

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dissmiss: <input type="checkbox"/>		1. Original		2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description													
20190032		CIVIL																									
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Fri		01/18/2019		1402		1402		1411		1450																	
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																	
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)											
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Fri		01/18/2019		1402		To		Fri		01/18/2019		1402							
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code													
9		INFORMATION										0 - 0 (0)		0000													
OFF/INC #2																											
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone															
206		82ND STREET		HOLMES BEACH		34217						W80															
Business Name/Area Identifier		Fored Entry		Occupancy																							
		0. N/A		2. No		2		0. N/A		2. Unoccupied																	
		1. Yes		1. Occupied		3. Abandoned																					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile															
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other															
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov/Plbldg Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field																	
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																	
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																	
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs							
1		0		2		0		0		00. N/A		03. Shotgun		06. Blunt Object		09. Explosives		11. Threat/Intimidation		88. Unknown		00					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
V - Victim		0. N/A		N - N/A		I - American Indian		0. N/A		0. N/A		0. N/A		1. City		1. Full Year		1. Minor		Yes <input type="checkbox"/> No <input type="checkbox"/>							
W - Witness		1. Juvenile		W - White		O - Oriental/Asian		1. City		1. Full Year		1. Minor		2. County		2. Part Year		2. Serious		Yes <input type="checkbox"/> No <input type="checkbox"/>							
C - Reporting Person		2. L.E. Officer		B - Black		U - Unknown		2. County		2. Part Year		2. Serious		3. Non-Resident		3. Non-Resident		3. Fatal		Yes <input type="checkbox"/> No <input type="checkbox"/>							
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		00. N/A		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)		City		State		Zip		Residence Phone											
1.#1 3.Both		1		C		1		3		MAUER		RONALD		W		847 769-6175											
2.#2																											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
206		82ND STREET		HOLMES BEACH		FL		34217																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
		LANDLORD																									
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		2		W		M		06/22/1933		85		1		2		0		00 00		22				Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone											
1.#1 3.Both		1		W		1		3		REGAN		JAMES		LEBRON													
2.#2																											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
206		82ND STREET		HOLMES BEACH		FL		34217																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
		TENANT																									
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		2		W		M		12/17/1957		61		1		1		0		00 00		22				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		S-Suspect E-Escapee R-Rec. Missing																									
2.#2		A-Arrestee M-Missing Z-other																									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
Occupation		Employer/School		Address		Social Security Number																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																									
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
SEE FULL NARRATIVE.																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
						JASON HIGGINS		331																			
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
		SGT. FRASER		323				01/18/2019																			
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																			
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested													
CE				2.Exceptional		2		A		01/18/2019				0													
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page															
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1		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 **20190032**

ADM	Date of Supplement _ / _ / _
Original Date Reported 01/18/2019	

Case Reference

NARRATIVE

AT APPROXIMATELY 1100 HRS. REAGAN THE TENANT, CAME TO POLICE DEPT. SEEKING LEGAL ADVICE. HE SAID HE HAS LIVED AT THE AFOREMENTIONED RESIDENCE FOR 6-8 MONTHS WHILE THE LANDLORD HAS BEEN IN ILLINOIS. HE SAID HE WAS SUPPOSED TO GET OUT-OF THE HOUSE AND HE IN THE CURRENT PROCESS OF REMOVING HIS ITEMS. HOWENVER, THE LANDLORD IS BEING AN PAIN TO DEAL WITH AND HE CAME TO THE POLICE DEPT. SEEKING REMEDIES. TENANT SAID LANDLORD HAS LOCKED HIS STORAGE SHED WITH A LOCK AND REAGAN IS UNABLE TO ACCESS HIS PERSONAL BELONGINGS INSIDE. I ADVISED THAT HE CAN CUT THE LOCK IF NEEDED TO OBTAIN HIS PROPERTY.

I TOLD HIM THIS WAS A CIVIL MATTER, AND HANDED HIM POLICE DEPT. ISSUED LANDLORD TENANT SHEET. I ASKED REAGAN TO GO TO THE RESIDENCE NOW SO I COULD DO A ONE TIME ASSITANCE. HE DECLINED AND SAID HE HAD OTHER THINGS TO DO AND LEFT.

AT 1402 HRS, I WAS DISPATCHED TO RESIDENCE DUE TO LANDLORD, MAUER, TELLING DISPATCH THAT REAGAN IS STEALING ITEMS. UPON ARRIVAL I SPOKE WITH LANDLORD AND HE SAID THAT REAGAN IS STEALING HIS GRILL. THE GRILL IS A SMALL GROUND GRILL. IT WAS INSIDE THE BACK OF HIS VAN. AND THERE WAS ANOTHER ONE ALMOST IDENTICAL IN THE BACKYARD. NEITHER ONE COULD PRODUCE A RECEIPT. LANDLORD SAID, "ALL OF THIS CRAP HERE. " AND POINTED TO RANDOM METAL OBJECTS AND A HOT TUB ARE HIS. THE LANDLORD CONTINUED TO SAY IF HE DOESN'T REMOVE IT, HE ISN'T GETTING HIS TOOLS THAT ARE IN THE SHED BACK.

I TOLD LANDLORD THAT HE CANT'T OBSTRUCT A TENANT FROM RETRIEVING HIS PROPERTY. THE LANDLORD ARGUED AND I TOLD HIM 10 TIMES THAT TENANT HAS RIGHTS TO HIS STUFF. HE SAID "NO, HE CAN'T GET IT UNTIL HE CLEANS UP THE YARD." I REITERED HIS BEST INTEREST IS TO COMPLY WITH ALLOWING HIM TO RETRIEVE HIS PROPERTY AND SUE HIM IN SMALL CLAIMS COURT FOR ANY ITEMS HE MAY HAVE TAKEN OR CLEANING BILLS. LANDLORD CONTINUED TO SAY THAT HE WANTS HIM TO PAY FOR THE BROKEN DISHWASHER. LANDLORD SAID TENANT IS RESPONSIBLE FOR: 4 GARBAGE CANS, PUMP FOR LIFE RAFT, SKILSAW, 2 FRAMED EUROPEAN NAKED PICTURES.

BOTH PARTIES WERE TOLD OF THEIR CIVIL REMEDIES AND THAT THIS CAN'T BE A REOCCURING THING. TENANT LEFT WITH PROPERTY AND SAID HE WOULDN'T RETURN FOR THE NIGHT.

Report Contains	Related Report Number(s)	Name of Officer Reporting JASON HIGGINS	I.D. Number/Locator Code 331
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	SGT. FRASER	323	
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status CE	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 2	4. 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 01/18/2019	Arrest Number 0
		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															
/ /								20190034		TRAFFIC															
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		01/19/2019		0143		0143		0143		0540															
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		01/19/2019		0140		To Sat		01/19/2019		0143									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
4		DUI		C		316 - 193 (1A)		5400																	
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
600 MANATEE AVE		HOLMES BEACH		34217		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other													
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle								26							
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		1		1		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		1		5		STATE OF FLA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		00		00		00		00		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 FLA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N								0		0		00		00		00		00		Yes <input type="checkbox"/> No <input checked="" 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 Z-other		A		1		2		CLARK		THOMAS		JOHN											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				ENGLAND																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
5316 14TH AVE DR W.		BRADENTON		FL		34209																			
Occupation		Employer/School		Address		Social Security Number																			
PRESSURE WASHER						[REDACTED]																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
C462-830-93-254-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
RED SHIRT/GRAY PANTS		TATTOO ON RIGHT BUTT CHEEK																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		07/14/1993		25		605		255		BLU		BRO		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		MED																							
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. HURT		339																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT T. FRASER				323				/ /																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date															
										/ /															
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
										/ /															
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										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 **20190034**

ADM	Date of Supplement ___/___/___
Original Date Reported 01/19/2019	

Case Reference
TRAFFIC

NARRATIVE

WHILE ON ROUTINE PATROL, I WAS TRAVELING EAST ON MANATEE AVE IN THE 500 BLOCK OF GULF DR. I WAS TRAVELING BEHIND A BLACK CHEVY SILVERADO BEARING FL TAG 568QPF. I OBSERVED THE TRUCK MAKE AN ILLEGAL U-TURN ON MANATEE AVE. I NOTICED AS THE TRUCK TURNED THAT IT ENTERED THE BIKE LANE ON THE NORTH SIDE OF THE STREET. I TURNED AROUND TO CATCH UP TO THE VEHICLE AND SAW THAT IT TURNED ON GULF DRIVE AND WAS PICKING UP A MALE ON 41ST ST. I WAS ABLE TO TURN BACK AROUND AND CATCH UP TO THE VEHICLE IN THE 600 BLOCK OF MANATEE AVE. I ACTIVATED MY EMERGENCY LIGHTS AND SIRENS AND CONDUCTED A TRAFFIC STOP ON THE VEHICLE.

