

| 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                     |  |   |  |   |  |                         |  |  |  |                            |  |
| / /   |  |   |  |   |  |   |  |  |  |  |  | 20180817  |  | DISTURBANCE/VERBAL                              |  |   |  |   |  |                         |  |  |  |                            |  |
| Original Day Reported                                   |  | Date  |  | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                                       |  | Time Completed (mil)                             |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Thu   |  | 11/29/2018  |  | 2300  |  | 2304  |  | 2307   |  | 2340   |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Incident Type   |  | Incident: Day   |  | Date  |  | Time (mil)  |  | Day  |  | Date   |  | Time (mil)  |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                        |  | 5. Ordinance<br>9. Other  |  | Thu   |  | 11/29/2018   |  | 2250   |  | Thu   |  | 11/29/2018                                      |  | 2300  |  |   |  |                         |  |  |  |                            |  |
| OFF/INC #1  |  | Type  |  | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub         |  | NCIC/UCR Code                                    |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 9   |  | DISTURBANCE   |  |   |  | C   |  | 0 - 0 ( 0 )  |  | 0000   |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| OFF/INC #2  |  | Type  |  | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub         |  | NCIC/UCR Code                                    |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  |   |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Incident Location (Street Number, Street, Apt.)         |  | City  |  | Zip   |  | District  |  | Grid   |  | Area   |  | Zone  |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 701   |  | KEY ROYALE DR   |  | HOLMES BEACH  |  | 34217   |  | 00   |  | 00   |  | 00  |  | 00  |  |   |  |   |  |                         |  |  |  |                            |  |
| Business Name/Area Identifier                           |  | Forced Entry  |  | Occupancy   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  | 0. N/A<br>1. Yes  |  | 2. No<br>0  |  | 0. N/A<br>1. Occupied                                 |  | 2. Unoccupied<br>3. Abandoned                            |  | 0  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Location Type   |  | 05. Convenience Store   |  | 10. Dept/Discount Store   |  | 15. Industrial/Mfg.                                   |  | 20. Religious Bldg.                                      |  | 25. Parking Lot/Garage                           |  | 30. Other Mobile  |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 01. Residence Single                                    |  | 06. Gas Station   |  | 11. Specialty Store   |  | 16. Storage   |  | 21. Airport  |  | 26. Highway/Roadway                              |  | 99. Other   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales  |  | 12. Drug Store/Hospital   |  | 17. Gov't/Public Bldg.                                |  | 22. Bus/Rail Terminal                                    |  | 27. Park/Woodlands/Field                         |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub   |  | 13. Bank/Financial Inst.  |  | 18. School/University                                 |  | 23. Construction Site                                    |  | 28. Lake/Waterway                                |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 04. Hotel/Motel   |  | 09. Supermarket   |  | 14. Commercial/Office Bldg.   |  | 19. Jail/Prison                                       |  | 24. Other Structure                                      |  | 29. Motor Vehicle                                |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| # OFF/INC.  |  | # Victims   |  | # Offenders   |  | # Prem. Ent.  |  | # Veh. Stolen  |  | Type of Weapon                                   |  | 02. Rifle   |  | 03. Shotgun                                     |  | 05. Knife/Cutting Instrument  |  | 07. Hands/Fist/Feet                           |  | 10. Fire/Incendiary     |  | 13. Drugs  |  |                            |  |
| 1   |  | 1   |  | 1   |  | 00  |  | 00   |  | 01. Handgun                                      |  | 04. Firearm   |  | 06. Blunt Object                                |  | 08. Poison  |  | 09. Explosives                                |  | 11. Threat/Intimidation |  | 88. Unknown<br>99. Other                                 |  |                            |  |
| V/W Code  |  | Victim Type   |  | Race  |  | Sex   |  | Residence Type   |  | Residence Status                                 |  | Extent of Injury  |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult            |  | 4. Business<br>5. Government<br>6. Church<br>9. Other                 |  | N - N/A<br>W - White<br>B - Black                     |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County                            |  | 3. Florida<br>4. Out-of-State                   |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident                                 |  | 0. None<br>1. Minor<br>2. Serious<br>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. Strabbed  |  | 05. Co-Habitant  |  | 08. Child  |  | 12. Other Family  |  | 16. Boy/Girl Friend                             |  | 19. Sitter/Day Care   |  | 23. Acquaintance                              |  |                         |  |  |  |                            |  |
| 02. Stabbed   |  | 06. Poss. Internal Injury                                       |  | 99. Other   |  |   |  |  |  | 09. Step-Parent                                  |  | 13. Student   |  | 16. Boy/Girl Friend                             |  | 20. Employee  |  | 99. Other Known                               |  |                         |  |  |  |                            |  |
| OFF/INC Indicator                                       |  | V/W Code  |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone                                  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1   |  | V   |  | 1   |  | 3  |  | PURDUM   |  | STEVEN  |  | 816 536-3342                                    |  |   |  |   |  |                         |  |  |  |                            |  |
| Address (Street, Apt. Number)                           |  | City  |  | State   |  | Zip   |  | Business Phone   |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 701   |  | KEY ROYALE DR   |  | HOLMES BEACH  |  | FL  |  | 34217  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement   |  | VICTIM  |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |  | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Res. Type   |  | Res. Status                                     |  | Extent of Injury  |  | Injury Type(s)                                |  | Relationship            |  | Ethnicity  |  | Will Victim prefer charge? |  |
| 8   |  | W   |  | M   |  | 11/05/1963  |  | 55   |  | 4  |  | 3   |  | 0   |  | 00 00   |  | 07  |  | W                       |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                            |  |
| OFF/INC Indicator                                       |  | V/W Code  |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone                                  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 1.#1 3.Both<br>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)                       |  | Residence Phone   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 1.#1 3.Both<br>2.#2                                     |  | S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other |  | S   |  | 1   |  | 2  |  | PURDUM   |  | ERIC  |  | CHRISTOPHER                                     |  |   |  |   |  |                         |  |  |  |                            |  |
| Maiden Name   |  | Nickname/Street Name  |  | Place of Birth  |  | Residence Phone                                       |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  |   |  |   |  | 941 962-0900  |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Last Known Address (Street, Apt. Number)                |  | City  |  | State   |  | Zip   |  | Business Phone   |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| 4112  |  | OVERTURE CIRCLE   |  | BRADENTON   |  | FL  |  | 34209  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Occupation  |  | Employer/School   |  | Address   |  | Social Security Number                                |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| SALESMAN  |  | CONLEY BUICK/GMC  |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Driver's License Number/State                           |  | Immigration and Naturalization Number                           |  | Other I.D. Number   |  | OBTS Number (Arrested)                                |  | SCIC/NCIC  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| P-635-203-66-056-0                                      |  | FL  |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Clothing (Describe)                                     |  | Scars/Marks/Tatoos (Location/Describe)                          |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  |   |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Race  |  | Sex   |  | Date of Birth   |  | Age   |  | Height   |  | Weight   |  | Eye Color   |  | Hair Color                                      |  | Hair Length   |  | Hair Style                                    |  |                         |  |  |  |                            |  |
| W   |  | M   |  | 02/16/1966  |  | 52  |  | 75   |  |  |  | BRO   |  | BRO   |  | S   |  | S   |  |                         |  |  |  |                            |  |
| Complexion  |  | Build   |  | Facial Hair   |  | Teeth   |  | Speech/Voice   |  | Special Identifiers                              |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| LT  |  | MED   |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| SEE NARRATIVE.  |  |   |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Person/Unit Notified                                    |  | Time  |  | Related Report Number(s)  |  | Name of Officer Reporting                             |  | I.D. Number/Locator Code                                 |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  |   |  |   |  | A. HURT   |  | 339  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)                               |  | I.D. Number   |  | Unit  |  | Date   |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| SGT. COPEMAN  |  |   |  | 307   |  |   |  | 11/29/2018   |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Signature of Officer Reviewing                          |  | Routed To   |  | Referred To   |  | Assigned To   |  | By   |  | Date   |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  |   |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Case Status   |  | Clearance Type  |  | 1.Arrest<br>2.Exceptional   |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                                    |  | Date Cleared                                     |  | Jail Number   |  | Number Arrested                                 |  |   |  |   |  |                         |  |  |  |                            |  |
|   |  |   |  |   |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |                         |  |  |  |                            |  |
| Exception Type  |  | 1.Extradition Declined  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |  | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>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

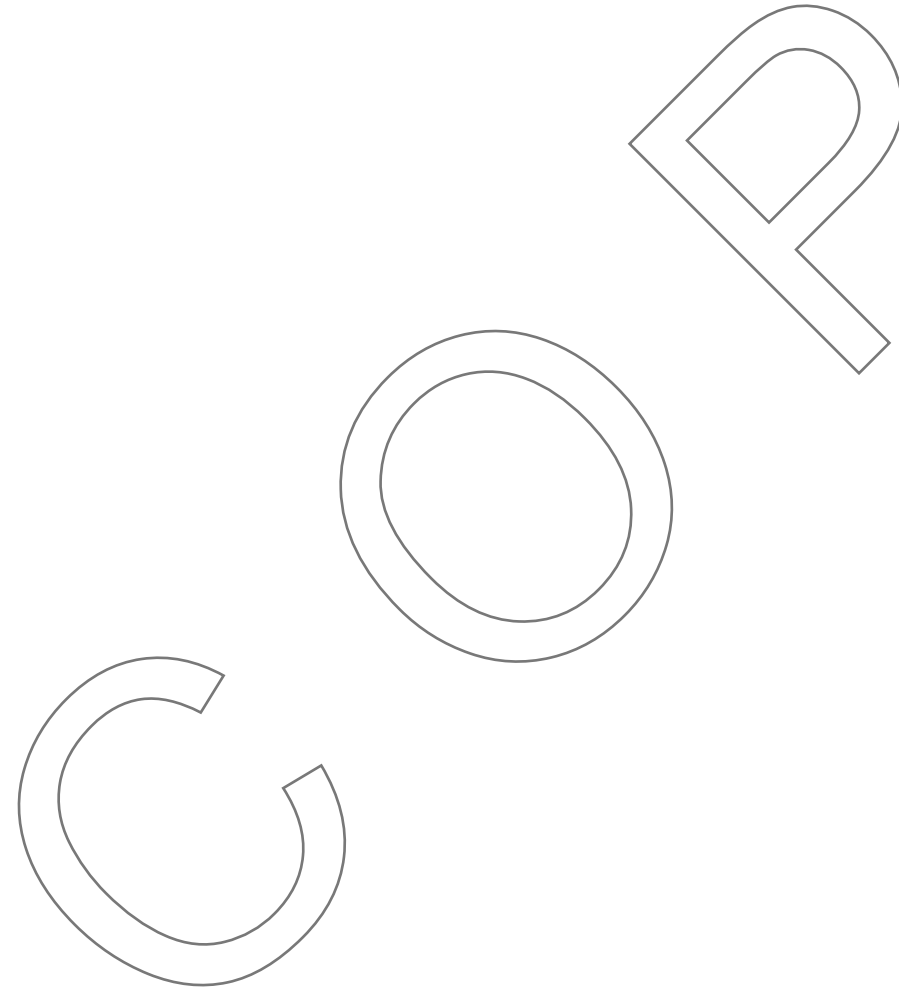
Agency ORI Number **FL0410400** Agency Report Number **20180817**

|            |   |
|------------|---|
| <b>ADM</b> | Date of Supplement<br>____/____/____        |
|            | Original Date Reported<br><b>11/29/2018</b> |

Case Reference  
**DISTURBANCE/ VERBAL**

WHILE ON ROUTINE PATROL, I WAS DISPATCHED TO 701 KEY ROYALE DR IN REFERENCE TO 2 MALES ARGUING AND FIGHTING. WHILE ENROUTE I WAS NOTIFIED BY DISPATCH OF A POTENTIAL THREAT BEING MADE WITH A GUN. ONCE ON SCENE I MET WITH STEVE PURDAM WHO STATED THAT HE AND HIS BROTHER ERIC HAD GOTTEN INTO AN ARGUMENT. STEVE STATED TO ME THEY WERE BOTH INTOXICATED BECAUSE THEIR DAD HAD PASSED AWAY EARLIER THAT DAY. STEVE STATED THAT IT NEVER GOT PHYSICAL EXCEPT WHEN ERIC KNOCKED THE PHONE OUT OF STEVE'S HAND. I ASKED STEVE WHY A FIREARM WAS MENTIONED AND HE STATED HE WAS SCARED HIS BROTHER HAD ONE BUT WASNT SURE. STEVE STATED HIS BROTHER HAD LEFT THE AREA AND DID NOT WANT TO PRESS CHARGES. WHILE ON SCENE ERIC CALLED THE STATION AND DISPATCH ADVISED HIM I WOULD CALL HIM SHORTLY. ONCE CLEAR OF THE SCENE I WAS ABLE TO GET IN CONTACT WITH ERIC, WHO STATED THE SAME THING THAT HE AND HIS BROTHER HAD GOTTEN INTO AN ARGUMENT AND HE SLAPPED THE PHONE OUT OF HIS HAND. ERIC STATED THAT HIS BROTHER WAS THE BULLY OF THE FAMILY AND HE GOT TIRED OF IT SO HE STOOD UP FOR HIMSELF AND THATS HOW IT ALL STARTED. ERIC AGREED TO NOT CONTACT HIS BROTHER FOR THE REST OF THE NIGHT. NO FURTER ACTION WAS TAKEN BY ME.

