

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													
/ /								20190022				INFORMATION													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		01/12/2019		1459		1500		1510		1535															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sat		01/12/2019		Sat		01/12/2019													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		INFORMATION		C		0 - 0 (0)		0000																	
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3302 EAST BAY DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
DUNKIN DONUTS		0. N/A 1. Yes		0. N/A 1. Occupied		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													
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						99									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		00		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		01		WARD		941 212-8232															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1011 26TH ST E		PALMETTO		FL		34217		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		CLERK																							
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		B		F		02/27/1990		28		2		1		0		00 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 2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
																								Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other																							
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						C. LABRANCHE		318																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. COPEMAN		307		318		01/12/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: FL0410400 Agency Report Number: 20190022

ADM	Date of Supplement ____/____/____
	Original Date Reported 01/12/2019

Case Reference
INFORMATION

NARRATIVE

ON 1/12/19 AT 1500 HOURS I WAS DISPATCHED TO DUNKIN DONUTS FOR A REPORT OF THREATS MADE BY A CUSTOMER. I ARRIVED ON SCENE AND SPOKE WITH CLERK, NICKI WARD, WHO ADVISED A MALE WAS THREATENING TOWARDS STAFF AND LEFT THE AREA IN A WHI CHEVY SILVERADO.

WARD ADVISED SHE WAS WORKING BEHIND THE COUNTER WITH ANOTHER FEMALE. WARD SAID SHE THOUGHT SHE SAW A CHILD INSIDE AND DIDN'T THINK MUCH OF IT BECAUSE SHE WAS BUSY CLEANING AND TAKING CARE OF THINGS. SHE THOUGHT SHE SAW SOMEONE AGAIN AND WENT AROUND THE COUNTER TO SEE A FEMALE STANDING THERE. SHE APOLOGIZED FOR MAKING HER WAIT AND SAID..OH YOU ARE A MIDGET, I THOUGHT YOU WERE A KID. SHE THEN PROCEEDED TO TRY TO TAKE THE WOMAN'S ORDER. THE WOMAN COMPLAINED TO HER AND COMPLAINED ABOUT THE COLD COFFEE. SHE LEFT THE STORE AND A MALE CAME IN YELLING AND BEING CONFRONTATIONAL ADVISING THAT WAS HIS WIFE. HE DEMANDED TO TALK TO THE MANAGER WHO WAS NOT PRESENT. HE THEN DEMANDED TO SPEAK TO SOMEONE FROM CORPORATE ALL WHILE USING AGGRESSIVE LANGUAGE. HE PROCEEDED TO LEAVE THE STORE AND SAID "WHEN I COME BACK..I GOT SOMETHING FOR YOU."

STAFF WAS CONCERNED HE MAY RETURN AND CAUSE HARM. THE MALE WAS TALL, BLONDE, AND WEARING A LIGHT BLUE SHIRT. THE MANAGER, ALEXIS KING, SAID SHE WOULD LIKE HIM TRESPASSED IF LOCATED. THEY COULD NOT PROVIDE A TAG NUMBER OF THE VEHICLE AND DID NOT RECOGNIZE THE COUPLE. A STILL OF THE CCTV WILL BE ADDED TO THIS CASE. STAFF WAS ADVISED TO CALL THE POLICE RIGHT AWAY IF THEY ARE OBSERVED TRYING TO ENTER THE STORE. THEY WERE ALSO ADVISED TO CALL POLICE IMMEDIATELY IF THEY BECOME CONCERNED ABOUT AN IRATE CUSTOMER.

Report Contains	Related Report Number(s)	Name of Officer Reporting C. LABRANCHE	I.D. Number/Locator Code 318
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit Date 01/12/2019
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status	Clearance Type 1.Arrest 3.Unfounded 2.Exceptional	A-Adult J-Juvenile	Date Cleared ____/____/____
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Arrest Number	Number Arrested
		OBTS Number	Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
/ /						20190024		DUI																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Mon		01/14/2019		0010		0010		0010		0330															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		To																	
Mon		01/14/2019						Mon		01/14/2019															
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code											
2				DUI-UNLAW BLD A				C		316 - 193 (2b3)															
OFF/INC #2		Type		Description		A-Attempted C-Committed				893 - 13 (6A)				350A											
1				DRUGS																					
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3400 GULF DR		HOLMES BEACH		34217																					
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied						2. Unoccupied 3. Abandoned 0													
Location Type		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/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		03. Shotgun		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs			
1		1		1		0		0		00. N/A 01. Handgun		04. Firearm		06. Blunt Object		08. Poison		09. Explosives		11. Threat/Intimidation		88. Unknown 99. Other 00			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal									
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer							
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant							
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		05. Co-Habitant		08. Child		12. Other Family		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 2.#2		3		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
		2		N		N						0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		3		V		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)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone							
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other		A		1		2		BURKE-PHILLIPS		MICHAEL		MACKENZIE											
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1639 WHITE BREEZE CV		BRADENTON		FL		34208																			
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
B621553713740		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		10/14/1971		47		601		200		BRO		BRO		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						M. VANHORN		338																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
		SGT. J. PIERCE		309		309		01/14/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		01/14/2019				1											
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page											

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20190024

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20190024																						
	Original Date Reported 01/14/2019										Primary Offense Description DUI		Victim #1 Name (Last, First, Middle) STATE OF FLORIDA																	
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other									Theft Type 00																				
	Person Codes V - Victim S - Suspect A - Arrestee O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other																							
CODES	Property Type A. Auto Accessory/Parts 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 A	Person 1	Item # 1	Status 8	Damage 0	Property Type D	Quantity 1	Name THC	Brand	Model Name/Number																				
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) THC EDIBLE WORMS RAINBOW PACKAGE									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) THC EDIBLE ORANGE GUMMY PACKAGE									
PROPERTY	Code A	Person 1	Item # 2	Status 8	Damage 0	Property Type D	Quantity 1	Name THC	Brand	Model Name/Number																				
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.) THC EDIBLE ORANGE GUMMY PACKAGE									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
PROPERTY	Code A	Person 1	Item # 3	Status 8	Damage 0	Property Type Z	Quantity 3	Name PHOTOGRAPHS	Brand	Model Name/Number																				
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
TOTALS	Property Stolen					0.00					Change in Property Stolen Value																			
	Property Recovered					0.00					Change in Property Recovered Value																			
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use K. Dispense/Distribute T. Traffic					Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment					Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter																			
	Activity P	Type Z	Description THC GUMMY							Quantity 68	Unit 1	Estimated Street Value \$100																		
DRUGS	Activity	Type	Description							Quantity	Unit	Estimated Street Value																		
	Activity	Type	Description							Quantity	Unit	Estimated Street Value																		
PROP. DETAIL / NARR.	1 PACKAGE THC RAINBOW WORMS 36.3 GRAMS																													
	1 PACKAGE THC ORANGE GUMMY 32 GRAMS																													
ADMINISTRATIVE	Officer(s) Reporting M. VANHORN			ID. Number(s)/Locator code 338			Signature of Officer Reporting			Unit			Date 01/14/2019																	
	Officer Reviewing (If Applicable) SGT. J. PIERCE			ID. Number 309			Routed To			Referred To			Assigned To By																	
	Signature of Officer Reviewing																													
													Page	Page																

