKER</b>						I.D. Number/Locator Code <b>312</b>						Unit															
Signature of Officer Reviewing						Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>						I.D. Number <b>307</b>						Date <b>11/24/2018</b>																	
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>11/24/2018</b>						Arrest Number <b>1</b>						Number Arrested <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>3</b> of <b>3</b>					



# NARRATIVE CONTINUATION

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

ADM	Date of Supplement <b>11/24/2018</b>
	Original Date Reported <b>11/21/2018</b>

## Holmes Beach Police Department

Case Reference  
**VEHICLE THEFT**

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20180809</b>
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NARRATIVE

ON, 11/24/2018, WHILE ON ROUTINE PATROL, I OBSERVED A VEHICLE MATCHING THE DESCRIPTION OF A STOLEN VEHICLE THAT WAS STOLEN ON 11/21/2018 FROM 508 65<sup>TH</sup> STREET IN HOLMES BEACH. THE VEHICLE WAS A 2009 HYUNDAI AZERA BEARING FLORIDA TAG (#N557AP), TRAVELING NORTH BOUND IN THE 6300 BLOCK OF MARINA DRIVE. I OBSERVED THE DRIVER TO BE THE SUSPECT IN THE STOLEN VEHICLE BOLO. UPON RUNNING THE TAG THROUGH FCIC/NCIC, IT WAS DETERMINED THE VEHICLE WAS STILL LISTED AS STOLEN. I THEN CONDUCTED A TRAFFIC STOP ON THE VEHICLE IN THE 300 BLOCK OF 68<sup>TH</sup> STREET. I HAD MY DEPARTMENT ISSUED FIREARM OUT WHILE I INSTRUCTED THE DRIVER TO ROLL DOWN HIS WINDOW AND SHOW ME HIS HANDS. I THEN APPROACHED THE VEHICLE AND PLACED THE DRIVER (JACK RIES), INTO HANDCUFFS (DOUBLE LOCKED), AND PLACED HIM INTO MY PATROL VEHICLE. I THEN READ RIES HIS MIRANDA WARNING, POST-MIRANDA (RIES) STATED THAT HE TOOK THE KEYS FOR THE VEHICLE FROM HIS MOTHERS RESIDENCE ON 11/21/2018. (RIES) THEN ADVISED THAT HIS FRIEND CALLED HIM, ASKING HIM TO COME TO ELLENTON TO HANGOUT AND SMOKE CRACK COCAINE. (RIES) STATED THAT HE STAYED IN ELLENTON FOR A FEW DAYS SMOKING CRACK AND DID NOT ANSWER THE PHONE FOR HIS MOTHER. I ALSO ADVISED THAT HIS DRIVERS LICENSE WAS SUSPENDED AND (RIES) ADVISED HE KNEW IT WAS SUSPENDED FOR TICKETS. (RIES) HAS SEVERAL SUSPENSIONS ON HIS DRIVERS LICENSE AS OF 04/03/2017 WITH THE LATEST BEING 11/20/2018.

I THEN TRANSPORTED (RIES) TO THE HOLMES BEACH POLICE DEPARTMENT WHERE I COMPLETED THE NECESSARY ARREST PAPERWORK FOR GRAND THEFT (MOTOR VEHICLE) AND DRIVING WHILE LICENSE SUSPENDED (3<sup>RD</sup> OR SUBSEQUENT OFFENSE. I ALSO ISSUED A CITATION FOR THE DWLS. I THEN TRANSPORTED (RIES) TO 75<sup>TH</sup> STREET AND MANATEE AVENUE, WHERE HE WAS TURNED OVER TO MSO TRANSPORT. THE VICTIM (BERYL LOVE ROSCHE) RESPONDED TO THE SCENE AND RETRIEVED HER VEHICLE.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting <b>WALKER</b>	I.D. Number/Locator Code <b>312</b>		
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Date <b>11/24/2018</b>		
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date <b>11/24/2018</b>		
	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>	Date Cleared <b>11/24/2018</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 <b>1</b>		
				OBTS Number	Page <b>1</b>	Page of

OFFENSE-INCIDENT REPORT

FL0410400

Gang Related 2

Juvenile in Report: Y

Juvenile Warn/Dismiss: [ ]

1. Original 2. Supplement: 1

Holmes Beach Police Department

Agency Report Number 20180810

Primary Offense Description SUSPICIOUS CIRCUM.