NARRATIVE



|  |  |   |   |
|--|--|---|---|
| <b>Report Contains</b>                           | <b>Related Report Number(s)</b>  | <b>Name of Officer Reporting</b><br><b>A. HURT</b>    | <b>I.D. Number/Locator Code</b><br><b>339</b>       |
| <b>Signature of Officer Reporting</b>            | <b>Officer Reviewing (If Applicable)</b><br><b>SGT . COPEMAN</b>       | <b>I.D. Number</b><br><b>307</b>                      | <b>Unit</b><br><b>11/29/2018</b>                    |
| <b>Signature of Officer Reviewing</b>            | <b>Routed To</b>   | <b>Referred To</b>                                    | <b>Assigned To</b> By <b>Date</b><br>____/____/____ |
| <b>Case Status</b>                               | <b>Clearance Type</b><br>1. Arrest      3. Unfounded<br>2. Exceptional | <b>A-Adult</b><br><b>J-Juvenile</b>                   | <b>Date Cleared</b><br>____/____/____               |
| <b>Exception Type</b><br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution  | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody   |
| <b>OBTS Number</b>                               |  | <b>Page</b> <b>Page</b><br><b>2</b> of <b>2</b>       |   |

| FL0410400   |  | Gang Related                                | 2 | OFFENSE-INCIDENT REPORT   |  |   |  |   |  |  |  |  |  | Juvenile in Report: N          | Juvenile Warn/Dismiss: | 1. Original                   | 2. Supplement: 1 |   |  |   |  |                      |  |  |  |
|---|--|---|---|---|--|---|--|---|--|--|--|--|--|--------------------------------|------------------------|-------------------------------|------------------|---|--|---|--|----------------------|--|--|--|
| Date of Supplement                                      |  | Holmes Beach Police Department              |   |   |  |   |  |   |  |  |  | Agency Report Number                             |  | Primary Offense Description    |                        |                               |                  |   |  |   |  |                      |  |  |  |
| / /   |  |   |   |   |  |   |  |   |  |  |  | 20180818   |  | TRAFFIC                        |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Original Day Reported                                   |  | Date  |   | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                                |  | Time Completed (mil)                                     |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Thu   |  | 11/29/2018                                  |   | 1718  |  | 1718  |  | 1718  |  | 1800   |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Incident Type   |  | Incident: Day                               |   | Date  |  | Time (mil)  |  | Day   |  | Date   |  | Time (mil)                                       |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor    |   | 5. Ordinance<br>9. Other  |  | Thu   |  | 11/29/2018  |  | Thu  |  | 11/29/2018                                       |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| OFF/INC #1  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub  |  | NCIC/UCR Code  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 4   |  | MOVING TRAFFIC                              |   | C   |  | 322 - 3 ( 5 )   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| OFF/INC #2  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub  |  | NCIC/UCR Code  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Incident Location (Street Number, Street, Apt.)         |  | City  |   | Zip   |  | District  |  | Grid  |  | Area   |  | Zone   |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 4300 GULF DRIVE   |  | HOLMES BEACH                                |   | 34217   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Business Name/Area Identifier                           |  | Forced Entry                                |   | Occupancy   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  | 0. N/A<br>1. Yes                            |   | 2. No<br>0  |  | 0. N/A<br>1. Occupied                                 |  | 2. Unoccupied<br>3. Abandoned                     |  | 0  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Location Type   |  | 05. Convenience Store                       |   | 10. Dept/Discount Store   |  | 15. Industrial/Mfg.                                   |  | 20. Religious Bldg.                               |  | 25. Parking Lot/Garage                                   |  | 30. Other Mobile                                 |  | 99. Other                      |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 01. Residence Single                                    |  | 06. Gas Station                             |   | 11. Specialty Store   |  | 16. Storage   |  | 21. Airport                                       |  | 26. Highway/Roadway                                      |  | 30. Other Mobile                                 |  | 99. Other                      |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales                            |   | 12. Drug Store/Hospital   |  | 17. Gov't/Public Bldg.                                |  | 22. Bus/Rail Terminal                             |  | 27. Park/Woodlands/Field                                 |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub                           |   | 13. Bank/Financial Inst.  |  | 18. School/University                                 |  | 23. Construction Site                             |  | 28. Lake/Waterway  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 04. Hotel/Motel   |  | 09. Supermarket                             |   | 14. Commercial/Office Bldg.   |  | 19. Jail/Prison                                       |  | 24. Other Structure                               |  | 29. Motor Vehicle  |  |  |  | 26                             |                        |                               |                  |   |  |   |  |                      |  |  |  |
| # OFF/INC.  |  | # Victims                                   |   | # Offenders   |  | # Prem. Ent.  |  | # Veh. Stolen                                     |  | Type of Weapon   |  | 02. Rifle  |  | 03. Shotgun                    |                        | 05. Knife/Cutting Instrument  |                  | 07. Hands/Fist/Feet                                       |  | 10. Fire/Incendiary                           |  | 13. Drugs            |  |  |  |
| 01  |  | 01  |   | 01  |  | 00  |  | 00  |  | 00. N/A<br>01. Handgun                                   |  | 04. Firearm                                      |  | 06. Blunt Object               |                        | 08. Poison                    |                  | 09. Explosives  |  | 11. Threat/Intimidation                       |  | 12. Simulated Weapon |  |  |  |
| V/W Code  |  | Victim Type                                 |   | Race  |  | Sex   |  | Residence Type                                    |  | Residence Status   |  | Extent of Injury                                 |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0 - Other                                   |   | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult                  |  | 4. Business<br>5. Government<br>6. Church<br>9. Other |  | N - N/A<br>W - White<br>B - Black                 |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County |                        | 3. Florida<br>4. Out-of-State |                  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal |  |                      |  |  |  |
| Injury Type   |  | 03. Laceration                              |   | 07. Loss of Teeth   |  | 00. N/A   |  | 03. Spouse  |  | 06. Parent   |  | 10. Step-Child                                   |  | 14. Teacher                    |                        | 17. Friend                    |                  | 21. Employer  |  |   |  |                      |  |  |  |
| 00. N/A   |  | 04. Unconscious                             |   | 08. Burns   |  | 01. Undetermined                                      |  | 04. Ex-Spouse                                     |  | 07. Brother/Sister                                       |  | 11. In-Law                                       |  | 15. Child of Boy/Girl          |                        | 18. Neighbor                  |                  | 22. Landlord/Tenant                                       |  |   |  |                      |  |  |  |
| 01. Gunshot   |  | 05. Poss. Broken Bones                      |   | 09. Abrasions/Bruises   |  | 02. Stranger  |  | 05. Co-Habitant                                   |  | 08. Child  |  | 12. Other Family                                 |  | 16. Boy/Girl Friend            |                        | 19. Sitter/Day Care           |                  | 23. Acquaintance  |  |   |  |                      |  |  |  |
| 02. Stabbed   |  | 06. Poss. Internal Injury                   |   | 99. Other   |  |   |  |   |  | 09. Step-Parent  |  | 13. Student                                      |  |                                |                        | 20. Employee                  |                  | 99. Other Known   |  |   |  |                      |  |  |  |
| OFF/INC Indicator                                       |  | V/W Code                                    |   | #   |  | V. Type   |  | Name (Last, First, Middle or Business)            |  | Residence Phone  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1   |   | V   |  | 01  |  | 5   |  | STATE OF FLORIDA   |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Address (Street, Apt. Number)                           |  | City  |   | State   |  | Zip   |  | Business Phone                                    |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   | FL  |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 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                                       |  | V/W Code                                    |   | #   |  | V. Type   |  | Name (Last, First, Middle or Business)            |  | Residence Phone  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Address (Street, Apt. Number)                           |  | City  |   | State   |  | Zip   |  | Business Phone                                    |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement                     |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence                               |   | Race  |  | Sex   |  | Date of Birth                                     |  | Age  |  | Res. Type  |  | Res. Status                    |                        | Extent of Injury              |                  | Injury Type(s)  |  | Relationship                                  |  | Ethnicity            |  | Will Victim prefer charge?                               |  |
|   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| OFF/INC Indicator                                       |  | Suspect Code                                |   | Code  |  | Susp.#  |  | Juvenile  |  | Name (Last, First, Middle)                               |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 1.#1 3.Both<br>2.#2                                     |  | S-Suspect E-Escapee<br>A-Arrestee M-Missing |   | R-Rec. Missing<br>Z-other   |  | A   |  | 01  |  | 2  |  | BEARDEN  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Maiden Name   |  | Nickname/Street Name                        |   | Place of Birth  |  | Residence Phone                                       |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   | DIANNA  |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Last Known Address (Street, Apt. Number)                |  | City  |   | State   |  | Zip   |  | Business Phone                                    |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| HOMELESS  |  |   |   | FL  |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 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  |  |   |  |                      |  |  |  |
| W   |  | F   |   | 01/03/1985  |  | 33  |  | 504   |  | 130  |  | GRN  |  | BRO                            |                        | M                             |                  |   |  |   |  |                      |  |  |  |
| Complexion  |  | Build                                       |   | Facial Hair   |  | Teeth   |  | Speech/Voice                                      |  | Special Identifiers                                      |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| LT  |  | THN   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| NARRATIVE   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| 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   |  |   |  | 12/02/2018  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Signature of Officer Reviewing                          |  | Routed To                                   |   | Referred To   |  | Assigned To   |  | By  |  | Date   |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Case Status   |  | Clearance Type                              |   | 1.Arrest<br>2.Exceptional   |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                             |  | Date Cleared   |  | Jail Number                                      |  | Number Arrested                |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |
| Exception Type  |  | 1.Extradition Declined                      |   | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |  | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>6. Juvenile/No Custody |  | OBTS Number  |  | Page   |  | Page                           |                        |                               |                  |   |  |   |  |                      |  |  |  |
|   |  |   |   |   |  |   |  |   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                      |  |  |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

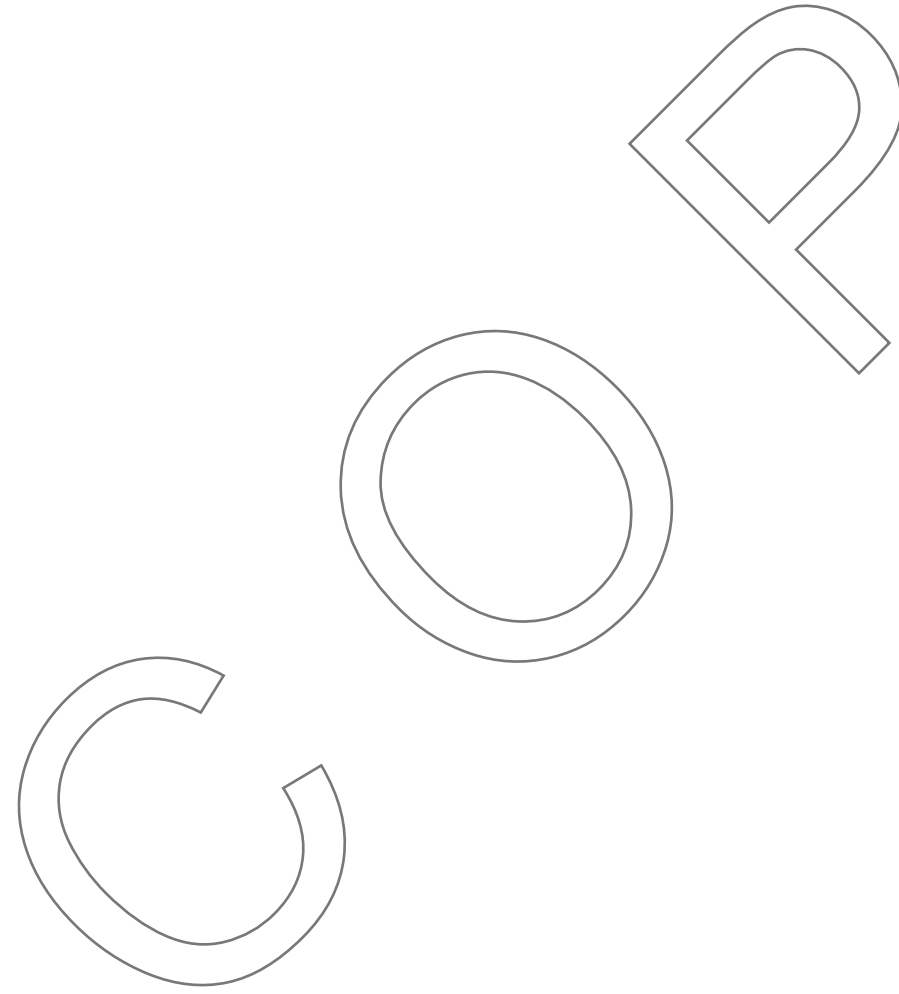
Agency ORI Number **FL0410400** Agency Report Number **20180818**

|            |   |
|------------|---|
| <b>ADM</b> | Date of Supplement<br>____/____/____        |
|            | Original Date Reported<br><b>11/29/2018</b> |

Case Reference

ON 01/29/2018, AT 1718 HOURS, I OBSERVED A FORD VAN BEARING FLORIDA TAG (#HMVJ47) SITTING AT THE STOP SIGN LOCATED AT 4300 GULF DRIVE, FACING EASTBOUND. THE VEHICLE THEN TRAVELED STRAIGHT ACROSS GULF DRIVE DISREGARDING THE "RIGHT TURN ONLY" SIGN LOCATED AT THE INTERSECTION. WHILE ATTEMPTING TO CATCH UP TO THE VEHICLE THE VEHICLE MADE A QUICK TURN ON TO THE DEAD END AT 42ND STREET. THE DRIVER THEN EXITED THE VEHICLE AND ATTEMPTED TO LEAVE THE SCENE. THE DRIVER LATER IDENTIFIED AS (DIANNA BEARDEN) WAS STOPPED AND ASKED FOR HER IDENTIFICATION. BEARDEN ADVISED SHE DID NOT HAVE ANY IDENTIFICATION ON HER. BEARDEN WAS RUN THROUGH NCIC/FCIC WHICH RETURNED AN EXPIRED DRIVERS LICENSE AS OF 01/03/2018 OUT OF MICHIGAN. BEARDEN WAS ISSUED A CRIMINAL CITATION FOR DRIVING WITH AN EXPIRED LICENSE (MORE THAN 6 MONTHS). BEARDEN WAS ADVISED THAT THE VAN NEEDED TO BE PICKED UP BY A LICENSED DRIVER OR ELSE IT WOULD BE TOWED FROM THE SCENE. THE DRIVER ALSO HANDED OVER A SMALL BAG OF A GREEN LEAFY SUBSTANCE WHICH APPEARED TO BE MARIJUANA. THE BAG WAS DISPOSED OF.

