

| FL0410400 | | Gang Related | 2 | OFFENSE-INCIDENT REPORT | | | | | | | | | | Juvenile in Report: N | Juvenile Warn/Dismiss: | 1. Original | 2. Supplement: 1 | | | | | | | | | | | | |
|---|---|----------------|--|--|------------------------|--|---|-----------------------------------|--|--|---|--|--|--|--|---|------------------|---|--|-------------------------------|---|--|--|---|--|--|--|--|--|
| ADM | Date of Supplement | | | Holmes Beach Police Department | | | | | | | | | | Agency Report Number | | Primary Offense Description | | | | | | | | | | | | | |
| | / / | | | | | | | | | | | | | 20190046 | | BAKER ACT | | | | | | | | | | | | | |
| EVENT DATA | Original Day Reported | | Date | | Time (mil) | | Time Dispatched (mil) | | Time Arrived (mil) | | Time Completed (mil) | | | | | | | | | | | | | | | | | | |
| | Sun | | 01/27/2019 | | 0331 | | 0332 | | 0333 | | 0500 | | | | | | | | | | | | | | | | | | |
| | Incident Type | | | Incident: Day | | Date | | Time (mil) | | Day | | Date | | Time (mil) | | | | | | | | | | | | | | | |
| | 1. Felony 2. Traffic Felony | | | 3. Misdemeanor 4. Traffic Misdemeanor | | 5. Ordinance 9. Other | | Sun | | 01/27/2019 | | 0331 | | Sun | | 01/27/2019 | | 0500 | | | | | | | | | | | |
| | OFF/INC #1 | Type | Description | | | A-Attempted C-Committed | | C | | Statute Violation Number - Chapter, Section, Sub | | | NCIC/UCR Code | | | | | | | | | | | | | | | | |
| | 9 | BAKER ACT | | | | | | | 394 - 467 () | | | 9000 | | | | | | | | | | | | | | | | | |
| | OFF/INC #2 | | | | | A-Attempted C-Committed | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incident Location (Street Number, Street, Apt.) | | | | City | | Zip | | District | | Grid | | Area | | Zone | | | | | | | | | | | | | | |
| | 210 76TH ST | | | | HOLMES BEACH | | 34217 | | 00 | | 00 | | 00 | | W80 | | | | | | | | | | | | | | |
| Business Name/Area Identifier | | | | | | | | | | Forced Entry | | Occupancy | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 0. N/A 1. Yes | | 2. No 0 | | 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 0 | | | | | | | | | | | | | | | |
| Location Type | | | | | | | | | | | | | | 01 | | | | | | | | | | | | | | | |
| 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 | | 00 | | | | | | | | | | | | |
| 1 | 0 | 0 | 0 | 0 | 00. N/A 01. Handgun | | | | | | | | | | | | | | | | | | | | | | | | |
| V/W Code | | Victim Type | | Race | | Sex | | Residence Type | | Residence Status | | Extent of Injury | | | | | | | | | | | | | | | | | |
| V - Victim W - Witness C - Reporting Person | | 0 - Other | | 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult | | 4. Business 5. Government 6. Church 9. Other | | N - N/A W - White B - Black | | I - American Indian O - Oriental/Asian U - Unknown | | 0. N/A 1. City 2. County | | 3. Florida 4. Out-of-State | | 0. N/A 1. Full Year 2. Part Year 3. Non-Resident | | 0. None 1. Minor 2. Serious 3. Fatal | | | | | | | | | | | |
| Injury Type | | | Victim Relationship To Offender | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 00. N/A 01. Gunshot 02. Stabbed | | | 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury | | | 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other | | | 00. N/A 01. Undetermined 02. Stranger | | | 03. Spouse 04. Ex-Spouse 05. Co-Habitant | | | 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent | | | 10. Step-Child 11. In-Law 12. Other Family 13. Student | | | 14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend | | | 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee | | | 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known | | |
| OFF/INC Indicator | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | | | City | | State | | Zip | | Residence Phone | | | | | | | | | | | | | | | | |
| 1.#1 3.Both 2.#2 | 1 | W | 1 | 3 | | | GOEHLER | | DOUGLAS | | L | | 419 553-7779 | | | | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | | | | | | | |
| 12965 NORTH PIONEER WAY | | | | ORO VALLEY | | AZ | | 85755 | | - | | | | | | | | | | | | | | | | | | | |
| Other Contact Info. (Time Available, Interpreter, etc.) | | | | Synopsis of Involvement | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FATHER OF RYAN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 02/10/1955 | 63 | 4 | 3 | 0 | 00 | 00 | 06 | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| OFF/INC Indicator | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | | | City | | State | | Zip | | Residence Phone | | | | | | | | | | | | | | | | |
| 1.#1 3.Both 2.#2 | 1 | W | 2 | 3 | | | GOEHLER | | COLLEEN | | M | | 419 633-2486 | | | | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | | | | | | | |
| 12965 NORTH PIONEER WAY | | | | ORO VALLEY | | AZ | | 85755 | | - | | | | | | | | | | | | | | | | | | | |
| Other Contact Info. (Time Available, Interpreter, etc.) | | | | Synopsis of Involvement | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | MOTHER OF RYAN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 12/20/1959 | 59 | 4 | 3 | 0 | 00 | 00 | 06 | | 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 | Z | 1 | 2 | GOEHLER | | | RYAN | | THOMAS | | 419 551-8943 | | | | | | | | | | | | | | | |
| Maiden Name | | | | Nickname/Street Name | | | | Place of Birth | | | | Residence Phone | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 819 551-8943 | | | | | | | | | | | | | | | | | |
| Last Known Address (Street, Apt. Number) | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | | | | | | | |
| 1428 SUMMER FIELD LN | | | | BRYAN | | OH | | 43506 | | - | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| SK407846 | | | | OH | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clothing (Describe) | | | | Scars/Marks/Tatoos (Location/Describe) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | Sex | Date of Birth | Age | Height | Weight | Eye Color | Hair Color | Hair Length | Hair Style | | | | | | | | | | | | | | | | | | | | |
| W | M | 05/26/1987 | 31 | 508 | 170 | BLU | BLN | S | S | | | | | | | | | | | | | | | | | | | | |
| Complexion | Build | Facial Hair | Teeth | Speech/Voice | Special Identifiers | | | | | | | | | | | | | | | | | | | | | | | | |
| LT | MED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEE NARRATIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NARRATIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMINISTRATIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person/Unit Notified | | | | Time | | | | Related Report Number(s) | | | | Name of Officer Reporting | | | | I.D. Number/Locator Code | | | | | | | | | | | | | |
| | | | | | | | | | | | | A. DESANTIS | | | | 336 | | | | | | | | | | | | | |
| Signature of Officer Reportin | | | | Officer Reviewing (If Applicable) | | | | I.D. Number | | | | Unit | | | | Date | | | | | | | | | | | | | |
| | | | | SGT. J. PIERCE | | | | 309 | | | | | | | | 01/27/2019 | | | | | | | | | | | | | |
| Signature of Officer Reviewing | | | | Routed To | | | | Referred To | | | | Assigned To | | | | By | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case Status | | Clearance Type | | 1.Arrest 2.Exceptional | | 3.Unfounded | | A-Adult J-Juvenile | | Date Cleared | | Jail Number | | Number Arrested | | | | | | | | | | | | | | | |
| CA | | | | 1 | | | | A | | 01/27/2019 | | | | 1 | | | | | | | | | | | | | | | |
| Exception Type | | | | | | | | | | OBTS Number | | Page | | Page | | | | | | | | | | | | | | | |
| 1.Extradition Declined | | | | | | | | | | | | 1 | | 1 | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20190046