Date of Supplement

Original Day Reported Sat 11/24/2018 Time (mil) 1800 Time Dispatched (mil) 1800 Time Arrived (mil) 1900 Time Completed (mil) 1900

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day Sat 11/24/2018 Time (mil) 1600 To Sat 11/24/2018 Time (mil) 1700

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

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

Business Name/Area Identifier Forced Entry 0. N/A 1. Yes 2. No 3. Occupied 4. Unoccupied 5. Abandoned

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

# 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

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

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

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

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

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

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

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

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

OFF/INC Indicator 1.#1 3.Both 2.#2 Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing 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

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

Signature of Officer Reporting Officer Reviewing (If Applicable) I.D. Number Unit Date

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

Case Status Clearance Type 1.Arrest 2.Exceptional 3.Unfounded A-Adult J-Juvenile Date Cleared Jail Number Number Arrested

Exception Type 1.Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V / W Refused to Cooperate 5. Prosecution Declined 6. Juvenile/No Custody OBTS Number Page of

NARRATIVE

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# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
**20180810**

<b>ADM</b>	Date of Supplement ____/____/____		Primary Offense Description <b>SUSPICIOUS CIRCUM.</b>										Victim #1 Name (Last, First, Middle)																					
<b>CODES</b>	<b>V/W Code</b> V - Victim      O - Other W - Witness C - Reporting Person		<b>Victim Type</b> 0. N/A      4. Business 1. Juvenile      5. Government 2. L.E. Officer      6. Church 3. Adult      9. Other			<b>Race</b> N-N/A      I-American Indian W-White      O-Oriental/Asian B-Black      U-Unknown		<b>Sex</b> N-N/A M-Male F-Female U-Unknown		<b>Residence Type</b> 0. N/A      3. Florida 1. City      4. Out-of-State 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>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>V. Type</b> Name (Last, First, Middle or Business)		<b>Address (Street, Apt. Number)</b> City      State      Zip		<b>Residence Phone</b> _____-____		<b>Business Phone</b> _____-____		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																			
<b>VICTIM / WITNESS</b>	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"/>									
<b>VICTIM / WITNESS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>V. Type</b> Name (Last, First, Middle or Business)		<b>Address (Street, Apt. Number)</b> City      State      Zip		<b>Residence Phone</b> _____-____		<b>Business Phone</b> _____-____		Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																			
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code Susp. # Juvenile</b> Name (Last, First, Middle)		<b>Maiden Name</b> Nickname/Street Name		<b>Place of Birth</b> City      State      Zip		<b>Residence Phone</b> _____-____		<b>Business Phone</b> _____-____		<b>Occupation</b> Employer/School		<b>Address</b> City      State      Zip		<b>Social Security Number</b> _____-____		<b>Driver's License State/Number</b> Immigration and Naturalization Number		<b>Other ID. Number</b> OBTS Number		<b>SCIC/NCIC</b>									
<b>SUSPECT OR MISSING PERSONS</b>	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					
<b>SUSPECT OR MISSING PERSONS</b>	<b>OFF/INC Indicator</b> 1.#1 3.Both 2.#2		<b>Suspect Code</b> S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		<b>Code Susp. # Juvenile</b> Name (Last, First, Middle)		<b>Maiden Name</b> Nickname/Street Name		<b>Place of Birth</b> City      State      Zip		<b>Residence Phone</b> _____-____		<b>Business Phone</b> _____-____		<b>Occupation</b> Employer/School		<b>Address</b> City      State      Zip		<b>Social Security Number</b> _____-____		<b>Driver's License State/Number</b> Immigration and Naturalization Number		<b>Other ID. Number</b> OBTS Number		<b>SCIC/NCIC</b>									
<b>SUSPECT OR MISSING PERSONS</b>	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			
<b>MISSING PERSON / RUNAWAY</b>	<b>Incident Type</b> 1. Runaway      4. Disabled      7. Voluntary 2. Parental      5. Endangered      8. Adult 3. Involuntary      6. Disaster Victim      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		<b>Date Last Seen</b> ____/____/____		<b>Time Last Seen</b> ____:____		<b>Location Last Seen (Address, City, St.)</b> _____		<b>Accompanied By</b> _____		<b>Mental/Physical Condition</b> _____		<b>Medication Required/Type</b> _____		<b>Doctor/Dentist (Name, Phone Number)</b> _____		<b>Property Carried</b> _____		<b>ID. Type/Number</b> _____		<b>ID. Type/Number</b> _____	
<b>MISSING PERSON / RUNAWAY</b>	<b>Probable Destination</b> Name/Address		<b>Transportation Mode</b> _____		<b>Recovery Information</b> 0. N/A      2. Located-Not Returned      3. Hospitalized      4. HRS Custody      5. Law Enforcement Custody      6. Returned to Parent      7. Deceased      9. Other		<b>Officer(s) Reporting</b> ID. Number(s)/Locator code		<b>Signature of Officer Reporting</b> _____		<b>Unit</b> _____		<b>Date</b> ____/____/____		<b>Officer Reviewing (If Applicable)</b> ID. Number		<b>Routed To</b> _____		<b>Referred To</b> _____		<b>Assigned To</b> _____		<b>By</b> _____		<b>Date</b> ____/____/____		<b>Signature of Officer Reviewing</b> _____		<b>Page</b> _____		<b>Page</b> _____			
<b>ADMINISTRATIVE</b>	_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____					