NARRATIVE



|  |  |   |   |
|--|--|---|---|
| <b>Report Contains</b>                           | <b>Related Report Number(s)</b>  | <b>Name of Officer Reporting</b><br><b>WALKER</b>     | <b>I.D. Number/Locator Code</b><br><b>312</b>       |
| <b>Signature of Officer Reporting</b>            | <b>Officer Reviewing (If Applicable)</b><br><b>SGT . COPEMAN</b>       | <b>I.D. Number</b><br><b>307</b>                      | <b>Unit</b><br><b>12/02/2018</b>                    |
| <b>Signature of Officer Reviewing</b>            | <b>Routed To</b>   | <b>Referred To</b>                                    | <b>Assigned To</b> By <b>Date</b><br>____/____/____ |
| <b>Case Status</b>                               | <b>Clearance Type</b><br>1. Arrest      3. Unfounded<br>2. Exceptional | A-Adult<br>J-Juvenile                                 | <b>Date Cleared</b><br>____/____/____               |
| <b>Exception Type</b><br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution  | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody   |
|  |  | <b>Arrest Number</b>                                  | <b>Number Arrested</b>                              |
|  |  | <b>OBTS Number</b>                                    | <b>Page</b> <b>Page</b><br>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       |  |                          |  |           |  |   |  |
|---|--|--|--|---|--|---|--|--|--|--------------------------------|--|---|--|---|--|------------------------------|--|---|--|--------------------------|--|-----------|--|---|--|
| Date of Supplement                                      |  | Holmes Beach Police Department                       |  |   |  |   |  |  |  |                                |  | Agency Report Number                                      |  | Primary Offense Description                     |  |                              |  |   |  |                          |  |           |  |   |  |
| / /   |  |  |  |   |  |   |  |  |  |                                |  | 20180820  |  | COV/FIREWORKS                                   |  |                              |  |   |  |                          |  |           |  |   |  |
| Original Day Reported                                   |  | Date   |  | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                                       |  | Time Completed (mil)           |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Fri   |  | 11/30/2018   |  | 2137  |  | 2137  |  | 2137   |  | 2222                           |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Incident Type   |  | Incident: Day  |  | Date  |  | Time (mil)  |  | Day  |  | Date                           |  | Time (mil)  |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor             |  | 5. Ordinance<br>9. Other  |  | Fri   |  | 11/30/2018   |  | 2130                           |  | To Fri  |  | 11/30/2018                                      |  | 2222                         |  |   |  |                          |  |           |  |   |  |
| OFF/INC #1  |  | Type   |  | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub         |  | NCIC/UCR Code                  |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 5   |  | 5  |  | COV/FIREWORKS   |  | C   |  | 0 - 30 ( 121 )   |  | 0000                           |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| OFF/INC #2  |  | Type   |  | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub         |  | NCIC/UCR Code                  |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 5   |  | 5  |  | COV/ALCOHOL   |  | C   |  | 0 - 6 ( 6-3A )   |  | 0000                           |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Incident Location (Street Number, Street, Apt.)         |  | City   |  | Zip   |  | District  |  | Grid   |  | Area                           |  | Zone  |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 5000  |  | BEACH  |  | HOLMES BEACH  |  | 34217   |  | 00   |  | 00                             |  | 00  |  | W80   |  |                              |  |   |  |                          |  |           |  |   |  |
| Business Name/Area Identifier                           |  | Forced Entry   |  | Occupancy   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| BEACH   |  | 0. N/A<br>1. Yes                                     |  | 2. No<br>0  |  | 0. N/A<br>1. Occupied                                 |  | 2. Unoccupied<br>3. Abandoned                            |  | 0                              |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Location Type   |  | 01. Residence Single                                 |  | 06. Gas Station   |  | 10. Dept/Discount Store                               |  | 15. Industrial/Mfg.                                      |  | 20. Religious Bldg.            |  | 25. Parking Lot/Garage                                    |  | 30. Other Mobile                                |  |                              |  |   |  |                          |  |           |  |   |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales                                     |  | 11. Specialty Store   |  | 12. Drug Store/Hospital                               |  | 16. Storage  |  | 21. Airport                    |  | 26. Highway/Roadway                                       |  | 99. Other                                       |  |                              |  |   |  |                          |  |           |  |   |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub                                    |  | 13. Bank/Financial Inst.  |  | 17. Gov't/Public Bldg.                                |  | 18. School/University                                    |  | 22. Bus/Rail Terminal          |  | 27. Park/Woodlands/Field                                  |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 04. Hotel/Motel   |  | 09. Supermarket                                      |  | 14. Commercial/Office Bldg.   |  | 19. Jail/Prison                                       |  | 23. Construction Site                                    |  | 28. Lake/Waterway              |  | 29. Motor Vehicle   |  |   |  | 28                           |  |   |  |                          |  |           |  |   |  |
| # OFF/INC.  |  | # Victims  |  | # Offenders   |  | # Prem. Ent.  |  | # Veh. Stolen  |  | Type of Weapon                 |  | 02. Rifle   |  | 05. Knife/Cutting Instrument                    |  | 07. Hands/Fist/Feet          |  | 10. Fire/Incendiary                             |  | 13. Drugs                |  |           |  |   |  |
| 01  |  | 01   |  | 02  |  | 00  |  | 00   |  | 00. N/A<br>01. Handgun         |  | 03. Shotgun<br>04. Firearm                                |  | 06. Blunt Object                                |  | 08. Poison<br>09. Explosives |  | 11. Threat/Intimidation<br>12. Simulated Weapon |  | 88. Unknown<br>99. Other |  |           |  |   |  |
| V/W Code  |  | Victim Type  |  | Race  |  | Sex   |  | Residence Type   |  | Residence Status               |  | Extent of Injury  |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult |  | 4. Business<br>5. Government<br>6. Church<br>9. Other                 |  | N - N/A<br>W - White<br>B - Black                     |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |  | 0. None<br>1. Minor<br>2. Serious<br>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   |  | 18. Boy/Girl Friend                             |  | 20. Employee                 |  | 99. Other Known                                 |  |                          |  |           |  |   |  |
| OFF/INC Indicator                                       |  | V/W Code   |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 3  |  | V   |  | 01  |  | 5  |  | CITY OF HOLMES BEACH           |  | -   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Address (Street, Apt. Number)                           |  | City   |  | State   |  | Zip   |  | Business Phone   |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement                              |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence  |  | Race  |  | Sex   |  | Date of Birth  |  | Age                            |  | Res. Type   |  | Res. Status                                     |  | Extent of Injury             |  | Injury Type(s)                                  |  | Relationship             |  | Ethnicity |  | Will Victim prefer charge?  |  |
| 2   |  | N  |  | N   |  |   |  |  |  | 0                              |  | 0   |  | 0   |  | 00                           |  | 00  |  | 00                       |  | 00        |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| OFF/INC Indicator                                       |  | V/W Code   |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1  |  | S-Suspect<br>A-Arrestee   |  | E-Escapee<br>M-Missing                                |  | R-Rec. Missing<br>Z-other                                |  | Code                           |  | Susp.#  |  | Juvenile  |  | Name (Last, First, Middle)   |  | Residence Phone                                 |  |                          |  |           |  |   |  |
| A   |  | 01   |  | 2   |  | DAMBROSIA   |  | JOSEPH   |  | PATRICK                        |  | 630 253-6836  |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Maiden Name   |  | Nickname/Street Name                                 |  | Place of Birth  |  | Residence Phone                                       |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
|   |  |  |  |   |  | 630 253-6836  |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Last Known Address (Street, Apt. Number)                |  | City   |  | State   |  | Zip   |  | Business Phone   |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 636 KEY ROYALE DRIVE                                    |  | 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  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| D51649653214  |  | IL   |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Clothing (Describe)                                     |  | Scars/Marks/Tatoos (Location/Describe)               |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
|   |  |  |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Race  |  | Sex  |  | Date of Birth   |  | Age   |  | Height   |  | Weight                         |  | Eye Color   |  | Hair Color                                      |  | Hair Length                  |  | Hair Style                                      |  |                          |  |           |  |   |  |
| W   |  | M  |  | 07/28/1963  |  | 55  |  | 601  |  | 240                            |  | BLU   |  | BLN   |  | M                            |  | W   |  |                          |  |           |  |   |  |
| Complexion  |  | Build  |  | Facial Hair   |  | Teeth   |  | Speech/Voice   |  | Special Identifiers            |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| LT  |  | MED  |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| SEE ADDITIONAL PERSONS PAGE FOR OTHER ARRESTEE          |  |  |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| 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   |  |   |  | 12/01/2018   |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Signature of Officer Reviewing                          |  | Routed To  |  | Referred To   |  | Assigned To   |  | By   |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
|   |  |  |  |   |  |   |  |  |  |                                |  |   |  |   |  |                              |  |   |  |                          |  |           |  |   |  |
| Case Status   |  | Clearance Type                                       |  | 1.Arrest<br>2.Exceptional   |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                                    |  | Date Cleared                   |  | Jail Number   |  | Number Arrested                                 |  |                              |  |   |  |                          |  |           |  |   |  |
| CA  |  |  |  | 1   |  |   |  | A  |  | 11/30/2018                     |  |   |  | 2   |  |                              |  |   |  |                          |  |           |  |   |  |
| Exception Type  |  | 1.Extradition Declined                               |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |  | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>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: **20180820**

|            |   |
|------------|---|
| <b>ADM</b> | Date of Supplement<br>____/____/____        |
|            | Original Date Reported<br><b>11/30/2018</b> |

Case Reference  
**COV FIREWORKS AND ALCOHOL**

NARRATIVE

ON 11/30/18, I WAS ON A CALL AT 75TH ST. I HEARD FIREWORKS BEING SET OFF SOUTH OF THAT LOCATION. WHEN I CLEARED THE CALL, SGT. J. PIERCE AND I DROVE ALONG GULF DRIVE, ATTEMPTING TO LOCATED THE LOCATION OF THE FIREWORKS. I OBSERVED THE FIREWORKS AT THE 5000 BLOCK OF THE BEACH. WHILE DRIVING TO THAT LOCATION, DISPATCH ADVISED THEY WERE RECEIVING COMPLAINTS ABOUT THE FIREWORKS AND CONFIRMED THE LOCATION OF THE FIREWORKS TO BE AT THE 5000 BLOCK OF THE BEACH.

UPON ARRIVAL, I OBSERVED TWO ADULT WHITE MALES AND TWO ADULT WHITE FEMALES OUT ON THE BEACH, WITH FIREWORKS. THE GROUP WERE ABOUT TO SET MORE FIREWORKS OFF. I MADE CONTACT AND IDENTIFIED EACH MEMBER OF THE GROUP. THEY APPEARED TO BE INTOXICATED. (JOSEPH D AMBROSIA) STATED HIM AND HIS WIFE (TONI D AMBROSIA), ONE OF THE GROUP MEMBERS, LIVED PART TIME AT 636 KEY ROYALE DR AND WERE ENTERTAINING THEIR VISITORS (CAROL CROCKER) AND (JOHN LYON), THE OTHER TWO GROUP MEMBERS. I OBSERVED A CUP OF A COLD CLEAR LIQUID IN (CROCKER) HAND. (CROCKER) STATED THE DRINK SHE WAS HOLDING WAS ALCOHOL AND THAT SHE WAS NOT DRIVING, (J. D AMBROSIA) WAS. I ADVISED THE GROUP OF THE STATE LAW AND CITY ORDINANCE. THE GROUP CLEANED UP THE FIREWORKS OFF OF THE BEACH.

I ISSUED (CROCKER) A CITY ORDINANCE VIOLATION CITATION FOR ALCOHOL ON THE BEACH. I EXPLAINED THE CITATION TO (CROCKER). (CROCKER) SIGNED THE CITATION AND RECEIVED HER COPY. I ISSUED (J. D AMBROSIA) A CITY ORDINANCE VIOLATION CITATION FOR USING FIREWORKS. I EXPLAINED THE CITATION TO (J. D AMBROSIA). (J. D AMBROSIA) SIGNED THE CITATION AND RECEIVED HIS COPY. THE GROUP LEFT THE AREA ON FOOT.

|   |   |   |   |
|---|---|---|---|
| <b>Report Contains</b>                          | Related Report Number(s)  | Name of Officer Reporting<br><b>A. DESANTIS</b>       | I.D. Number/Locator Code<br><b>336</b>            |
| <b>Signature of Officer Reporting</b>           | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                             | Unit<br>Date<br><b>12/01/2018</b>                 |
| <b>Signature of Officer Reviewing</b>           | Routed To   | Referred To   | Assigned To By Date<br>____/____/____             |
| <b>Case Status</b><br><b>CA</b>                 | <b>Clearance Type</b><br>1.Arrest<br>2.Exceptional<br><b>1</b>        | 3.Unfounded<br><b>1</b>                               | A-Adult<br>J-Juvenile<br><b>A</b>                 |
| <b>Exception Type</b><br>1.Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody |
|   |   | Date Cleared<br><b>11/30/2018</b>                     | Arrest Number<br><b>2</b>                         |
|   |   | OBTS Number   | Page<br>of  |

# PERSON(S) REPORT

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

## Holmes Beach Police Department

Agency Report Number  
**20180820**

|                                |   |  |  |  |  |  |   |  |   |  |              |                         |  |                |                 |                |
|--------------------------------|---|--|--|--|--|--|---|--|---|--|--------------|-------------------------|--|----------------|-----------------|----------------|
| ADM                            | Date of Supplement<br>_/_/____                                | Primary Offense Description<br><b>COV/ALCOHOL</b>  |  | Victim #1 Name (Last, First, Middle)<br><b>CITY OF HOLMES BEACH</b>            |  |  |   |  |   |  |              |                         |  |                |                 |                |
|                                | Original Date Reported<br><b>11/30/2018</b>                   |  |  |  |  |  |   |  |   |  |              |                         |  |                |                 |                |
| CODES                          | V/W Code<br>V - Victim<br>W - Witness<br>C - Reporting Person | O - Other  | Victim Type<br>0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult  | Race<br>N-N/A<br>W-White<br>B-Black  | I-American Indian<br>O-Oriental/Asian<br>U-Unknown | Sex<br>N-N/A<br>M-Male<br>F-Female<br>U-Unknown                  | Residence Type<br>0. N/A<br>1. City<br>2. County                | 3. Florida<br>4. Out-of-State                                      | Residence Status<br>0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident | Extent of Injury<br>0. None<br>1. Minor<br>2. Serious<br>3. Fatal          |              |                         |  |                |                 |                |
|                                | Injury Type<br>00. N/A<br>01. Gunshot<br>02. Stabbed          | 03. Laceration<br>04. Unconscious<br>05. Poss. Broken Bones<br>06. Poss. Internal Injury | 07. Loss of Teeth<br>08. Burns<br>09. Abrasions/Bruises<br>99. Other | Victim Relationship To Offender<br>00. N/A<br>01. Undetermined<br>02. Stranger | 03. Spouse<br>04. Ex-Spouse<br>05. Co-Habitant     | 06. Parent<br>07. Brother/Sister<br>08. Child<br>09. Step-Parent | 10. Step-Child<br>11. In-Law<br>12. Other Family<br>13. Student | 14. Teacher<br>15. Child of Boy/Girl Friend<br>16. Boy/Girl Friend | 17. Friend<br>18. Neighbor<br>19. Sitter/Day Care<br>20. Employee             | 21. Employer<br>22. Landlord/Tenant<br>23. Acquaintance<br>99. Other Known |              |                         |  |                |                 |                |
| VICTIM / WITNESS               | OFF/INC Indicator<br>1.#1<br>2.#2                             | V/W Code #   | V. Type  | Name (Last, First, Middle or Business)   |  |  | Address (Street, Apt. Number)                                   |  |   | City   | State        | Zip                     | Residence Phone  | Business Phone |                 |                |
|                                | Other Contact Info. (Time Available, Interpreter, etc.)       |  |  |  |  |  |   |  |   |  |              | Synopsis of Involvement |  |                |                 |                |
| VICTIM / WITNESS               | If V/W Code is V, W or C<br>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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                |                 |                |
|                                | OFF/INC Indicator<br>1.#1<br>2.#2                             | V/W Code #   | V. Type  | Name (Last, First, Middle or Business)   |  |  | Address (Street, Apt. Number)                                   |  |   | City   | State        | Zip                     | Residence Phone  | Business Phone |                 |                |
| VICTIM / WITNESS               | Other Contact Info. (Time Available, Interpreter, etc.)       |  |  |  |  |  |   |  |   |  |              | Synopsis of Involvement |  |                |                 |                |
|                                | If V/W Code is V, W or C<br>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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                |                 |                |
| SUSPECT OR MISSING PERSONS     | OFF/INC Indicator<br>1.#1<br>2.#2                             | Suspect Code   | Code   | Susp. #  | Juvenile   | Name (Last, First, Middle)                                       |   |  | Address (Street, Apt. Number)   |  |              | City                    | State  | Zip            | Residence Phone | Business Phone |
|                                | 2   | S-Suspect<br>A-Arrestee  | E-Escapee<br>M-Missing<br>R-Rec. Missing<br>Z-other                  | A  | 02   | 2  | <b>CROCKER</b>  |  |   | <b>CAROL</b>   |              |                         | <b>MARIE</b>   |                |                 |                |
|                                | Maiden Name   |  | Nickname/Street Name   |  | Place of Birth                                     |  |   | Residence Phone  |   |  |              |                         |  |                |                 |                |
|                                | Last Known Address (Street, Apt. Number)                      |  | City   |  | State  |  | Zip   |  | Business Phone  |  |              |                         |  |                |                 |                |
|                                | <b>2207 NORMANDY DR APT 3D</b>                                |  | <b>MICHIGAN CITY</b>   |  | <b>IN</b>  |  | <b>46360</b>  |  |   |  |              |                         |  |                |                 |                |
|                                | Occupation  |  | Employer/School  |  | Address  |  |   | Social Security Number   |   |  |              |                         |  |                |                 |                |
|                                | Driver's License State/Number                                 |  | Immigration and Naturalization Number                                |  | Other ID. Number                                   |  | OBTS Number   |  | SCIC/NCIC   |  |              |                         |  |                |                 |                |
|                                | <b>3900188968</b>   |  | <b>IN</b>  |  |  |  |   |  | <b>348-70-1024</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   |              |                         |  |                |                 |                |
| <b>W</b>                       |   | <b>F</b>   |  | <b>10/29/1966</b>  | <b>52</b>  | <b>170</b>   | <b>BRO</b>  | <b>BRO</b>   | <b>L</b>  | <b>S</b>   |              |                         |  |                |                 |                |
| Complexion                     |   | Build  | Facial Hair  | Teeth  | Speech/Voice                                       | Special Identifiers  |   |  |   |  |              |                         |  |                |                 |                |
| <b>LT</b>                      |   | <b>MED</b>   |  |  |  |  |   |  |   |  |              |                         |  |                |                 |                |
| SUSPECT OR MISSING PERSONS     | OFF/INC Indicator<br>1.#1<br>2.#2                             | Suspect Code   | Code   | Susp. #  | Juvenile   | Name (Last, First, Middle)                                       |   |  | Address (Street, Apt. Number)   |  |              | City                    | State  | Zip            | Residence Phone | Business Phone |
|                                | 2   | S-Suspect<br>A-Arrestee  | E-Escapee<br>M-Missing<br>R-Rec. Missing<br>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 State/Number                                 |  | Immigration and Naturalization Number                                |  | Other ID. Number                                   |  | OBTS Number   |  | SCIC/NCIC   |  |              |                         |  |                |                 |                |
|                                | Clothing (Describe)   |  | Scars/Marks/Tatoos (Location/Describe)                               |  |  |  |   |  |   |  |              |                         |  |                |                 |                |
|                                | Race  |  | Sex  | Date of Birth  | Age  | Height   | Weight  | Eye Color  | Hair Color  | Hair Length  | Hair Style   |                         |  |                |                 |                |
|                                | Complexion  |  | Build  | Facial Hair  | Teeth  | Speech/Voice   | Special Identifiers   |  |   |  |              |                         |  |                |                 |                |
|                                |   |  |  |  |  |  |   |  |   |  |              |                         |  |                |                 |                |
| MISSING PERSON / RUNAWAY       | Incident Type<br>1. Runaway<br>2. Parental<br>3. Involuntary  | 4. Disabled<br>5. Endangered<br>6. Disaster Victim                                       | 7. Voluntary<br>Adult<br>8. Unknown                                  | Four/Play Suspected?<br>1. Yes<br>2. No  | Missing Before?<br>1. Yes<br>2. No<br>8. Unknown   | Fingerprints Available?<br>1. Yes<br>2. No<br>8. Unknown         | Photo Available?<br>1. Yes<br>2. No<br>8. Unknown               | Dental Record Available<br>1. Yes<br>2. No<br>8. Unknown           | MCIC Form Provided?<br>1. Yes<br>2. No  |  |              |                         |  |                |                 |                |
|                                | Date Last Seen  | Time Last Seen   | Location Last Seen (Address, City, St.)                              |  |  | Accompanied By   |   |  |   |  |              |                         |  |                |                 |                |
|                                | Mental/Physical Condition                                     |  | Medication Required/Type   |  |  | Doctor/Dentist (Name, Phone Number)                              |   |  |   |  |              |                         |  |                |                 |                |
|                                | Property Carried  |  | ID. Type/Number  |  |  | ID. Type/Number  |   |  |   |  |              |                         |  |                |                 |                |
|                                | Probable Destination  |  | Name/Address   |  |  | Transportation Mode  |   |  |   |  |              |                         |  |                |                 |                |
|                                | Recovery Information  |  | 0. N/A<br>1. Voluntary   | 2. Located-<br>Not Returned  | 3. Hospitalized<br>4. HRS Custody                  | 5. Law Enforcement Custody<br>6. Returned to Parent              | 7. Deceased<br>9. Other   |  |   |  |              |                         |  |                |                 |                |
|                                | Officer(s) Reporting  |  | ID. Number(s)/Locator code   | Signature of Officer Reporting   |  |  | Unit  |  | Date  |  |              |                         |  |                |                 |                |
|                                | <b>A. DESANTIS</b>  |  | <b>336</b>   |  |  |  |   |  | <b>___/___/___</b>  |  |              |                         |  |                |                 |                |
|                                | Officer Reviewing (If Applicable)                             |  | ID. Number   | Routed To  | Referred To  | Assigned To  | By  |  | Date  |  |              |                         |  |                |                 |                |
|                                | <b>SGT. J. PIERCE</b>   |  | <b>309</b>   |  |  |  |   |  | <b>___/___/___</b>  |  |              |                         |  |                |                 |                |
| Signature of Officer Reviewing |   |  |  |  |  |  | Page  |  | Page  |  |              |                         |  |                |                 |                |
|                                |   |  |  |  |  |  | <b>3</b>  |  | <b>of 3</b>   |  |              |                         |  |                |                 |                |