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|---|---|--|--|--|---|--|--|-------------------------------------|--|--|--|--|-------------------------|--|------------------------------|--|--------------------------------|--|---------------------------|--|------------------|--|---|--|
| ADM | Date of Supplement ____/____/____ | | Victim #1 Name (Last, First, Middle) DOUGLAS L | | | | | | Agency Report Number 20190046 | | | | | | | | | | | | | | | | | |
| | Original Date 01/27/2019 | Primary Offense Description BAKER ACT | | | | Victim #1 Name (Last, First, Middle) DOUGLAS L | | | | | | | | | | | | | | | | | | | | |
| CODES | V/W Code V - Victim W - Witness C - Reporting Person O - Other | | Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other | | Race N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown | | Sex N-N/A M-Male F-Female U-Unknown | | Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State | | Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident | | Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal | | | | | | | | | | | | | |
| | Injury Type 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other | | Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 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 | | | | | | | | | | | | | |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 3.Both 2.#2 | | V/W Code # 1 W 1 | | V. Type 3 | | Name (Last, First, Middle or Business) City State Zip ARMSTRONG KATE A OH 43035 | | | | Residence Phone 614 603-1929 | | | | | | | | | | | | | | | |
| | Address (Street, Apt. Number) 2077 CHICORY CT LEWIS CENTER | | | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | |
| | Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | Synopsis of Involvement SISTER OF RYAN | | | | | | | | | | | | | | | | | | | |
| | If V/W Code is V, W or C Fill in this Line | | Dom. Violence 2 | | Race W | | Sex F | | Date of Birth 04/14/1985 | | Age 33 | | Res. Type 4 | | Res. Status 3 | | Extent of Injury 0 | | Injury Type(s) 00 00 | | Relationship 07 | | Ethnicity | | Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 3.Both 2.#2 | | V/W Code # | | V. Type | | Name (Last, First, Middle or Business) | | | | Residence Phone | | | | | | | | | | | | | | | |
| | Address (Street, Apt. Number) | | | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | |
| | Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | Synopsis of Involvement | | | | | | | | | | | | | | | | | | | |
| | If 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"/> | |
| SUSPECT OR MISSING PERSONS | OFF/INC Indicator 1.#1 3.Both 2.#2 | | Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other | | Code Susp. # | | Juvenile | | Name (Last, First, Middle) | | | | Residence Phone | | | | | | | | | | | | | |
| | Maiden Name | | | | | | Nickname/Street Name | | Place of Birth | | Residence Phone | | | | | | | | | | | | | | | |
| | Last Known Address (Street, Apt. Number) | | | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | |
| | Occupation | | | | | | Employer/School | | Address | | Social Security Number | | | | | | | | | | | | | | | |
| | Driver's License State/Number | | | | | | Immigration and Naturalization Number | | Other ID. Number | | OBTS Number | | SCIC/NCIC | | | | | | | | | | | | | |
| | Clothing (Describe) | | | | | | Scars/Marks/Tatoos (Location/Describe) | | | | | | | | | | | | | | | | | | | |
| | Race | | Sex | | Date of Birth or Age | | Height | | Weight | | Eye Color | | Hair Color | | Hair Length | | Hair Style | | | | | | | | | |
| | Complexion | | Build | | Facial Hair | | Teeth | | Speech/Voice | | Special Identifiers | | | | | | | | | | | | | | | |
| SUSPECT OR MISSING PERSONS | OFF/INC Indicator 1.#1 3.Both 2.#2 | | Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other | | Code Susp. # | | Juvenile | | Name (Last, First, Middle) | | | | Residence Phone | | | | | | | | | | | | | |
| | Maiden Name | | | | | | Nickname/Street Name | | Place of Birth | | Residence Phone | | | | | | | | | | | | | | | |
| | Last Known Address (Street, Apt. Number) | | | | | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | |
| | Occupation | | | | | | Employer/School | | Address | | Social Security Number | | | | | | | | | | | | | | | |
| | Driver's License State/Number | | | | | | Immigration and Naturalization Number | | Other ID. Number | | OBTS Number | | SCIC/NCIC | | | | | | | | | | | | | |
| | Clothing (Describe) | | | | | | Scars/Marks/Tatoos (Location/Describe) | | | | | | | | | | | | | | | | | | | |
| | Race | | Sex | | Date of Birth or Age | | Age | | Height | | Weight | | Eye Color | | Hair Color | | Hair Length | | Hair Style | | | | | | | |
| | Complexion | | Build | | Facial Hair | | Teeth | | Speech/Voice | | Special Identifiers | | | | | | | | | | | | | | | |
| MISSING PERSON / RUNAWAY | Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary Adult 8. Unknown | | Foul Play Suspected ? 1. Yes 2. No | | Missing Before ? 1. Yes 2. No 8. Unknown | | Fingerprints Available? 1. Yes 2. No 8. Unknown | | Photo Available? 1. Yes 2. No 8. Unknown | | Dental Record Available 1. Yes 2. No 8. Unknown | | MCIC Form Provided ? 1. Yes 2. No | | | | | | | | | | | | | |
| | Date Last Seen | | Time Last Seen | | Location Last Seen (Address, City, St.) | | | | Accompanied By | | | | | | | | | | | | | | | | | |
| | Mental/Physical Condition | | | | | | Medication Required/Type | | | Doctor/Dentist (Name, Phone Number) | | | | | | | | | | | | | | | | |
| | Property Carried | | | | | | ID. Type/Number | | | ID. Type/Number | | | | | | | | | | | | | | | | |
| | Probable Destination | | | | | | Name/Address | | | Transportation Mode | | | | | | | | | | | | | | | | |
| | Recovery Information | | | | | | 0. N/A 1. Voluntary | | 2. Located- Not Returned | | 3. Hospitalized 4. HRS Custody | | 5. Law Enforcement Custody 6. Returned to Parent | | 7. Deceased 9. Other | | | | | | | | | | | |
| ADMINISTRATIVE | Officer(s) Reporting | | ID. Number(s)/Locator code | | Signature of Officer Reporting | | | | Unit | | Date | | | | | | | | | | | | | | | |
| | A. DESANTIS | | 336 | | | | | | | | 01/27/2019 | | | | | | | | | | | | | | | |
| | Officer Reviewing (If Applicable) | | ID. Number | | Routed To | | Referred To | | Assigned To | | By | | Date | | | | | | | | | | | | | |
| | SGT. J. PIERCE | | 309 | | | | | | | | | | ____/____/____ | | | | | | | | | | | | | |
| | Signature of Officer Reviewing | | | | | | | | | | | | Page 2 of 3 | | | | | | | | | | | | | |

NARRATIVE CONTINUATION

| | | | |
|-------------------|---|----------------------|--------------------------|
| 1. Offense | 2 | Juvenile Warn/Dismis | <input type="checkbox"/> |
| 2. Arrest | | 1. Original | 1 |
| Agency ORI Number | | Agency Report Number | |
| FL0410400 | | 20190046 | |

Holmes Beach Police Department

| | |
|------------------------|------------|
| Date of Supplement | _/_/___ |
| Original Date Reported | 01/27/2019 |

Case Reference
BAKER ACT

ADM

ON 01-27-19 I WAS DISPATCHED TO 210 76TH ST IN REFERENCE TO A MAN WITH A KNIFE MAKING SUICIDAL THREATS. UPON ARRIVAL I OBSERVED THREE MALES STANDING OUTSIDE THE RESIDENCE. I MADE CONTACT WITH THEM AND ATTEMPTED TO IDENTIFY THE INCIDENT. MCSO DEPUTY M. KENYAN ARRIVED ON SCENE TO ASSIST.

WHILE SPEAKING TO THE THREE MEN, I OBSERVED ONE OF THE MEN TO HAVE DRY BLOOD ON HIS NECK AND FACE. I OBSERVED THE MALE'S TOE TO HAVE A DRIED CUT AS WELL. DEPUTY KENYAN OBSERVED BLOOD ON THE MALE'S SLEEVE AND WHEN WE CHECKED WE OBSERVED SUPERFICIAL LACERATIONS ON HIS LEFT WRIST. WHEN THE MALE TURNED HIS HEAD, I OBSERVED A SINGLE SUPERFICIAL CUT ON HIS NECK, ACROSS HIS LEFT CAROTID ARTERY. THE MALE WAS DETAINED IN HANDCUFFS, DOUBLE LOCKED, AND PLACED IN THE BACK OF MY PATROL VEHICLE. THE MALE WAS IDENTIFIED AS (RYAN T GOEHLER).

WHILE SPEAKING TO (R. GOEHLER), HE STATED HE CUT HIMSELF WITH A KITCHEN PARING KNIFE TO PROVE A POINT TO HIS FAMILY. (R. GOEHLER) WOULD NOT STATE WHAT THE POINT WAS. (R. GOEHLER) STATED HE HAD A HISTORY OF DEPRESSION AND ANXIETY. I ADVISED (R. GOEHLER) THAT I WAS GOING TO TRANSPORT HIM TO BLAKE HOSPITAL UNDER A BAKER ACT. (R. GOEHLER) WAS COOPERATIVE AND RESPECTFUL. I TRANSPORTED (R. GOEHLER) TO BLAKE HOSPITAL WITHOUT INCIDENT.

WHILE AT BLAKE HOSPITAL, (R. GOEHLER) STATED HE HAD AN ARGUMENT WITH HIS SISTER (KATE ARMSTRONG) AND HIS PARENT'S (DOUGLAS GOEHLER)/FATHER AND (COLLEEN GOEHLER)/MOTHER TOOK (K. ARMSTRONG'S) SIDE, WHICH UPSET HIM. (R. GOEHLER) STATED AGAIN THAT HE ONLY CUT HIMSELF TO PROVE A POINT TO HIS FAMILY, BUT WOULD NOT STATE WHAT THE POINT WAS. (R. GOEHLER) DID STATE HIS PARENT'S DID NOT UNDERSTAND WHAT PEOPLE THAT SUFFER FROM SEVERE DEPRESSION AND ANXIETY GO THROUGH. (R. GOEHLER) STATED HE HAD BEEN IN RECOVERY AND HAD BEEN SOBER FOR 138 DAYS. (R. GOEHLER) STATED HE WAS NOT TRYING TO KILL HIMSELF.

SGT. J. PIERCE ADVISED ME (D. GOEHLER) AND (C. GOEHLER) STATED (R. GOEHLER) SUFFERS FROM DEPRESSION AND ANXIETY, HAD ATTEMPTED TO COMMIT SUICIDE THREE TIMES BEFORE AND HAD JUST BEEN RELEASED FROM 'PATHWAYS TO HOPE' IN FT. LAUDERDALE, ON 01/18/19. THEY STATED HIS THERAPIST WAS NICOLE THOMPSON.

(R. GOEHLER) WAS TRANSFERRED INTO BLAKE HOSPITAL'S CARE WITHOUT INCIDENT.

| | | | |
|--------------------------------|--|---|---|
| Report Contains | Related Report Number(s) | Name of Officer Reporting | I.D. Number/Locator Code |
| | | A. DESANTIS | 336 |
| Signature of Officer Reporting | Officer Reviewing (If Applicable) | I.D. Number | Date |
| | SGT. J. PIERCE | 309 | 01/27/2019 |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To By Date |
| | | | ___/___/___ |
| Case Status | Clearance Type | Date Cleared | Arrest Number |
| CA | 1.Arrest 2.Exceptional 3.Unfounded 4. A-Adult J-Juvenile | 01/27/2019 | |
| 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 | OBTS Number |
| | | | Page 3 of 3 |