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180810**

**ADM**

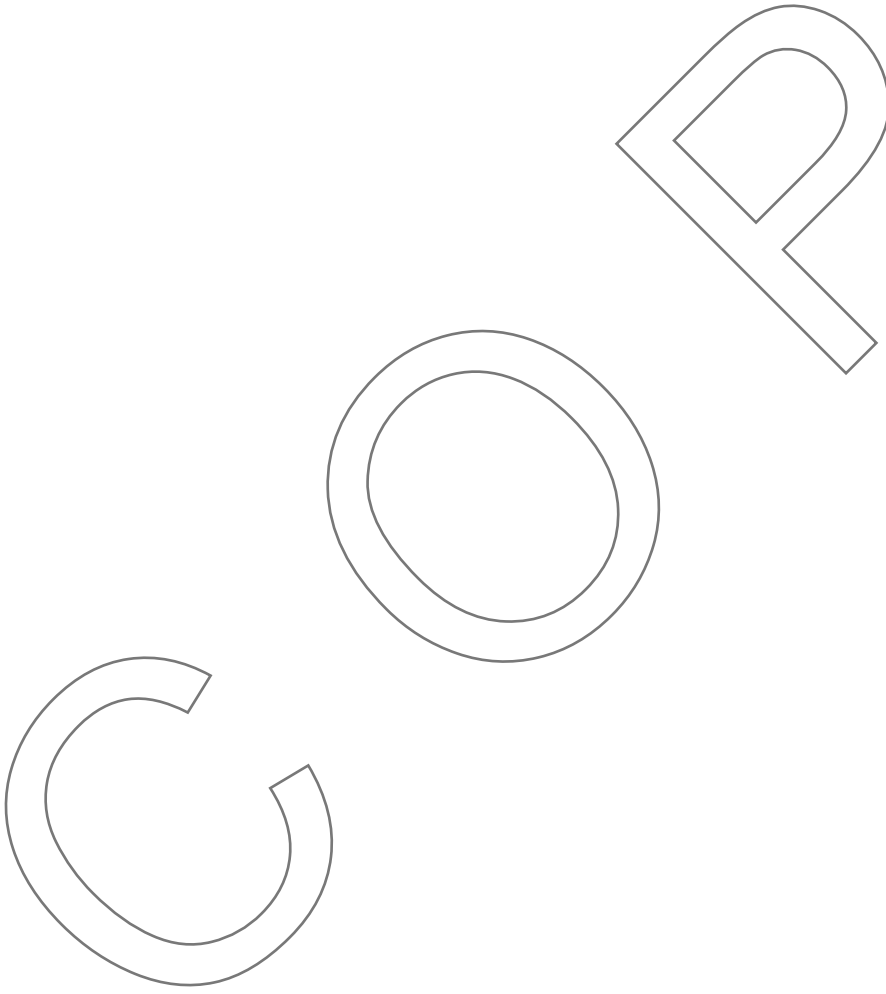
Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_