| FL0410400   |  | Gang Related  | 2 | OFFENSE-INCIDENT REPORT                               |  |   |  |  |  |  |  |  |  | Juvenile in Report: N          | Juvenile Warn/Dismiss: | 1. Original                   | 2. Supplement: 1 |   |  |   |  |                          |  |   |  |
|---|--|---|---|---|--|---|--|--|--|--|--|--|--|--------------------------------|------------------------|-------------------------------|------------------|---|--|---|--|--------------------------|--|---|--|
| Date of Supplement                                      |  | Holmes Beach Police Department  |   |   |  |   |  |  |  |  |  | Agency Report Number                             |  | Primary Offense Description    |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  | 20180821   |  | ASSIST MCSO                    |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Original Day Reported                                   |  | Date  |   | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                               |  | Time Completed (mil)                                     |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Sat   |  | 12/01/2018  |   | 0330  |  | 0330  |  | 0335   |  | 0430   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Incident Type   |  | Incident: Day   |   | Date  |  | Time (mil)  |  | Day  |  | Date   |  | Time (mil)                                       |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                              |   | 5. Ordinance<br>9. Other                              |  | Sat   |  | 12/01/2018                                       |  | 0328   |  | To Sat   |  | 12/01/2018                     |                        | 0335                          |                  |   |  |   |  |                          |  |   |  |
| OFF/INC #1  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub |  | NCIC/UCR Code  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 9   |  | ASSIST/MSO  |   | C   |  | 0 - 0 ( 0 )   |  | 0000   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| OFF/INC #2  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub |  | NCIC/UCR Code  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Incident Location (Street Number, Street, Apt.)         |  |   |   |   |  |   |  |  |  | City   |  | Zip  |  | District                       |                        | Grid                          |                  | Area  |  | Zone  |  |                          |  |   |  |
| 161 CRESCENT DR   |  |   |   |   |  |   |  |  |  | ANNA MARIA   |  | 34217  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Business Name/Area Identifier                           |  |   |   |   |  |   |  |  |  | Forced Entry   |  | Occupancy  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  | 0. N/A<br>1. Yes   |  | 2. No<br>0                                       |  | 0. N/A<br>1. Occupied          |                        | 2. Unoccupied<br>3. Abandoned |                  | 0   |  |   |  |                          |  |   |  |
| Location Type   |  |   |   |   |  |   |  |  |  | 05. Convenience Store                                    |  | 10. Dept/Discount Store                          |  | 15. Industrial/Mfg.            |                        | 20. Religious Bldg.           |                  | 25. Parking Lot/Garage                                    |  | 30. Other Mobile                              |  |                          |  |   |  |
| 01. Residence Single                                    |  | 06. Gas Station   |   | 11. Specialty Store                                   |  | 16. Storage   |  | 21. Airport                                      |  | 26. Highway/Roadway                                      |  | 30. Other Mobile                                 |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales  |   | 12. Drug Store/Hospital                               |  | 17. Gov't/Public Bldg.                                |  | 22. Bus/Rail Terminal                            |  | 27. Park/Woodlands/Field                                 |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub   |   | 13. Bank/Financial Inst.                              |  | 18. School/University                                 |  | 23. Construction Site                            |  | 28. Lake/Waterway  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 04. Hotel/Motel   |  | 09. Supermarket   |   | 14. Commercial/Office Bldg.                           |  | 19. Jail/Prison                                       |  | 24. Other Structure                              |  | 29. Motor Vehicle  |  |  |  |                                |                        |                               |                  | 01  |  |   |  |                          |  |   |  |
| # OFF/INC.  |  | # Victims   |   | # Offenders   |  | # Prem. Ent.  |  | # Veh. Stolen                                    |  | Type of Weapon   |  | 02. Rifle  |  | 03. Shotgun                    |                        | 05. Knife/Cutting Instrument  |                  | 07. Hands/Fist/Feet                                       |  | 10. Fire/Incendiary                           |  | 13. Drugs                |  |   |  |
| 1   |  | 1   |   | 1   |  | 0   |  | 0  |  | 00. N/A<br>01. Handgun                                   |  | 04. Firearm                                      |  | 06. Blunt Object               |                        | 09. Explosives                |                  | 11. Threat/Intimidation                                   |  | 12. Simulated Weapon                          |  | 88. Unknown<br>99. Other |  |   |  |
| V/W Code  |  | Victim Type   |   | Race  |  | Sex   |  | Residence Type                                   |  | Residence Status   |  | Extent of Injury                                 |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0 - Other   |   | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult  |  | 4. Business<br>5. Government<br>6. Church<br>9. Other |  | N - N/A<br>W - White<br>B - Black                |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County |                        | 3. Florida<br>4. Out-of-State |                  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal |  |                          |  |   |  |
| Injury Type   |  | 03. Laceration  |   | 07. Loss of Teeth                                     |  | 00. N/A   |  | 03. Spouse                                       |  | 06. Parent   |  | 10. Step-Child                                   |  | 14. Teacher                    |                        | 17. Friend                    |                  | 21. Employer  |  |   |  |                          |  |   |  |
| 00. N/A   |  | 04. Unconscious   |   | 08. Burns   |  | 01. Undetermined                                      |  | 04. Ex-Spouse                                    |  | 07. Brother/Sister                                       |  | 11. In-Law                                       |  | 15. Child of Boy/Girl          |                        | 18. Neighbor                  |                  | 22. Landlord/Tenant                                       |  |   |  |                          |  |   |  |
| 01. Gunshot   |  | 05. Poss. Broken Bones  |   | 09. Abrasions/Bruises                                 |  | 02. Stranger  |  | 05. Co-Habitant                                  |  | 08. Child  |  | 12. Other Family                                 |  | 16. Boy/Girl Friend            |                        | 19. Sitter/Day Care           |                  | 23. Acquaintance  |  |   |  |                          |  |   |  |
| 02. Stabbed   |  | 06. Poss. Internal Injury   |   | 99. Other   |  |   |  |  |  | 09. Step-Parent  |  | 13. Student                                      |  |                                |                        | 20. Employee                  |                  | 99. Other Known   |  |   |  |                          |  |   |  |
| OFF/INC Indicator                                       |  | V/W Code  |   | #   |  | V. Type   |  | Name (Last, First, Middle or Business)           |  | Residence Phone  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 1.#1<br>2.#2  |  | 1   |   | V   |  | 1   |  | 5  |  | STATE OF FLORIDA   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Address (Street, Apt. Number)                           |  |   |   |   |  |   |  |  |  | City   |  | State  |  | Zip                            |                        | Business Phone                |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  |   |   |   |  |   |  |  |  | Synopsis of Involvement                                  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |   | Race  |  | Sex   |  | Date of Birth                                    |  | Age  |  | Res. Type  |  | Res. Status                    |                        | Extent of Injury              |                  | Injury Type(s)  |  | Relationship                                  |  | Ethnicity                |  | Will Victim prefer charge?  |  |
| 2   |  | N   |   | N   |  | N   |  |  |  |  |  | 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<br>2.#2  |  | 1   |   | S   |  | 1   |  | 5  |  | STATE OF FLORIDA   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Address (Street, Apt. Number)                           |  |   |   |   |  |   |  |  |  | City   |  | State  |  | Zip                            |                        | Business Phone                |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  |   |   |   |  |   |  |  |  | Synopsis of Involvement                                  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |   | Race  |  | Sex   |  | Date of Birth                                    |  | Age  |  | Res. Type  |  | Res. Status                    |                        | Extent of Injury              |                  | Injury Type(s)  |  | Relationship                                  |  | Ethnicity                |  | Will Victim prefer charge?  |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  | Yes <input type="checkbox"/> No <input type="checkbox"/>            |  |
| OFF/INC Indicator                                       |  | Suspect Code  |   | Code  |  | Susp.#  |  | Juvenile   |  | Name (Last, First, Middle)                               |  | Place of Birth                                   |  | Residence Phone                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 1.#1<br>2.#2  |  | S-Suspect<br>E-Escapee<br>A-Arrestee<br>M-Missing<br>Z-other          |   | S   |  | 1   |  | 2  |  | HEARST   |  | LILY   |  | ANISH                          |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Maiden Name   |  |   |   |   |  |   |  |  |  | Nickname/Street Name                                     |  | Place of Birth                                   |  | Residence Phone                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Last Known Address (Street, Apt. Number)                |  |   |   |   |  |   |  |  |  | City   |  | State  |  | Zip                            |                        | Business Phone                |                  |   |  |   |  |                          |  |   |  |
| 161 CRESCENT DR   |  |   |   |   |  |   |  |  |  | ANNA MARIA   |  | FL   |  | 34217                          |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Occupation  |  | Employer/School   |   | Address   |  | Social Security Number                                |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| UNEMPLOYED  |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Driver's License Number/State                           |  | Immigration and Naturalization Number                                 |   | Other I.D. Number                                     |  | OBTS Number (Arrested)                                |  | SCIC/NCIC  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| H623521/77070   |  | FL  |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Clothing (Describe)                                     |  |   |   |   |  |   |  |  |  | Scars/Marks/Tatoos (Location/Describe)                   |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| BLK   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Race  |  | Sex   |   | Date of Birth   |  | Age   |  | Height   |  | Weight   |  | Eye Color  |  | Hair Color                     |                        | Hair Length                   |                  | Hair Style  |  |   |  |                          |  |   |  |
| W   |  | F   |   | 06/07/1977  |  | 41  |  | 5-3  |  | 105  |  | BRO  |  | BLN                            |                        | L                             |                  | S   |  |   |  |                          |  |   |  |
| Complexion  |  | Build   |   | Facial Hair   |  | Teeth   |  | Speech/Voice                                     |  | Special Identifiers                                      |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  | THN   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| NARRATIVE   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Person/Unit Notified                                    |  | Time  |   | Related Report Number(s)                              |  | Name of Officer Reporting                             |  | I.D. Number/Locator Code                         |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  | OFC M. VANHORN  |  | 338  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)                                     |   | I.D. Number   |  | Unit  |  | Date   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| SGT. J. PIERCE  |  |   |   | 309   |  |   |  | 12/01/2018                                       |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Signature of Officer Reviewing                          |  | Routed To   |   | Referred To   |  | Assigned To   |  | By   |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Case Status   |  | Clearance Type  |   | 1.Arrest<br>2.Exceptional                             |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                            |  | Date Cleared   |  | Jail Number                                      |  | Number Arrested                |                        |                               |                  |   |  |   |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| Exception Type  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |   | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>6. Juvenile/No Custody     |  | OBTS Number                                      |  | Page   |  | Page   |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |
| 1.Extradition Declined                                  |  |   |   |   |  |   |  |  |  | 1  |  | 2  |  |                                |                        |                               |                  |   |  |   |  |                          |  |   |  |



# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180821**

ADM Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**12/01/2018**

Case Reference  
**ASSIST MCSO WITH RECKLESS DISCHARGE OF FIREARM**

**INFORMATION:**

I WAS DISPATCHED TO 161 CRESCENT DR. CITY OF ANNA MARIA TO BACK UP MCSO DEP MATT KENYAN REF A SHOTS FIRED CALL. UPON ARRIVAL I SAW A WHITE FEMALE THAT I HAD PRIOR CONTACT WITH ON 11/30/18 REF HBPD COMPLAINT 20180819 CIVIL MATTER. I CONTACTED LILY HEARST WHO WAS SEATED ON THE GRASS IN THE FRONT YARD OF HER RESIDENCE. SHE WAS OBVIOUSLY INTOXICATED. DUE TO THE FACT THAT I HAD ESTABLISHED A RAPPORT WITH HER EARLIER, I SPOKE WITH HER TO CALM HER DOWN. THERE WERE ALLEGATIONS OF SHOTS BEING FIRED. I ASKED LILY WHO FIRED THE SHOTS, LILY STATED SHE KNEW NOTHING ABOUT "THAT". I ALSO HAD ESTABLISHED A RAPPORT WITH HER BOYFRIEND JEFFREY DEAN IN THE PRIOR HBPD 20180819 INCIDENT. WHEN I ASSISTED DEP KENYAN I ASKED JEFFREY WHO FIRED THE SHOTS, HE STATED "LILY". I WENT BACK TO LILY AND STATED THAT JEFFREY SAID SHE FIRED THE SHOTS. LILY STATED YES BECAUSE SHE WAS ANGRY ABOUT JEFFS NEW DOG. I STATED TO LILY THAT SHE COULD TALK TO DEP KENYAN, WHO WAS IN CHARGE, AND THAT DEP KENYAN IS A GOOD GUY, AND THAT SHE WOULD BE TREATED WITH RESPECT.