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190046**

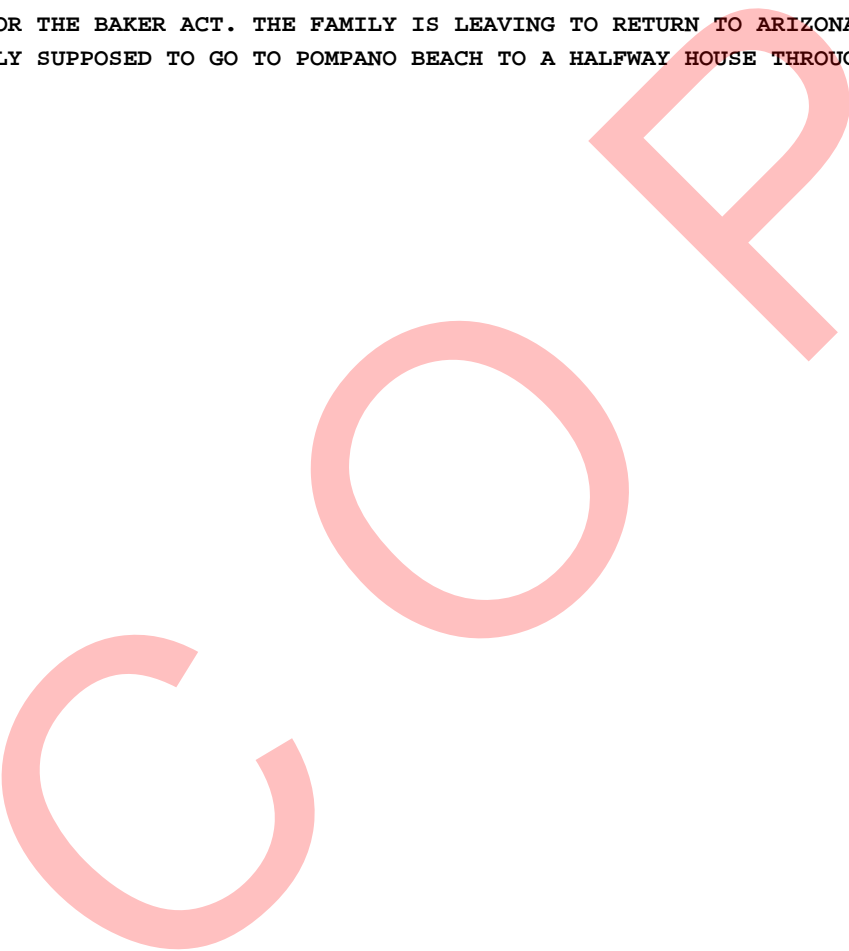
ADM
 Date of Supplement: **01/27/2019**
 Original Date Reported: **01/27/2019**

Case Reference: **BAKER ACT**

ON 01-27-19 I RESPONDED TO 210 76TH ST IN REFERENCE TO A SUICIDAL MAN MAKING THREATS WITH A KNIFE. UPON ARRIVAL OFFICER DESANTIS AND DEPUTY KENYON HAD RYAN GOEHLER IN CUSTODY IN THE BACK OF OFFICER DESANTIS PATROL VEHICLE. OFFICER DESANTIS ADVISED THAT RYAN GOEHLER HAD CUT HIMSELF ON HIS WRISTS. THEY WERE VERY SMALL SURFACE CUTS AND NOT LIFE THREATENING IN ANY WAY. I INTERVIEWED SEVERAL FAMILY MEMBERS ABOUT GOEHLER'S BEHAVIOR. HIS MOTHER (COLLEEN GOEHLER) AND HIS FATHER (DOUGLAS GOEHLER) STATED THAT THEIR SON HAD JUST GOT OUT OF THE PATHWAYS TO HOPE PROGRAM IN FORT LAUDERDALE AND WAS UNDER THE CARE OF A FULL TIME THERAPIST. HE HAS ATTEMPTED TO TAKE HIS LIFE THREE TIMES IN THE PAST AND THEY WERE CONCERNED FOR THEIR SON'S BEHAVIOR. BOTH PARENTS STATED THAT RYAN GOEHLER LEFT THE HOUSE AFTER AN ARGUMENT ENSUED AND HE RETURNED TO THE RESIDENCE AFTER APPROXIMATELY 5 HOURS OF BEING GONE. UPON HIS RETURN, HE WAS ACTING STRANGE AND THEY SUSPECTED DRUG USE WAS THE CAUSE. RYAN AND HIS SISTER (KATE ARMSTRONG) THEN GOT INTO A VERBAL ARGUMENT AT WHICH TIME THE FAMILY TOLD RYAN TO LEAVE. RYAN GOT UPSET AND GRABBED A LARGE KITCHEN KNIFE AND CUT HIS WRISTS.

OFFICER DESANTIS TRANSPORTED GOEHLER TO BLAKE HOSPITAL WITHOUT INCIDENT AND FILLED OUT THE NECESSARY FORMS FOR THE BAKER ACT. THE FAMILY IS LEAVING TO RETURN TO ARIZONA IN THE MORNING AND RYAN WAS ALLEGEDLY SUPPOSED TO GO TO POMPANO BEACH TO A HALFWAY HOUSE THROUGH THE PATHWAYS TO HOPE PROGRAM.

NARRATIVE



| | | | |
|---|---|---|---|
| Report Contains | Related Report Number(s) | Name of Officer Reporting SGT. J. PIERCE | I.D. Number/Locator Code 309 |
| Signature of Officer Reporting | Officer Reviewing (If Applicable) SGT. J. PIERCE | I.D. Number 309 | Unit 309 |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To |
| Case Status CA | Clearance Type 1. Arrest 2. Exceptional 1 | 3. Unfounded 1 | A-Adult J-Juvenile A |
| Exception Type 1. Extradition Declined | 2. Arrest on Primary Offense Secondary Offense Without Prosecution | 3. Death of Offender 4. V / W Refused to Cooperate | 5. Prosecution Declined 6. Juvenile/No Custody |
| Date Cleared 01/27/2019 | | Arrest Number | Number Arrested 1 |
| OBTS Number | | Page | Page of |

| FL0410400 | | Gang Related | 2 | OFFENSE-INCIDENT REPORT | | | | | | | | | | Juvenile in Report: N | Juvenile Warn/Dismiss: | 1. Original | 2. Supplement: 1 | | | | |
|---|---|---|---------------------------------|--|----------------------------|----------------------------|-----------------------|------------------------------|-------------------------|--|--------------------------|-----------------------------|-----------------|---|------------------------|-----------------------------|------------------|--------------------------|----|------------------|--|
| ADM | Date of Supplement | | | Holmes Beach Police Department | | | | | | | | | | Agency Report Number | | Primary Offense Description | | | | | |
| | | | | | | | | | | | | | | 20190047 | | DEATH | | | | | |
| EVENT DATA | Original Day Reported | | Date | | Time (mil) | | Time Dispatched (mil) | | Time Arrived (mil) | | Time Completed (mil) | | | | | | | | | | |
| | Sun | | 01/27/2019 | | 0747 | | 0748 | | 0751 | | 1100 | | | | | | | | | | |
| | 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 | | 01/26/2019 | | 2200 | | To Sun | | 01/27/2019 | | 0747 | | | |
| | OFF/INC #1 | Type | Description | | | A-Attempted C-Committed | | C | | Statute Violation Number - Chapter, Section, Sub | | | NCIC/UCR Code | | | | | | | | |
| | | 9 | DEATH | | | | | | | 0 - 0 (0) | | | 0000 | | | | | | | | |
| | OFF/INC #2 | | | | | A-Attempted C-Committed | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | Incident Location (Street Number, Street, Apt.) | | | | | | | | | | City | | Zip | | District | Grid | Area | Zone | | | |
| | 6400 FLOTILLA DR UNIT 74 | | | | | | | | | | HOLMES BEACH | | 34217 | | | | | | | | |
| Business Name/Area Identifier | | | | | | | | | | Forced Entry | | Occupancy | | | | | | | | | |
| | | | | | | | | | | 0. N/A 1. Yes | | 2. No 2 | | 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 1 | | | | | | | |
| Location Type | | | | | | | | | | 05. Convenience Store | | 10. Dept/Discount Store | | 15. Industrial/Mfg. | | 20. Religious Bldg. | | 25. Parking Lot/Garage | | 30. Other Mobile | |
| 01. Residence Single | | | | | | | | | | 06. Gas Station | | 11. Specialty Store | | 16. Storage | | 21. Airport | | 26. Highway/Roadway | | 99. Other | |
| 02. Apartment/Condo | | | | | | | | | | 07. Liquor Sales | | 12. Drug Store/Hospital | | 17. Gov/Police 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 | 03. Shotgun | 05. Knife/Cutting Instrument | 07. Hands/Fist/Feet | 10. Fire/Incendiary | 13. Drugs | 00 | | | | | | | | | |
| 01 | 01 | 00 | 00 | 00 | 00. N/A 01. Handgun | 04. Firearm | 06. Blunt Object | 09. Explosives | 11. Threat/Intimidation | 12. Simulated Weapon | 88. Unknown 99. Other | 00 | | | | | | | | | |
| V/W Code | O - Other | Victim Type | 0. N/A | 4. Business | Race | N - N/A | I - American Indian | Sex | N - N/A | Residence Type | 0. N/A | Extent of Injury | | | | | | | | | |
| W - Witness | | 1. Juvenile | 5. Government | 6. Church | W - White | O - Oriental/Asian | M - Male | F - Female | 1. City | 4. Out-of-State | 1. Full Year | 1. Minor | | | | | | | | | |
| C - Reporting Person | | 2. L.E. Officer | 9. Other | 3. Adult | B - Black | U - Unknown | U - Unknown | | 2. County | | 2. Part Year | 2. Serious | | | | | | | | | |
| 3. Non-Resident | | | | | | | | | | | 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 | 09. N/A | 03. Spouse | 07. Brother/Sister | 11. In-Law | 15. Child of Boy/Girl | 18. Neighbor | 22. Landlord/Tenant | | | |
| 01. Gunshot | 05. Poss. Broken Bones | 09. Abrasions/Bruises | 01. Undetermined | 04. Ex-Spouse | 08. Child | 12. Other Family | 19. Sitter/Day Care | 23. Acquaintance | 02. Stabbed | 06. Poss. Internal Injury | 99. Other | 02. Stranger | 05. Co-Habitant | 09. Step-Parent | 13. Student | 16. Boy/Girl Friend | 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 | V | 01 | 3 | PARKER | GEORGE | HAROLD | | | | |
| 2.#2 | | | | | | | | | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | 6500 FLOTILLA DR UNIT 195 | HOLMES BEACH | FL | 34217 | | | | | | | | | | | | | | | | | |
| Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | | | | | | | | | | | | | | | | |
| 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 | 01 | 3 | HORNE | VIRGINIA | | 941 201-5362 | | | |
| 2.#2 | | | | | | | | | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | 6400 FLOTILLA DR UNIT 74 | HOLMES BEACH | FL | 34217 | | | | | | | | | | | | | | | | | |
| Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | | | | | | | | | | | | | | | | |
| OFF/INC Indicator | Suspect Code | Code | Susp.# | Juvenile | Name (Last, First, Middle) | Maiden Name | Nickname/Street Name | Place of Birth | Residence Phone | 2 | W | F | 07/31/1940 | 78 | 1 | 1 | 0 | 00 | 00 | | |
| 1.#1 | 3.Both | 1 | C | 01 | 3 | HORNE | VIRGINIA | | | | | | | | | | | | | | |
| 2.#2 | | | | | | | | | | | | | | | | | | | | | |
| Last Known Address (Street, Apt. Number) | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | | | | | | | | | | |
| 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. M. PILATO | 306 | PATROL | 01/27/2019 | | | | | | | | | | | | | |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To | By | | | | | | | | | | | | | | | | | |
| 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 Secondary Offense Without Prosecution | 3. Death of Offender | 5. Prosecution Declined | OBTS Number | Page | Page | | | | | | | | | | | | | | |
| | | | 4. V / W Refused to Cooperate | 6. Juvenile/No Custody | | | | | | | | | | | | | | | | | |