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190024**

ADM
Date of Supplement: ___/___/___
Original Date Reported: **01/14/2019**

Case Reference: **DUI POSS CONTROLLED SUBSTANCE**

INFORMATION:

ON 1-14-19 WHILE STATIONARY OBSERVING TRAFFIC WITH SGT. PIERCE AT THE INTERSECTION OF MANATEE AVE AND GULF DR, I OBSERVED A SILVER/BLUE LEXUS SEDAN TRAVELING SOUTH ON GULF DR. THE VEHICLE TRAVERSED THROUGH THE FLASHING RED LIGHT AT THE LISTED INTERSECTION WITHOUT SLOWING OR STOPPING. UPON STOPPING THE VEHICLE AT GULF AND 34TH, I OBSERVED THAT THE DRIVER APPEARED TO BE INTOXICATED. UPON FAILURE OF SOBRIETY EXERCISES, THE DRIVER WAS ARRESTED FOR DUI 4TH OFFENSE. INVENTORY SEARCH COMPLETED BY SGT J. PIERCE YIELDED CONTROLLED SUBSTANCES THC CANDIES.

ARRESTED:

MICHAEL MACKENZIE BURKE-PHILLIPS W/M 10/14/1971, WAS ISSUED THE FOLLOWING CITATIONS AND CHARGE:
 FAIL TO STOP AT FLASHING RED SIGNAL
 DUI 4TH OFFENSE
 POSSESSION OF CONTROLLED SUBSTANCE THC (CANDIES)
 BURKE-PHILLIPS WAS TRANSPORTED TO THE MCSO JAIL WITHOUT INCIDENT AND LODGED. BREATH TEST RESULTS .184 AND .186 BREATH TEST OPERATOR WAS DEP B. QUICK OF MCSO.

SOBRIETY EXERCISES:

BURKE-PHILLIPS RECITED HIS ALPHABET STATING "A--W". "K,R,W,K,W,Z", FINGER COUNT WAS SATISFACTORY, BACKWARDS COUNT 85-68 STATED "85-65" ASKED HOW FAR HE WAS SUPPOSED TO GO. HIS HEEL TO TOE WALK WAS POOR, AS HE WAS STAGGERING, WAVING HIS ARMS AND MISSED HEELS TO TOES. ONE LEG STAND WAS POOR AS HE PUT HIS FOOT DOWN AT 2 SEC BOTH ATTEMPTS. (SEE DUI PCA PACKET FOR FURTHER SOBRIETY EXERCISES)

VEHICLE:

2006 LEXUS 4DR, SILVER IN COLOR, BEARING FL REGISTRATION Y43WJX. VEHICLE TOWED BY BAKERS TOWING UTILIZING THE HYPD ROTATION ROSTER.

SEARCH/EVIDENCE:

SGT J. PIERCE CONDUCTED AN INVENTORY SEARCH OF SUSPECTS VEHICLE, LOCATING THC GUMMIES. EVIDENCE WAS FIELD TESTED AND WAS POSITIVE FOR THC. EVIDENCE PACKAGE AND PLACE IN TEMP LOCKER #1.

STATUS:

CLOSED BY ARREST.

NARRATIVE

ADMINISTRATIVE	Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code				
					M. VANHORN		338				
	Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Date				
			SGT. J. PIERCE		309		01/14/2019				
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date	
										___/___/___	
Case Status		Clearance Type		1. Arrest		3. Unfounded		A-Adult		Date Cleared	
CA				2. Exceptional		1		J-Juvenile		A	
										01/14/2019	
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		Arrest Number		Number Arrested	
1. Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1	
								OBTS Number		Page of	
										1	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number	Agency Report Number
FL0410400	20190024

Date of Supplement	01/14/2019
Original Date Reported	01/14/2019

Case Reference
DUI POSS CONTROLLED SUBSTANCE

ADM

NARRATIVE

ON 01-14-19 WHILE STATIONARY AT THE INTERSECTION OF MANATEE AND GULF DR WITH OFFICER VANHORN I OBSERVED A SILVER/BLUE LEXUS SEDAN TRAVELING SOUTH ON GULF DR. THE VEHICLE PROCEEDED THROUGH THE FLASHING RED TRAFFIC LIGHT WITHOUT SLOWING OR STOPPING. OFFICER VANHORN CONDUCTED A TRAFFIC STOP ON THE VEHICLE BEARING FL TAG #Y43WJX AT THE 3400 BLOCK OF GULF DR. UPON SPEAKING WITH THE DRIVER OF THE VEHICLE (MICHAEL MACKENZIE BURKE-PHILLIPS), I NOTICED A VERY STRONG ODOR OF ALCOHOL COMING FROM HIS PERSON. WHILE STANDING, HE KEPT SWAYING BACK AND FORTH AND WAS UNSTEADY WITH HIS STEPS. I ASSISTED OFFICER VANHORN WHILE HE CONDUCTED FIELD SOBRIETY EXERCISES ON (MICHAEL MACKENZIE BURKE-PHILLIPS) BY DEMONSTRATING THE STANDARDIZED FIELD SOBRIETY EXERCISES WHEN OFFICER VANHORN EXPLAINED THE INSTRUCTIONS. I OBSERVED BURKE-PHILLIPS' SPEECH TO BE SLURRED AT TIMES WHEN CONVERSING WITH OFFICER VANHORN.

BURKE-PHILLIPS WAS ARRESTED FOR DUI BY OFFICER VANHORN. I CONDUCTED AN INVENTORY SEARCH ON THE VEHICLE PRIOR TO IT BEING TOWED BY ROTATION (BAKERS TOWING). INSIDE THE VEHICLE I LOCATED TWO PACKAGES OF CONCENTRATED THC GUMMIES. OFFICER VANHORN QUESTIONED BURKE-PHILLIPS REGARDING THE THC GUMMIES. STATEMENTS WERE RECORDED FROM THE AUDIO OF VEHICLE #12 AND VEHICLE #14. I FIELD TESTED AND WEIGHED THE THC GUMMIES AND PLACED THEM INTO EVIDENCE LOCKER #1. TOTAL WEIGHT FOR BOTH PACKAGES WAS 68.3 GRAMS.