**ADDITIONAL ASSISTANCE:**

DEP KENYAN WAS THE RESPONDING OFFICER, I ASSISTED IN WITNESSING THE PHYSICAL ARREST OF LILY, WHICH WAS COMPLETED WITH NOMINAL INCIDENT. LILY WAS UPSET WHILE BEING PLACED IN DEP KENYAN'S PATROL CAR, AND AT ONE POINT SLIPPED HER HANDS FROM BEHIND HER BACK TO IN FRONT. DEP KENYAN PLACED HER HANDS AGAIN BEHIND HER BACK, CHECKING THE CUFFS FOR TENSION AND DOUBLE LOCKING EACH TIME. DEP KENYAN SECURED THE FIRE ARM AND TRANSPORTED LILY TO MCSO PORT JAIL.

**ASSISTING OFC:**

OFC A. DESANTIS WAS ON SCENE ALSO AND KEEP THE SCENE SECURE, AND ASSISTED WITH CONTROLLING 2 OF THE SUSPECTS DOGS.

**STATUS:**

CLOSED ASSIST TO MCSO

NARRATIVE

|   |   |   |   |
|---|---|---|---|
| Report Contains                           | Related Report Number(s)  | Name of Officer Reporting<br><b>OFC M. VANHORN</b>    | I.D. Number/Locator Code<br><b>338</b>            |
| Signature of Officer Reporting            | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                             | Unit<br><b>338</b>                                |
| Signature of Officer Reviewing            | Routed To   | Referred To   | Assigned To<br>By<br>Date<br>___/___/___          |
| Case Status                               | Clearance Type<br>1. Arrest<br>2. Exceptional<br>3. Unfounded         | A-Adult<br>J-Juvenile                                 | Date Cleared<br>___/___/___                       |
| Exception Type<br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody |
| Arrest Number                             |   | OBTS Number   | Number Arrested<br>Page<br>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   |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  | 20180823                       |  | COV/ANIMAL                    |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Original Day Reported                                   |  | Date  |   | Time (mil)  |  | Time Dispatched (mil)                             |  | Time Arrived (mil)                                       |  | Time Completed (mil)                             |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Sat   |  | 12/01/2018  |   | 1812  |  | 1814  |  |  |  | 2007   |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Incident Type   |  | Incident: Day   |   | Date  |  | Time (mil)  |  | Day  |  | Date   |  | Time (mil)                     |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                              |   | 5. Ordinance<br>9. Other                              |  | Sat   |  | 12/01/2018   |  | 1812   |  | To Sat                         |  | 12/01/2018                    |                        | 2007  |                  |   |  |                      |  |                          |  |   |  |
| OFF/INC #1  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                        |  | Statute Violation Number - Chapter, Section, Sub         |  | NCIC/UCR Code                                    |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 5   |  | COV/ANIMAL  |   |   |  | C   |  | 0 - 10 ( 10-1 )  |  | 0000   |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| OFF/INC #2  |  | Type  |   | Description   |  | A-Attempted<br>C-Committed                        |  | Statute Violation Number - Chapter, Section, Sub         |  | NCIC/UCR Code                                    |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Incident Location (Street Number, Street, Apt.)         |  | City  |   | Zip   |  | District  |  | Grid   |  | Area   |  | Zone                           |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 516 72ND STREET   |  | HOLMES BEACH  |   | 34217   |  | 00  |  | 00   |  | 00   |  | W80                            |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Business Name/Area Identifier                           |  | Forced Entry  |   | Occupancy   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  | 0. N/A<br>1. Yes  |   | 2. No<br>0  |  | 0. N/A<br>1. Occupied                             |  | 2. Unoccupied<br>3. Abandoned                            |  | 0  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Location Type   |  | 05. Convenience Store   |   | 10. Dept/Discount Store                               |  | 15. Industrial/Mfg.                               |  | 20. Religious Bldg.                                      |  | 25. Parking Lot/Garage                           |  | 30. Other Mobile               |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 01. Residence Single                                    |  | 06. Gas Station   |   | 11. Specialty Store                                   |  | 16. Storage                                       |  | 21. Airport  |  | 26. Highway/Roadway                              |  | 99. Other                      |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales  |   | 12. Drug Store/Hospital                               |  | 17. Gov't/Public Bldg.                            |  | 22. Bus/Rail Terminal                                    |  | 27. Park/Woodlands/Field                         |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub   |   | 13. Bank/Financial Inst.                              |  | 18. School/University                             |  | 23. Construction Site                                    |  | 28. Lake/Waterway                                |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 04. Hotel/Motel   |  | 09. Supermarket   |   | 14. Commercial/Office Bldg.                           |  | 19. Jail/Prison                                   |  | 24. Other Structure                                      |  | 29. Motor Vehicle                                |  | 01                             |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| # OFF/INC.  |  | # Victims   |   | # Offenders   |  | # Prem. Ent.                                      |  | # Veh. Stolen  |  | Type of Weapon                                   |  | 02. Rifle                      |  | 03. Shotgun                   |                        | 05. Knife/Cutting Instrument                              |                  | 07. Hands/Fist/Feet                           |  | 10. Fire/Incendiary  |  | 13. Drugs                |  |   |  |
| 1   |  | 1   |   | 1   |  | 0   |  | 0  |  | 00. N/A<br>01. Handgun                           |  | 04. Firearm                    |  | 06. Blunt Object              |                        | 09. Explosives  |                  | 11. Threat/Intimidation                       |  | 12. Simulated Weapon |  | 88. Unknown<br>99. Other |  |   |  |
| V/W Code  |  | Victim Type   |   | Race  |  | Sex   |  | Residence Type   |  | Residence Status                                 |  | Extent of Injury               |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult                  |   | 4. Business<br>5. Government<br>6. Church<br>9. Other |  | N - N/A<br>W - White<br>B - Black                 |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County |  | 3. Florida<br>4. Out-of-State |                        | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |                  | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal |  |                      |  |                          |  |   |  |
| Injury Type   |  | 03. Laceration  |   | 07. Loss of Teeth                                     |  | 00. N/A   |  | 03. Spouse   |  | 06. Parent                                       |  | 10. Step-Child                 |  | 14. Teacher                   |                        | 17. Friend  |                  | 21. Employer                                  |  |                      |  |                          |  |   |  |
| 00. N/A   |  | 04. Unconscious   |   | 08. Burns   |  | 01. Undetermined                                  |  | 04. Ex-Spouse  |  | 07. Brother/Sister                               |  | 11. In-Law                     |  | 15. Child of Boy/Girl         |                        | 18. Neighbor  |                  | 22. Landlord/Tenant                           |  |                      |  |                          |  |   |  |
| 01. Gunshot   |  | 05. Poss. Broken Bones  |   | 09. Abrasions/Bruises                                 |  | 02. Stranger                                      |  | 05. Co-Habitant  |  | 08. Child  |  | 12. Other Family               |  | 16. Boy/Girl Friend           |                        | 19. Sitter/Day Care                                       |                  | 23. Acquaintance                              |  |                      |  |                          |  |   |  |
| 02. Stabbed   |  | 06. Poss. Internal Injury   |   | 99. Other   |  |   |  |  |  | 09. Step-Parent                                  |  | 13. Student                    |  | 16. Boy/Girl Friend           |                        | 20. Employee  |                  | 99. Other Known                               |  |                      |  |                          |  |   |  |
| OFF/INC Indicator                                       |  | V/W Code  |   | #   |  | V. Type   |  | Name (Last, First, Middle or Business)                   |  | Residence Phone                                  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1   |   | V   |  | 1   |  | 5 STATE OF FLORIDA                                       |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Address (Street, Apt. Number)                           |  | City  |   | State   |  | Zip   |  | Business Phone   |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |   | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Res. Type                      |  | Res. Status                   |                        | Extent of Injury  |                  | Injury Type(s)                                |  | Relationship         |  | Ethnicity                |  | Will Victim prefer charge?  |  |
| 2   |  | N   |   | N   |  |   |  |  |  | 0  |  | 0                              |  | 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<br>2.#2                                     |  | 1   |   | V   |  | 1   |  | 5 STATE OF FLORIDA                                       |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Address (Street, Apt. Number)                           |  | City  |   | State   |  | Zip   |  | Business Phone   |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence   |   | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Res. Type                      |  | Res. Status                   |                        | Extent of Injury  |                  | Injury Type(s)                                |  | Relationship         |  | Ethnicity                |  | Will Victim prefer charge?  |  |
| 2   |  | N   |   | N   |  |   |  |  |  | 0  |  | 0                              |  | 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<br>2.#2                                     |  | S-Suspect E-Escapee<br>A-Arrestee M-Missing Z-other                   |   | A   |  | 1   |  | 2  |  | HAWKINS  |  | BRIAN                          |  | PATRICK                       |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Maiden Name   |  | Nickname/Street Name  |   | City  |  | State   |  | Zip  |  | Business Phone                                   |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Last Known Address (Street, Apt. Number)                |  | City  |   | State   |  | Zip   |  | Business Phone   |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 5072 BLACK BIRCH TRL                                    |  | MULBERRY  |   | FL  |  | 33860   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Occupation  |  | Employer/School   |   | Address   |  | Social Security Number                            |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| COMPUTER  |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Driver's License Number/State                           |  | Immigration and Naturalization Number                                 |   | Other I.D. Number                                     |  | OBTS Number (Arrested)                            |  | SCIC/NCIC  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| H252075862640   |  | FL  |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Clothing (Describe)                                     |  | Scars/Marks/Tatoos (Location/Describe)                                |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Race  |  | Sex   |   | Date of Birth   |  | Age   |  | Height   |  | Weight   |  | Eye Color                      |  | Hair Color                    |                        | Hair Length   |                  | Hair Style                                    |  |                      |  |                          |  |   |  |
| W   |  | M   |   | 07/24/1986  |  | 32  |  | 6-0  |  | 170  |  | BRO                            |  | RED                           |                        | S   |                  | S   |  |                      |  |                          |  |   |  |
| Complexion  |  | Build   |   | Facial Hair   |  | Teeth   |  | Speech/Voice   |  | Special Identifiers                              |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| LT  |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| NARRATIVE   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Person/Unit Notified                                    |  | Time  |   | Related Report Number(s)                              |  | Name of Officer Reporting                         |  | I.D. Number/Locator Code                                 |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  | OFC M. VANHORN                                    |  | 338  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)                                     |   | I.D. Number   |  | Unit  |  | Date   |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| SGT. J. PIERCE  |  |   |   | 309   |  |   |  | 12/02/2018   |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Signature of Officer Reviewing                          |  | Routed To   |   | Referred To   |  | Assigned To                                       |  | By   |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
|   |  |   |   |   |  |   |  |  |  |  |  |                                |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Case Status   |  | Clearance Type  |   | 1.Arrest<br>2.Exceptional                             |  | 3.Unfounded                                       |  | A-Adult<br>J-Juvenile                                    |  | Date Cleared                                     |  | Jail Number                    |  | Number Arrested               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| CA  |  |   |   | 1   |  |   |  | A  |  | 12/01/2018                                       |  |                                |  | 1                             |                        |   |                  |   |  |                      |  |                          |  |   |  |
| Exception Type  |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |   | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>6. Juvenile/No Custody |  | OBTS Number  |  | Page   |  | Page                           |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |
| 1.Extradition Declined                                  |  |   |   |   |  |   |  |  |  | 1  |  | 2                              |  |                               |                        |   |                  |   |  |                      |  |                          |  |   |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180823**

|     |   |
|-----|---|
| ADM | Date of Supplement<br>___/___/___           |
|     | Original Date Reported<br><b>12/01/2018</b> |

Case Reference  
**COV BARKING DOG**

|           |   |  |
|-----------|---|--|
| NARRATIVE | <p>I WAS DISPATCHED AT A COMPLAINT OF A BARKING DOG. UPON ARRIVAL I COULD CLEARLY HEAR THE DOG CONSTANTLY BARKING. I LOOKED INSIDE AND SEEN A WHITE IN COLOR SCHNAUZER BREED BARKING, A SECOND BLACK IN COLOR DOG STARTED BARKING AS I KNOCKED, BUT QUIT QUICKLY AS I LEFT. THIS BARKING CONTINUED FOR OVER 20 MINS. I LEFT AREA AFTER LEAVING A BUSINESS CARD ON THE DOOR OF THE RESIDENCE, AND DROVE TO 74TH STREET AND WAS STILL ABLE TO HEAR THE DOG(S) BARKING. I MADE CONTACT WITH THE ORIGINAL COMPLAINANTS WHO DID NOT WANT TO BE LISTED, BUT STATED THEY HAVE HEARD THE DOG BARKING AT THE RENTAL RESIDENCE PRIOR FOR OVER A 4HR TIME FRAME.</p> <p>RECONTACT WITH DOG OWNER:</p> <p>APPROXIMATELY ONE HOUR LATER I WENT BACK TO THE RESIDENCE TO SEE IF THE DOG WAS STILL BARKING. I OBSERVED A GOLF CART THAT WAS NOT AT THE RESIDENCE UPON MY INITIAL ARRIVAL.</p> <p>COV CITATION:</p> <p>BRIAN PATRICK HAWKINS W/M 7/24/1986 WAS GIVEN A COV CITATION, AND WAS COOPERATIVE BY SIGNING THE COURT COPY. HE ASKED IF HE COULD PAY THE FINE BY PHONE TONIGHT, AND HE WAS ADVISED TO CALL ON MONDAY TO MAKE PAYMENT ARRANGEMENTS.</p> <p>SUSPECT CANINE:</p> <p>WHITE IN COLOR SCHNAUZER, GOES BY THE NAME OF "CONNER, 7 YEARS OF AGE APPROXIMATELY 15-20LBS. CONNER WAS NOT CONTACTED OR INTERVIEWED.</p> <p>STATUS:</p> <p>CLOSED BY ARREST COV CITATION</p> |  |
|           | <div style="text-align: center; font-size: 48px; opacity: 0.5;"> </div>   |  |