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20190047

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|---|--|---|---|--|--|--|---------------------------------|--|---|--|---|------------------------------------|----------------------|---|---------------------------------------|--------------------------------|--------------------------------|--------------------|--|-------------------------------|--|
| ADM | Date of Supplement ____/____/____ | | Original Date: 01/27/2019 Primary Offense Description: DEATH Victim #1 Name (Last, First, Middle): PARKER GEORGE HAROLD | | | | | | | | | | | | | | | | | | | | | | | |
| CODES | V/W Code V - Victim O - Other W - Witness C - Reporting Person | | Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other | | | Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown | | | Sex N-N/A M-Male F-Female U-Unknown | | Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County | | 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 | | | | | | | | | | | |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 3.Both 1 W 01 3 DAVIDSON THOMAS H 701 935-8641 | | V. Type 1 W 01 3 | | Name (Last, First, Middle or Business) DAVIDSON THOMAS H | | | Residence Phone 701 935-8641 | | Address (Street, Apt. Number) 6500 FLOTILLA DR HOLMES BEACH FL 34217 | | Business Phone _____ | | Other Contact Info. (Time Available, Interpreter, etc.) _____ | | Synopsis of Involvement FRIEND | | | | | | | | | | |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 3.Both 1 W 02 3 KIRKENDALL JUDY A 941 779-7441 | | V. Type 1 W 02 3 | | Name (Last, First, Middle or Business) KIRKENDALL JUDY A | | | Residence Phone 941 779-7441 | | Address (Street, Apt. Number) 613 ESTUARY DR BRADENTON FL 34209 | | Business Phone _____ | | Other Contact Info. (Time Available, Interpreter, etc.) _____ | | Synopsis of Involvement FRIEND | | | | | | | | | | |
| SUSPECT OR MISSING PERSONS | OFF/INC Indicator 1.#1 3.Both 1 W 02 3 _____ _____ _____ _____ | | Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other | | Code Susp. # Juvenile _____ _____ _____ | | | Name (Last, First, Middle) _____ | | Place of Birth _____ | | Residence Phone _____ | | Maiden Name _____ | | Nickname/Street Name _____ | | City _____ | | State Zip _____ _____ | | Business Phone _____ | | | | |
| SUSPECT OR MISSING PERSONS | OFF/INC Indicator 1.#1 3.Both 1 W 02 3 _____ _____ _____ _____ | | Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other | | Code Susp. # Juvenile _____ _____ _____ | | | Name (Last, First, Middle) _____ | | Place of Birth _____ | | Residence Phone _____ | | Maiden Name _____ | | Nickname/Street Name _____ | | City _____ | | State Zip _____ _____ | | Business Phone _____ | | | | |
| MISSING PERSON / RUNAWAY | Incident Type 1. Runaway 4. Disabled 7. Voluntary 2. Parental 5. Endangered 8. Adult 3. Involuntary 6. Disaster Victim 8. Unknown | | Foul Play Suspected ? 1. Yes 2. No | | Missing Before ? 1. Yes 2. No 8. Unknown | | Fingerprints Available? 1. Yes 2. No 8. Unknown | | Photo Available? 1. Yes 2. No 8. Unknown | | Dental Record Available 1. Yes 2. No 8. Unknown | | MCIC Form Provided ? 1. Yes 2. No | | Date Last Seen ____/____/____ | | Time Last Seen ____:____ | | Location Last Seen (Address, City, St.) _____ | | Accompanied By _____ | | | | | |
| ADMINISTRATIVE | Officer(s) Reporting L. DIEHL | | ID. Number(s)/Locator code 333 | | Signature of Officer Reporting _____ | | | | Unit PATROL | | Date 01/27/2019 | | Officer Reviewing (If Applicable) SGT. M. PILATO | | ID. Number 306 | | Routed To _____ | | Referred To _____ | | Assigned To _____ | | By _____ | | Date ____/____/____ | |
| ADMINISTRATIVE | Recovery Information 0. N/A 1. Voluntary 2. Located-Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 9. Other | | Property Carried _____ | | ID. Type/Number _____ | | | | ID. Type/Number _____ | | Probable Destination _____ | | Name/Address _____ | | Transportation Mode _____ | | Page _____ | | Page _____ | | of _____ | | | | | |

NARRATIVE CONTINUATION

| | | | | | |
|-------------------|---|--------------|----------------------|---------------|---|
| 1. Offense | 1 | Juvenile | 1 | 1. Original | 1 |
| 2. Arrest | | Warn/Dismiss | | 2. Supplement | |
| Agency ORI Number | | | Agency Report Number | | |
| FL0410400 | | | 20190047 | | |

Holmes Beach Police Department

| | |
|------------------------|----------------|
| Date of Supplement | ADM |
| ___/___/___ | |
| Original Date Reported | Case Reference |
| 01/27/2019 | DEATH |

ON 01/27/2019 AT 0748 HOURS, I WAS DISPATCHED TO 6400 FLOTILLA DRIVE UNIT 74 IN REFERENCE TO A POSSIBLE DEATH. UPON ARRIVAL, EMS WAS IN THE LIVING ROOM OF THE RESIDENCE PERFORMING CPR ON THE PATIENT, GEORGE PARKER. THEIR WERE TWO INDIVIDUALS AT THE RESIDENCE WHEN I ARRIVED. ONE INDIVIDUAL, THOMAS DAVIDSON, STATED TO ME THAT HE WAS A FRIEND AND THAT PARKERS GIRLFRIEND CALLED HIM OVER TO THE RESIDENCE TO INFORM HIM OF WHAT HAD HAPPENED. THE OTHER INDIVIDUAL, VIRGINIA HORNE, WAS THE HOMEOWNER OF THE RESIDENCE AND GIRL FRIEND OF PARKER. HORNE STATED TO ME THAT WHEN SHE WOKE UP THIS MORNING, SHE WAS SPEAKING TO PARKER IN BED AND HE APPEARED TO BE UNRESPONSIVE. SHE THEN CALLED 911. HORNE STATED TO ME THAT SHE AND PARKER WENT TO A PARTY LAST NIGHT AND HE SEEMED FINE WHEN THEY WENT TO BED AROUND 2200 HOURS THE NIGHT BEFORE. HORNE STATED PARKER DID NOT HAVE ANY COMPLAINTS REGARDING HIS HEALTH THE DAY BEFORE. HORNE INFORMED ME THAT PARKER HAS CANCER AND HEART PROBLEMS. OTHER THAN THESE TWO ISSUES, SHE STATED TO ME IS RELATIVELY HEALTHY FOR A 98 YEAR OLD. WHILE ON SCENE, ANOTHER FRIEND CAME TO THE RESIDENCE, JUDY KIRKENDALL. KIRKENDALL INFORMED ME THAT SHE WAS AT THE PARTY LAST NIGHT AND THAT PARKER SEEMED FINE. AT 0815 HOURS, EMS (ALPHA 4), PRONOUNCED PARKER DEAD.

NO OBVIOUS SIGNS OF FOUL PLAY WERE OBSERVED AT THE RESIDENCE. THE RESIDENCE WAS NEAT AND ORDERLY. PARKER WAS FOUND BY EMS IN THE BEDROOM IN THE BACK, RIGHT SIDE OF THE RESIDENCE. THE DECEASED WAS LAYING ON THE RIGHT SIDE OF THE BED. A SMALL AMOUNT OF BLOOD WAS FOUND ON THE PILLOW THE DECEASED WAS LAYING. THE DECEASED SUFFERED FROM SKIN CANCER AND SKIN ON HIS FOREHEAD HAD MINOR ABRASIONS. PRIOR TO MY ARRIVAL, EMS MOVED PARKER FROM THE BEDROOM INTO THE LIVING ROOM. WHEN I ARRIVED PARKER WAS ON THE FLOOR AND HAD PAJAMA BOTTOMS AND A BUTTON UP SHIRT ON.

I WAS ABLE TO CONTACT NEXT OF KIN, DECEDENTS SON, DENNIS PARKER. I INFORMED HIM OF HIS FATHERS DEATH AND ASKED HIM IF THEY HAD ARRANGEMENTS FOR HIS FATHER. HE SAID THEY DID NOT BUT WOULD LIKE TO HAVE BROWN AND SONS FUNERAL HOME HANDLE. I MADE SEVERAL ATTEMPTS TO CALL PARKERS PRIMARY PHYSICIAN, DOCTOR STEPHEN PELHAM. I WAS ONLY ABLE TO REACH DOCTOR PELHAMS ON CALL SERVICE. THE ANSWERING SERVICE COULD NOT PROVIDE ME WITH A DIRECT LINE TO DOCTOR PELHAM AND THEY WERE UNWILLING TO CALL DOCTOR PELHAM DIRECTLY. I WAS ABLE TO CONTACT ANOTHER DOCTOR, DAVID CHINN, WHO WAS WILLING TO SIGN THE DEATH CERTIFICATE BUT DID NOT PRACTICE IN FLORIDA. I THEN CONTACTED THE MEDICAL EXAMINERS OFFICE AND EXPLAINED TO THEM THE SITUATION. THEY INFORMED ME THAT THEY NEEDED A DOCTOR WHO PRACTICES IN FLORIDA TO SIGN OFF. AFTER SPEAKING WITH THE MEDICAL EXAMINER REGARDING THE CIRCUMSTANCES SURROUNDING THE DEATH, THE MEDICAL EXAMINER INFORMED ME TO GO A HEAD AND CONTACT THE FUNERAL HOME TO REMOVE THE BODY.