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		SGT. J. PIERCE	309
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date
	SGT. J. PIERCE	309	01/14/2019
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date
			//____
Case Status	Clearance Type	1. Arrest	3. Unfounded
CA		1	1
2. Exceptional	A-Adult	Date Cleared	Arrest Number
	A	01/14/2019	
1. Extradition Declined	2. Arrest on Primary Offense	5. Prosecution Declined	OBTS Number
	Secondary Offense Without Prosecution	6. Juvenile/No Custody	Page
	3. Death of Offender		1
	4. V / W Refused to Cooperate		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																			
												20190025		TRAFFIC																			
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																							
Mon		01/14/2019		1227		1227		1227		1240																							
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																							
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		Mon		01/14/2019		1227		To		Mon		01/14/2019		1227													
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		322 - 03 (1)		NCIC/UCR Code		9000																	
OFF/INC #2																																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																					
700		MANATEE AVE.		HOLMES BEACH		34217						W80																					
Business Name/Area Identifier		Road		Road		Forced Entry		Occupancy		0. N/A 1. Yes		2. No 2		1. Occupied		2. Unoccupied		3. Abandoned		0													
Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other		26																	
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00											
1		1		1		0		0		00. N/A 01. Handgun																							
V/W Code		O - Other		Victim Type		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		Sex		N - N/A M - Male F - Female U - Unknown		Residence Type		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury		0. None 1. Minor 2. Serious 3. Fatal	
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known													
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1 3.Both 2.#2		1		V		1		5		STATE OF FLORIDA											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																									
Other Contact Info. (Time Available, Interpreter, etc.)																																	
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?									
2		N		N								0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1.#1 3.Both 2.#2		1		V		1		5		STATE OF FLORIDA											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																									
Other Contact Info. (Time Available, Interpreter, etc.)																																	
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)		JOHN		EDWARD		Residence Phone		1.#1 3.Both 2.#2		1		S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other											
Maiden Name		Nickname/Street Name		Place of Birth		P. A.		Residence Phone																									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone		4113C 66TH ST. CIR. W.		BRADENTON		FL		34209																	
Occupation		Employer/School		Address		Social Security Number				COOK		MANATEE CAFE		4000 S.R. 789 HOLMES BEACH, FL																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC		G350465523640		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		10/04/1952		66		5-10		170		BLU		XXX		S		S															
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers		MED		B																			
SEE NARRATIVE.																																	
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		JASON HIGGINS		331																					
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT. COPEMAN		307		PATROL		01/14/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																									
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested		CA		1															
Exception Type		1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page																			

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190025**

ADM	Date of Supplement ___/___/___
	Original Date Reported 01/14/2019

Case Reference

COOPER

WHILE SITTING STATIONARY AT MANATEE PUBLIC BEACH, I RAN PENNSYLVANIA TAG (JLD3205) THROUGH IN-CAR FCIC/NCIC. THE QUERY RETURNED THAT THE REGISTRATION EXPIRED 10-31-2018. I INITIATED A TRAFFIC STOP ON VEHICLE WITH THE AFOREMENTIONED IN FULL PHYSICAL CONTROL OF VEHICLE. AS THE SOLE OCCUPANT, HE PROVIDED ME WITH EXPIRED INSURANCE, A TITLE, AND A FLORIDA IDENTIFICATION CARD.

THE AFOREMENTIONED SAID HE HASN'T CHANGED HIS LICENSE OVER TO FLORIDA, AND HE JUST BORROWED THIS CAR TODAY. FCIC CONFIRMED NO LICENSE WHEN CHECKED. HIS LICENSE SHOWED EXPIRED AND SUSPENDED IN PA. WHEN CONFRONTED WITH THIS, HE SAID HE GOT HIS LICENSE REINSTATED IN PA., AND IT SHOULD BE VALID. HE SAID HE HAS LIVED HERE FOR OVER A YEAR AS A RESIDENT WITH GAINFUL EMPLOYMENT.

I ISSUED A NO-DL SUMMONS, A EXPIRED REGISTRATION UTC, AND NO PROOF OF INSURANCE UTC. SUMMONS WAS SIGNED AND PLACED INTO RECORDS.

NO FURTHER ACTION TAKEN.

ADM	Report Contains SUMMONS	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT .COPEMAN	I.D. Number 307	Unit PATROL	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	
	Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	3.Unfounded 1	A-Adult J-Juvenile A	Date Cleared 01/14/2019
	Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number 1

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department						Agency Report Number		Primary Offense Description																	
/ /								20190026		TRAFFIC																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Mon		01/14/2019		1712		1712		1712		1730																	
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Mon		01/14/2019		1712		To Mon		01/14/2019		1712											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
4		DRIVERS LIC		C		322 - 34 (2B)		9000																			
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
700		MANATEE AVE.		HOLMES BEACH		34217						W80															
Business Name/Area Identifier		Forced Entry		Occupancy		0. N/A 1. Yes		2. No		2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		99. Other													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		28. Lake/Waterway		29. Motor Vehicle													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		26													
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		29. Motor Vehicle		26													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00					
1		1		1		0		0		00. N/A 01. Handgun												00					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury															
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		0. N/A 1. American Indian W - White B - Black U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal															
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		04. Ex-Spouse		08. Child		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		09. Step-Parent		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other								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 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 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?			
2		N		N						0		0		0		00 00		00						Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone															
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing		R-Rec. Missing Z-other		A		1		2		CERROS-ALVAREZ		CARLOS													
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
5804 13TH ST. E.		BRADENTON		FL		34203																					
Occupation		Employer/School		Address		Social Security Number																					
UNKNOWN		N/A		N/A																							
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
G624100814040		FL																									
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																									
JEANS ANT T-SHIRT																											
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
W		M		11/04/1981		37		5-04		175		BRO		BLK		S		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
MED		THN																									
NARRATIVE																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
						JASON HIGGINS		331																			
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
SGT. COPEMAN				307		PATROL		01/15/2019																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																			
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
CA				1				A		01/14/2019				1													
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page															
1.Extradition Declined										1		2															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190026**