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

|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|---|---|--|--|---|------------------------|---|----------------------------|--|------------------------|---|-------------|--|--|---|--|--|--|---|---|---|---|--|-------------------------------|--|
| FL0410400   |   | Gang Related   | 2                                      | <b>OFFENSE-INCIDENT REPORT</b>  |                        |   |                            |  |                        |   |             |  |  | 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<br>_/_/____              |  |  | <b>Holmes Beach Police Department</b>                                 |                        |   |                            |  |                        |   |             |  |  | Agency Report Number<br>20180824                                  |  | Primary Offense Description<br>CIVIL                                       |  |   |   |   |   |  |                               |  |
| EVENT DATA  | Original Day Reported                       | Date   |  | Time (mil)  |                        | Time Dispatched (mil)                                 |                            | Time Arrived (mil)   |                        | Time Completed (mil)  |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   | Sat   | 12/01/2018   |  | 2050  |                        | 2050  |                            | 2050   |                        | 2153  |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   | Incident Type                               | Date   |  | Time (mil)  |                        | Day   |                            | Date   |                        | Time (mil)  |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   | 1. Felony<br>2. Traffic Felony              | 3. Misdemeanor<br>4. Traffic Misdemeanor   |  | 5. Ordinance<br>9. Other  |                        | Incident: Day   |                            | Date   |                        | Time (mil)  |             | Day  |  | Date  |  | Time (mil)   |  |   |   |   |   |  |                               |  |
|   | Sat   | 12/01/2018   |  | 2050  |                        | Sat   |                            | 12/01/2018   |                        | 2153  |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| OFF/INC #1  | Type  | Description  |  | A-Attempted<br>C-Committed  |                        | Statute Violation Number - Chapter, Section, Sub      |                            | NCIC/UCR Code  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| 9   | CIVIL                                       |  |  | C   |                        | 0 - 0 ( 0 )   |                            | 0000   |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| OFF/INC #2  | A-Attempted<br>C-Committed                  |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Incident Location (Street Number, Street, Apt.)                                       |   |  |  |   |                        |   |                            |  |                        |   |             |  | City   | Zip   | District   | Grid   | Area   | Zone  |   |   |   |  |                               |  |
| 401 74TH STREET   |   |  |  |   |                        |   |                            |  |                        |   |             |  | HOLMES BEACH   | 34217   | 00   | 00   | 00   | W80   |   |   |   |  |                               |  |
| Business Name/Area Identifier   |   |  |  |   |                        |   |                            |  |                        |   |             |  | Fenced Entry   |   | Occupancy  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  | 0. N/A<br>1. Yes   |   | 0. N/A<br>1. Occupied  |  | 2. Unoccupied<br>3. Abandoned  |   |   |   |   |  |                               |  |
| Location Type   |   |  |  |   |                        |   |                            |  |                        |   |             |  | 01   |   |  |  |  |   |   |   |   |  |                               |  |
| 01. Residence Single<br>02. Apartment/Condo<br>03. Residence-Other<br>04. Hotel/Motel |   |  |  |   |                        |   |                            |  |                        |   |             |  | 05. Convenience Store<br>06. Gas Station<br>07. Liquor Sales<br>08. Bar/Nightclub<br>09. Supermarket |   | 10. Dept/Discount Store<br>11. Specialty Store<br>12. Drug Store/Hospital<br>13. Bank/Financial Inst.<br>14. Commercial/Office Bldg. |  | 15. Industrial/Mfg.<br>16. Storage<br>17. Gov't/Public Bldg.<br>18. School/University<br>19. Jail/Prison |   | 20. Religious Bldg.<br>21. Airport<br>22. Bus/Rail Terminal<br>23. Construction Site<br>24. Other Structure |   | 25. Parking Lot/Garage<br>26. Highway/Roadway<br>27. Park/Woodlands/Field<br>28. Lake/Waterway<br>29. Motor Vehicle |  | 30. Other Mobile<br>99. Other |  |
| # OFF/INC.  | # Victims                                   | # Offenders  | # Prem. Ent.                           | # Veh. Stolen   | Type of Weapon         | 02. Rifle<br>03. Shotgun<br>04. Firearm               |                            | 05. Knife/Cutting Instrument<br>06. Blunt Object                 |                        | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives             |             | 10. Fire/Incendiary<br>11. Threat/Intimidation<br>12. Simulated Weapon |  | 13. Drugs<br>88. Unknown<br>99. Other                             |  | 00   |  |   |   |   |   |  |                               |  |
| 01  | 00  | 00   | 00                                     | 00  | 00. N/A<br>01. Handgun |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| V/W Code  |   | Victim Type  |  | Race  |                        | Sex   |                            | Residence Type   |                        | Residence Status  |             | Extent of Injury   |  |   |  |  |  |   |   |   |   |  |                               |  |
| V - Victim<br>W - Witness<br>C - Reporting Person                                     |   | 0 - Other  |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult                  |                        | 4. Business<br>5. Government<br>6. Church<br>9. Other |                            | N - N/A<br>W - White<br>B - Black                                |                        | I - American Indian<br>O - Oriental/Asian<br>U - Unknown        |             | N - N/A<br>M - Male<br>F - Female<br>U - Unknown                       |  | 0. N/A<br>1. City<br>2. County                                    |  | 3. Florida<br>4. Out-of-State  |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident |   | 0. None<br>1. Minor<br>2. Serious<br>3. Fatal |   |  |                               |  |
| Injury Type   |   | Victim Relationship To Offender  |  | 00. N/A<br>01. Undetermined<br>02. Stranger                           |                        | 03. Spouse<br>04. Ex-Spouse<br>05. Co-Habitant        |                            | 06. Parent<br>07. Brother/Sister<br>08. Child<br>09. Step-Parent |                        | 10. Step-Child<br>11. In-Law<br>12. Other Family<br>13. Student |             | 14. Teacher<br>15. Child of Boy/Girl<br>Friend<br>16. Boy/Girl Friend  |  | 17. Friend<br>18. Neighbor<br>19. Sitter/Day Care<br>20. Employee |  | 21. Employer<br>22. Landlord/Tenant<br>23. Acquaintance<br>99. Other Known |  |   |   |   |   |  |                               |  |
| 00. N/A<br>01. Gunshot<br>02. Stabbed   |   | 03. Laceration<br>04. Unconscious<br>05. Poss. Broken Bones<br>06. Poss. Internal Injury |  | 07. Loss of Teeth<br>08. Burns<br>09. Abrasions/Bruises<br>99. Other  |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| OFF/INC Indicator   | V/W Code                                    | #  | V. Type                                | Name (Last, First, Middle or Business)                                |                        |   |                            | City   |                        | State   | Zip         | Residence Phone  |  |   |  |  |  |   |   |   |   |  |                               |  |
| 1.#1 3.Both<br>2.#2   | 1   | C  | 01                                     | KLEBER  |                        |   |                            | JENNIFER HELEN   |                        | FL  | 34207       | 941 237-7796   |  |   |  |  |  |   |   |   |   |  |                               |  |
| Address (Street, Apt. Number)   |   |  |  |   |                        |   |                            |  |                        |   |             |  | 1808 ROSLYN AVE  |   | BRADENTON  |  | FL   |   | 34207   |   | Business Phone  |  |                               |  |
| Other Contact Info. (Time Available, Interpreter, etc.)                               |   |  |  |   |                        |   |                            |  |                        |   |             |  | Synopsis of Involvement  |   | REPORTING PARTY  |  |  |   |   |   |   |  |                               |  |
| If V/W Code is V, W or C Fill in this Line  | Dom. Violence                               | Race   | Sex                                    | Date of Birth   | Age                    | Res. Type   | Res. Status                | Extent of Injury   | Injury Type(s)         | Relationship  | Ethnicity   | Will Victim prefer charge?   |  |   |  |  |  |   |   |   |   |  |                               |  |
| 2   | W   | F  | 07/25/1971                             | 47  | 2                      | 1   | 0                          | 00   | 00                     | 00  | N           | Yes <input type="checkbox"/> No <input type="checkbox"/>               |  |   |  |  |  |   |   |   |   |  |                               |  |
| OFF/INC Indicator   | V/W Code                                    | #  | V. Type                                | Name (Last, First, Middle or Business)                                |                        |   |                            | City   |                        | State   | Zip         | Residence Phone  |  |   |  |  |  |   |   |   |   |  |                               |  |
| 1.#1 3.Both<br>2.#2   | 1   | O  | 01                                     | MEYER   |                        |   |                            | RICHARD DENNIS   |                        | FL  | 34217       |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Address (Street, Apt. Number)   |   |  |  |   |                        |   |                            |  |                        |   |             |  | 401 74TH STREET  |   | HOLMES BEACH   |  | FL   |   | 34217   |   | Business Phone  |  |                               |  |
| Other Contact Info. (Time Available, Interpreter, etc.)                               |   |  |  |   |                        |   |                            |  |                        |   |             |  | Synopsis of Involvement  |   | TEMPORARY FOSTER PARENT  |  |  |   |   |   |   |  |                               |  |
| 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  | 06/24/1960                             | 58  | 1                      | 1   | 0                          | 00   | 00                     | 00  | N           | 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<br>2.#2   | S-Suspect E-Escapee<br>A-Arrestee M-Missing |  | R-Rec. Missing<br>Z-other              |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Last Known Address (Street, Apt. Number)  |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   | Business Phone  |  |                               |  |
| Occupation  |   |  | Employer/School                        |   |                        | Address   |                            |  |                        |   |             |  | Social Security Number   |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Driver's License Number/State   |   |  | Immigration and Naturalization Number  |   |                        | Other I.D. Number                                     |                            |  | OBTS Number (Arrested) |   | SCIC/NCIC   |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Clothing (Describe)   |   |  | Scars/Marks/Tatoos (Location/Describe) |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Race  | Sex   | Date of Birth  |  | Age   | Height                 | Weight  | Eye Color                  | Hair Color   | Hair Length            |   | Hair Style  |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Complexion  |   | Build  | Facial Hair                            | Teeth   | Speech/Voice           | Special Identifiers                                   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| SEE NARRATIVE   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| ADMINISTRATIVE  | Person/Unit Notified                        |  |  | Time  |                        |   | Related Report Number(s)   |  |                        | Name of Officer Reporting                                       |             |  | I.D. Number/Locator Code   |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        | A. DESANTIS   |             |  | 336  |   |  |  |  |   |   |   |   |  |                               |  |
|   | Signature of Officer Reporting              |  |  | Officer Reviewing (If Applicable)                                     |                        |   | I.D. Number                |  |                        | Unit  |             |  | Date   |   |  |  |  |   |   |   |   |  |                               |  |
|   | SGT. J. PIERCE                              |  |  |   |                        |   | 309                        |  |                        |   |             |  | 12/02/2018   |   |  |  |  |   |   |   |   |  |                               |  |
| Signature of Officer Reviewing  |   |  | Routed To                              |   |                        | Referred To   |                            |  | Assigned To            |   |             | By   |  |   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Case Status   |   | Clearance Type   |  | 1.Arrest<br>2.Exceptional   |                        | 3.Unfounded   |                            | A-Adult<br>J-Juvenile  |                        | Date Cleared  |             | Jail Number  |  | Number Arrested   |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             |  |  |   |  |  |  |   |   |   |   |  |                               |  |
| Exception Type  |   | 1.Extradition Declined   |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |                        | 3. Death of Offender<br>4. V / W Refused to Cooperate |                            | 5. Prosecution Declined<br>6. Juvenile/No Custody                |                        | OBTS Number   |             | Page   |  | Page  |  |  |  |   |   |   |   |  |                               |  |
|   |   |  |  |   |                        |   |                            |  |                        |   |             | 1  |  | of 2  |  |  |  |   |   |   |   |  |                               |  |

# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20180824**

|     |   |
|-----|---|
| ADM | Date of Supplement<br>___/___/___           |
|     | Original Date Reported<br><b>12/01/2018</b> |

Case Reference  
**CIVIL**

NARRATIVE

ON 12/01/18, WHILE AT 'ISOLA BELLA ITALIAN EATERY' PARKING LOT (5904 MARINA DR), I WAS APPROACHED BY (JENNIFER KLEBER). (KLEBER) REQUESTED MY ASSISTANCE WITH RETRIEVING HER CELL PHONE AND CREDIT CARDS THAT SHE STATED WERE AT 401 74TH ST.(KLEBER) STATED SHE REMEMBERED PUTTING HER PHONE DOWN ON THE COUCH IN THE RESIDENCE WHEN SHE WAS VISITING. (KLEBER) STATED SHE ASKED (MEYER) FOR IT AND HE STATED IT WAS NOT THERE. (KLEBER) THOUGHT (MEYER) WAS NOT BEING TRUTHFUL, STATING TO ME HE WANTED TO BE IN CONTROL OF HER BY TAKING HER CREDIT CARDS AND GETTING ON HER PHONE. (KLEBER) WAS UNAWARE IF SHE HAD A TRACKING APP ON HER PHONE TO ASSIST LOCATING IT. (KLEBER) DID NOT APPEAR TO BE 100% SURE SHE HAD LEFT HER PHONE AT (MEYER'S). (KLEBER) REQUESTED THAT I MAKE CONTACT WITH (MEYER) AND ASK IF HER CELL PHONE WAS THERE AND FOR HER CREDIT CARDS. (KLEBER) STATED SHE WAS GOING TO VISIT HER MOTHER IN OCALA AND NEEDED GAS AND HER PHONE.

SGT. J. PIERCE, OFC. M. VANHORN AND I MADE CONTACT WITH (MEYER) AT HIS RESIDENCE.

(MEYER) STATED HE DID NOT HAVE (KLEBER'S) CELL PHONE AND CREDIT CARDS. (MEYER) STATED HE HAD BEEN TRYING TO HELP (KLEBER). (MEYER) STATED (KLEBER) ONLY CAME AROUND WHEN SHE WANTED MONEY. I CALLED (KLEBER'S) PHONE WHILE INSIDE (MEYER'S) RESIDENCE AND DID NOT HEAR ANY RINGING OR VIBRATING COMING FROM INSIDE THE RESIDENCE. (MEYER) HANDED US A \$20 BILL, REQUESTING WE GIVE IT TO (KLEBER) FOR GAS TO HELP HER.

WE WENT BACK TO 5904 MARINA DR TO MEET WITH (KLEBER). WE ADVISED (KLEBER) WE DID NOT LOCATE HER PHONE AND (MEYER) STATED IT WAS NOT THERE. (KLEBER) RECEIVED THE \$20 FROM (MEYER). (KLEBER) DEPARTED THE AREA.

LATER THAT NIGHT, (MEYER) CONTACTED HYPD STATING SOMEONE IN OCALA LOCATED (KLEBER'S) PHONE AT A GARAGE SALE.