DRIVER CONTACT- I APPROACHED THE VEHICLE AND MADE CONTACT WITH THE DRIVER WHO IDENTIFIED HIMSELF AS THOMAS CLARK AND PRESENTED ME WITH HIS STATE ISSUED DRIVERS LICENSE. WHILE SPEAKING WITH THOMAS I COULD SMELL A STRONG ODOR OF ALCOHOL BEVERAGES COMING FROM HIS PERSON AS WELL AS BLOOD SHOT, WATERY EYES. WHILE SPEAKING, THOMAS SPEECH WAS SLURRED AND HE REPEATED HIMSELF NUMEROUS TIMES. I ASKED THOMAS TO STEP OUT AND COME TO REAR OF HIS VEHICLE TO SPEAK WITH ME, WHICH HE AGREED. THOMAS HAD A NOTICEABLE SWAY AND APPEARED TO BE UNSTEADY ON HIS FEET AFTER HE EXITED THE VEHICLE. AT THE REAR OF HIS VEHICLE, I ASKED THOMAS IF HE WOULD AGREE TO PERFORM THE STANDARDIZED FIELD SOBRIETY EXERCISES. THOMAS REPEATEDLY CONTINUED TO SAY "I DON'T KNOW WHAT I SHOULD SAY". I STATED TO THOMAS "I NEED A YES OR NO ANSWER". THOMAS BEGAN TO SHAKE HIS HEAD IN A SIDE TO SIDE MOTION AND I TOOK THAT AS A "NO" AND A REFUSAL. BASED ON MY TRAINING AND EXPERIENCES, I BELIEVE THAT THOMAS WAS UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES AND UNABLE TO SAFELY OPERATE A MOTOR VEHICLE IN FLORIDA.

I PLACED THOMAS UNDER ARREST FOR DUI AND TRANSPORTED HIM BACK TO HYPD FOR PAPERWORK. ONCE AT HYPD I READ THOMAS HIS MIRANDA RIGHTS FOLLOWED BY IMPLIED CONSENT. THOMAS REFUSED TO PROVIDE A BREATH SAMPLE. THOMAS WAS ISSUED A CITATION FOR MAKING AN ILLEGAL U-TURN (A9UTSEE) AS WELL AS DUI CITATION (6904XBK). THOMAS WAS TRANSPORTED TO 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)	I.D. Number	Unit
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	Clearance Type	Date Cleared	Arrest Number
Exception Type	1. Arrest 2. Exceptional	3. Unfounded 4. Adult J- Juvenile	5. Prosecution Declined 6. Juvenile/No Custody
1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	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																							
/ /								20190035		DRUGS																							
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																							
Sat		01/19/2019		1700		1700		1700		1905																							
Incident Type		Incident: Day		Date		Time (mil)		Day		Date																							
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From Sat		01/19/2019		To Sat		01/19/2019																					
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code																			
3		LARC				A-Attempted C-Committed		C		893 - 13 (6A)				350A																			
OFF/INC #2		Type		Description		A-Attempted C-Committed		C		812 - 14 (3a)				230D																			
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																					
3200 EASTBAY DRIVE		HOLMES BEACH		34217																													
Business Name/Area Identifier		WALGREENS		Forced Entry		Occupancy		0. N/A 1. Yes		2. No 2		2. Unoccupied 1. Occupied 3. Abandoned 1																					
Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other																			
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other													
01		01		01		00		00		01. Handgun										07													
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)		City		State		Zip		Residence Phone																	
1.#1 3.Both 2.#2		1		V		01		3		LISZKA		STEFAN		FL		32134		352 240-2094															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																									
30071 NE 96TH STREET		SALT SPRINGS		FL		32134																											
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?									
2		W		M		02/27/1970		48		3		1		0		00 00		02						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																																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																									
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?									
																								Yes <input type="checkbox"/> No <input type="checkbox"/>									
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		City		State		Zip		Residence Phone															
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing		R-Rec. Missing Z-other		A		01		2		FILLMER		JOHN		LAMAR		941 720-5089															
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																											
				IOWA		941 720-5089																											
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																									
5800 9TH AVENUE DRIVE WEST		BRADENTON		FL		34209																											
Occupation		Employer/School		Address		Social Security Number																											
DISHWASHER		BELLA MIA																															
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																									
F456472770640		FL																															
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)		SCARS ON ARMS AND CHEST																													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style															
W		M		02/24/1997		21		600		220		BRO		BRO		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																									
						WALKER		312																									
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																									
		SGT . COPEMAN		307				01/20/2019																									
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																									
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		1		A-Adult J-Juvenile		A		Date Cleared		Jail Number		Number Arrested															
CA														01/20/2019				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																			
														of																			

NARRATIVE CONTINUATION

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

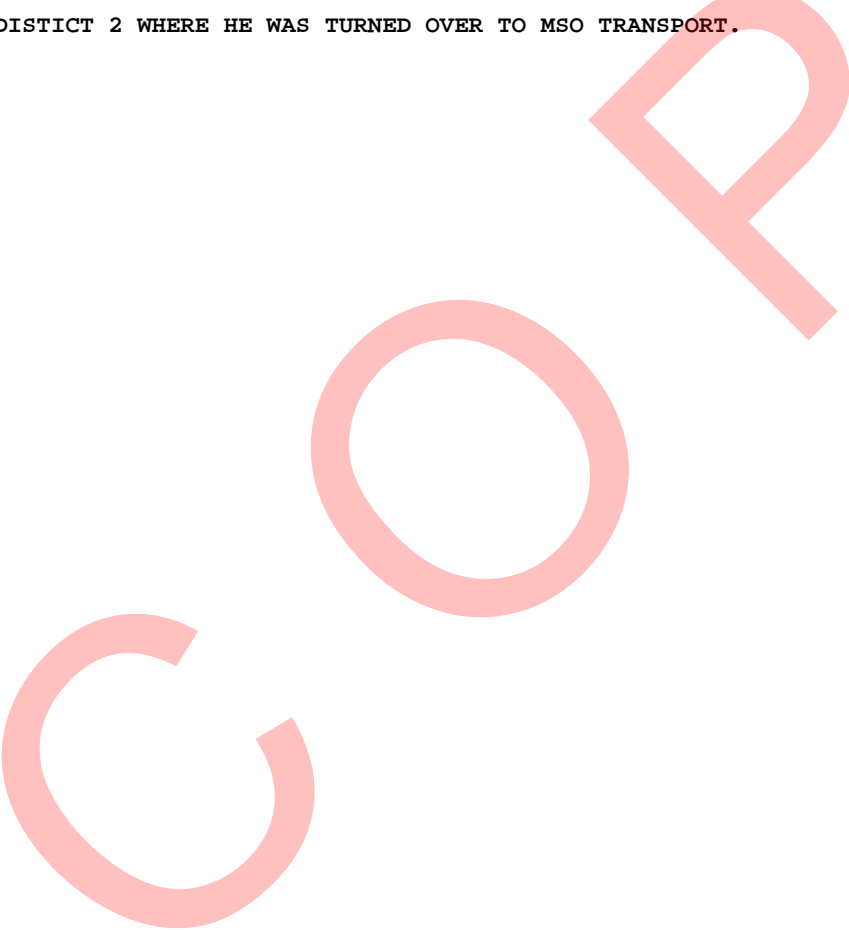
Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20190035**

ADM	Date of Supplement ___/___/___
Original Date Reported 01/19/2019	Case Reference

ON 01/19/2019, AT 1700 HOURS, I WAS DISPATCHED TO 3200 EASTBAY DRIVE, IN REFERENCE TO A THEFT OF A PRESCRIPTION. THE COMPLAINANT ADVISED THE OWNER OF THE PRESCRIPTION HAD LEFT IT ON THE COUNTER WHEN PURCHASING OTHER MERCHANDISE, BUT WALKED OUT WITHOUT TAKING THE ITEM WITH HIM. THE COMPLAINANT THEN ADVISED THE OWNER OF THE PRESCRIPTION (STEFAN LISZKA), WALKED BACK INSIDE AND WAS ADVISED THAT THE SUBJECT BEHIND HIM IN LINE, PICKED UP THE PRESCRIPTION AND EXITED THE STORE. THE COMPLAINANT STATED THE SUSPECT WAS A WHITE OR HISPANIC MALE WITH A SCRUFFY FACE, GREY SALT AND PEPPER HAIR, WEARING AN IMG ACADEMY SHIRT, WITH BLACK PANTS AND BLACK BACKPACK. THE COMPLAINANT ADVISED HE DID NOT KNOW WHICH WAS THE SUBJECT EXITED THE STORE.