Original Date Reported  
 11/24/2018

Case Reference  
**SUSPICIOUS CIRCUMSTANCE**

WHILE ON ROUTINE PATROL, I WAS DISPATCHED TO A CALL IN REFERENCE TO A POSSIBLE LEWD AND LASCIVIOUS THAT OCCURED AT SUBWAY. DISPATCH ADVISED ME THAT 3 JUVENILES WERE IN THE LOBBY TO FILE A COMPLAINT. ONCE ON SCENE I WAS MET BY THE 3 JUVENILES IN THE LOBBY AND ASKED THEM TO EXPLAIN WHAT HAPPENED. THEY EXPLAINED TO ME THAT ABOUT AN HOUR BEFORE COMING TO THE POLICE STATION THAT WERE AT SMOOTHIE KING ON EAST BAY DR AND AN MIDDLE AGED WHITE MALE FOLLOWED THEM INTO SMOOTHIE KING AND JUST STAIRED AT THEM. THE JUVENILES STATED THEY GOT CREEPED OUT AND WENT NEXT DOOR TO SUBWAY. THE JUVENILES ADVISED THAT SHORTLY AFTER THE MALE ENTERED INTO SUBWAY AND SAT A TABLE ACROSS FROM THEM AND CONTINUED TO STAIR AT THEM. THE MALE NEVER BOUGHT ANYTHING SO THE JUVENILES GOT UP AND TOLD THE EMPLOYEE WHAT WAS HAPPENING. ONE OF THE JUVENILES ALSO WAS ABLE TO SNAP A PICTURE OF THE MALE WHICH WAS UPLOADED TO THE HBPD SERVER. THE MALE THEN GOT UP AND STARTED LAUGHING AND WALKED OUTSIDE. THE JUVENILES STATED THAT ONCE HE WAS OUTSIDE THE MALE WHO WAS WEARING BIKE SHORTS STARTED TOUCHING HIS GENITALS OVER HIS CLOTHING IN A SUGGESTUIVE MANNER TOWARDS THE JUVENILES. THE JUVENILES THEN CALLED THERE PARENTS, WERE PICKED UP AND LEFT THE AREA. NO FURTHER INFORMATION TO PROVIDE AT THIS TIME.

**NARRATIVE**



<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b>	<b>I.D. Number/Locator Code</b>
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b>	<b>I.D. Number</b>	<b>Unit</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b>
<b>Case Status</b>	<b>Clearance Type</b> 1.Arrest      3.Unfounded 2.Exceptional	<b>A-Adult</b> <b>J-Juvenile</b>	<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> 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											
												20180811		DRIVERS LICENSE											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sun		11/25/2018		1020		1020		1020		1034															
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		11/25/2018		1020		Sun		11/25/2018		1020									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC				C		322 - 34 ( 2B )		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 S.R. 789										HOLMES BEACH		34217								W80					
Business Name/Area Identifier										Forced Entry		Occupancy													
MANATEE PUBLIC BEACH 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		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		27							
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
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		Victim Relationship To Offender		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 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 2.#2		1		S		1		A		1		2		GOEBEL		CHRISTOPHER ALLEN									
Maiden Name										Nickname/Street Name		Place of Birth		Residence Phone											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone									
105 24TH ST. N.										BRADENTON BEACH		FL		34217											
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
G-140-101-82-223-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		TATTOO ON WEBBING OF HAND.																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		06/21/1982		36		6-00				BLN		L		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT																									
SEE 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. COPEMAN				307				11/25/2018																	
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		11/25/2018				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		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: **20180811**

ADM	Date of Supplement ___/___/___
	Original Date Reported <b>11/25/2018</b>

Case Reference

NARRATIVE

FLORIDA STATE STATUTE 322.34 (2)(B) WAS VIOLATED BY CHRISTOPHER ALLEN GOEBEL BY OPERATING A SCOOTER WITH A SUSPENDED LICENSE.

I RAN FLORIDA TAG (MGYV99) AND ATTACHED LICENSE NUMBER (G140101822230) THROUGH IN-CAR FCIC/NCIC. THE REGISTERED OWNER'S QUERY RETURNED THAT LICENSE WAS SUSPENDED WITH 7 UNPAID TRAFFIC CITATIONS. I INITIATED A TRAFFIC STOP AND WAS GIVEN AN IDENTIFICATION CARD. SUBJECT SAID HE DIDN'T NEED A LICENSE TO OPERATE A 49CC MOPED. SUBJECT SAID THE MOPED SHOP SAID IT WAS OKAY FOR HIM TO DRIVE IT WITHOUT A LICENSE.

ON A D.A.V.I.D. QUERY, SUBJECT HAD 2 PRIOR CONVICTIONS OF DWLS. A SUMMONS WAS ISSUED IN LIEU OF AN ARREST.

SUMMONS WAS SIGNED ON SCENE.