BROWN AND SONS REPRESENTATIVE, TYLER, ARRIVED ON SCENE AND REMOVED THE BODY.

OFFICER LABRANCHE TOOK PHOTOS OF THE SCENE AND UPLOADED THEM INTO THE CASE FILE.

NO FURTHER ACTION TAKEN.

| | | | |
|--------------------------------|---|---|--------------------------|
| Report Contains | Related Report Number(s) | Name of Officer Reporting | I.D. Number/Locator Code |
| | | L. DIEHL | 333 |
| Signature of Officer Reporting | Officer Reviewing (If Applicable) | I.D. Number | Unit |
| | SGT. M. PILATO | 306 | PATROL |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To |
| | | | By |
| Case Status | Clearance Type | Date Cleared | Arrest Number |
| | 1.Arrest 2.Exceptional 3.Unfounded | ___/___/___ | |
| Exception Type | | | Number Arrested |
| 1.Extradition Declined | 2. Arrest on Primary Offense Secondary Offense Without Prosecution | 3. Death of Offender 4. V / W Refused to Cooperate | OBTS Number |
| | | 5. Prosecution Declined 6. Juvenile/No Custody | Page of |

PERSON(S) REPORT

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

Holmes Beach Police Department

Agency Report Number
20190047

| | | | | | | | | | | | | | | | |
|--|---|---|---|--|--|------------------------------------|--|----------------------------|--|-------------------------|--|--------------------------------|--|---------------------------|-----------------------|
| ADM | Date of Supplement ____/____/____ | | GEORGE ARNOLD | | | | | | | | | | | | |
| | Original Date Reported 01/27/2019 | Primary Offense Description DEATH | | | | | | | | | | | Victim #1 Name (Last, First, Middle) PARK | | |
| CODES | V/W Code V - Victim O - Other W - Witness C - Reporting Person | | Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other | | Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown | | Sex N-N/A M-Male F-Female U-Unknown | | Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County | | Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident | | Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal | | |
| | Injury Type 00. N/A 03. Laceration 07. Loss of Teeth 01. Gunshot 04. Unconscious 08. Burns 02. Stabbed 05. Poss. Broken Bones 09. Abrasions/Bruises 06. Poss. Internal Injury 99. Other | | | Victim Relationship To Offender 00. N/A 03. Spouse 07. Brother/Sister 10. Step-Child 14. Teacher 17. Friend 21. Employer 01. Undetermined 04. Ex-Spouse 08. Child 11. In-Law 15. Child of Boy/Girl Friend 18. Neighbor 22. Landlord/Tenant 02. Stranger 05. Co-Habitant 09. Step-Parent 12. Other Family 16. Boy/Girl Friend 19. Sitter/Day Care 23. Acquaintance 20. Employee 99. Other Known | | | | | | | | | | | |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 2.#2 3.Both 1 O 01 | | V. Type 3 | | Name (Last, First, Middle or Business) PARKER DENNIS | | | | | | | | Residence Phone 757 876-9275 | | |
| | Address (Street, Apt. Number) City State Zip 212 EAST TAZEWELLS WAY WILLIAMSBURG VA 23185 | | | | | | | | | | Business Phone ____-____-____ | | | | |
| | Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | | | | | Synopsis of Involvement DECEDENTS SON, NEXT OF KIN | | | | |
| | If V/W Code is V, W or C Fill in this Line | | Dom. Violence 2 | Race W | Sex M | Date of Birth 11/28/1944 | | Age 74 | Res. Type 4 | Res. Status 1 | Extent of Injury 0 | Injury Type(s) 00 00 | | Relationship 08 | Ethnicity W |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 2.#2 3.Both 1 O 02 | | V. Type 4 | | Name (Last, First, Middle or Business) PELHAM STEPHEN | | | | | | | | Residence Phone ____-____-____ | | |
| | Address (Street, Apt. Number) City State Zip 3909 EAST BAY DR STE 100 HOLMES BEACH FL 34217 | | | | | | | | | | Business Phone 941 778-1007 | | | | |
| | Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | | | | | Synopsis of Involvement DECEDENTS PHYSICIAN | | | | |
| | 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 |
| VICTIM / WITNESS | OFF/INC Indicator 1.#1 2.#2 3.Both 1 O 03 | | V. Type 4 | | Name (Last, First, Middle or Business) BROWN AND SONS FUNERAL | | | | | | | | Residence Phone ____-____-____ | | |
| | Address (Street, Apt. Number) City State Zip 604 43RD ST W BRADENTON FL 34209 | | | | | | | | | | Business Phone 941 758-7788 | | | | |
| | Other Contact Info. (Time Available, Interpreter, etc.) | | | | | | | | | | Synopsis of Involvement FUNERAL HOME | | | | |
| | 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 |
| SUSPECT OR MISSING PERSONS | OFF / INC Indicator 1.#1 3.Both 2.#2 | | Suspect Code S-Suspect E-Escapee R-Rec. Missing A-Arrestee M-Missing Z-other | | Code | Susp. # | Juvenile | Name (Last, First, Middle) | | | | | | | |
| | Maiden Name | | | | Nickname/Street Name | | | | Place of Birth | | | | Residence Phone ____-____-____ | | |
| | Last Known Address (Street, Apt. Number) City State Zip | | | | | | | | | | Business Phone ____-____-____ | | | | |
| | Occupation | | | | Employer/School | | | | Address | | | | Social Security Number ____-____-____ | | |
| | Driver's License State/Number | | | | Immigration and Naturalization Number | | | | Other ID. Number | | OBTS Number | | SCIC/NCIC | | |
| | Clothing (Describe) | | | | | | Scars/Marks/Tatoos (Location/Describe) | | | | | | | | |
| | Race | Sex | Date of Birth or Age | | | Height | | Weight | | Eye Color | Hair Color | Hair Length | Hair Style | | |
| | Complexion | Build | Facial Hair | Teeth | Speech/Voice | Special Identifiers | | | | | | | | | |
| | N/A | | | | | | | | | | | | | | |
| | ADMINISTRATIVE | Officer(s) Reporting L. DIEHL | | ID. Number(s)/Locator code 333 | | Signature of Officer Reporting | | | | Unit | | Date 01/27/2019 | | | |
| Officer Reviewing (If Applicable) SGT. M. PILATO | | ID. Number 306 | | Routed To | | Referred To | | Assigned To | | By | Date ____/____/____ | | | | |
| Signature of Officer Reviewing | | | | | | | | | | | Page | Page of | | | |