WHILE RESPONDING OFC HIGGINS LOCATED THE SUSPECT WALKING IN THE PARKING LOT OF 3900 EASTBAY DRIVE (PUBLIX). OFC. HIGGINS THEN SEARCHED THE SUBJECT LOCATING THE PILLS AND PLACED THE SUSPECT INTO CUSTODY. UPON ARRIVAL I PLACED THE SUSPECT (JOHN FILLMER), INTO MY PATROL CAR WHILE SGT. COPEMAN AND OFC. BETTS OBTAINED SURVEILLANCE VIDEO AND STATEMENTS. I THEN TRANSPORTED FILLMER TO THE HOLMES BEACH POLICE DEPARTMENT WHERE I COMPLETED THE NECESSARY ARREST PAPERWORK. OFC. HURT THEN TRANSPORTED FILLMER TO MSO DISTICT 2 WHERE HE WAS TURNED OVER TO MSO TRANSPORT.



NARRATIVE

Report Contains	Related Report Number(s)	Name of Officer Reporting WALKER	I.D. Number/Locator Code 312
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT . COPEMAN	I.D. Number 307	Unit 312
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
Case Status CA	Clearance Type 1. Arrest 1 2. Exceptional	3. Unfounded 4. A-Adult J-Juvenile A	Date Cleared 01/20/2019
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		Number Arrested 1	Page 1
OBTS Number		Page of	

NARRATIVE CONTINUATION

1. Offense	2	Juvenile Warn/Dismiss		1. Original		2. Supplement	2
Agency ORI Number		Agency Report Number					
FL0410400		20190035					

Holmes Beach Police Department

Case Reference
DRUGS

ADM	Date of Supplement 01/20/2019
	Original Date Reported 01/19/2019

NARRATIVE

I RESPONDED TO 3200 EAST BAY DRIVE (WALGREENS) TO ASSIST OFC. WALKER WITH A DRUG/THEFT CASE. OFC. WALKER WAS AT 3900 EAST BAY DRIVE (PUBLIX) WITH JOHN FILLMER, WHO WAS ALLEGED TO HAVE STOLEN PRESCRIPTION MEDICATION THAT WAS LEFT BY ANOTHER CUSTOMER AT THE CASH REGISTER IN THE LIQUOR DEPARTMENT. I MADE CONTACT WITH CHRISTINE LANG, WHO IS AN EMPLOYEE OF WALGREENS AND WAS WORKING THE REGISTER AT THE TIME OF THE THEFT. MRS. LANG STATED SHE OBSERVED AN OLIVE SKINNED MALE, WEARING A DARK COLORED SHIRT WITH IMG WRITING ON IT, WITH BLACK PANTS AND A SHOULDER BAG. MRS. LANG ADVISED THE MALE WALKED UP TO HER REGISTER AND PAID FOR A SHOT OF LIQUOR. WHILE CHECKING OUT, MRS. LANG OBSERVED THE MALE PICK UP A SMALL PRESCRIPTION BAG, THAT WAS LYING ON THE COUNTER, AND PLACED IT INTO HIS FRONT LEFT POCKET. MRS. LANG QUESTIONED THE MALE ABOUT OWNERSHIP AND HE REPLIED, "IT'S MINE". THE MALE EXITED THE STORE WITH THE PRESCRIPTION DRUGS. MRS. LANG ADVISED SHE DID NOT ASK FOR THE PRESCRIPTIONS DRUGS BACK BECAUSE SHE DID NOT SEE WHO LEFT THEM. A FEW MINUTES LATER STEFAN LISZKA ENTERED THE STORE LOOKING FOR HIS PRESCRIPTION HE LEFT. MRS. LANG SIGNED A WITNESS STATEMENT ON WHAT SHE OBSERVED.

I WAS ABLE TO OBTAIN A COPY OF THE LIQUOR DEPARTMENTS VIDEO SURVEILLANCE. THE VIDEO CAPTURES THE ENTIRE INCIDENT FROM MR. LISZKA FORGETTING HIS PRESCRIPTION TO MR. FILLMER PICKING UP OFF THE COUNTER AND PLACING IT INTO HIS POCKET, AND WALKING OUT OF THE STORE. THE VIDEO SHOWS MR. FILLMER ENTERING THE STORE AT 16:43. AT 16:44 MR. LISZKA CHECKS OUT AND LEAVES THE PRESCRIPTION BY THE DEBIT CARD MACHINE TO THE RIGHT. AT 16:46 MR. FILLMER WALKS UP TO THE COUNTER, PAYS FOR HIS LIQUOR, AND THEN PLACES THE PRESCRIPTION INTO HIS LEFT POCKET.

I PLACED THE COPY OF THE SURVEILLANCE INTO HBPD'S EVIDENCE LOCKER #5. I TOOK NO FURTHER ACTION IN THIS INCIDENT.

Report Contains	Related Report Number(s)	Name of Officer Reporting J. BETTS	I.D. Number/Locator Code 337
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT T. FRASER	I.D. Number 323	Unit HB10
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 ___/___/___
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 1 of 1

PROPERTY REPORT

1. Original
2. Supplement 1

ADM	Date of Supplement ___/___/___		Holmes Beach Police Department				Agency Report Number 20190035				
	Original Date Reported 01/19/2019		Primary Offense Description DRUGS		Victim #1 Name (Last, First, Middle) LISZKA STEFAN						
THEFT	Theft Type Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Building 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 99. Other										Theft Type 00
	Person Codes V - Victim A - Arrestee S - Suspect O - Other			Status Codes 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Recovered for Other Jurisdiction 5. Lost 6. Found			Damage Codes 7. Safekeeping 8. Evidence/Seized 9. Other 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other				
CODES	Property Type A. Auto Accessory/Parts E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR Y. Farm Equipment B. Bicycle F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Z. Miscellaneous C. Camera/Photo Equipment G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable D. Drug H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor X. Structure I. Plant/Citrus N. Construction Machinery S. Sports Equipment										
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
PROPERTY	O	02	1	8	0	T	1	SURVEILLANCE	VIDEO	DVD	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) TEAL DVD						
	Value		Value Recovered		Date Recovered 01/19/2019		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)						
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC				
TOTALS	Property Stolen		0.00				Change in Property Stolen Value				
	Property Recovered		0.00				Change in Property Recovered Value				
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use T. Traffic K. Dispense/Distribute			Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment			Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter				
	Activity	Type	Description				Quantity	Unit	Estimated Street Value		
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.	DVD WAS PLACED INTO HBPD LOCKER NUMBER 5										
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting				Unit		Date
	J. BETTS		337						HB10		01/20/2019
	Officer Reviewing (if Applicable)		ID. Number		Routed To		Referred To		Assigned To		By
SGT T. FRASER		323									
Signature of Officer Reviewing										Page	Page
										1	of 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													
20190036		TRAFFIC						Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)									
Sun		01/20/2019		0212		0212		0212		0212		0225													
Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)									
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		Sun		01/20/2019		0210		Sun		01/20/2019		0212									
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code											
4		TRAFFIC								316		- 189		(1)		9000									
OFF/INC #2						A-Attempted		C-Committed																	
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		2. No		0		1. Occupied		2. Unoccupied		0									
1. Yes														3. Abandoned											
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		31. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
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		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown					
01. Handgun																				99. Other					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim		0. N/A		N - N/A		N - N/A		0. N/A		0. N/A		0. None													
W - Witness		1. Juvenile		W - White		I - American Indian		1. City		1. Full Year		1. Minor													
C - Reporting Person		2. L.E. Officer		B - Black		O - Oriental/Asian		2. County		2. Part Year		2. Serious													
		3. Adult		U - Unknown		U - Unknown				3. Non-Resident		3. Fatal													
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		N/A		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		1		V		1		5		STATE OF FLORIDA															
2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						3		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		1		V		1		5		STATE OF FLORIDA															
2.#2																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		VICTIM																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		N		N						3		1		0		00 00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)															
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing		A		1		2		LOLLI 2															
2.#2		A-Arrestee M-Missing Z-other																							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
6417 ROSEFINCH COURT #102		BRADENTON		FL		34202																			
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																	
L400-557-94-055-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)		GRAY COAT AND JEANS																					
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		02/15/1994		24		510		140		BRO		BLN		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN																							
SEE FULL NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						J. BETTS		337																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT T. FRASER				323		HB10		01/20/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested											
CA				1				A		01/20/2019				1											
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page													
1.Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1		3													