ADMINISTRATIVE	Report Contains <b>SUMMONS TO APPEAR</b>	Related Report Number(s)	Name of Officer Reporting <b>JASON HIGGINS</b>	I.D. Number/Locator Code <b>331</b>	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT .COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>331</b>	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	
	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>	Date Cleared <b>11/25/2018</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 <b>1</b>

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1		
ADM	Date of Supplement			Holmes Beach Police Department										Agency Report Number		Primary Offense Description			
	/ /													20180812		TRESPASSING			
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)								
	Sun		11/25/2018		1358		1358		1410		1505								
	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		11/25/2018		Sun		11/25/2018					
	OFF/INC #1	Type	Description			A-Attempted C-Committed		A		Statute Violation Number - Chapter, Section, Sub			NCIC/UCR Code						
	9	TRESPASS WARNING								000 - 00 ( )			9000						
	OFF/INC #2																		
	Incident Location (Street Number, Street, Apt.)																		
	4000 GULF DRIVE HOLMES BEACH 34217																		
	Business Name/Area Identifier																		
MANATEE PUBLIC BEACH																			
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																			
27																			
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon	02. Rifle	03. Shotgun	05. Knife/Cutting Instrument	07. Hands/Fist/Feet	10. Fire/Incendiary	13. Drugs								
01	00	00	00	00	00. N/A 01. Handgun	04. Firearm	06. Blunt Object	09. Explosives	11. Threat/Intimidation	12. Simulated Weapon	88. Unknown				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		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 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		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)			Residence Phone												
1.#1 2.#2 3.Both	1	O	01	LOCKE			WILLIAM DAVID												
Address (Street, Apt. Number)																			
HOMELESS HOLMES BEACH FL 34217																			
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 2 Race W Sex M Date of Birth 11/25/1954 Age 64 Res. Type 3 Res. Status 0 Extent of Injury 0 Injury Type(s) 00 00 Relationship 00 Ethnicity Will Victim prefer charge? Yes [ ] No [ ]																			
OFF/INC Indicator	V/W Code	#	V. Type	Name (Last, First, Middle or Business)			Residence Phone												
1.#1 2.#2 3.Both	1	C	01	BAKULSKI			MORGAN												
Address (Street, Apt. Number)																			
4000 GULF DRIVE HOLMES BEACH FL 34217																			
Other Contact Info. (Time Available, Interpreter, etc.)																			
Synopsis of Involvement																			
LIFEGUARD																			
If V/W Code is V, W or C Fill in this Line																			
Dom. Violence 2 Race W Sex F Date of Birth 06/28/1993 Age 25 Res. Type 2 Res. Status 1 Extent of Injury 0 Injury Type(s) 00 00 Relationship 00 Ethnicity Will Victim prefer charge? Yes [ ] No [ ]																			
OFF/INC Indicator	Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)										
1.#1 2.#2 3.Both	S-Suspect A-Arrestee		E-Escapee M-Missing		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																			
TRESPASS WARNING																			
ADMINISTRATIVE	Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code										
							WALKER		312										
	Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date										
	SGT. COPEMAN				307				11/25/2018										
	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					
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		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: **20180812**

<b>ADM</b>	Date of Supplement ___/___/___
Original Date Reported <b>11/25/2018</b>	

Case Reference

NARRATIVE

ON 11/25/2018, AT 1358 HOURS, I WAS DISPATCHED TO 4000 GULF DRIVE, IN REFERENCE TO A DISTURBANCE. THE COMPLAINANT (MORGAN BUKULSKI), WHO IS A LIFEGUARD ADVISED A WHITE MALE WAS CAUSING A DISTURBANCE BY THE SHOWERS ON THE SOUTH END OF THE PARKING LOT. UPON ARRIVAL I OBSERVED THE MALE LATER IDENTIFIED AS (WILLIAM LOCKE), YELLING INSIDE THE CHANGING STALL. I RAN LOCKE THROUGH FCIC/NCIC WHICH CAME BACK FREE OF ANY WANTS OR WARRANTS. DUE TO LOCKES BEHAVIOR (BUKULSKI) ADVISED SHE'D LIKE HIM TO BE TRESPASSED. I THEN ISSUED (LOCKE) A TRESPASS WARNING AND HE REMOVED HIMSELF FROM THE PROPERTY.