| 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 | | | | | | | | | | | | | |
| 20190048 | | DEATH | | | | | | | | | | | | | | | | | | | | | | | |
| Original Day Reported | | Date | | Time (mil) | | Time Dispatched (mil) | | Time Arrived (mil) | | Time Completed (mil) | | | | | | | | | | | | | | | |
| Sun | | 01/27/2019 | | 1427 | | 1427 | | 1437 | | 1753 | | | | | | | | | | | | | | | |
| 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 | | Fri | | 01/25/2019 | | 0000 | | To Sun | | 01/27/2019 | | 1530 | | | | | | | | | |
| OFF/INC #1 | | Type | | Description | | A-Attempted C-Committed | | Statute Violation Number - Chapter, Section, Sub | | NCIC/UCR Code | | | | | | | | | | | | | | | |
| 9 | | DEATH | | C | | 0 - 0 (0) | | 0000 | | | | | | | | | | | | | | | | | |
| OFF/INC #2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Location (Street Number, Street, Apt.) | | City | | Zip | | District | | Grid | | Area | | Zone | | | | | | | | | | | | | |
| 7404 GULF DR | | HOLMES BEACH | | 34217 | | | | | | | | | | | | | | | | | | | | | |
| Business Name/Area Identifier | | Forced Entry | | Occupancy | | | | | | | | | | | | | | | | | | | | | |
| | | 0. N/A 1. Yes | | 2. No 2 | | 0. N/A 1. Occupied | | 2. Unoccupied 3. Abandoned | | 1 | | | | | | | | | | | | | | | |
| Location Type | | 05. Convenience Store | | 10. Dept/Discount Store | | 15. Industrial/Mfg. | | 20. Religious Bldg. | | 25. Parking Lot/Garage | | 30. Other Mobile | | | | | | | | | | | | | |
| 01. Residence Single | | 06. Gas Station | | 11. Specialty Store | | 16. Storage | | 21. Airport | | 26. Highway/Roadway | | 99. Other | | | | | | | | | | | | | |
| 02. Apartment/Condo | | 07. Liquor Sales | | 12. Drug Store/Hospital | | 17. Gov't/Public Bldg. | | 22. Bus/Rail Terminal | | 27. Park/Woodlands/Field | | | | | | | | | | | | | | | |
| 03. Residence-Other | | 08. Bar/Nightclub | | 13. Bank/Financial Inst. | | 18. School/University | | 23. Construction Site | | 28. Lake/Waterway | | | | | | | | | | | | | | | |
| 04. Hotel/Motel | | 09. Supermarket | | 14. Commercial/Office Bldg. | | 19. Jail/Prison | | 24. Other Structure | | 29. Motor Vehicle | | | | | | | | 01 | | | | | | | |
| # OFF/INC. | | # Victims | | # Offenders | | # Prem. Ent. | | # Veh. Stolen | | Type of Weapon | | 02. Rifle | | 05. Knife/Cutting Instrument | | 07. Hands/Fist/Feet | | 10. Fire/Incendiary | | 13. Drugs | | | | | |
| 01 | | 01 | | 00 | | 00 | | 00 | | 00. N/A 01. Handgun | | 03. Shotgun 04. Firearm | | 06. Blunt Object | | 09. Explosives | | 11. Threat/Intimidation 12. Simulated Weapon | | 88. Unknown 99. Other | | | | | |
| V/W Code | | Victim Type | | Race | | Sex | | Residence Type | | Residence Status | | Extent of Injury | | | | | | | | | | | | | |
| V - Victim W - Witness C - Reporting Person | | 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult | | 4. Business 5. Government 6. Church 9. Other | | N - N/A W - White B - Black | | I - American Indian O - Oriental/Asian U - Unknown | | 0. N/A 1. City 2. County | | 3. Florida 4. Out-of-State | | 0. None 1. Full Year 2. Part Year 3. Non-Resident | | | | | | | | | | | |
| Injury Type | | 03. Laceration | | 07. Loss of Teeth | | 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) | | Residence Phone | | | | | | | | | | | | | | | |
| 1.#1 3.Both 2.#2 | | 1 | | C | | 01 | | PALMER | | JOHN | | 708 926-4945 | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | | | | | |
| 217 W. MAPLE DR. | | CHICAGO HEIGHTS | | IL | | 60411 | | - | | | | | | | | | | | | | | | | | |
| Other Contact Info. (Time Available, Interpreter, etc.) | | Synopsis of Involvement | | | | | | | | | | | | | | | | | | | | | | | |
| | | NEXT OF KIN | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | 04/04/1934 | | 84 | | 4 | | 3 | | 3 | | 00 00 | | 00 | | 08 | | NA | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| OFF/INC Indicator | | V/W Code | | # | | V. Type | | Name (Last, First, Middle or Business) | | Residence Phone | | | | | | | | | | | | | | | |
| 1.#1 3.Both 2.#2 | | 1 | | V | | 1 | | PALMER | | JOHN | | - | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | | City | | State | | Zip | | Business Phone | | | | | | | | | | | | | | | | | |
| 18409 STEWART AVE | | HOMEWOOD | | IL | | 60430 | | - | | | | | | | | | | | | | | | | | |
| Other Contact Info. (Time Available, Interpreter, etc.) | | Synopsis of Involvement | | | | | | | | | | | | | | | | | | | | | | | |
| | | NEXT OF KIN | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | 04/04/1934 | | 84 | | 4 | | 3 | | 3 | | 00 00 | | 00 | | 00 | | NA | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| OFF/INC Indicator | | Suspect Code | | Code | | Susp.# | | Juvenile | | Name (Last, First, Middle) | | | | | | | | | | | | | | | |
| 1.#1 3.Both 2.#2 | | S-Suspect E-Escapee 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 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | Employer/School | | Address | | Social Security Number | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's License Number/State | | Immigration and Naturalization Number | | Other I.D. Number | | OBTS Number (Arrested) | | SCIC/NCIC | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clothing (Describe) | | Scars/Marks/Tatoos (Location/Describe) | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | | Sex | | Date of Birth | | Age | | Height | | Weight | | Eye Color | | Hair Color | | Hair Length | | Hair Style | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complexion | | Build | | Facial Hair | | Teeth | | Speech/Voice | | Special Identifiers | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEE NARRATIVE. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person/Unit Notified | | Time | | Related Report Number(s) | | Name of Officer Reporting | | I.D. Number/Locator Code | | | | | | | | | | | | | | | | | |
| | | | | | | C. LABRANCHE | | 318 | | | | | | | | | | | | | | | | | |
| Signature of Officer Reportin | | Officer Reviewing (If Applicable) | | I.D. Number | | Unit | | Date | | | | | | | | | | | | | | | | | |
| SGT. M. PILATO | | SGT. M. PILATO | | 306 | | PATROL | | 01/27/2019 | | | | | | | | | | | | | | | | | |
| Signature of Officer Reviewing | | Routed To | | Referred To | | Assigned To | | By | | Date | | | | | | | | | | | | | | | |
| | | | | | | DET SGT | | PATROL | | 01/27/2019 | | | | | | | | | | | | | | | |
| Case Status | | Clearance Type | | 1.Arrest 2.Exceptional | | 3.Unfounded | | A-Adult J-Juvenile | | Date Cleared | | Jail Number | | Number Arrested | | | | | | | | | | | |
| | | | | | | | | | | / / | | | | | | | | | | | | | | | |
| Exception Type | | 1.Extradition Declined | | 2. Arrest on Primary Offense Secondary Offense Without Prosecution | | 3. Death of Offender 4. V / W Refused to Cooperate | | 5. Prosecution Declined 6. Juvenile/No Custody | | OBTS Number | | Page | | Page | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: FL0410400
 Agency Report Number: 20190048

| | |
|------------|--------------------------------------|
| ADM | Date of Supplement ____/____/____ |
| | Original Date Reported 01/27/2019 |

Case Reference
DEATH

NARRATIVE

POLICE RECEIVED A CALL FROM DAUGHTER-IN LAW, JOANNA PALMER AT 1427 HOURS TO CHECK ON JOHN PALMER, 84 YOA, AT 7404 GULF DR. SHE HADN'T HEARD FROM HIM SINCE 1/25/19 IN THE LATE AFTERNOON. OFFICERS WENT TO CHECK THE RESIDENCE AND WERE MET WITH A GERMAN SHEPHERD BARKING INSIDE. OFFICERS WERE UNABLE TO OBSERVE EXIGENT CIRCUMSTANCES IN WHICH WE WOULD ENTER THE RESIDENCE. OFFICERS WAITED ON SCENE UNTIL WE COULD GET ASSISTANCE WITH THE DOG AS IT APPEARED IT MAY ATTACK. THERE WAS AN UNLOCKED SIDE DOOR IN WHICH WE WERE ABLE TO ENTER. NO SIGNS OF FORCED ENTRY WERE OBSERVED AROUND THE RESIDENCE. A NEIGHBOR ADVISED HE OBSERVED PALMER IN THE AFTERNOON (UNKNOWN TIME) ON FRI 1/25/19.

AFTER HELP WITH THE DOG ARRIVED, I ENTERED THE RESIDENCE AND OBSERVED AN OBVIOUSLY DEAD MALE LAYING ON A BED ON HIS BACK WITH COVERS PARTIALLY COVERING HIS BODY. THE MALE'S FACE WAS GREY TO BLACK IN COLOR WITH SPUTUM COMING FROM HIS MOUTH. I COULD ALSO SMELL BODY DECOMPOSITION. THE DOG WAS MOVED TO A ROOM WHERE I WAS ABLE TO FURTHER OBSERVE LIVIDITY AND ANTS ON AND AROUND THE BODY. SEE ATTACHED PHOTOGRAPHS. I ALSO OBSERVED A ZIPLOCK BAG FULL OF MEDICATIONS ON THE COFFEE TABLE IN THE LIVING ROOM WITH A BOTTLE OF NITROQUICK LAYING OUTSIDE OF THE BAG. A WALLET WAS SEIZED FROM A PLATE NEXT TO THE TELEVISION. FINANCIAL DOCUMENTS ALONG WITH VEHICLE KEYS WERE ALSO SEIZED AND PLACED INTO HYPD EVIDENCE.

NEXT OF KIN, JOHN PALMER OF CHICAGO HEIGHTS ILLINOIS WAS NOTIFIED BY CHICAGO HEIGHTS POLICE DEPARTMENT OF HIS FATHER BEING DECEASED AT APPROXIMATELY 1610 HOURS. HE ADVISED HIS FATHER HAD MADE RECENT COMPLAINTS OF STOMACH PROBLEMS AND HAD HEART DISEASE. THE MEDICAL EXAMINER WAS NOTIFIED AT 1602 HOURS. MANATEE COUNTY ANIMAL SERVICES WAS NOTIFIED AND ARRIVED AT 1652 HOURS TO PICKUP THE DOG. SURVIVING FAMILY WILL BE TAKING THE DOG.

THIS APPEARS TO BE A NATURAL DEATH. ME'S OFFICE ADVISED AN AUTOPSY WILL BE COMPLETED ON 1/28/19. MEDICAL EXAMINER BODY REMOVAL ARRIVED AND REMOVED THE BODY AT 1715 HOURS. THE VEHICLE AND RESIDENCE WAS SECURED AND OFFICERS CLEARED AT 1753 HOURS.

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|------------|---|---|--|---|--------------------------------|--|---------------------------|--|
| ADM | Report Contains | | Related Report Number(s) | Name of Officer Reporting C. LABRANCHE | | I.D. Number/Locator Code 318 | | |
| | Signature of Officer Reporting | | Officer Reviewing (If Applicable) SGT. M. PILATO | I.D. Number 306 | Unit PATROL | Date 01/27/2019 | | |
| | Signature of Officer Reviewing | | Routed To | Referred To | Assigned To DET SGT | By PATROL | Date 01/27/2019 | |
| | Case Status | Clearance Type | | A-Adult J-Juvenile | Date Cleared ____/____/____ | Arrest Number | Number Arrested | |
| | Exception Type 1. Extradition Declined | 2. Arrest on Primary Offense Secondary Offense Without Prosecution | 3. Death of Offender 4. V / W Refused to Cooperate | 5. Prosecution Declined 6. Juvenile/No Custody | OBTS Number | Page of | Page | |

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190048**

ADM
 Date of Supplement: ___/___/___
 Original Date Reported: **01/27/2019**

Case Reference: **DEATH**

NARRATIVE

ON THIS DATE, I WAS CONTACTED BY OFFICER LABRANCHE IN REFERENCE TO A WELFARE CALL AT 7404 GULF DRIVE. SHE ADVISED THAT HER AND OFFICER DIEHL WERE ON SCENE AND THE SIDE DOOR WAS UNLOCKED. SHE ADVISED THAT THERE WAS A VERY UNHAPPY LARGE GERMAN SHEPHERD INSIDE BUT DID NOT SEE ANY SIGNS OF DISTRESS. I ADVISED THAT I WOULD BE IN ROUTE FROM THE POLICE DEPARTMENT. BEFORE LEAVING THE POLICE DEPARTMENT, I CONTACTED THE COMPLAINANT AND SPOKE WITH HER. SHE ADVISED THAT THE DOG WAS FRIENDLY AND THAT SHE HAD NOT SPOKEN TO VICTIM SINCE FRIDAY AND THAT WAS VERY UNUSUAL. SHE ADVISED THAT HE DID NOT HAVE ANYBODY IN FLORIDA THAT HE KNOWS AND THAT KNOWS THE DOG. I ADVISED HER THAT I WOULD BE GOING TO HIS RESIDENCE TO SEE IF I COULD SEE ANYTHING. UPON ARRIVAL, I MET WITH OFFICER LABRANCHE. SHE ADVISED THAT OFFICER DIEHL HAD TO LEAVE FOR A FEW MINUTES. AFTER OFFICER LABRANCHE SHOWING ME ALL THE LOCATIONS IN THE RESIDENCE AND SHOWING ME THAT THE SIDE DOOR BY THE KITCHEN WAS UNLOCKED, I OBSERVED AND TRIED TO MAKE FRIENDS WITH THE DOG. DUE TO THE PROTECTIVE NATURE OF THE DOG, I HAD DISPATCH CONTACT A SUPERVISOR AT THE FIRE DEPARTMENT TO CONTACT ME BY CELL PHONE. THE BATTALLION CHIEF CONTACTED ME AND I ADVISED HIM OF THE SITUATION, HE ADVISED THAT HE WOULD SEND TWO GUYS OVER.