|  |   |  |   |   |
|--|---|--|---|---|
| ADMINISTRATIVE                           | Report Contains   | Related Report Number(s)                                   | Name of Officer Reporting<br><b>A. DESANTIS</b>   | I.D. Number/Locator Code<br><b>336</b>          |
|  | Signature of Officer Reporting  | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b> | I.D. Number<br><b>309</b>                         | Unit<br><b>12/02/2018</b>                       |
|  | Signature of Officer Reviewing  | Routed To  | Referred To                                       | Assigned To<br>By<br>Date<br>___/___/___        |
|  | Case Status   | Clearance Type<br>1.Arrest<br>2.Exceptional                | 3.Unfounded<br>4. V / W Refused to Cooperate      | A-Adult<br>J-Juvenile                           |
| Exception Type<br>1.Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender                                       | 5. Prosecution Declined<br>6. Juvenile/No Custody | Arrest Number<br>OBTS Number                    |
|  |   |  |   | Number Arrested<br>Page<br><b>2</b> of <b>2</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        |  |  |  | 20180826                  |  |                              |  | Primary Offense Description |  |                         |  | WARRANT ARREST           |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Original Day Reported  |  | Date                                  |  | Time (mil)                             |  | Time Dispatched (mil)                  |  | Time Arrived (mil)          |  | Time Completed (mil)                             |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Mon  |  | 12/03/2018                            |  | 1733                                   |  | 1733                                   |  | 1734                        |  | 1824   |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Incident Type  |  | Incident: Day                         |  | Date                                   |  | Time (mil)                             |  | Day                         |  | Date   |  | Time (mil)                |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 1. Felony  |  | 3. Misdemeanor                        |  | 5. Ordinance                           |  | Incident: From                         |  | To                          |  | Date   |  | Time (mil)                |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 2. Traffic Felony  |  | 4. Traffic Misdemeanor                |  | 9. Other                               |  | Mon                                    |  | Mon                         |  | 12/03/2018                                       |  | 1730                      |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | OFF/INC #1   |  | Type                                  |  | Description                            |  | A-Attempted                            |  | C-Committed                 |  | Statute Violation Number - Chapter, Section, Sub |  | NCIC/UCR Code             |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 1  |  | WARRANT                               |  |  |  | C                                      |  | 901                         |  | - 16 ( )   |  | 2800                      |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | OFF/INC #2   |  | Type                                  |  | Description                            |  | A-Attempted                            |  | C-Committed                 |  | Statute Violation Number - Chapter, Section, Sub |  | NCIC/UCR Code             |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  |                                       |  |  |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Incident Location (Street Number, Street, Apt.)  |  |                                       |  | City                                   |  |  |  | Zip                         |  |  |  | District                  |  |                              |  | Grid                        |  |                         |  | Area                     |  |           |  | Zone   |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 3900   |  |                                       |  | EAST BAY DRIVE                         |  |  |  | HOLMES BEACH                |  |  |  | 34217                     |  |                              |  |                             |  |                         |  |                          |  |           |  | W80  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Business Name/Area Identifier  |  |                                       |  | Forced Entry                           |  |  |  | Occupancy                   |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | PUBLIX   |  |                                       |  | 0. N/A                                 |  |  |  | 1. Yes                      |  |  |  | 2. No                     |  |                              |  | 0                           |  |                         |  | 0. N/A                   |  |           |  | 2. Unoccupied  |  |  |  | 3. Abandoned |  |  |  | 0 |  |  |  |
|           |  | Location Type  |  |                                       |  | 05. Convenience Store                  |  |  |  | 10. Dept/Discount Store     |  |  |  | 15. Industrial/Mfg.       |  |                              |  | 20. Religious Bldg.         |  |                         |  | 25. Parking Lot/Garage   |  |           |  | 30. Other Mobile   |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 01. Residence Single   |  |                                       |  | 06. Gas Station                        |  |  |  | 11. Specialty Store         |  |  |  | 16. Storage               |  |                              |  | 21. Airport                 |  |                         |  | 26. Highway/Roadway      |  |           |  | 99. Other Mobile   |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 02. Apartment/Condo  |  |                                       |  | 07. Liquor Sales                       |  |  |  | 12. Drug Store/Hospital     |  |  |  | 17. Govt/Public Bldg.     |  |                              |  | 22. Bus/Rail Terminal       |  |                         |  | 27. Park/Woodlands/Field |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 03. Residence-Other  |  |                                       |  | 08. Bar/Nightclub                      |  |  |  | 13. Bank/Financial Inst.    |  |  |  | 18. School/University     |  |                              |  | 23. Construction Site       |  |                         |  | 28. Lake/Waterway        |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 04. Hotel/Motel  |  |                                       |  | 09. Supermarket                        |  |  |  | 14. Commercial/Office Bldg. |  |  |  | 19. Jail/Prison           |  |                              |  | 24. Other Structure         |  |                         |  | 29. Motor Vehicle        |  |           |  | 25   |  |  |  |              |  |  |  |   |  |  |  |
|           |  | # 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                |  | 99. Other |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 1  |  | 1                                     |  | 1                                      |  | 0                                      |  | 0                           |  | 00. N/A  |  | 03. Shotgun               |  | 06. Blunt Object             |  | 08. Poison                  |  | 11. Threat/Intimidation |  | 88. Unknown              |  | 99. Other |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 01. Handgun  |  | 04. Firearm                           |  | 06. Blunt Object                       |  | 09. Explosives                         |  | 12. Simulated Weapon        |  | 13. Drugs  |  | 99. Other                 |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | VW Code  |  | Victim Type                           |  | Race                                   |  | Sex                                    |  | Residence Type              |  | Residence Status                                 |  | Extent of Injury          |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | V - Victim   |  | 0. N/A                                |  | N - N/A                                |  | N - N/A                                |  | 0. N/A                      |  | 0. N/A   |  | 0. None                   |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | W - Witness  |  | 1. Juvenile                           |  | W - White                              |  | M - Male                               |  | 1. City                     |  | 1. Full Year                                     |  | 1. Minor                  |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | C - Reporting Person   |  | 2. L.E. Officer                       |  | B - Black                              |  | F - Female                             |  | 2. County                   |  | 2. Part Year                                     |  | 2. Serious                |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  | 3. Adult                              |  | U - Unknown                            |  | U - Unknown                            |  | 3. Florida                  |  | 3. Non-Resident                                  |  | 3. Fatal                  |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Injury Type  |  | 03. Laceration                        |  | 07. Loss of Teeth                      |  | 06. Parent                             |  | 10. Step-Child              |  | 14. Teacher                                      |  | 21. Employer              |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 00. N/A  |  | 04. Unconscious                       |  | 08. Burns                              |  | 07. Brother/Sister                     |  | 11. In-Law                  |  | 15. Child of Boy/Girl                            |  | 22. Landlord/Tenant       |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 01. Gunshot  |  | 05. Poss. Broken Bones                |  | 09. Abrasions/Bruises                  |  | 08. Child                              |  | 12. Other Family            |  | 17. Friend                                       |  | 23. Acquaintance          |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 02. Stabbed  |  | 06. Poss. Internal Injury             |  | 99. Other                              |  | 09. Step-Parent                        |  | 13. Student                 |  | 16. Boy/Girl Friend                              |  | 99. Other Known           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | OFF/INC Indicator  |  | VW Code #                             |  | V. Type                                |  | Name (Last, First, Middle or Business) |  | Residence Phone             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 1.#1 3.Both  |  | 1                                     |  | 5                                      |  | STATE OF FLORIDA                       |  | -                           |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 2.#2   |  |                                       |  |  |  |  |  | -                           |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Address (Street, Apt. Number)  |  |                                       |  | City                                   |  |  |  | State                       |  |  |  | Zip                       |  |                              |  | Business Phone              |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  |                                       |  |  |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Other Contact Info. (Time Available, Interpreter, etc.)  |  |                                       |  | Synopsis of Involvement                |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | If VW Code is V, W or C Fill in this Line  |  | Dom. Violence                         |  | 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                                      |  |  |  |                             |  |  |  | 3                         |  | 1                            |  | 0                           |  | 00 00                   |  | 00                       |  |           |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |              |  |  |  |   |  |  |  |
|           |  | OFF/INC Indicator  |  | VW Code #                             |  | V. Type                                |  | Name (Last, First, Middle or Business) |  | Residence Phone             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 1.#1 3.Both  |  | 1                                     |  | 5                                      |  | STATE OF FLORIDA                       |  | -                           |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 2.#2   |  |                                       |  |  |  |  |  | -                           |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Address (Street, Apt. Number)  |  |                                       |  | City                                   |  |  |  | State                       |  |  |  | Zip                       |  |                              |  | Business Phone              |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  |                                       |  |  |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Other Contact Info. (Time Available, Interpreter, etc.)  |  |                                       |  | Synopsis of Involvement                |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | If VW Code is V, W or C Fill in this Line  |  | Dom. Violence                         |  | 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                                      |  |  |  |                             |  |  |  | 3                         |  | 1                            |  | 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                             |  | A                                      |  | 1                                      |  | 2                           |  | TELLIER II                                       |  | -                         |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 2.#2   |  | E-Escapee                             |  |  |  |  |  |                             |  |  |  | -                         |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Address (Street, Apt. Number)  |  |                                       |  | City                                   |  |  |  | State                       |  |  |  | Zip                       |  |                              |  | Business Phone              |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 4502 3RD ST CIR W, 244   |  |                                       |  | BRADENTON                              |  |  |  | FL                          |  |  |  | 34207                     |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 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                   |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | T-460-392-70-264-0   |  |                                       |  | FL                                     |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Clothing (Describe)  |  |                                       |  | Scars/Marks/Tatoos (Location/Describe) |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | WHITE SHIRT, BLUE JEANS  |  |                                       |  |  |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Race   |  | Sex                                   |  | Date of Birth                          |  | Age                                    |  | Height                      |  | Weight   |  | Eye Color                 |  | Hair Color                   |  | Hair Length                 |  | Hair Style              |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | W  |  | M                                     |  | 07/24/1970                             |  | 48                                     |  | 511                         |  | 140  |  | BRO                       |  | BRO                          |  | M                           |  | W                       |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Complexion   |  | Build                                 |  | Facial Hair                            |  | Teeth                                  |  | Speech/Voice                |  | Special Identifiers                              |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | MED  |  | THN                                   |  | C                                      |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | WHILE INVESTIGATING A RECKLESS DRIVER IN THE PARKING LOT OF PUBLIX, THE PASSENGER IN THE VEHICLE IDENTIFIED HIS SELF AS HENRY TELLIER, AND STATED "I THINK I HAVE A WARRANT". I OBTAINED HIS FLORIDA DRIVERS LICENSE AND RAN HIS INFORMATION THROUGH NCIC/FCIC. THE RESULTS ADVISED MR. TELLIER HAD AN ACTIVE WARRANT OUT OF MSO FOR AGGRAVATED ASSAULT. MSO TELETYPE CONFIRMED THE ACTIVE WARRANT AND REQUESTED HIS ARREST. AT THIS TIME, I PLACED MR. TELLIER INTO DOUBLE LOCKED HANDCUFFS. MR. TELLIER WAS THEN TRANSPORTED TO 75TH AND MANATEE AVE, WHERE HE WAS TURNED OVER TO MSO TRANSPORT. THE DRIVER OF THE RECKLESS VEHICLE WAS RELEASED FROM THE SCENE DUE TO NO RECKLESS OR ABNORMAL DRIVING PATTERNS HAVING BEEN OBSERVED. NO FURTHER ACTION WAS TAKEN. |  |                                       |  |  |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Person/Unit Notified   |  |                                       |  | Time                                   |  |  |  | Related Report Number(s)    |  |  |  | Name of Officer Reporting |  |                              |  | I.D. Number/Locator Code    |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  |                                       |  |  |  |  |  |                             |  |  |  | J. BETTS                  |  |                              |  | 337                         |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Signature of Officer Reporting   |  |                                       |  | Officer Reviewing (If Applicable)      |  |  |  | I.D. Number                 |  |  |  | Unit                      |  |                              |  | Date                        |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  |                                       |  | SGT. COPEMAN                           |  |  |  | 307                         |  |  |  | HB11                      |  |                              |  | 12/03/2018                  |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Signature of Officer Reviewing   |  |                                       |  | Routed To                              |  |  |  | Referred                    |  |  |  | Assigned To               |  |                              |  | By                          |  |                         |  | Date                     |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  |  |  |                                       |  |  |  |  |  |                             |  |  |  |                           |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Case Status  |  | Clearance Type                        |  | 1. Arrest                              |  | 3. Unfounded                           |  | A-Adult                     |  | Date Cleared                                     |  | Jail Number               |  | Number Arrested              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | CA   |  |                                       |  | 1                                      |  | 1                                      |  | A                           |  | 12/03/2018                                       |  |                           |  | 1                            |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | Exception Type   |  | 2. Arrest on Primary Offense          |  | 3. Death of Offender                   |  | 5. Prosecution Declined                |  | OBTS Number                 |  | Page   |  | Page                      |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |
|           |  | 1. Extradition Declined  |  | Secondary Offense Without Prosecution |  | 4. V / W Refused to Cooperate          |  | 6. Juvenile/No Custody                 |  |                             |  | 1  |  | 1                         |  |                              |  |                             |  |                         |  |                          |  |           |  |  |  |  |  |              |  |  |  |   |  |  |  |