ADM	Date of Supplement ___/___/___
Original Date Reported 01/14/2019	

Case Reference
TRAFFIC - NO DL

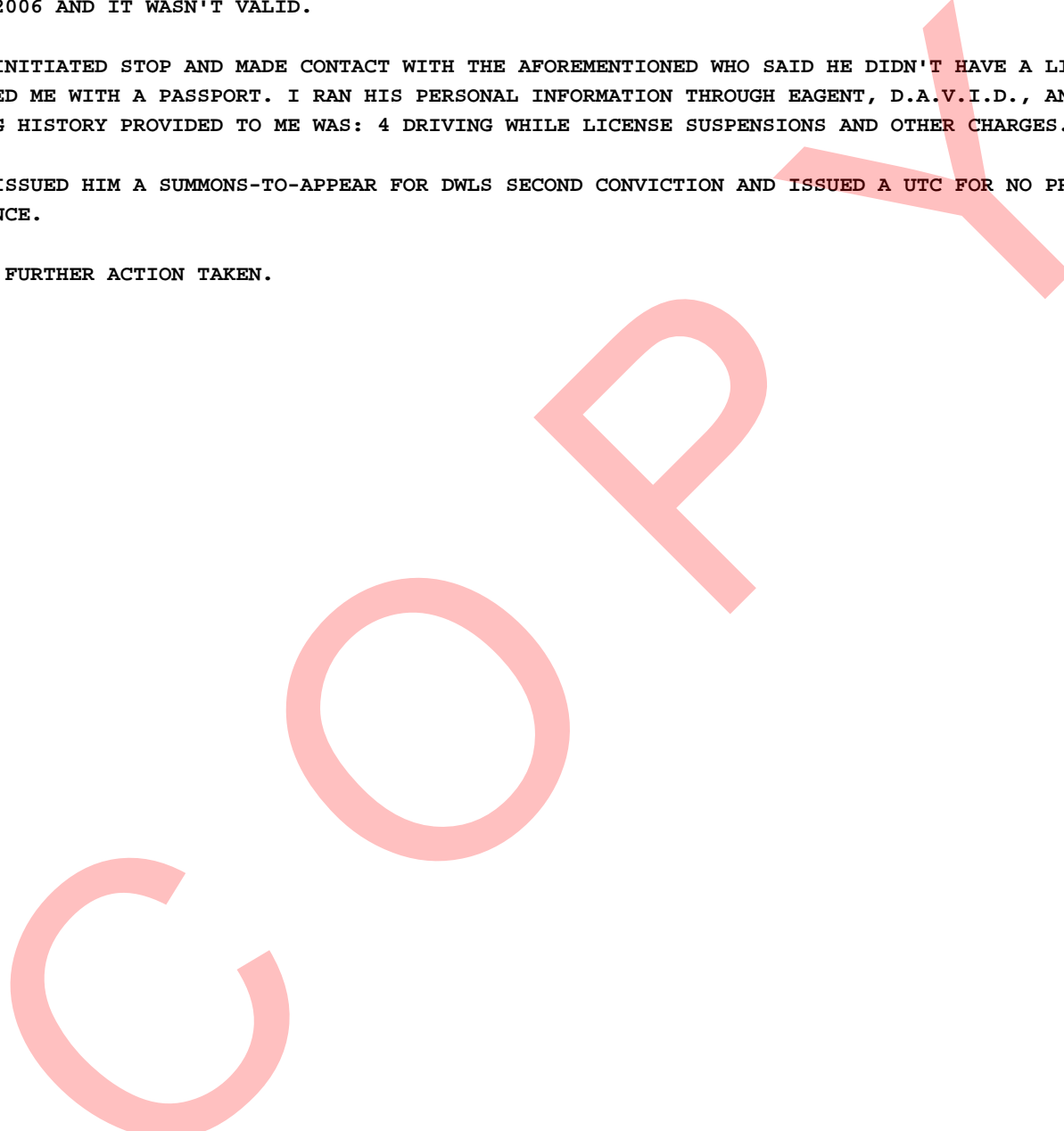
NARRATIVE

WHILE STATIONARY AT 700 MANATEE AVE., I RAN FLORIDA TAG (CECA75) THROUGH IN-CAR FCIC/NCIC ON A WHITE MERCURY THAT WAS TRAVELING EASTBOUND ON MANATEE AVE. I RAN THE REGISTERED OWNER WITH ADMINISTRATIVE NUMBER (C624100814040) THROUGH SAME MEANS AND THE QUERY DISPLAYED IT HAS BEEN EXPIRED SINCE 2006 AND IT WASN'T VALID.

I INITIATED STOP AND MADE CONTACT WITH THE AFOREMENTIONED WHO SAID HE DIDN'T HAVE A LICENSE AND PROVIDED ME WITH A PASSPORT. I RAN HIS PERSONAL INFORMATION THROUGH EAGENT, D.A.V.I.D., AND LINX. THE DRIVING HISTORY PROVIDED TO ME WAS: 4 DRIVING WHILE LICENSE SUSPENSIONS AND OTHER CHARGES.

I ISSUED HIM A SUMMONS-TO-APPEAR FOR DWLS SECOND CONVICTION AND ISSUED A UTC FOR NO PROOF OF INSURANCE.

NO FURTHER ACTION TAKEN.



Report Contains SUMMONS	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT .COPEMAN	I.D. Number 307	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status CA	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded 1	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared 01/14/2019
		5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number 1
			OBTS Number Page 2 of 2

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															
____/____/____								20190027				POSS. OF MARIJUANA															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Tue		01/15/2019		0200		0200		0200		0500																	
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																	
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)											
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		01/15/2019		0200		Tue		01/15/2019		0210											
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
3				MARIJUANA-POSSE				C		893 - 13 (6b)		350A															
OFF/INC #2		Type		Description		A-Attempted C-Committed		C		893 - 147 (1)		350B															
3				DRUG EQUIP-POSS				C		893 - 147 (1)		350B															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
3015 GULF DR		HOLMES BEACH		34217		00		00		00		00															
Business Name/Area Identifier		Forced Entry		Occupancy																							
MOBIL GAS STATION		0. N/A 1. Yes		2. No 0																							
Location Type		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov/Police Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other															
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov/Police Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		06					
2		1		1		00		00		00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury															
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		0. N/A 1. American Indian W - White B - Black U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal															
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known									
00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
1.#1 3.Both 2.#2		3		V		1		5		STATE OF FLORIDA		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
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 2.#2		3		V		1		5		-																	
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 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		A		1		2		TARBECK		JACK HILL		941 720-1880									
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
3009 WILDERNESS BLVD E		PARRISH		FL		34219		-																			
Occupation		Employer/School		Address		Social Security Number																					
ARTIST		SELF EMPLOYED		-		-																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
T612428891620		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		05/02/1989		29		6-00		150		BLU		BRO		L		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
LT		THN		C																							
SEE NARRATIVE.																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
SGT. FRASER		323		PATROL		01/15/2019																					
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																			
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
CA		1		A		01/15/2019		01																			
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page															
1.Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		-		1		2															

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

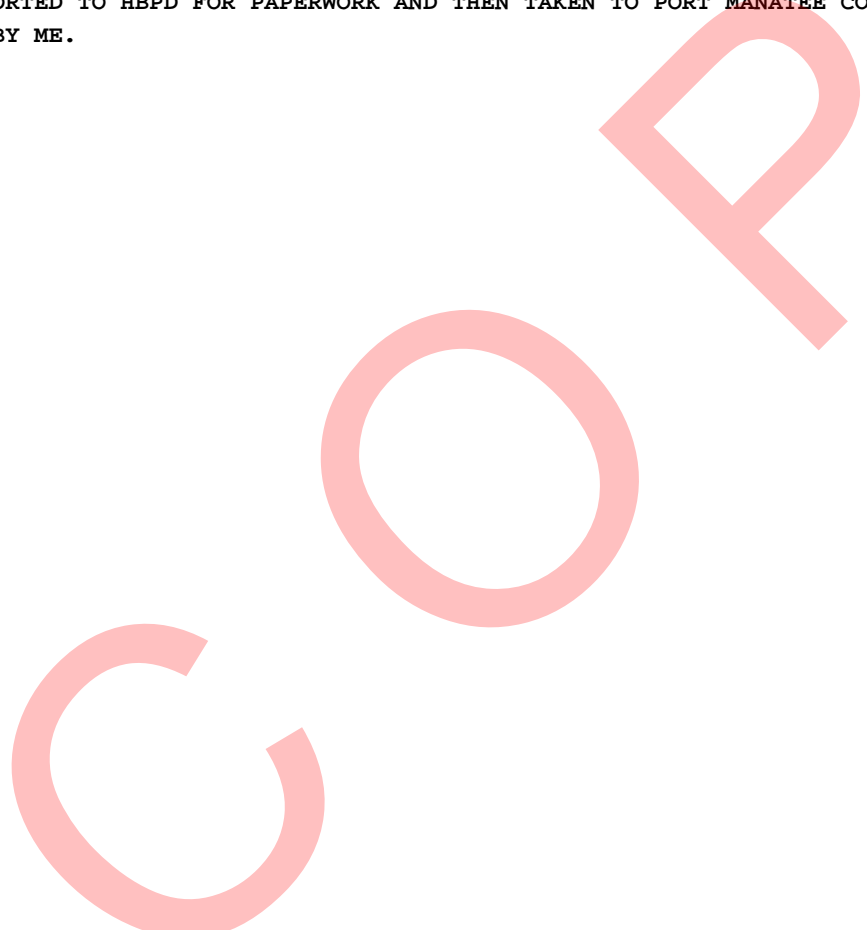
Agency ORI Number: **FL0410400** Agency Report Number: **20190027**