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190036**

ADM	Date of Supplement ____/____/____
Original Date Reported 01/20/2019	

Case Reference
CRIMINAL SPEEDING

NARRATIVE

ON THE LISTED DATE AND TIME, I OBSERVED A GRAY ACURA TRAVELING WESTBOUND ON MANATEE AVE (700 BLOCK) IN MY DIRECTION(500 BLOCK OF MANATEE AVE). WITH MY ACTIVATED RADAR, I CLOCKED THE VEHICLE TRAVELING 68 MPH IN A 35 MPH ZONE. I CAUGHT UP WITH THE VEHICLE AND CONDUCTED A TRAFFIC STOP. THE VEHICLE WAS BEARING FLORIDA LICENSE PLATE HHVT99. I MADE CONTACT WITH THE DRIVER, WHO IDENTIFIED HIS SELF AS MICHAEL LOLLI. MR. LOLLI STATED HE DID NOT REALIZE HE WAS TRAVELING THAT FAST, DUE TO HIM HAVING AN ARGUMENT OVER THE PHONE WITH HIS GIRLFRIEND. AT THIS TIME, I ISSUED MR. LOLLI A CRIMINAL SPEEDING CITATION WITH A MANDATORY COURT APPEARANCE. MR. LOLLI SIGNED AND RECEIVED A COPY OF THE CITATION. NO FURTHER INFORMATION AT THIS TIME.

COPY

Report Contains	Related Report Number(s)	Name of Officer Reporting J. BETTS	I.D. Number/Locator Code 337
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT T. FRASER	I.D. Number 323	Unit HB10
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 01/20/2019
		5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number 1
			OBTS Number
		Page 2	Page 3

VEHICLE REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20190036

ADM	Date of Supplement ____/____/____	VEHICLE REPORT			1. Original 2. Supplement 1
	Original Date Reported 01/20/2019	Primary Offense Description TRAFFIC	Victim #1 Name (Last, First, Middle) STATE OF FLORIDA		

CODES	Person Code V- Victim S- Suspect A- Arrestee O- Other	Status Code 1. Stolen 2. Recovered 3. Stolen and Recovered 4. Suspicious 5. Impounded 6. Abandoned 7. Fail Return 8. Seized 9. Other	Damage Code 0. N / A 1. Arson 2. Criminal Mischief 3. During Other Offense 4. Stripped / Theft From 9. Other	Type 1. Auto 2. Truck / Van 3. Motorcycle 4. Camper / RV 5. Bus 6. Trailer 7. Boat 8. Aircraft 9. Other	Recovery Location 1. Family Residence 2. Apt. Complex 3. Housing Project 4. Commercial / Industrial 5. Park / Playground 6. Shopping Mall 7. Woods 8. Water 9. Other	Recovery Code <u>Stolen / Recovered</u> 1. Local / Local 2. Local / Other 3. Other / Local
--------------	--	--	---	---	--	---

VEHICLE / VESSEL	Person Code A	Person # 1	Vehicle # 1	Status 9	Damage 0	Type 1	Year 2014	Make ACURA	Model 4 DOOR	Style	
	Tag Reg./Doc. # HHVT99		Reg. State FL		Reg. Year 2019		Decal Number		Tag Type REGULAR		
	VIN/Hull/FAA 19VDE1F30EE006818								Estimated Value \$20,000		
	Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition			Insurance Company			Lien Holder				
	Color (Top/Bottom) GRAY										
	Vessel Name			Length		Hull Material		Propulsion		Boat Type	
	Recovery Address/Geographic Indicator							Date Recovered ____/____/____		Value Recovered	
	Recovery Loc.	Recovery Code	Original Reporting Agency			Report Number			Hold Y - Yes N - No	Reason/Authority	
	Method of Theft <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.			Components Stripped <input checked="" type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Parts <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.							
	Towed By			Storage Location		SCIC/NCIC		Location of Original Theft			

VEHICLE / VESSEL	Person Code	Person #	Vehicle #	Status	Damage	Type	Year	Make	Model	Style	
	Tag Reg./Doc. #		Reg. State		Reg. Year		Decal Number		Tag Type		
	VIN/Hull/FAA								Estimated Value		
	Condition <input type="checkbox"/> 1. Window Closed <input type="checkbox"/> 2. Locked <input type="checkbox"/> 3. Keys in Ignition			Insurance Company			Lien Holder				
	Color (Top/Bottom)										
	Vessel Name			Length		Hull Material		Propulsion		Boat Type	
	Recovery Address/Geographic Indicator							Date Recovered ____/____/____		Value Recovered	
	Recovery Loc.	Recovery Code	Original Reporting Agency			Report Number			Hold Y - Yes N - No	Reason/Authority	
	Method of Theft <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Key <input type="checkbox"/> 2. Tow Truck <input type="checkbox"/> 3. Hot Wire <input type="checkbox"/> 4. Steering <input type="checkbox"/> 5. Ignition <input type="checkbox"/> 8. Unk.			Components Stripped <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. VIN Plt. <input type="checkbox"/> 2. Tires/Wheels <input type="checkbox"/> 3. Radio/CB <input type="checkbox"/> 4. Battery <input type="checkbox"/> 5. Interior <input type="checkbox"/> 6. Trans. <input type="checkbox"/> 7. Engine Parts <input type="checkbox"/> 8. Major Body Parts <input type="checkbox"/> 9. Tag/Decal Stolen <input type="checkbox"/> 10. Other - Spec.							
	Towed By			Storage Location		SCIC/NCIC		Location of Original Theft			

VEHICLE INV. / NARRATIVE										
---------------------------------	--	--	--	--	--	--	--	--	--	--

ADMINISTRATIVE	Signature of Officer Reporting			Name of Officer Reporting J. BETTS			I.D. Number/Locator Code 337			Unit HB10		
	Signature of Officer Reviewing			Officer Reviewing (If Applicable) SGT T. FRASER			I.D. Number 323			Date 01/20/2019		
	Routed To			Referred To			Assigned To			By		
	Case Status CA			Clearance Type 1. Arrest 2. Exceptional 1			A-Adult J-Juvenile A			Date Cleared 01/20/2019		
	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						Number Arrested 1						
OBTS Number						Page 3 of 3						