<b>Report Contains</b>	Related Report Number(s)	Name of Officer Reporting <b>WALKER</b>	I.D. Number/Locator Code <b>312</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT . COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>312</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	<b>Clearance Type</b> 1.Arrest      3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared ___/___/___
<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
Arrest Number		OBTS Number	Number Arrested
Page		Page	Page
of		of	of



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																																	
/ /												20180813		SUSPICIOUS PERSON																																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																																					
Mon		11/26/2018		2308		2308		2308		2340																																					
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		11/26/2018		Mon		11/26/2018																																			
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																																					
9		SUSP/PERSON		C		0 - 0 ( 0 )		0000																																							
OFF/INC #2		A-Attempted C-Committed																																													
Incident Location (Street Number, Street, Apt.)												City		Zip		District		Grid		Area		Zone																									
4000 GULF DR												HOLMES BEACH		34217																																	
Business Name/Area Identifier										Forced Entry		Occupancy																																			
MANATEE BEACH										0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1																													
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												14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle						27																							
# 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																							
01		00		00		00		00		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		13. 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		O		1		3		GALLIHER		BRIAN		RONALD CHESTER		-																															
Address (Street, Apt. Number)												City		State		Zip		Business Phone																													
HOMELESS																																															
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		W		M		03/26/1989		29		3		0		0		00 00		00						Yes <input type="checkbox"/> No <input type="checkbox"/>																							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		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																																					
ON LISTED DATE AND TIME WHILE CLOSING THE PARK AT 4000 GULF DR I FOUND A WHITE MALE PASSED OUT AT THE PICNIC TABLES. THE SUBJECT WAS IDENTIFIED AS BRIAN GALLIHER, WHILE TALKING TO THE GALLIHER HE WAS SHAKING UNCONTROLLABLE AND URINATED IN HIS PANTS. GALLIHER STATED HE HAS A PROBLEM WITH SEIZURES. EMS WAS CONTACTED AND RESPONDED TO THE SCENE. GALLIHER WAS TRANSPORTED BY EMS. NFA																																															
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 . COPEMAN						SGT . COPEMAN						307						307						11/26/2018																							
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 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 **20180813**

<b>ADM</b>	Date of Supplement __/__/____
	Original Date Reported <b>11/26/2018</b>

Case Reference

<b>NARRATIVE</b>	C O P E M A N
------------------	---------------

<b>Report Contains</b>	<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b> <b>SGT . COPEMAN</b>	<b>I.D. Number/Locator Code</b> <b>307</b>
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b> <b>SGT . COPEMAN</b>	<b>I.D. Number</b> <b>307</b>	<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	A-Adult 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> <b>Page</b> of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplement: <input type="checkbox"/> 1													
ADM		Date of Supplement				Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
		/ /								20180814		ASSIST/BPD																	
		Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
		Mon		11/26/2018		2013		2013		2013		2107																	
		Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)															
		1. Felony		3. Misdemeanor		5. Ordinance		9. Other		From		Mon		11/26/2018		1746		To		Mon		11/26/2018		1750					
		2. Traffic Felony		4. Traffic Misdemeanor																									
		OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub						NCIC/UCR Code									
		9		ASSIST/BPD								0		-		0		(		0		)		0000					
		OFF/INC #2																											
		Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
		Business Name/Area Identifier																											
		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		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		01		00		00		00. N/A		01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		12. Simulated Weapon		199. Other	
		V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury															
		V - Victim		0 - Other		0. N/A		4. Business		N - N/A		1 - American Indian		0. N/A		3. Florida		0. N/A		0. None									
		W - Witness				1. Juvenile		5. Government		W - White		O - Oriental/Asian		1. City		4. Out-of-State		1. Full Year		1. Minor									
		C - Reporting Person				2. L.E. Officer		6. Church		B - Black		U - Unknown		2. County				2. Part Year		2. Serious									
		3. Adult				9. Other												3. Non-Resident		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		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		01. Undetermined		04. Ex-Spouse		08. 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 3.Both		1		V		01		5		CITY OF HOLMES BEACH																	
		2.#2																											
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
		Other Contact Info. (Time Available, Interpreter, etc.)																											
		Synopsis of Involvement																											
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
		2		N		N								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 3.Both		1		V		01		5		CITY OF HOLMES BEACH																	
		2.#2																											
		Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
		Other Contact Info. (Time Available, Interpreter, etc.)																											
		Synopsis of Involvement																											
		If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
		2		N		N								0		0		0		00		00		00		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone															
		1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing		S		01		2		LOCKE		WILLIAM		DAVID													
		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																			
		518 12TH ST W		BRADENTON		FL		34205																					
		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																			
		L200924544250		FL																									
		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																									
		UNDERWEAR																											
		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
		W		M		11/25/1954		64		601		230		BLU		GRY		M		S									
		Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
		LT		MED		C																							
		SEE NARRATIVE																											
		Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number		Unit		Date															
		Signature of Officer Reporting				201810304		A. DESANTIS		309		336		11/27/2018															
		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											
		CA				1				A		11/27/2018				1													
		Exception Type		1.Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page													
				Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody						1		3													