ADM	Date of Supplement ____/____/____
	Original Date Reported 01/15/2019

Case Reference
POSS. OF CANNABIS

NARRATIVE

WHILE ON ROUTINE PATROL, I OBSERVED A VEHICLE TRAVELING WEST AT A HIGH RATE OF SPEED. USING MY HAND HELD ULTRALYTE LASER I WAS ABLE TO GET A SPEED MEASUREMENT OF 57MPH IN A POSTED 35MPH ZONE. I CONDUCTED A TRAFFIC STOP OF THE VEHICLE AT 3015 GULF DR IN THE MOBIL GAS STATION PARKING LOT. I MADE CONTACT WITH THE DRIVER WHO IDENTIFIED HIMSELF AS JACK TARBECK. WHILE SPEAKING WITH JACK I WAS ABLE TO SMELL AN ODOR OF CANNABIS COMING FROM THE VEHICLE. I ASKED MR. TARBECK IF HE HAD ANY CANNABIS IN THE CAR IN WHICH HE ADMITTED TO HAVING A SMALL AMOUNT. MR. TARBECK WAS REMOVED FROM THE VEHICLE AND HE STATED TO ME IT WAS IN A BAG. I ADVISED MR. TARBECK THAT I WOULD BE SEARCHING THE VEHICLE IN WHICH HE STARTED TO ACT VERY NERVOUS. WHILE SEARCHING THE VEHICLE, I LOCATED A GRAY BACKPACK SITTING ON THE PASSENGER SEAT. UPON OPENING THE BAG I SMELLED A STRONG ODOR OF CANNABIS. INSIDE THE GRAY BAG WAY A BLUE BOX AND A LARGER BLACK BOX. UPON SEARCHING THE CONTENTS I WAS ABLE TO LOCATE A CLEAR BAG WITH WHAT APPEARED TO BE CANNABIS INSIDE AS WELL AS A LARGE BONG AND OTHER PARAPHERNALIA. MR. TARBECK WAS PLACED UNDER ARREST AT THIS TIME. I COMPLETED A FIELD TEST OF THE GREEN LEAFY SUBSTANCE AND IT TESTED POSITIVE FOR MARIJUANA. ALL PROPERTY WAS ENTERED INTO HBPD PROPERTY AND EVIDENCE. MR. TARBECK WAS TRANSPORTED TO HBPD FOR PAPERWORK AND THEN TAKEN TO PORT MANATEE COUNTY JAIL. NO FURTHER ACTION WAS TAKEN BY ME.



Report Contains	Related Report Number(s)	Name of Officer Reporting A. HURT	I.D. Number/Locator Code 339
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. FRASER	I.D. Number 323	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status CA	Clearance Type 1. Arrest <input checked="" type="checkbox"/> 2. Exceptional <input type="checkbox"/> 3. Unfounded <input type="checkbox"/> 4. V / W Refused to Cooperate <input type="checkbox"/>	Date Cleared 01/15/2019	Arrest Number 01
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
OBTS Number			Page of

PROPERTY REPORT

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department				Agency Report Number 20190027																							
	Original Date Reported 01/15/2019		Primary Offense Description NARCOTICS		Victim #1 Name (Last, First, Middle) TARBECK JACK																									
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other										Theft Type 00																			
	Person Codes V - Victim S - Suspect A - Arrestee O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other																							
CODES	Property Type A. Auto Accessory/Parts 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 A	Person 1	Item # 1	Status 8	Damage 0	Property Type D	Quantity 1	Name 15.0 GRAMS MARIJUANA		Brand MARIJUANA	Model Name/Number																			
PROPERTY	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
PROPERTY	Code A	Person 1	Item # 2	Status 8	Damage 0	Property Type Z	Quantity 1	Name HOPS		Brand HOPS	Model Name/Number																			
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
PROPERTY	Code A	Person 1	Item # 3	Status 8	Damage 0	Property Type Z	Quantity 1	Name SANTA CRUZ		Brand SANTA CRUZ	Model Name/Number																			
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
PROPERTY	Code A	Person 1	Item # 4	Status 8	Damage 0	Property Type Z	Quantity 1	Name WHITE CERAMIC BONG		Brand WHITE CERAMIC BONG	Model Name/Number																			
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
PROPERTY	Code A	Person 1	Item # 5	Status 8	Damage 0	Property Type Z	Quantity 1	Name BROWN GLASS PIPE W/ COLORED GRIP		Brand BROWN GLASS PIPE W/ COLORED GRIP	Model Name/Number																			
	Serial Number										Owner Applied Number										Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered ___/___/___					SCIC/NCIC														
TOTALS	Property Stolen		0.00				Change in Property Stolen Value																							
	Property Recovered		0.00				Change in Property Recovered Value																							
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver E. Use K. Dispense/Distribute B. Buy T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic U. Unknown Z. Other B. Barbiturate M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment C. Cocaine E. Heroin			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter																							
	Activity	Type	Description				Quantity	Unit	Estimated Street Value																					
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value																					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value																					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value																					
PROP. DETAIL / NARR.	1) ONE (1) CLEAR PLASTIC ZIPLOCK BAGGIE CONTAINING A GREEN WEEDY SUBSATNCE (MARIJUANA).																													
	2) ONE (1) CLEAR GLASS BONG WITH "HOPS" PRINTED ON THE SIDE.																													
	3) ONE (1) SANTA CRUZ MULTICOLORED CANIBUS SHREDDER.																													
	4) ONE (1) WHITE CERAMIC BONG.																													
5) ONE (1) BROWN GLASS CANIBUS PIPE WITH MULTI COLORED CLOTH GRIP.																														
ADMINISTRATIVE	Officer(s) Reporting SGT. FRASER		ID. Number(s)/Locator code 323		Signature of Officer Reporting				Unit	Date ___/___/___																				
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	Date ___/___/___																		
	Signature of Officer Reviewing																													
										Page 1	Page 3																			