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1																	
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																							
/ /						20190037		DOMESTIC DISTURBANCE																							
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																					
Sun		01/20/2019		0312		0312		0314		0500																					
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																					
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sun		01/20/2019		0309		Sun		01/20/2019		0312															
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																			
OFF/INC #2						A-Attempted C-Committed																									
Incident Location (Street Number, Street, Apt.)				City				Zip		District		Grid		Area		Zone															
3010 GULF DR UNIT C				HOLMES BEACH				34217								W80															
Business Name/Area Identifier								Forced Entry		Occupancy																					
								0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile																			
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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				02																	
# 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		O - Other		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																	
V - Victim				0. N/A		N - N/A		N - N/A		0. N/A		0. N/A		0. None																	
W - Witness				1. Juvenile		W - White		M - Male		1. City		1. Full Year		1. Minor																	
C - Reporting Person				2. L.E. Officer		B - Black		F - Female		2. County		2. Part Year		2. Serious																	
3. Adult				9. Other		U - Unknown		U - Unknown				3. Non-Resident		3. Fatal																	
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer															
00. N/A		04. Unconscious		08. Burns		00. N/A		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant															
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		08. Child		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance															
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		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		3		AUSTIN		AMANDA		D		34690		727 480-8429															
Address (Street, Apt. Number)								City		State		Zip		Business Phone																	
4929 ROSEDALE LANE								HOLIDAY		FL		34690																			
Other Contact Info. (Time Available, Interpreter, etc.)								Synopsis of Involvement																							
A235-004-86-643-0								VICTIM OF DISTURBANCE																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
2				W		F		04/23/1986		32		3		1		0		00 00		16				Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone															
1.#1 2.#2		1		W		3		BECK		EMILY		N		98125		206 915-8429															
Address (Street, Apt. Number)								City		State		Zip		Business Phone																	
2803 NE 115 STREET								SEATTLE		WA		98125																			
Other Contact Info. (Time Available, Interpreter, etc.)								Synopsis of Involvement																							
								OBSERVED DISTURBANCE																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?							
2				W		F		10/14/1986		32		4		1		0		00 00		17				Yes <input type="checkbox"/> No <input type="checkbox"/>							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		City		State		Zip		Residence Phone													
1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other		R-Rec. Missing Z-other		1		2		FOX		BRYAN		C		727 480-8429													
Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone																			
												727 480-8429																			
Last Known Address (Street, Apt. Number)								City		State		Zip		Business Phone																	
4929 ROSEDALE LANE								HOLIDAY		FL		34690																			
Occupation				Employer/School				Address				Social Security Number																			
												[REDACTED]																			
Driver's License Number/State				Immigration and Naturalization Number				Other I.D. Number				OBTS Number (Arrested)				SCIC/NCIC															
F200-063-90-186-0				FL																											
Clothing (Describe)								Scars/Marks/Tatoos (Location/Describe)																							
TANK TOP / JEANS																															
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style													
W		M		05/26/1990		28		506		150		GRN		BRO		S		W													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																					
LT		MED		B																											
SEE FULL NARRATIVE																															
Person/Unit Notified				Time				Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code															
												J. BETTS				337															
Signature of Officer Reportin				Officer Reviewing (If Applicable)				I.D. Number				Unit				Date															
				SGT T. FRASER				323				HB10				01/20/2019															
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			
																								1 of 3							

PROPERTY REPORT

1. Original
2. Supplement

1

Holmes Beach Police Department

Agency Report Number
20190037

ADM	Date of Supplement ___/___/___		Primary Offense Description DOMESTIC DISTURBANCE					Victim #1 Name (Last, First, Middle) AUSTIN AMANDA D				
	Original Date Reported 01/20/2019											
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	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
PROPERTY	S	1	1	7	0	G	1	SEMI AUTO	KELTEC	9MM		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) BLACK WITH POCKET CLIP ATTACHED							
	Value		Value Recovered		Date Recovered		SCIC/NCIC					
PROPERTY	S	1	2	7	0	G	2	MAGAZINE	KELTEC	9MM		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) TWO BLACK MAGAZINES							
	Value		Value Recovered		Date Recovered		SCIC/NCIC					
PROPERTY	S	1	3	7	0	G	1	BULLETS	9MM			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) 17 LIVE 9MM ROUNDS							
	Value		Value Recovered		Date Recovered		SCIC/NCIC					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered		SCIC/NCIC					
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered		SCIC/NCIC					
TOTALS	Property Stolen		0.00				Change in Property Stolen Value					
	Property Recovered		0.00				Change in Property Recovered Value					
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver E. Use Z. Other B. Buy 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	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.	GUN, MAGAZINE, AND AMMO WAS TAKEN FOR SAFEKEEPING REASONS ONLY											
ADMINISTRATIVE	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	J. BETTS		337					HB10		01/20/2019		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	
SGT T. FRASER		323										
Signature of Officer Reviewing										Page	Page	
										2	3	

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: FL0410400 Agency Report Number: 20190037

ADM
 Date of Supplement: ___/___/___
 Original Date Reported: 01/20/2019

Case Reference: DOMESTIC DISTURBANCE

NARRATIVE

ON THE LISTED DATE AND TIME, I WAS DISPATCHED TO THE LISTED ADDRESS IN REFERENCE TO A DISTURBANCE. UPON ARRIVAL, SGT. FRASER AND OFC. HURT WERE ALREADY ON SCENE AND HAD BOTH PARTIES SEPARATED. I WALKED UP AND MADE CONTACT WITH AMANDA AUSTIN. MS. AUSTIN STATED SHE WAS INVOLVED IN A VERBAL DISPUTE WITH HER FIANCIE BRYAN FOX, OVER HIM WANTING TO DRIVE AND BEING INTOXICATED. MS. AUSTIN ADVISED HE BECAME VERY UPSET AND STARTED YELLING AT HER BECAUSE SHE TOOK THE KEYS AND PREVENTED HIM FROM DRIVING. MS. AUSTIN STATED THIS INCIDENT WAS ONLY VERBAL AND NO PHYSICAL CONTACT OR VIOLENCE OCCURRED.

I THEN SPOKE WITH EMILY BECK. MS. BECK STATED THAT SHE SAW MR.FOX YELLING AND ARGUING WITH MS. AUSTIN ABOUT WANTING TO GET INTO HIS VEHICLE AND LEAVE. MS. BECK ALSO STATED MR. FOX WAS INTOXICATED AND WAS IN NO CONDITION TO DRIVE, SO SHE GRABBED THE KEYS TO MR. FOX'S VEHICLE AND GAVE THEM TO MS. AUSTIN. MR. FOX STARTED YELLING AT MS. BECK STATING "YOU MIGHT AS WELL TAKE MY GUN WHILE YOU'RE AT IT". MS. BECK WENT ON TO SAY MR. FOX ENTERED THE VEHICLE, PICKED UP THE GUN AND PROCEEDED TO UNLOAD THE FIREARM. MS. BECK STATED THAT SHE IMMEDIATELY WENT INSIDE AND COULD NOT PROVIDE ANY FURTHER INFORMATION ON WHAT MR. FOX DID WITH THE GUN. MS. BECK SAID THE INCIDENT WAS ONLY VERBAL AND THERE WAS NO PHYSICAL CONTACT MADE BY ANY PARTIES INVOLVED.

AT THIS TIME, I SPOKE WITH MR. FOX. HE ADVISED HE WAS ARGUING WITH HIS FIANCEE OVER SEVERAL THINGS, BUT THE MAIN TOPIC OF THE ARGUMENT WAS OVER HIM WANTING TO GET IN HIS VEHICLE INTOXICATED AND DRIVE AWAY. I ASKED MR. FOX IF THERE WAS ANY PHYSICAL CONTACT MADE, HE REPLIED "NO IT WAS ONLY VERBAL". MR. FOX ADMITTED TO BECOMING VERY UPSET WITH MS. AUSTIN AND MS.BECK WHEN THEY TOOK HIS KEYS AND SAID SOME THINGS TO THEM HE SHOULDN'T HAVE. I ASKED MR. FOX ABOUT THE GUN. MR. FOX STATED HE HAS A KELTEC 9MM IN THE CENTER COUNSEL OF HIS VEHICLE AND ADMITTED HE DID PULL OUT OF ITS CASE AND ATTEMPTED TO UNLOAD THE GUN WHILE YELLING AT MS. BECK " YOU MIGHT AS WELL TAKE MY GUN WHILE YOU'RE AT IT". MR. FOX ADVISED HE ONLY ATTEMPTED TO UNLOAD IT AND DID NOT USE OR POINT THE FIREARM AT ANYONE OR IN AN AGGRESSIVE MANOR.

I LOCATED THE GUN IN THE GLOVE BOX OF THE VEHICLE AND SEIZED IT FOR SAFE KEEPING. I EXPLAINED TO MR. FOX HE COULD RETRIEVE HIS FIREARM FROM THE HBDP DURING NORMAL OPERATING HOURS WHEN HE SOBERS UP. MR. FOX AND MS. AUSTIN WERE ISSUED DOMESTIC PAMPHLETS. MR. FOX AND A FRIEND LEFT THE AREA WITH NO FURTHER INCIDENT. I PLACED THE KELTEC 9MM AND ITS AMMO INTO HBDP PROPERTY LOCKER #4. NO FURTHER INFORMATION AT THIS TIME.