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20180814**

<b>ADM</b>	Date of Supplement _ / _ / _		<b>Holmes Beach Police Department</b>					Agency Report Number <b>20180814</b>				
	Original Date Reported <b>11/26/2018</b>										Primary Offense Description <b>ASSIST/BPD</b>	
<b>THEFT</b>	Theft Type Codes									<b>09</b>		
	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>CODES</b>	Person Codes			Status Codes			Damage Codes					
	V - Victim S - Suspect			1. Stolen 2. Recovered			0. N/A 1. Arson					
<b>PROPERTY</b>	Property Type											
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug			E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus			J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery			O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment		
<b>PROPERTY</b>	Code		Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	V		01	1	3	0	K	1	JACKET			
	Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) <b>HBPD WIND JACKET T. FRASER</b>					
	Value <b>100.00</b>			Value Recovered <b>100.00</b>			Date Recovered <b>11/26/2018</b>			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>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>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>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		100.00					Change in Property Stolen Value				
	Property Recovered		100.00					Change in Property Recovered Value				
<b>CODES</b>	Activity				Type				Unit			
	P. Possess S. Sell B. Buy T. Traffic				R. Smuggle D. Deliver E. Use K. Dispense/Distribute				M. Manufacture/Produce/Cultivate Z. Other			
<b>DRUGS</b>	Activity		Type	Description				Quantity	Unit	Estimated Street Value		
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	A. DESANTIS		336							11/27/2018		
	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 of 3										

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: FL0410400      Agency Report Number: 20180814

ADM  
Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
Original Date Reported: 11/26/2018

Case Reference: ASSIST/BPD

ON 11/26/18, AT APPROXIMATELY 1648HRS, OFC. L. DIEHL AND OFC. T. FRASER WERE DISPATCHED TO THE MANATEE PUBLIC BEACH (4000 GULF DR) IN REFERENCE TO AN INTOXICATED WHITE MALE WALKING AROUND IN JUST UNDERWEAR. THE MALE SUBJECT WAS LATER FOUND AT THE GOODWILL (3614 EASTBAY DR). THE MALE SUBJECT WAS IDENTIFIED AS (WILLIAM LOCKE). (LOCKE) STATED HE WAS LIVING AT THE SALVATION ARMY IN BRADENTON. OFC. FRASER GAVE (LOCKE) A RIDE TO THE BUS STOP AT 6TH AVE AND 14TH ST IN BRADENTON.

ON 11/26/18, AT APPROXIMATELY 2013HRS, BRADENTON PD CONTACTED HBPD STATING THEY WERE WITH A MALE SUBJECT (LOCKE) WHO WAS WEARING A HBPD JACKET WITH A EMBROIDERED BADGE AND "T. FRASER" NAME ON IT. BPD STATED (LOCKE) TOLD THEM IT WAS GIVEN TO HIM. I CONTACTED OFC. FRASER WHOM ADVISED HE DID NOT GIVE HIS HBPD JACKET TO (LOCKE), NOR DID HE GIVE (LOCKE) PERMISSION TO TAKE THE JACKET. (LOCKE) HAD TAKEN THE JACKET WHILE IN THE BACK OF THE PATROL VEHICLE WHEN GIVEN A RIDE IN TOWN BY OFFICER FRASER. BPD OFC. CRUZ STATED (LOCKE) WAS IN HER CUSTODY. I COMPLETED A SWORN AFFIDAVIT FOR BPD AND BPD CHARGED (LOCKE) WITH PETTY THEFT, DUE TO THE ACTUAL CRIME BEING IN THEIR JURISDICTION. I WAS GIVEN THE HBPD JACKET BACK AFTER IT WAS PHOTOGRAPHED BY BPD. THERE DID NOT APPEAR TO BE ANY DAMAGES TO IT. NFI