UPON THEIR ARRIVAL, WE OPENED THE DOOR AND THE GERMAN SHEPHERD WENT INTO THE SPARE ROOM OF THE RESIDENCE. UPON FOLLOWING THE DOG, THE FIRE DEPARTMENT ADVISED THAT THERE WAS A DECEASED MALE IN THE BED AND HIS CONFIRMED HE WAS DECEASED DUE TO HIS FACE AND SKIN WERE BLACK. AFTER SECURING THE DOG AND SECURING THE HOUSE. OFFICER LABRANCHE BEGAN FILLING OUT THE PAPERWORK. I CONTACTED DISPATCH AND HAD HER CALL THE JURISDICTION THAT THE COMPLAINANT WAS IN TO GIVE NOTIFICATION AND HAD HER CALL MANATEE COUNTY ANIMAL SERVICES TO TAKE CUSTODY OF THE DOG SO THAT FAMILY CAN COME DOWN AND TAKE CUSTODY. I THEN SPOKE WITH THE MEDICAL EXAMINERS OFFICE AND GAVE THE VICTIMS INFORMATION. OFFICERS DIEHL AND OFFICER LABRANCHE PHOTOGRAPHED THE SCENE AND OFFICER DIEHL PHOTOGRPAHED AND TOOK INVENTORY OF THE PERSONAL PROPERTY TO BRING BACK TO THE PD FOR SAFEKEEPING. I THEN CLEARED THE SCENE WHILE THE OFFICERS WAITED FOR THE MEDICAL EXAMINER AND ANIMAL CONTROL.

| | | | |
|--|---|---|--|
| Report Contains | Related Report Number(s) | Name of Officer Reporting SGT. M. PILATO | I.D. Number/Locator Code 306 |
| Signature of Officer Reporting | Officer Reviewing (If Applicable) | I.D. Number 306 | Unit PATROL |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To |
| Case Status | Clearance Type 1. Arrest 2. Exceptional | 3. Unfounded | 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 | Arrest Number OBTS Number Page of Page |

NARRATIVE CONTINUATION

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

Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190048**

ADM
 Date of Supplement: **01/27/2019**
 Original Date Reported: **01/27/2019**

Case Reference: **DEATH**

NARRATIVE

ON 01/27/2019 I ASSISTED OFFICER LABRANCHE WITH CONTACT MESSAGE AT 7404 GULF DR. WHEN I ARRIVED ON SCENE, OFFICER LABRANCHE STATED THEIR WAS NO ANSWER AT THE DOOR AND THEIR WAS A LARGE DOG IN THE HOUSE. WE CHECKED THE EXTERIOR OF THE HOUSE BUT DID NOT SEE ANYONE INSIDE. OFFICER LABRANCHE NOTICED THE SOUTH SIDE DOOR WAS UNLOCKED. ON THE BACK LANAI, THE DOG HAD URINATED AND DEFECATED. A NEIGHBOR STOPPED BY BRIEFLY AND STATED HE HAD NOT SEEN PALMER SINCE FRIDAY. OF THIS WEEK (01/25/2019) MYSELF, SGT. PILATO, AND OFFICER LABRANCHE, ALONG WITH FIRE RESCUE WAS ABLE TO ENTER THEN HOUSE AND SECURE THE DOG. INSIDE THE HOUSE, FIRE RESCUE LOCATED A BODY IN BED THAT WAS DECEASED DUE TO THE COLORING OF HIS FACE (DARK COLORING). THE SUBJECT LATER IDENTIFIED AS JACK PALMER WITH HIS ILLINOIS DL WAS LAYING IN BED, WITH SHEETS COVERING HIM. PALMER WAS ON HIS BACK WITH HIS HEAD FACING TO THE RIGHT, TOWARDS THE BED. HIS HEAD WAS STILL PROPPED UP ON THE PILLOW. LIVIDITY WAS PRESENT AND THE VEINS ON HIS NECK WERE BULGING. A SMALL AMOUNT OF FLUID WAS PRESENT AROUND HIS FACE AND ON THE BED. I OBSERVED SEVERAL ANTS CRAWLING ON PALMERS FACE. WE TOOK THE COVERS OFF PALMER AND HE WAS FULLY CLOTHED. NO SIGNS OF FOUL PLAY WERE PRESENT ON HIS BODY. THE HOUSE WAS IN ORDER AND WAS NOT OUT OF PLACE. THEIR WERE NO SIGNS OF FORCED ENTER ON THE EXTERIOR OF THE HOUSE. I ASSISTED OFFICER LABRANCHE WITH TAKING PICTURES OF THE SCENE AS WELL AS OF THE BODY. I ALSO ASSISTED WITH ENTERING THE DECEDENTS PROPERTY AND SUBMITTING IT FOR SAFE KEEPING AT THE STATION. I STAYED ON SCENE WITH OFFICER LABRANCHE UNTIL THE MEDICAL EXAMINER ARRIVED. I ASSISTED OFFICER LABRANCHE WITH SECURING THE HOME AND THE DECEDENTS VEHICLE.

| | | | |
|---------------------------------------|---|---|---------------------------------|
| Report Contains | Related Report Number(s) | Name of Officer Reporting | I.D. Number/Locator Code |
| | | L. DIEHL | 333 |
| Signature of Officer Reporting | Officer Reviewing (If Applicable) | I.D. Number | Unit |
| | SGT. M. PILATO | 306 | PATROL |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To |
| | | | By |
| Case Status | Clearance Type | Date Cleared | Arrest Number |
| | 1. Arrest 2. Exceptional 3. Unfounded | ___/___/___ | |
| Exception Type | 1. Arrest on Primary Offense 2. Exceptional 3. Death of Offender 4. V / W Refused to Cooperate | 5. Prosecution Declined 6. Juvenile/No Custody | Arrest Number |
| 1. Extradition Declined | | | OBTS Number |
| | | | Page Page |
| | | | of |

PROPERTY REPORT

Holmes Beach Police Department

| | | | | | | | | | | | |
|--------------------------------|---|-----------------|---|----------------|---|---|------------------------------------|-------------|------------------------|-------------------|------|
| ADM | Date of Supplement ___/___/___ | | Agency Report Number 20190048 | | | | | | | | |
| | Original Date Reported 01/27/2019 | | | | | | | | | | |
| THEFT | Primary Offense Description DEATH | | Victim #1 Name (Last, First, Middle) PALMER JOHN W | | | | | | | | |
| | 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 | | | | | | | | |
| CODES | 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 7. Safekeeping 8. Evidence/Seized 9. Other | | | Damage Codes 0. N/A 1. Arson 2. Criminal Mischief 3. During other Offense 9. Other | | | | | |
| | 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 | Person | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number | |
| | V | 02 | 1 | 9 | 0 | Z | 1 | CAR KEY | HONDA | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) BLACK KEY | | | | | | |
| Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | | |
| 100.00 | | 100.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | Code | Person | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number | |
| | V | 02 | 2 | 9 | 0 | U | 11 | US CURRENCY | | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | |
| Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | | |
| 110.00 | | 110.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | Code | Person | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number | |
| | V | 02 | 3 | 9 | 9 | Z | 1 | DOCUMENTS | | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) VARIOUS FINANCIAL DOCUMENTS | | | | | | |
| Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | Code | Person | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number | |
| | V | 02 | 4 | 9 | 0 | Z | 1 | WALLET | | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) BROWN | | | | | | |
| Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | Code | Person | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number | |
| | V | 02 | 5 | 9 | 9 | Z | 1 | CREDIT CARD | CHASE | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) CHASE SAPPHIRE | | | | | | |
| Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| TOTALS | Property Stolen | | 213.00 | | | | Change in Property Stolen Value | | | | |
| | Property Recovered | | 213.00 | | | | Change in Property Recovered Value | | | | |
| CODES | Activity P. Possess R. Smuggle D. Deliver M. Manufacture/Produce/Cultivate S. Sell E. Use B. Buy K. Dispense/Distribute T. Traffic | | Type A. Amphetamine H. Hallucinogen B. Barbiturate M. Marijuana C. Cocaine O. Opium/Derivative E. Heroin P. Paraphernalia/Equipment | | | Unit 1. Gram 5. Pound 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter 9. Dose Unit/Item | | | | | |
| | 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. | N/A | | | | | | | | | | |
| | | | | | | | | | | | |
| ADMINISTRATIVE | Officer(s) Reporting | | ID. Number(s)/Locator code | | Signature of Officer Reporting | | | Unit | | Date | |
| | DIEHL | | 333 | | | | | PATROL | | 01/27/2019 | |
| | Officer Reviewing (if Applicable) | | ID. Number | | Routed To | | Referred To | | Assigned To | | Date |
| SGT. M. PILATO | | 306 | | | | | | | | ___/___/___ | |
| Signature of Officer Reviewing | | | | | | | | | | Page of | |