Report Contains	Related Report Number(s)	Name of Officer Reporting J.BETTS	I.D. Number/Locator Code 337
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT T.FRASER	I.D. Number 323	Unit HB10
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By
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 3 of 3	

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original		2. Supplemental		1							
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description													
/ /												20190038		TRAFFIC													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																	
Sat		01/19/2019		2240		2240		2240		2330																	
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		01/19/2019		2240		To Sat		01/19/2019		2330											
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																	
3		OBSTRUCTING JUS		C		843 - 855		(4)																			
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		00		00		00		00													
Business Name/Area Identifier		Forced Entry		Occupancy																							
		0. N/A 1. Yes		2. No 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/Police 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		26. Unknown		99. Other		00	
1		1		1		00		00		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		3. Florida 4. Out-of-State		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		08. Child		12. Other Family		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		2		HURT		ALEXANDER		CHRISTIAN		- - - -											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
5801 MARINA DR.		HOLMES BEACH		FL		34217		941 708-5804																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
		L. E. O INVOLVED																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
2		W		M		25		2		1		0		00 00		02		W		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		W		2		3		TORRES		LUIS		A		787 685-4422											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
6710 36TH AVE E LOT#21		PALMETTO		FL		34221		- - - -																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																									
		OFFICIAL POLICE RIDE ALONG																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?			
2		W		M								1		0		00 00		99				Yes <input type="checkbox"/> No <input type="checkbox"/>					
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		City		State		Residence Phone											
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		A		1		2		CASTELLANO		CHRIS		ANTHONY		- - - -											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																					
				USA/FL		- - - -																					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																			
8803 GULF DR		ANNA MARIA		FL		34216		- - - -																			
Occupation		Employer/School		Address		Social Security Number																					
DENTIST		SELF EMPLOYED				[REDACTED]																					
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																			
C234-101-69-107-0		FL																									
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																									
MEDICAL SCRUBS																											
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style									
W		M		03/27/1969		49		507				BRO		BLK		M		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
MED		THN																									
SEE NARRATIVE.																											
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																			
						A. HURT		339																			
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																			
SGT T. FRASER				323		PATROL		01/21/2019																			
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		01/20/2019				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										1		of		2													

NARRATIVE CONTINUATION

1. Offense	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Dismiss	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number			Agency Report Number		
FL0410400			20190038		

Holmes Beach Police Department

Case Reference
CAPIAS REQUEST

Date of Supplement	_ / _ / _
Original Date Reported	01/19/2019

NARRATIVE

ON THIS DATE, THE DEFENDANT (CASTALLANO) DID INTENTIONALLY AND KNOWINGLY VIOLATE F.S.S. 843.02 WHEN HE INTERFERED AND OBSTRUCTED ME WITH MY LAWFUL TRAFFIC STOP AND ENDANGERING THE SAFETY OF THE DRIVER AND PASSENGER OF THE VEHICLE I STOPPED, THE WITNESS (TORRES) WHO WAS MY DEPARTMENT APPROVED RIDEALONG AND MY SAFETY.

WHILE ON PATROL, I WAS PERFORMING A LAWFUL TRAFFIC STOP ON A VEHICLE IN THE 700 BLOCK OF MANATEE AVE. AS I APPROACHED THE VEHICLE AND DRIVER, I COULD HEAR YELLING COMING FROM BEHIND ME. AS I WAS SPEAKING WITH THE DRIVER OF THE STOPPED VEHICLE, I COULD STILL HEAR YELLING AND SCREAMING FROM BEHIND ME. I WAS THEN ADVISED BY THE WITNESS (TORRES) A MALE STANDING ACROSS THE STREET ON THE NORTH SIDE OF MANATEE AVE. THIS UNIDENTIFIED WHITE MALE WEARING SURGICAL SCRUBS AND WAS YELLING AND SCREAMING AT ME. DUE TO THE AGGRESSIVE TONE AND THE SAFETY OF THE WITNESS, MY ATTENTION WAS DIVERTED FROM THE TRAFFIC STOP. I OBSERVED THE MALE GETTING CLOSER TO ME IN A CONTINUED AGGRESSIVE MANNER AND CONTINUED TO SCREAM AND YELL THINGS LIKE "I WANT YOUR BADGE NUMBER, YOU ALMOST FUCKING KILLED ME." AS THE MALE'S TEMPER CONTINUED TO ESCALATE AND HE CONTINUED TO COME CLOSER TO ME AND THE TRAFFIC STOP. I IMMEDIATELY CALLED FOR A SUPERVISOR TO RESPOND TO THE SCENE FOR BACK-UP AND SO THE MALE COULD FILE A COMPLAINT AND TO HAVE ANOTHER OFFICER THERE DUE TO THE MALES AGGRESSION TOWARDS ME . THE MALE CONTINUED TO YELL AND SCREAM AND I HAD TO CONTINUE TO DIVERT MY ATTENTION AWAY FROM MY TRAFFIC STOP TO WATCH HIM. I GAVE A LAWFUL COMMAND TO THE MALE AND TOLD HIM TO GO WAIT BY HIS TRUCK IF HE HAD AN ISSUE WITH THE WAY I WAS PERFORMING MY DUTIES. HE CONTINUED TO YELL AND STATED, "IM NOT GOING FUCKING ANYWHERE UNTIL I GET YOUR NUMBER." AT THIS POINT I HAD TO COMPLETELY TURN AROUND AWAY FROM MY TRAFFIC STOP PUTTING MY LIFE IN JEOPARDY DUE TO HIS AGGRESSION. I LEFT THE TRAFFIC STOP TO APPROACH THE MALE TO ATTEMPT TO DE-ESCALATE THE SITUATION. I TURNED MY BACK ON THE VEHICLE I HAD STOPPED AND TOLD THEM TO THEM TO WAIT THERE WHILE I DEALT WITH THE MALE. I BELIEVE THIS PUT ME IN GREATER DANGER. THE MALE REFUSED TO LISTEN TO MY LAWFUL COMMANDS AND TO WALK AWAY, HE CONTINUED YELLING IN MY FACE AND SPITTING " YOU ALMOST FUCKING KILLED ME, I'M NOT GOING ANYWHERE." AFTER I RAISED MY VOICE AND GAVE HIM ANOTHER VERBAL COMMAND TO LEAVE THE AREA, THE MALE CLINCHED UP HIS RIGHT FIST AND BROUGHT HIS RIGHT ARM BACK IN A MANNER AS IN HE WAS GOING TO PUNCH ME. I STATED THAT IF HE SWUNG AT ME, HE WOULD BE ARRESTED. I CONTINUED TO INSTRUCT THE MALE TO WALK AWAY AND THAT HE WAS INTERFERING WITH MY ABILITY TO CONDUCT A TRAFFIC STOP. IN WHICH HE REPLIED THIS IS PUBLIC PROPERTY AND REFUSED TO WALK AWAY.

THE MALE SHORTLY LEFT THE SCENE BEFORE SERGEANT FRASERS ARRIVAL. POLICE WERE ABLE TO LOCATE THE VEHICLE IN THE DRIVEWAY OF 8803 GULF DR. AND I POSITIVELY IDENTIED THE MALE FROM HIS DRIVERS LICENSE PHOTO.

SUSPECTED LATER IDENTIFIED AS CHRIS ANTHONY CASTALLANO 3/27/1969, 8803 GULF DR, ANNA MARIA, FL 34217. FL#C234-101-69-107-0

DUE TO THE SUSPECT LEFT THE SCENE AND WAS POSITIVELY IDENTIFIED, A CAPIAS REQUEST WILL BE SENT TO THE STATES ATTORNEY'S OFFICE FOR AN ARREST WARRANT.

Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code
		A. HURT	339
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
	SGT T. FRASER	323	PATROL
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
			By
Case Status	Clearance Type	Date Cleared	Arrest Number
CA	1. Arrest 2. Exceptional 3. Unfounded 4. A-Adult 5. J-Juvenile	01/20/2019	01
Exception Type	1. Extradition Declined	2. Arrest on Primary Offense 3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
	2. Secondary Offense Without Prosecution		OBTS Number
			Page 2 of 2

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

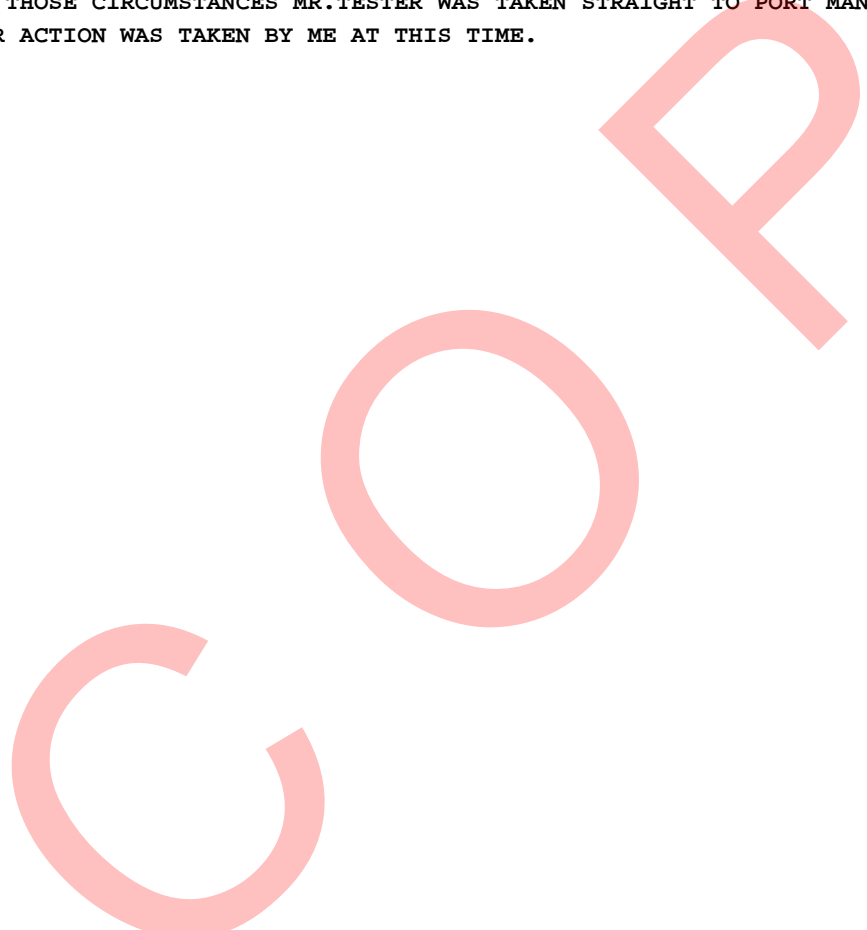
Agency ORI Number: **FL0410400** Agency Report Number: **20190039**

ADM	Date of Supplement ____/____/____
	Original Date Reported 01/20/2019

Case Reference
DISORDERLY INTOXICATION

WHILE ON ROUTINE PATROL, I WAS SITTING IN THE PARKING OF THE MANATEE PUBLIC BEACH LOCATED AT 4000 GULF DR. I WAS APPROACHED BY AN SUV WITH 3 FEMALES INSIDE WHO STATED TO ME THAT BACK ACROSS THE STREET FROM HURRICANE HANKS THERE IS A MAN YELLING AND CUSSING AT CARS AS THEY DRIVE BY. I THANKED THEM FOR TELLING ME OF THE SITUATION AND RESPONDED TO THE AREA. ONCE IN THE AREA I WAS ABLE TO SEE THE ABOVE LISTED DEFENDANT YELLING AT CARS IN AN IRATE MANNER ON MARINA DR. WHEN THE DEFENDANT SAW MY MARKED PATROL VEHICLE HE ATTEMPTED TO LEAVE THE AREA. I WAS ABLE TO STOP THE SUBJECT IN THE PARKING LOT BY DECOY DUCKS ON MARINA DR. I ASKED THE DEFENDANT WHAT WAS GOING ON AND WHY HE WAS YELLING AT CARS. THE DEFENDANT REFUSED TO ANSWER MY QUESTIONS BUT WAS NOTICEABLY INTOXICATED. AFTER SPEAKING WITH THE DEFENDANT SOME MORE HE FINALLY AGREED TO GIVE ME HIS NAME AND DATE OF BIRTH. I RAN MR. TESTER THROUGH DISPATCH TO CHECK FOR ANY WANTS/WARRANTS. I BEGAN TO ASK MR. TESTER WHERE HE LIVED SO I COULD GET HIM HOME SAFELY. MR. TESTER CONTINUOUSLY STATED "FUCK YOU" AND REFUSED TO TELL ME WHERE HE LIVED. DO TO HIS AGGRESSIVE STATE AND HIM BEING A DISTURBANCE TO THE PEOPLE AROUND HIM MR. TESTER WAS PLACED UNDER ARREST FOR DISORDERLY INTOXICATION. MR. TESTER BECAME MORE VIOLENT AND AGGRESSIVE IN MY PATROL VEHICLE, DUE TO THOSE CIRCUMSTANCES MR. TESTER WAS TAKEN STRAIGHT TO PORT MANATEE JAIL FOR PROCESSING. NO FURTHER ACTION WAS TAKEN BY ME AT THIS TIME.

NARRATIVE



Report Contains	Related Report Number(s)	Name of Officer Reporting A. HURT	I.D. Number/Locator Code
Signature of Officer Reporting	Officer Reviewing (If Applicable) SGT T. FRASER	I.D. Number 323	Unit 323
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ____/____/____
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 4. 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 type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/>		2. Supplement: <input type="checkbox"/> 1																							
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description																											
/ /												20190040		INFORMATION																											
Original Day Reported		Tue		Date		01/22/2019		Time (mil)		1104		Time Dispatched (mil)		1104		Time Arrived (mil)		1110		Time Completed (mil)		1120																			
Incident Type		1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																							
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Mon		01/21/2019		0001		To		Mon		01/21/2019		2359																					
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub		0		-		0		(0																			
OFF/INC #2						A-Attempted		C-Committed																																	
Incident Location (Street Number, Street, Apt.)		5801		MARINA DR		City		HOLMES BEACH		Zip		34217		District				Grid				Area		Zone																	
Business Name/Area Identifier														Forced Entry		0. N/A		2. No		0		Occupancy		0. N/A		2. Unoccupied		0													
1. Yes																						1. Occupied		3. Abandoned																	
Location Type		01. Residence Single		06. Gas Station		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile		02. Apartment/Condo		07. Liquor Sales		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
03. Residence-Other		08. Bar/Nightclub		09. Supermarket		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field				04. Hotel/Motel		09. Supermarket		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway		29. Motor Vehicle		01											
04. Hotel/Motel						14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle																													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs		00		00		00		00		00											
01		01		00		00		00		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown		01		00		00		00		00											
01. Handgun										01. Handgun		04. Firearm		09. Explosives		12. Simulated Weapon		99. Other																							
V/W Code		O - Other		Victim Type		0. N/A		4. Business		Race		N - N/A		I - American Indian		Sex		N - N/A		Residence Type		Residence Status		Extent of Injury		0. None		1. Minor		2. Serious		3. Fatal									
W - Witness				1. Juvenile		5. Government		6. Church		W - White		O - Oriental/Asian		M - Male		0. N/A		1. City		3. Florida		0. N/A		0. None		1. Full Year		2. Part Year		3. Non-Resident		3. Fatal									
C - Reporting Person				2. L.E. Officer		9. Other				B - Black		U - Unknown		U - Unknown		2. County		4. Out-of-State		1. Full Year		2. Part Year		1. Minor		2. Serious		3. Fatal													
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		03. Spouse		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer		00. N/A		04. Unconscious		08. Burns		01. Undetermined		05. Ex-Spouse		08. Child		12. Other Family		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant			
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Stranger		04. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		20. Employee		23. Acquaintance		99. Other Known		02. Stabbed		06. Poss. Internal Injury		99. Other															
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone		1. #1		3. Both		1		V		01		3		SCRUGGS		KAYLIE		COURTNEY		941 879-1864											
2. #2																																									
Address (Street, Apt. Number)		503		BAYVIEW RD		City		HOLMES BEACH		State		FL		Zip		34217		Business Phone																							
Other Contact Info. (Time Available, Interpreter, etc.)																																									
Synopsis of Involvement																																									
CARD HOLDER																																									
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 checked="" type="checkbox"/>		No <input type="checkbox"/>													
2				W		F		12/04/1984		34		1		1		0		00 00		00		W																			
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)																																									
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		Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone													
1. #1		3. Both		2. #2																																					
S-Suspect		E-Escapee		R-Rec. Missing		A-Arrestee		M-Missing		Z-other																															
Occupation		Employer/School		Address		Social Security Number		Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC		Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)		Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																															
SEE NARRATIVE ON OTHER PAGE.																																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code		L. DIEHL		333		Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date		SGT. COPEMAN		307		01/22/2019													
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																															
Case Status		Clearance Type		1. Arrest		3. Unfounded		A-Adult		Date Cleared		J-Juvenile		Jail Number		Number Arrested																									
				2. Exceptional																																					
Exception Type		1. Extradition Declined		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																											
				Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody																																	