RELATED CASE BPD #201810304

NARRATIVE



ADMINISTRATIVE	Report Contains		Related Report Number(s) 201810304	Name of Officer Reporting A. DESANTIS	I.D. Number/Locator Code 336	
	Signature of Officer Reporting		Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Date 11/27/2018	
	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 11/27/2018	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: <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															
20180815		DEATH INVESTIGATION				20180815		DEATH INVESTIGATION																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Wed		11/28/2018		0640		0645		0649		1030															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Wed		11/28/2018		0400		Wed		11/28/2018		0600									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		DEATH INVESTIGATION		A		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									
2810 GULF DRIVE				HOLMES BEACH				34217								W80									
Business Name/Area Identifier								Forced Entry		Occupancy															
PRIVATE RESIDENCE.								0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1									
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		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				03											
# 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		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													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance							
02. Stabbed		06. Poss. Internal Injury		99. Other						09. Step-Parent		13. Student				20. Employee		99. Other Known							
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		W		1		3		MARSHALL		LAURIE		ANN		941 538-8813									
Address (Street, Apt. Number)				City				State		Zip		Business Phone													
209B 67TH ST.				HOLMES BEACH				FL		34217															
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
				HOME HEALTH CARE																					
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		W		F		06/29/1961		57		1		1		0		00 00		22				Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		VW Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		V		1		3		BAKER		DOLORES		MARIE											
Address (Street, Apt. Number)				City				State		Zip		Business Phone													
2810 GULF DRIVE				HOLMES BEACH				FL		34217															
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement																					
				DECEASED																					
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		W		F		01/13/1932		86		1		1		0		00 00		99				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 FULL 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. V. MCGOWIN								304				PATROL		11/28/2018											
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											
CE				2				A																	
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 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: **20180815**

<b>ADM</b>	Date of Supplement __/__/____
	Original Date Reported <b>11/28/2018</b>

Case Reference

**NARRATIVE**

I WAS DISPATCHED TO RESIDENCE OF DELORES BAKER FOR A DEAD PERSON. UPON ARRIVAL, MANATEE COUNTY EMS AND FIRE WERE DOING CPR WHILE SHE WAS IN HER BED IN THE BACK BEDROOM.

HOME HEALTH WORKER LAURIE MARSHALL, CHECKED ON DELORES BAKER AROUND 0400 HRS. AND HEARD HER BREATHING AND SHE WAS WARM. AT 0600 HRS. SHE WENT INTO HER BEDROOM AND SHE WAS NOT BREATHING AND WAS STILL WARM. MARSHALL BELIEVES SHE PASSED AWAY IN BETWEEN THOSE HOURS AT 0500 HRS. MARSHALL SAID SHE WAS TOLD TO START CPR.

AT 0709 HRS., EMS PERSONNEL ANNA CARLSON AND A DOCTOR AT THE HOSPITAL PRONOUNCED HER DEAD.

I MADE CONTACT WITH SGT. VERN MCGOWIN AND GAVE HIM INFORMATION ON CURRENT CALL. MY INITIAL SCENE INSPECTION SHOWED NO SIGNS OF FOUL PLAY. THERE WAS A PORT INSTALLED IN HER RIGHT LEG. IT APPEARED HAS PASSING WAS NATURAL.

JESSICA BAKER-GREGG (DAUGHTER) AND HER FAMILY CAME TO THE RESIDENCE TO SEE DELORES.

MARSHALL SAID DELORES WAS IN THE HOSPITAL FOR A PERIOD OF TIME IN THE PAST FEW MONTHS AND IS ON KIDNEY DIAYSIS AND GETS TREATMENT 3 TIMES A WEEK.

AT 0830 HRS., I WAS ABLE TO MAKE CONTACT WITH HER PRIMARY CARE PHYSICIAN PAUL BARESE BY PHONE AND HE WOULD SIGN OFF ON HER DEATH CERTIFICATE. I LATER CALLED GRIFFITH-CLINE FUNERAL HOME AND THEY RESPONDED TO THE SCENE TO TAKE THE BODY.

NO FURTHER ACTION TAKEN.

<b>Report Contains</b> COPY OF MEDICAL EXAMINER'S FORM.	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. V. MCGOWIN	I.D. Number 304	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status <b>CE</b>	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded <b>2</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 __/__/____		Arrest Number	Number Arrested
OBTS Number		Page <b>2</b>	Page <b>2</b>