| FL0410400   |  | Gang Related  |  | 2   |  | OFFENSE-INCIDENT REPORT                               |  |   |  | Juvenile in Report: <input checked="" type="checkbox"/> N |  | Juvenile Warn/Dismiss: <input type="checkbox"/>  |  | 1. Original                                      |  | 2. Supplement: <input checked="" type="checkbox"/> 1 |  |  |  |   |  |           |  |   |  |
|---|--|---|--|---|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|---|--|-----------|--|---|--|
| Date of Supplement                                      |  | Holmes Beach Police Department                      |  |   |  | Agency Report Number                                  |  |   |  | Primary Offense Description                               |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 20180827  |  | COV/OTHER   |  |   |  | 2205  |  | 2206  |  | 2207  |  | 2228   |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Original Day Reported                                   |  | Date  |  | Time (mil)  |  | Time Dispatched (mil)                                 |  | Time Arrived (mil)                                |  | Time Completed (mil)                                      |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Wed   |  | 12/05/2018  |  | 2205  |  | 2206  |  | 2207  |  | 2228  |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Incident Type   |  | Incident: Day                                       |  | Date  |  | Time (mil)  |  | Day   |  | Date  |  | Time (mil)                                       |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 1. Felony<br>2. Traffic Felony                          |  | 3. Misdemeanor<br>4. Traffic Misdemeanor            |  | 5. Ordinance<br>9. Other  |  | Wed   |  | 12/05/2018  |  | 2150  |  | Wed  |  | 12/05/2018                                       |  | 2228   |  |  |  |   |  |           |  |   |  |
| OFF/INC #1  |  | Type  |  | Description   |  | A-Attempted<br>C-Committed                            |  | Statute Violation Number - Chapter, Section, Sub  |  | NCIC/UCR Code   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 5   |  | COV/OTHER   |  | C   |  | 0 - 0 ( 0 )   |  | 0000  |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| OFF/INC #2  |  | A-Attempted<br>C-Committed                          |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Incident Location (Street Number, Street, Apt.)         |  | City  |  | Zip   |  | District  |  | Grid  |  | Area  |  | Zone   |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 101 47TH STREET   |  | HOLMES BEACH  |  | 34217   |  | 00  |  | 00  |  | 00  |  | W80  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Business Name/Area Identifier                           |  | Forced Entry  |  | Occupancy   |  | 0. N/A<br>1. Yes                                      |  | 2. No   |  | 0   |  | 0. N/A<br>1. Occupied                            |  | 2. Unoccupied<br>3. Abandoned                    |  |  |  |  |  |   |  |           |  |   |  |
| 0   |  | 0   |  | 0   |  | 0   |  | 0   |  | 0   |  | 0  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Location Type   |  | 05. Convenience Store                               |  | 10. Dept/Discount Store   |  | 15. Industrial/Mfg.                                   |  | 20. Religious Bldg.                               |  | 25. Parking Lot/Garage                                    |  | 30. Other Mobile                                 |  | 99. Other  |  |  |  |  |  |   |  |           |  |   |  |
| 01. Residence Single                                    |  | 06. Gas Station                                     |  | 11. Specialty Store   |  | 16. Storage   |  | 21. Airport                                       |  | 26. Highway/Roadway                                       |  | 30. Other Mobile                                 |  | 99. Other  |  |  |  |  |  |   |  |           |  |   |  |
| 02. Apartment/Condo                                     |  | 07. Liquor Sales                                    |  | 12. Drug Store/Hospital   |  | 17. Gov't/Public Bldg.                                |  | 22. Bus/Rail Terminal                             |  | 27. Park/Woodlands/Field                                  |  | 28. Lake/Waterway                                |  | 29. Motor Vehicle                                |  |  |  |  |  |   |  |           |  |   |  |
| 03. Residence-Other                                     |  | 08. Bar/Nightclub                                   |  | 13. Bank/Financial Inst.  |  | 18. School/University                                 |  | 23. Construction Site                             |  | 28. Lake/Waterway   |  | 29. Motor Vehicle                                |  | 01   |  |  |  |  |  |   |  |           |  |   |  |
| 04. Hotel/Motel   |  | 09. Supermarket                                     |  | 14. Commercial/Office Bldg.   |  | 19. Jail/Prison                                       |  | 24. Other Structure                               |  | 29. Motor Vehicle   |  | 01   |  |  |  |  |  |  |  |   |  |           |  |   |  |
| # OFF/INC.  |  | # Victims   |  | # Offenders   |  | # Prem. Ent.  |  | # Veh. Stolen                                     |  | Type of Weapon  |  | 02. Rifle<br>03. Shotgun<br>04. Firearm          |  | 05. Knife/Cutting Instrument<br>06. Blunt Object |  | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives  |  | 10. Fire/Incendiary<br>11. Threat/Intimidation<br>12. Simulated Weapon |  | 13. Drugs<br>88. Unknown<br>99. Other         |  |           |  |   |  |
| 01  |  | 01  |  | 01  |  | 00  |  | 00  |  | 01. Handgun   |  | 02. Rifle<br>03. Shotgun<br>04. Firearm          |  | 05. Knife/Cutting Instrument<br>06. Blunt Object |  | 07. Hands/Fist/Feet<br>08. Poison<br>09. Explosives  |  | 10. Fire/Incendiary<br>11. Threat/Intimidation<br>12. Simulated Weapon |  | 13. Drugs<br>88. Unknown<br>99. Other         |  |           |  |   |  |
| V/W Code  |  | Victim Type   |  | Race  |  | Sex   |  | Residence Type                                    |  | Residence Status  |  | Extent of Injury                                 |  |  |  |  |  |  |  |   |  |           |  |   |  |
| V - Victim<br>W - Witness<br>C - Reporting Person       |  | 0 - Other   |  | 0. N/A<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult                  |  | 4. Business<br>5. Government<br>6. Church<br>9. Other |  | N - N/A<br>W - White<br>B - Black                 |  | I - American Indian<br>O - Oriental/Asian<br>U - Unknown  |  | N - N/A<br>M - Male<br>F - Female<br>U - Unknown |  | 0. N/A<br>1. City<br>2. County                   |  | 3. Florida<br>4. Out-of-State                        |  | 0. N/A<br>1. Full Year<br>2. Part Year<br>3. Non-Resident              |  | 0. None<br>1. Minor<br>2. Serious<br>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                                       |  | 13. Student   |  | 13. Student                                      |  | 16. Boy/Girl Friend                              |  | 20. Employee   |  | 99. Other Known  |  |   |  |           |  |   |  |
| OFF/INC Indicator                                       |  | V/W Code  |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)            |  | Residence Phone   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1   |  | V   |  | 01  |  | 5   |  | CITY OF HOLMES BEACH                                      |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Address (Street, Apt. Number)                           |  | City  |  | State   |  | Zip   |  | Business Phone                                    |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement                             |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence                                       |  | Race  |  | Sex   |  | Date of Birth                                     |  | Age   |  | Res. Type  |  | Res. Status                                      |  | Extent of Injury                                     |  | Injury Type(s)   |  | Relationship                                  |  | Ethnicity |  | Will Victim prefer charge?  |  |
| 2   |  | N   |  | N   |  | N   |  | 0   |  | 0   |  | 0  |  | 00   |  | 00   |  | 00   |  | 00  |  | 00        |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| OFF/INC Indicator                                       |  | V/W Code  |  | #   |  | V. Type   |  | Name (Last, First, Middle or Business)            |  | Residence Phone   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 1.#1 3.Both<br>2.#2                                     |  | 1   |  | V   |  | 01  |  | 5   |  | CITY OF HOLMES BEACH                                      |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Address (Street, Apt. Number)                           |  | City  |  | State   |  | Zip   |  | Business Phone                                    |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Other Contact Info. (Time Available, Interpreter, etc.) |  | Synopsis of Involvement                             |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| If V/W Code is V, W or C Fill in this Line              |  | Dom. Violence                                       |  | Race  |  | Sex   |  | Date of Birth                                     |  | Age   |  | Res. Type  |  | Res. Status                                      |  | Extent of Injury                                     |  | Injury Type(s)   |  | Relationship                                  |  | Ethnicity |  | Will Victim prefer charge?  |  |
| 2   |  | N   |  | N   |  | N   |  | 0   |  | 0   |  | 0  |  | 00   |  | 00   |  | 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<br>2.#2                                     |  | S-Suspect<br>E-Escapee<br>R-Rec. Missing<br>Z-other |  | S   |  | 01  |  | 2   |  | KREPS   |  | RONALD   |  | STEPHEN  |  |  |  |  |  |   |  |           |  |   |  |
| Maiden Name   |  | Nickname/Street Name                                |  | Address   |  | City  |  | State   |  | Zip   |  | Business Phone                                   |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Last Known Address (Street, Apt. Number)                |  | City  |  | State   |  | Zip   |  | Business Phone                                    |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| 101 47TH STREET   |  | HOLMES BEACH  |  | FL  |  | 34217   |  | 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   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| K612737520630   |  | FL  |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Clothing (Describe)                                     |  | Scars/Marks/Tatoos (Location/Describe)              |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Race  |  | Sex   |  | Date of Birth   |  | Age   |  | Height  |  | Weight  |  | Eye Color  |  | Hair Color                                       |  | Hair Length  |  | Hair Style   |  |   |  |           |  |   |  |
| W   |  | M   |  | 02/23/1952  |  | 66  |  | 511   |  | 220   |  | BLU  |  | BLN  |  | 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/Locator Code                          |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Signature of Officer Reporting                          |  | Officer Reviewing (If Applicable)                   |  | I.D. Number   |  | Unit  |  | Date  |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| SGT. J. PIERCE  |  | 309   |  | 309   |  | 336   |  | 12/06/2018  |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Signature of Officer Reviewing                          |  | Routed To   |  | Referred To   |  | Assigned To   |  | By  |  | Date  |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| CODE ENFORCE  |  | J. THOMAS   |  | PATROL  |  | 12/06/2018  |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Case Status   |  | Clearance Type                                      |  | 1.Arrest<br>2.Exceptional   |  | 3.Unfounded   |  | A-Adult<br>J-Juvenile                             |  | Date Cleared  |  | Jail Number                                      |  | Number Arrested                                  |  |  |  |  |  |   |  |           |  |   |  |
| A   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |           |  |   |  |
| Exception Type  |  | 1.Extradition Declined                              |  | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |  | 3. Death of Offender<br>4. V / W Refused to Cooperate |  | 5. Prosecution Declined<br>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  
**20180827**

|                       |   |                     |   |  |  |   |   |   |                              |                         |
|-----------------------|---|---------------------|---|--|--|---|---|---|------------------------------|-------------------------|
| <b>ADM</b>            | Date of Supplement<br>___/___/___   |                     | <b>Holmes Beach Police Department</b>           |  |  |   |   | Agency Report Number<br><b>20180827</b> |                              |                         |
|                       | Original Date Reported<br><b>12/05/2018</b>   |                     | Primary Offense Description<br><b>COV/OTHER</b> |  |  | Victim #1 Name (Last, First, Middle)<br><b>CITY OF HOLMES BEACH</b> |   |   |                              |                         |
| <b>THEFT</b>          | <b>Theft Type Codes</b><br>00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. By Computer    12. Fraud    99. Other   |                     |   |  |  |   |   |   |                              | Theft Type<br><b>00</b> |
|                       | <b>Person Codes</b><br>V - Victim    A - Arrestee<br>S - Suspect    O - Other   |                     |   | <b>Status Codes</b><br>1. Stolen    2. Recovered    3. Stolen and Recovered    4. Recovered for Other Jurisdiction    5. Lost    6. Found    7. Safekeeping    8. Evidence/Seized    9. Other                |  |   | <b>Damage Codes</b><br>0. N/A    1. Arson    2. Criminal Mischief    3. During other Offense    9. Other                                  |   |                              |                         |
| <b>CODES</b>          | <b>Property Type</b><br>A. Auto Accessory/Parts    B. Bicycle    C. Camera/Photo Equipment    D. Drug    E. Equipment/Tool    F. Food/Liquor/Consumable    G. Gun    H. Household Appliance/Goods    I. Plant/Citrus    J. Jewelry/Precious Metal    K. Clothing/Fur    L. Livestock    M. Musical Instrument    N. Construction Machinery    O. Office Equipment    P. Art/Collection    Q. Computer Equipment    R. Radio/Stereo    S. Sports Equipment    T. TV/Video/VCR    U. Currency/Negotiable    V. Credit Card/Non-Negotiable    W. Boat Motor    X. Structure    Y. Farm Equipment    Z. Miscellaneous |                     |   |  |  |   |   |   |                              |                         |
|                       | Code<br><b>V</b>  | Person<br><b>01</b> | Item #<br><b>1</b>                              | Status<br><b>8</b>   | Damage<br><b>0</b>   | Property Type<br><b>Z</b>   | Quantity<br><b>9</b>  | Name<br><b>PHOTOS</b>                   | Brand                        | Model Name/Number       |
| <b>PROPERTY</b>       | Serial Number   |                     | Owner Applied Number                            |  | Description (Size, Color, Caliber, Barrel Length, Etc.)<br><b>PHOTOGRAPHIC EVIDENCE OF DAMAGES</b> |   |   |   |                              |                         |
|                       | Value   |                     | Value Recovered                                 |  | Date Recovered<br>___/___/___  |   | SCIC/NCIC   |   |                              |                         |
|                       | Serial Number   |                     | Owner Applied Number                            |  | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |   |   |                              |                         |
| <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<br>___/___/___  |   | SCIC/NCIC   |   |                              |                         |
| <b>PROPERTY</b>       | Serial Number   |                     | Owner Applied Number                            |  | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |   |   |                              |                         |
|                       | Value   |                     | Value Recovered                                 |  | Date Recovered<br>___/___/___  |   | SCIC/NCIC   |   |                              |                         |
|                       | Serial Number   |                     | Owner Applied Number                            |  | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |   |   |                              |                         |
| <b>PROPERTY</b>       | Serial Number   |                     | Owner Applied Number                            |  | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |   |   |                              |                         |
|                       | Value   |                     | Value Recovered                                 |  | Date Recovered<br>___/___/___  |   | SCIC/NCIC   |   |                              |                         |
|                       | Serial Number   |                     | Owner Applied Number                            |  | Description (Size, Color, Caliber, Barrel Length, Etc.)  |   |   |   |                              |                         |
| <b>TOTALS</b>         | Property Stolen   |                     | 0.00  |  | Change in Property Stolen Value  |   |   |   |                              |                         |
|                       | Property Recovered  |                     | 0.00  |  | Change in Property Recovered Value   |   |   |   |                              |                         |
| <b>CODES</b>          | <b>Activity</b><br>P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate<br>S. Sell    D. Deliver    Z. Other<br>B. Buy    E. Use<br>T. Traffic    K. Dispense/Distribute  |                     |   | <b>Type</b><br>A. Amphetamine    H. Hallucinogen    S. Synthetic<br>B. Barbiturate    M. Marijuana    U. Unknown<br>C. Cocaine    O. Opium/Derivative    Z. Other<br>E. Heroin    P. Paraphernalia/Equipment |  |   | <b>Unit</b><br>1. Gram    5. Pound    9. Dose Unit/Item<br>2. Milligram    6. Ton<br>3. Kilogram    7. Liter<br>4. Ounce    8. Milliliter |   |                              |                         |
|                       | Activity  | Type                | Description                                     | Quantity   | Unit   | Estimated Street Value  |   |   |                              |                         |
| <b>DRUGS</b>          | Activity  | Type                | Description                                     | Quantity   | Unit   | Estimated Street Value  |   |   |                              |                         |
|                       | Activity  | Type                | Description                                     | Quantity   | Unit   | Estimated Street Value  |   |   |                              |                         |
|                       | Activity  | Type                | Description                                     | Quantity   | Unit   | Estimated Street Value  |   |   |                              |                         |
| <b>ADMINISTRATIVE</b> | Officer(s) Reporting<br><b>A. DESANTIS</b>  |                     | ID. Number(s)/Locator code<br><b>336</b>        |  | Signature of Officer Reporting   |   | Unit  |   | Date<br><b>12/06/2018</b>    |                         |
|                       | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>  |                     | ID. Number<br><b>309</b>                        |  | Routed To<br><b>CODE ENFORCE</b>   |   | Referred To<br><b>J. THOMAS</b>   |   | Assigned To<br><b>PATROL</b> |                         |
|                       | Signature of Officer Reviewing  |                     |   |  |  |   |   |   | By<br><b>PATROL</b>          |                         |
|                       |   |                     |   |  |  |   |   |   | Date<br><b>12/06/2018</b>    |                         |
|                       |   |                     |   |  |  |   |   | Page<br><b>2</b>                        |                              |                         |
|                       |   |                     |   |  |  |   |   | Page<br><b>3</b>                        |                              |                         |



# NARRATIVE CONTINUATION

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

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20180827**

ADM  
 Date of Supplement  
 \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported  
**12/05/2018**

Case Reference  
**COV/OTHER**

NARRATIVE

ON 12/05/18, I WAS DISPATCHED TO 101 47TH ST IN REFERENCE TO ASSISTING THE FIRE DEPARTMENT WITH A SMALL OUTDOOR FIRE.

UPON ARRIVAL, THE RESIDENT'S PROPERTY GATE WAS CLOSED AND SECURE. I WALKED AROUND THE NORTH SIDE OF THE PROPERTY UTILIZING THE BEACH ACCESS. I OBSERVED A MALE USING A WATER HOSE TO PUT OUT THE FIRE, LOCATED BETWEEN THE BEACH AND THE PROPERTY WEST FENCE. I OBSERVED A SMALL PILE OF ASH STILL SMOKING IN THE SEA OATS. I IDENTIFIED THE MALE AS THE RESIDENT OF 101 47TH ST, (RONALD KREPS). (KREPS) APPEARED TO BE SLIGHTLY INTOXICATED. (KREPS) STATED HE EMPTIED HIS FIRE PIT OUT THE MORNING OF 12/05/18 AND APPROXIMATELY 20 MINUTES BEFORE I ARRIVED A FIRE STARTED.

THE FIRE DEPARTMENT ARRIVED AND WATERED DOWN THE AREA WITH THE WATER HOSE (KREPS) PROVIDED. THEY COVERED SOME OF THE BURNING WITH SAND TO HELP KEEP IT OUT.

I TOOK PHOTOS OF THE AREA AFTER THE FIRE DEPARTMENT CLEARED THE SCENE SAFE TO. I OBSERVED BURNT LOGS AND ASH AND BURNT SEA OATS. I OBSERVED A MAN MADE FRESH PATH, WITH FRESH SAND, AT THE BEACH SIDE ENTRANCE TO THE RESIDENT'S FENCED IN BACKYARD AREA. THE SAND WAS COVERING THE SEA OATS THAT WERE ORIGINALLY THERE. I TOOK PHOTOS OF THE MAN MADE PATH. I OBSERVED A PILE OF THE SAME SAND, AT THE END OF 47TH ST., ON THE NORTH SIDE OF THE ROAD.

THIS REPORT WILL BE FORWARDED TO CODE ENFORCEMENT FOR FURTHER INVESTIGATION DUE TO THE DAMAGE TO THE SEA OATS FROM THE BURNING AND COVERING OF SAND.

|   |   |   |   |
|---|---|---|---|
| Report Contains                           | Related Report Number(s)  | Name of Officer Reporting<br><b>A. DESANTIS</b>       | I.D. Number/Locator Code<br><b>336</b>            |
| Signature of Officer Reporting            | Officer Reviewing (If Applicable)<br><b>SGT. J. PIERCE</b>            | I.D. Number<br><b>309</b>                             | Unit<br><b>PATROL</b>                             |
| Signature of Officer Reviewing            | Routed To<br><b>CODE ENFORCE</b>                                      | Referred To<br><b>J. THOMAS</b>                       | Assigned To<br><b>PATROL</b>                      |
| Case Status<br><b>A</b>                   | Clearance Type<br>1. Arrest<br>2. Exceptional<br>3. Unfounded         | A-Adult<br>J-Juvenile<br>Date Cleared<br>___/___/___  | Arrest Number<br><b>12/06/2018</b>                |
| Exception Type<br>1. Extradition Declined | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution | 3. Death of Offender<br>4. V / W Refused to Cooperate | 5. Prosecution Declined<br>6. Juvenile/No Custody |
| OBTS Number                               |   |   | Page<br>of  |