PROPERTY REPORT

1. Original
2. Supplement 1

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department				Agency Report Number 20190027					
	Original Date Reported 01/15/2019		Primary Offense Description NARCOTICS		Victim #1 Name (Last, First, Middle) TARBECK JACK							
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other										Theft Type 00	
	Person Codes V - Victim S - Suspect A - Arrestee O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found 7. Safekeeping 8. Evidence/Seized 9. Other			Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other					
CODES	Property Type A. Auto Accessory/Parts 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 A	Person 1	Item # 6	Status 8	Damage 0	Property Type Z	Quantity 1	Name GLASS CANIBUS PIPE W/ WHITE HANDLE			Brand	Model Name/Number
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) GLASS CANIBUS PIPE W/ WHITE HANDLE							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ROLLING PAPERS							
PROPERTY	Code A	Person 1	Item # 7	Status 8	Damage 0	Property Type Z	Quantity 3	Name ROLLING PAPERS			Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) ROLLING PAPERS							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
PROPERTY	Code A	Person 1	Item # 8	Status 8	Damage 0	Property Type Z	Quantity 1	Name DUTCH MAST			Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) 3 PACK OF DUTCH MASTERS CIGARS							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
PROPERTY	Code A	Person 1	Item # 9	Status 8	Damage 0	Property Type Z	Quantity 1	Name PACK WHITE PEACH CIGARS			Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) PACK WHITE PEACH CIGARS							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
PROPERTY	Code A	Person 1	Item # 10	Status 8	Damage 0	Property Type Z	Quantity 4	Name BACKWOODS			Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) BACKWOODS CIGARS							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
TOTALS	Property Stolen		0.00		Change in Property Stolen Value							
	Property Recovered		0.00		Change in Property Recovered Value							
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver E. Use K. Dispense/Distribute B. Buy T. Traffic			Type A. Amphetamine H. Hallucinogen S. Synthetic U. Unknown Z. Other B. Barbiturate M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment C. Cocaine E. Heroin			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter					
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
	Activity	Type	Description				Quantity	Unit	Estimated Street Value			
PROP. DETAIL / NARR.	6) ONE (1) GLASS CANIBUS PIPE WITH BLACK HANDLE. 7) THREE (3) PACKS OF ROLLING PAPERS. (2-ELEMENTS, 1-ZIG ZAG). 8) THREE (3) PACK OF DUTCH MASTERS CIGARS. 9) ONE (1) PACK OF WHITE PEACH CIGARS. 10) FOUR (4) BACKWOODS CIGARS.											
	Officer(s) Reporting SGT. FRASER		ID. Number(s)/Locator code 323		Signature of Officer Reporting				Unit	Date ___/___/___		
ADMINISTRATIVE	Officer Reviewing (if Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	Date ___/___/___
	Signature of Officer Reviewing										Page	Page
										2	3	

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20190027

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department					Agency Report Number 20190027		
	Original Date Reported 01/15/2019									
THEFT	Theft Type Codes		Primary Offense Description NARCOTICS					Victim #1 Name (Last, First, Middle) TARBECK JACK		
	00. N/A 01. Burglary		02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching					06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud		
CODES	Person Codes		Status Codes			Damage Codes			9. Other	
	V - Victim S - Suspect		1. Stolen 2. Recovered			3. Stolen and Recovered 4. Recovered for Other Jurisdiction			5. Lost 6. Found	
PROPERTY	Property Type		E. Equipment/Tool. F. Food/Liquor/Consumable		J. Jewelry/Precious Metal K. Clothing/Fur		O. Office Equipment P. Art/Collection		T. TV/Video/VCR U. Currency/Negotiable	
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug		G. Gun H. Household Appliance/Goods I. Plant/Citrus		L. Livestock M. Musical Instrument N. Construction Machinery		Q. Computer Equipment R. Radio/Stereo S. Sports Equipment		V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous	
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	A	1	11	8	0	Z	1		RYUT	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) GRAY COLORED CASE W/ZIPPER					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	A	1	12	8	0	D	1			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) YELLOW/PINK RUBBER CASE W/THC RESIN .06G					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
	Value		Value Recovered		Date Recovered		SCIC/NCIC			
TOTALS	Property Stolen		0.00				Change in Property Stolen Value			
	Property Recovered		0.00				Change in Property Recovered Value			
CODES	Activity		Type			Type			Unit	
	P. Possess S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use K. Dispense/Distribute			M. Manufacture/Produce/Cultivate Z. Other			A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	
DRUGS	Activity	Type	Description				Quantity	Unit	Estimated Street Value	
	Activity	Type	Description				Quantity	Unit	Estimated Street Value	
	Activity	Type	Description				Quantity	Unit	Estimated Street Value	
PROP. DETAIL / NARR.	11) ONE (1) GRAY RYUT CASE WITH ZIPPER.									
	12) ONE (1) YELLOW/PINK RUBBER CASE CONTAINING 0.06GRAMS OF BROWN COLORED THC RESIN.									
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit	Date	
	SGT. FRASER		323						___/___/___	
	Officer Reviewing (if Applicable)		ID. Number		Routed To		Referred To		Assigned To	
Signature of Officer Reviewing								By		
								Date		
								___/___/___		
								Page	Page	
								3	of 3	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
												20190028		TRAFFIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		01/15/2019		1111		1111		1111		1130															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		01/15/2019		1111		Tue		01/15/2019		1111									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC		C		322 - 03 (1)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
6808 MARINA DRIVE		HOLMES BEACH		34217								W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 2		0 1. Occupied 2. Unoccupied 3. Abandoned																			
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				26											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		V		1		5		STATE		OF		FLORIDA											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
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)		City		State		Zip		Residence Phone									
1.#1 3.Both 2.#2		1		S		1		A		1		2		RODRIGUEZ		TEODULO									
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				MEXICO																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
224 MAGNOLIA LANE		TAMPA		FL		33610																			
Occupation		Employer/School		Address		Social Security Number																			
LABORER		N/A		N/A																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
R362800932140		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
JEANS AND POLO SHIRT																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		06/14/1993		25		5-07		150		BRO		BLK		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		MED		B																					
NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						JASON HIGGINS		331																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307		PATROL		01/15/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		01/15/2019				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		2													

NARRATIVE CONTINUATION

1. Offense	1	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	1	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	1

Holmes Beach Police Department

Agency ORI Number	Agency Report Number
FL0410400	20190028

Date of Supplement	____/____/____
Original Date Reported	01/15/2019

Case Reference

ADM

NARRATIVE

WHILE SITTING STATIONARY, I RAN FLORIDA TAG (HFPH95) THROUGH IN-CAR FCIC/NCIC. THE QUERY RETURNED A REGISTERED OWNER WITH NAME TEODULO RODRIGUEZ EVANGELIST WITH NO ADMIN NUMBER OR DL ASSIGNED. I RAN THAT NAME THROUGH EAGENT AND GOT A RECORD OF TEODULO RODRIGUEZ WITH NO DRIVERS LICENSE. ADDITIONAL EAGENT READOUT DISPLAYED NO LICENSE OR IDENTIFICATION CARD. HIS RECORD HAD A FAILURE TO PAY CIVIL FINE, FAILURE TO PAY CRIMINAL, AND A NON JUDGEMENT SUSPENSION.

I INITIATED A TRAFFIC STOP AND MADE CONTACT WITH THE AFOREMENTIONED WHO WAS IDENTIFIED BY PASSPORT. HE SAID HE DIDN'T HAVE A LICENSE, AND COULDN'T PROVIDE AN INSURANCE CARD.