PROPERTY REPORT

1. Original
2. Supplement 1

Holmes Beach Police Department

Agency Report Number
20190040

ADM	Date of Supplement ___/___/___		Primary Offense Description INFORMATION					Victim #1 Name (Last, First, Middle) SCRUGGS KAYLIE COURTNEY				
	Original Date Reported 01/22/2019											
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 12	
	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											
	PROPERTY	Code V	Person 01	Item # 1	Status 8	Damage 0	Property Type Z	Quantity 1	Name BANK STATEMENT	Brand AMSCOT	Model Name/Number	
		Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.) STATEMENT WITH FRAUDULENT CHARGES				
		Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
			Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
		Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
			Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
		Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC		
PROPERTY	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
			Serial Number			Owner Applied Number			Description (Size, Color, Caliber, Barrel Length, Etc.)			
		Value			Value Recovered			Date Recovered ___/___/___		SCIC/NCIC		
TOTALS	Property Stolen			0.00			Change in Property Stolen Value					
	Property Recovered			0.00			Change in Property Recovered Value					
CODES	Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver E. Use Z. Other B. Buy 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			
	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		
ADMINISTRATIVE	PROP. DETAIL / NARR. BANK STATEMENT WITH FRAUDULENT CHARGES (1 PAGE)											
	Officer(s) Reporting L. DIEHL		ID. Number(s)/Locator code 333		Signature of Officer Reporting				Unit		Date 01/22/2019	
Officer Reviewing (If Applicable) SGT. COPEMAN		ID. Number 307		Routed To		Referred To		Assigned To		By		
Signature of Officer Reviewing												
										Page of		

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190040**

ADM	Date of Supplement ___/___/___
	Original Date Reported 01/22/2019

Case Reference
INFORMATION

ON 01/22/2019 AT 1104 HOURS, I WAS DISPATCHED TO A CALL AT THE STATION REGARDING FRAUD. UPON ARRIVAL I MET WITH THE COMPLAINANT, KAYLIE SCRUGGS. SCRUGGS STATED TO ME THAT SHE CHECKED HER AMSCOT BANK STATEMENT AND NOTICED SEVERAL FRAUDULENT CHARGES. THE FRAUDULENT CHARGES WERE MADE ON AN AMSCOT PREPAID BANK CARD. THEIR WAS A TOTAL OF THREE FRAUDULENT CHARGES MADE ON 01/21/2019. ALL CHARGES WERE MADE AT A WALGREENS ON NARCOOSEE ROAD IN ORLANDO, FL (STORE #9484). THE FIRST CHARGE WAS IN THE AMOUNT OF \$105.95. THE SECOND WAS \$20.92. LASTLY, THE THIRD CHARGE WAS MADE IN THE AMOUNT OF \$105.95. THE THREE FRAUDULENT CHARGES TOTALED \$232.82. SCRUGGS PROVIDED ME WITH A COPY OF HER BANK STATEMENT WITH ALL THREE FRAUDULENT CHARGES HIGHLIGHTED. THE STATEMENT WAS SUBMITTED AND WILL BE ENTERED INTO THE CASE FILE. SCRUGGS STATED SHE DOES NOT KNOW WHO MADE THE FRAUDULENT CHARGES AND INFORMED ME THAT A SIMILAR SITUATION HAPPENED TO HER SEVERAL YEARS AGO.

NO FURTHER ACTION TAKEN.

COPIED

NARRATIVE

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting	I.D. Number/Locator Code	
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Date	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	
	Case Status	Clearance Type		Date Cleared	Arrest Number
	Exception Type	1. Arrest 2. Exceptional		3. Unfounded	4. A-Adult J-Juvenile
	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															
20190041		TRAFFIC						Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)											
Wed		01/23/2019		1650		1650		1650		1650		1702															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																	
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)											
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Wed		01/23/2019		1650		To		Wed		01/23/2019		1650							
OFF/INC #1		Type		Description		A-Attempted		C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code											
4		DRIVERS LIC								322		-		03		(1) 9000							
OFF/INC #2						A-Attempted		C-Committed								()							
Incident Location (Street Number, Street, Apt.)						City						Zip		District		Grid		Area		Zone							
4000 S.R. 789						HOLMES BEACH						34217								W80							
Business Name/Area Identifier												Forced Entry		Occupancy													
HIGHWAY												0. N/A		2. No		0. N/A		2. Unoccupied		1. Occupied				3. Abandoned		1	
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile															
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		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																	
# 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		06. Blunt Object		08. Poison		11. Threat/Intimidation							
01. N/A		4. Business		Race		N - N/A		Sex		Residence Type		0. N/A		3. Florida		Residence Status		0. N/A		Extent of Injury							
W - Witness		O - Other		1. Juvenile		W - White		I - American Indian		1. City		4. Out-of-State		1. Full Year		2. Part Year		2. Minor		3. Fatal							
C - Reporting Person				2. L.E. Officer		B - Black		U - Unknown		2. County				3. Non-Resident				2. Serious		3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		City		State		Zip		Residence Phone											
1.#1 3.Both		1		V		1		5		STATE		OF		FLORIDA													
2.#2										Address (Street, Apt. Number)		City		State		Zip		Business Phone									
										THE CAPITAL		TALLAHASSEE		FL		32399											
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						3		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 3.Both		1		S		1		5		STATE		OF		FLORIDA													
2.#2										Address (Street, Apt. Number)		City		State		Zip		Business Phone									
										3891 GREENWAY DRIVE APT A12		SARASOTA		FL		34232											
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						3		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)		City		State		Zip		Residence Phone									
1.#1 3.Both		S-Suspect E-Escapee R-Rec. Missing		A		1		2		CALANCHE VASQUEZ		EDWIN		ARIEL													
2.#2		A-Arrestee M-Missing Z-other								Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone											
3891 GREENWAY DRIVE APT A12										SARASOTA		FL		34232													
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											
C452201943900				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		10/30/1994		24		5-06		170		BRO		BLK		S		S									
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																	
		THN																									
NARRATIVE																											
Person/Unit Notified						Time						Related Report Number(s)				Name of Officer Reporting				I.D. Number/Locator Code							
																JASON HIGGINS				331							
Signature of Officer Reportin						Officer Reviewing (If Applicable)						I.D. Number				Unit		Date									
						SGT T. FRASER						323						01/23/2019									
Signature of Officer Reviewing						Routed To						Referred To				Assigned To				By		Date					
Case Status				Clearance Type				1.Arrest		3.Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested									
CA								1				A		01/23/2019				1									
Exception Type						2. Arrest on Primary Offense						3. Death of Offender				5. Prosecution Declined				OBTS Number		Page					
1.Extradition Declined						Secondary Offense Without Prosecution						4. V/W Refused to Cooperate				6. Juvenile/No Custody						1 of 2					

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190041**

Date of Supplement ___/___/___
Original Date Reported 01/23/2019

Case Reference

ADM

I RAN TAG (JTJH29) THROUGH IN-CAR FCIC/NCIC AND THE QUERY RETURNED WITH TAG EXPIRATION 12-31-2018. I ALSO RAN ATTACHED ADMIN NUMBER (C452201943900) THROUGH SAME MEANS. THAT QUERY DISPLAYED NO DRIVER'S LICENSE OR ID CARD ASSIGNED.

I INITIATED A TRAFFIC STOP AND MADE CONTACT WITH THE REGISTERED OWNER WHO WAS IN PHYSICAL CONTROL OF VEHICLE. SUBJECT SAID HE DIDN'T HAVE A LICENSE AFTER ASKING FOR IT, AND HE PROVIDED ME WITH A FOREIGN ID CARD. I RAN HIS INFORMATION THROUGH SYSTEM AND IT WAS CONFIRMED THAT HE HAD NO DL.

I ISSUED A VERBAL WARNING FOR THE EXPIRED REGISTRATION AND ISSUED A SUMMONS-TO-APPEAR FOR THE NO DL. NO FURTHER ACTION TAKEN.

NARRATIVE

COPIED

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 T. FRASER	I.D. Number 323	Date 01/23/2019
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status CA	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded 1	A-Adult J-Juvenile A
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	Date Cleared 01/23/2019
Arrest Number		Number Arrested 1	
OBTS Number		Page 2 of 2	