QUERYING THROUGH D.A.V.I.D., I OBSERVED 3 OTHER NO DRIVER'S LICENSE CHARGES. DRIVER'S WINDOWS WERE DARK ENOUGH TO WHERE I COULDN'T SEE INSIDE VEHICLE WHEN I INITIALLY APPROACHED. I TESTED THEM WITH POLICE DEPT. ISSUED TINT METER (LASER LABS INC., MODEL 10000, SERIAL #316120218) WHICH WAS TESTED PRIOR TO PLACING IT ON DRIVER'S FRONT DRIVER WINDOW AND PASSENGER WINDOW. THE DIGITAL READOUT ON DRIVER SIDE WINDOW DISPLAYED A 20.

IN LIEU OF PHYSICAL ARREST, I ISSUED A SUMMONS-TO-APPEAR FOR NO DRIVER'S LICENSE, A UTC FOR NO PROOF OF INSURANCE, AND A WINDOW FILM VIOLATION UTC. SUMMONS WAS SIGNED ON SCENE AND WAS PLACED INTO RECORDS.

A LICENSE DRIVER RESPONDED TO SCENE TO TAKE VEHICLE.

Report Contains SIGNED SUMMONS	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT .COPEMAN	I.D. Number 307	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status CA	Clearance Type 1.Arrest 2.Exceptional 1	3.Unfounded 1	A-Adult J-Juvenile A
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared 01/15/2019		Arrest Number	Number Arrested 1
OBTS Number		Page 2	Page 2

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/>		2. Supplement: <input checked="" type="checkbox"/> 1							
Date of Supplement		Holmes Beach Police Department						Agency Report Number				Primary Offense Description													
/ /								20190030				TRAFFIC													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Tue		01/15/2019		1731		1731				1738															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Tue		01/15/2019		1731		Tue		01/15/2019		1731									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DRIVERS LIC		C		322 - 03 (1600)		9000																	
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
600		MANATEE AVE.		HOLMES BEACH		34217						W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0		1. Occupied 2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle								26							
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		99. Other Known									
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone									
1.#1 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)		City		State		Zip		Residence Phone									
1.#1 2.#2		1		S		1		A		1		2		ZUNIGA GONZALEZ		ERLIN		OMAR							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				HONDURAS		-																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2220 5TH AVE. DR. E.		BRADENTON		FL		34208		-																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
NONE																									
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		06/16/1991		27		5-4		150		BRO		BLK		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						JASON HIGGINS		331																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. FRASER				323		PATROL		01/17/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		01/15/2019				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		1		of		2									

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190030**

Date of Supplement ___/___/___
Original Date Reported 01/15/2019

Case Reference
SUMMONS NO DL

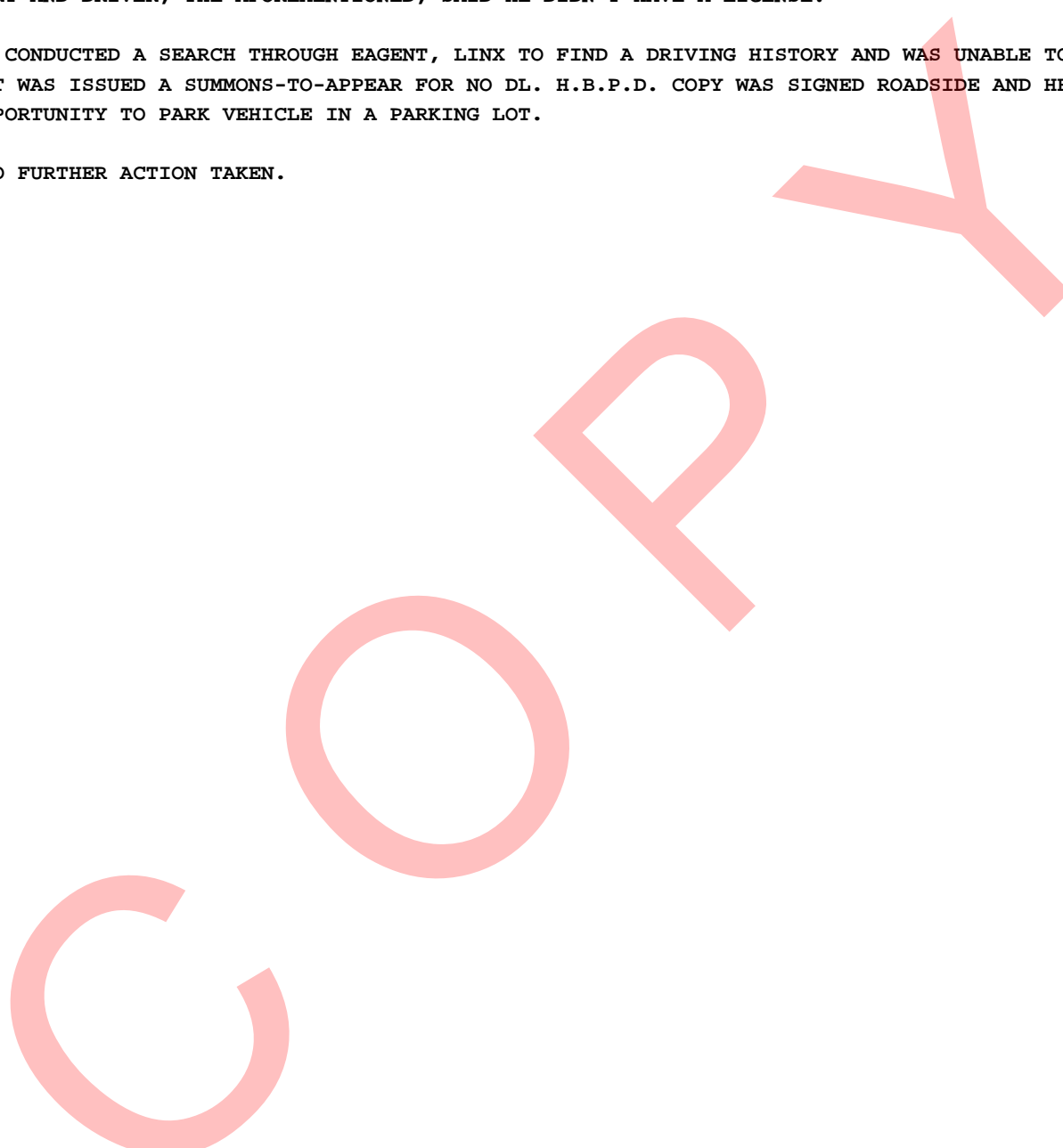
ADM

WHILE SITTING STATIONARY, I RAN FLORIDA TAG (Y84RIF) THROUGH IN-CAR FCIC/NCIC. THE QUERY RETURNED THAT REGISTERED OWNER DIDN'T HAVE A LICENSE OR ID CARD. I INITIATED A TRAFFIC STOP, AND WAS GIVEN A PASSPORT AND DRIVER, THE AFOREMENTIONED, SAID HE DIDN'T HAVE A LICENSE.

I CONDUCTED A SEARCH THROUGH EAGENT, LINK TO FIND A DRIVING HISTORY AND WAS UNABLE TO OBTAIN ONE. SUBJECT WAS ISSUED A SUMMONS-TO-APPEAR FOR NO DL. H.B.P.D. COPY WAS SIGNED ROADSIDE AND HE WAS GIVEN THE OPPORTUNITY TO PARK VEHICLE IN A PARKING LOT.

NO FURTHER ACTION TAKEN.

NARRATIVE



Report Contains SUMMONS	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. FRASER	I.D. Number 323	Unit PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared 01/15/2019
Arrest Number		Number Arrested 1	
OBTS Number		Page 2 of 2	

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
												20190031		TRAFFIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Thu		01/17/2019		0130		0130		0130		0330															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		01/17/2019		0130		Thu		01/17/2019		0150									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
2		DRIVERS LIC		C		322 - 34 (5)		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone					
4000 GULF DR										HOLMES BEACH		34217													
Business Name/Area Identifier										Forced Entry		Occupancy													
										0. N/A 1. Yes		2. No 0		0 1. Occupied 2. Unoccupied 3. Abandoned 0											
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		29. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle															
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. None 1. Full Year 2. Part Year 3. Non-Resident											
Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		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 2.#2		1		V		1		5		STATE OF FLORIDA															
Address (Street, Apt. Number)										City		State		Zip		Business Phone									
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement															
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		00		00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		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?	
2		N		N								0		0		00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee R-Rec. Missing Z-other		A		1		2		GARCIA ACOSTA		RICARDO													
Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone													
								MEXICO				941 465-2201													
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone									
2405 49TH AVE W										BRADENTON		FL		34207											
Occupation				Employer/School				Address				Social Security Number													
LABORER CLEANER				SANDBAR RESTAURANT																					
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)													
G-622-720-79-175-0				FL																					
Clothing (Describe)						Scars/Marks/Tatoos (Location/Describe)																			
T SHIRT CARGO PANTS						TATOOS R AND L SHOULDER																			
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		05/15/1979		39		5-5		150		BRO		BLK		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		MED																							
NARRATIVE																									
Person/Unit Notified						Time						Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code					
																OFC M. VANHORN				338					
Signature of Officer Reportin						Officer Reviewing (If Applicable)						I.D. Number				Unit		Date							
						SGT. J. PIERCE						309						01/17/2019							
Signature of Officer Reviewing						Routed To						Referred To				Assigned To				By		Date			
Case Status				Clearance Type				1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested							
CA								1				A		01/17/2019				1							
Exception Type				2. Arrest on Primary Offense Secondary Offense Without Prosecution				3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page									
1.Extradition Declined														1		of		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: **20190031**

ADM
 Date of Supplement: ___/___/___
 Original Date Reported: **01/17/2019**

Case Reference: **DRIVING WHILE LICENSE REVOKED H.T.O.**

INFORMATION:

I RAN THE VEHICLE PLATE THROUGH FCIC/NCIC AND THE RESGISTERED OWNER SHOWED HIS DRIVERS LICENSE WAS REVOKED ON 10/22/2018 AND HAVING HABITUAL TRAFFIC OFFENDER STATUS. I EFFECTED A TRAFFIC STOP, AND CONTACTED THE LONE OCCUPANT/DRIVER. THE DRIVER STATED HE DID NOT HAVE A DRIVERS LICENSE AND HE WAS "SUSPENDED" THE DRIVER WAS COOPERATIVE THROUGH OUT THE ENTIRE CONTACT.

ARRESTED:

RICARDO GARCIA ACOSTA W/M 5/15/1979. GARCIA ACOSTA IS A NON US RESIDENT. GARCIA ACOSTA WAS TAKEN TO HBPD FOR PROCESSING AND THEN TRANSPORTED TO 75TH AND MANATEE FOR TRANSPORT TO MCSO PORT JAIL MY MCSO DEPUTY WITHOUT INCIDENT.

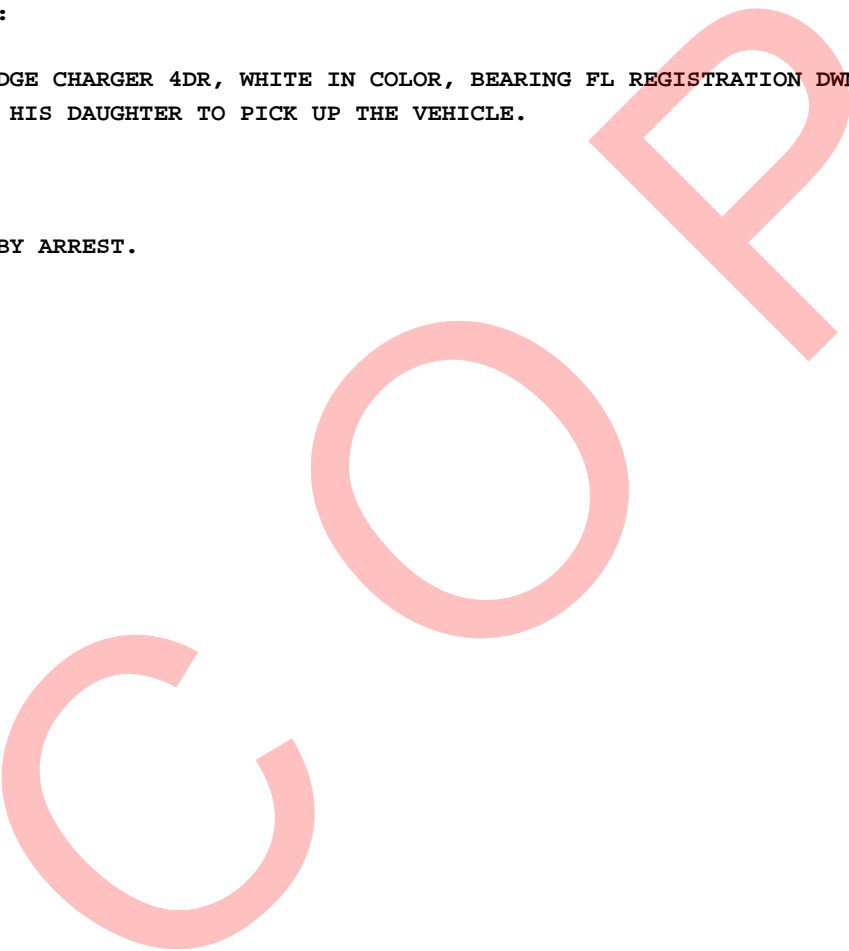
VEHICLE:

2009 DODGE CHARGER 4DR, WHITE IN COLOR, BEARING FL REGISTRATION DWNJ31. GARCIA ACOSTA WAS ALLOWED TO CONTACT HIS DAUGHTER TO PICK UP THE VEHICLE.

STATUS:

CLOSED BY ARREST.

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting OFC M. VANHORN	I.D. Number/Locator Code 338
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT. J. PIERCE	I.D. Number 309	Unit 338
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status CA	Clearance Type 1. Arrest 2. Exceptional 1	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared 01/17/2019		Arrest Number	Number Arrested 1
OBTS Number		Page 2	Page 2