PROPERTY REPORT

| | | | | | | | | | | | |
|--------------------------------|---|-------------|---|--|---|------------------------|---|-------------|------------|--------------|-------------------------|
| ADM | Date of Supplement ___/___/___ | | Holmes Beach Police Department | | | | Agency Report Number 20190048 | | | | |
| | Original Date Reported 01/27/2019 | | Primary Offense Description DEATH | | Victim #1 Name (Last, First, Middle) PALMER JOHN W | | | | | | |
| 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 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 | V | | 02 | 6 | 9 | 0 | Z | 1 | CHECK BOOK | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) FIFTH THIRD | | | | | | |
| | Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | V | | 02 | 7 | 9 | 0 | Z | 1 | CHECK BOOK | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) FIRST MIDWEST BANK | | | | | | |
| | Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | V | | 02 | 8 | 9 | 0 | Z | 1 | CHECK BOOK | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) MONY ACCESS ACCOUNT | | | | | | |
| | Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | V | | 02 | 9 | 9 | 9 | Z | 1 | CHICAGO DL | P45647934097 | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | |
| | Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | |
| 1.00 | | 1.00 | | 01/27/2019 | | | | | | | |
| PROPERTY | | | | | | | | | | | |
| | Serial Number | | Owner Applied Number | | Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | |
| | Value | | Value Recovered | | Date Recovered | | SCIC/NCIC | | | | |
| | | | | | | | | | | | |
| TOTALS | Property Stolen | | 4.00 | | | | Change in Property Stolen Value | | | | |
| | Property Recovered | | 4.00 | | | | Change in Property Recovered Value | | | | |
| CODES | Activity P. Possess R. Smuggle M. Manufacture/Produce/Cultivate S. Sell D. Deliver Z. Other B. Buy E. Use K. Dispense/Distribute T. Traffic | | | Type A. Amphetamine H. Hallucinogen S. Synthetic B. Barbiturate M. Marijuana U. Unknown C. Cocaine O. Opium/Derivative Z. Other E. Heroin P. Paraphernalia/Equipment | | | Unit 1. Gram 5. Pound 9. Dose Unit/Item 2. Milligram 6. Ton 3. Kilogram 7. Liter 4. Ounce 8. Milliliter | | | | |
| | Activity | 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. | N/A | | | | | | | | | | |
| | | | | | | | | | | | |
| ADMINISTRATIVE | Officer(s) Reporting | | ID. Number(s)/Locator code | | Signature of Officer Reporting | | | Unit | | Date | |
| | L. DIEHL | | 333 | | | | | PATROL | | 01/27/2019 | |
| | Officer Reviewing (if Applicable) | | ID. Number | | Routed To | Referred To | Assigned To | By | Date | | |
| SGT. M. PILATO | | 306 | | | | | | ___/___/___ | | | |
| Signature of Officer Reviewing | | | | | | | | | | Page | Page |
| | | | | | | | | | | of | |

| FL0410400 | | Gang Related | 2 | OFFENSE-INCIDENT REPORT | | | | | | | | | | Juvenile in Report: Y | Juvenile Warn/Dismiss: D | 1. Original | 2. Supplement: 1 | | | | | | | | | | |
|--|--|--|--|---|--|---|---|---|--|---|---|---|---|------------------------|---|------------------------------------|------------------|---------------|---------------------|--------------------|----------------------|----------------|--------------------------|---------------------------|--|---|------|
| ADM | Date of Supplement | | | Holmes Beach Police Department | | | | | | | | | | Agency Report Number | | Primary Offense Description | | | | | | | | | | | |
| | ___/___/___ | | | | | | | | | | | | | 20190052 | | BATTERY | | | | | | | | | | | |
| EVENT DATA | Original Day Reported | | Date | | Time (mil) | | Time Dispatched (mil) | | Time Arrived (mil) | | Time Completed (mil) | | | | | | | | | | | | | | | | |
| | Mon | | 01/28/2019 | | 1900 | | 1900 | | 1904 | | 2042 | | | | | | | | | | | | | | | | |
| | Incident Type | | | Incident: Day | | Date | | Time (mil) | | Day | | Date | | Time (mil) | | | | | | | | | | | | | |
| | 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other | | | Mon | | 01/28/2019 | | 1830 | | Mon | | 01/28/2019 | | 1835 | | | | | | | | | | | | | |
| | OFF/INC #1 | Type | Description | | | A-Attempted C-Committed | | C | | Statute Violation Number - Chapter, Section, Sub | | | NCIC/UCR Code | | | | | | | | | | | | | | |
| | | 3 | BATTERY | | | | | | | 784 - 03 (1a1) | | | 130B | | | | | | | | | | | | | | |
| | OFF/INC #2 | | | | | A-Attempted C-Committed | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incident Location (Street Number, Street, Apt.) | | | | City | | | | Zip | | District | | Grid | | Area | | Zone | | | | | | | | | | |
| | 3246 E BAY DR | | | | 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 | | | | | | | | | | | | | | | | 99 | | | | | | | | | | | |
| 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 01. Handgun | 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 | 07 | | | | | | | | | | | | | | | | |
| 1 | 1 | 1 | 0 | 0 | 00. N/A 01. Handgun | | | | | | | | | | | | | | | | | | | | | | |
| V/W Code | O - Other | Victim Type | 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult | 4. Business 5. Government 6. Church 9. Other | Race | N - N/A W - White B - Black | I - American Indian O - Oriental/Asian U - Unknown | Sex | N - N/A M - Male F - Female U - Unknown | Residence Type | 0. N/A 1. City 2. County 3. Florida 4. Out-of-State | Residence Status | 0. N/A 1. Full Year 2. Part Year 3. Non-Resident | Extent of Injury | 0. None 1. Minor 2. Serious 3. Fatal | | | | | | | | | | | | |
| Injury Type | 03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed | 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other | Victim Relationship To Offender | 00. N/A 01. Undetermined 02. Stranger | 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 | Business Phone | Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement | VICTIM OF BATTERY | If V/W Code is V, W or C Fill in this Line | Dom. Violence | Race | Sex | Date of Birth | Age | Res. Type | Res. Status | Extent of Injury | Injury Type(s) | Relationship | Ethnicity | Will Victim prefer charge? | | |
| 1.#1 2.#2 | 1 | V | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 1 | 0 | 00 | 00 | 02 | [REDACTED] | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| OFF/INC Indicator | V/W Code | # | V. Type | Name (Last, First, Middle or Business) | City | State | Zip | Residence Phone | Business Phone | Other Contact Info. (Time Available, Interpreter, etc.) | Synopsis of Involvement | MOTHER OF VICTIM | If V/W Code is V, W or C Fill in this Line | Dom. Violence | Race | Sex | Date of Birth | Age | Res. Type | Res. Status | Extent of Injury | Injury Type(s) | Relationship | Ethnicity | Will Victim prefer charge? | | |
| 1.#1 2.#2 | 1 | C | 2 | MELNICK-BUTLER | MARI | L | 49060 | 269 203-6733 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 2 | W | F | 01/13/1979 | 40 | 4 | 1 | 0 | 00 | 00 | 00 | [REDACTED] | 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 | Business Phone | Social Security Number | SCIC/NCIC | Other I.D. Number | OBTS Number (Arrested) | Scars/Marks/Tatoos (Location/Describe) | Race | Sex | Date of Birth | Age | Height | Weight | Eye Color | Hair Color | Hair Length | Hair Style | | |
| 1.#1 2.#2 | S-Suspect E-Escapee A-Arrestee M-Missing Z-other | S | 1 | 2 | MORTON | YVONNE | MARION | [REDACTED] | 502 235-0329 | [REDACTED] | 407-37-0904 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | W | F | 08/12/1968 | 50 | 507 | 120 | [REDACTED] | BRO | M | S | | |
| Last Known Address (Street, Apt. Number) | City | State | Zip | 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) | 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 | | |
| 9608 VALENCIA COVE | BRADENTON | FL | 34210 | WAITRESS | OLD HAMBURG | 3246 E BAY DR HOLMES BEACH, FL | [REDACTED] | M635-973-68-792-0 | FL | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | LT | THN | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | J. BETTS | 337 | [REDACTED] | [REDACTED] | [REDACTED] | | |
| Signature of Officer Reportin | Officer Reviewing (If Applicable) | Routed To | Referred To | Assigned To | By | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | 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 | | | | | | | | | | | | |
| CF | [REDACTED] | [REDACTED] | [REDACTED] | A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | | | | | | | | | | | | |

NARRATIVE CONTINUATION

| | | |
|-------------------|--------------|----------------------|
| 1. Offense | Juvenile | 1. Original |
| 2. Arrest | Warn/Dismiss | 2. Supplement |
| 1 | D | 1 |
| Agency ORI Number | | Agency Report Number |
| FL0410400 | | 20190052 |

Holmes Beach Police Department

| | |
|------------------------|----------------|
| Date of Supplement | ADM |
| __/__/__ | |
| Original Date Reported | Case Reference |
| 01/28/2019 | BATTERY |

ON THE LISTED DATE AND TIME, I RESPONDED TO 3246 E BAY DR IN REFERENCE TO BATTERY. UPON ARRIVAL, I MADE CONTACT WITH THE COMPLAINANT MARI BUTLER (WHO IS THE MOTHER OF THE CHILD THAT WAS BATTERED IN THIS INCIDENT). THE CHILDS NAME IS REDACTED AND WILL BE REFERRED TO AS "JUVENILE" IN THIS REPORT. MRS. BUTLER STATED SHE ENTERED THE OLD HAMBURG SCHNITZELHAUS WITH HER FAMILY TO EAT AT APPROXIMATELY 18:30. MRS. BUTLER ADVISED SHE SAW A TABLE THAT WOULD ACCOMMODATE THEIR PARTY. THEY HEADED TOWARDS THE TABLE AND WAS QUICKLY MET BY A FEMALE EMPLOYEE, LATER IDENTIFIED AS YVONNE MORTON, WHO ADVISED THEM THEY NEEDED A RESERVATION. DURING THE CONVERSATION ABOUT NEEDING RESERVATIONS, MRS. BUTLER STATED HER SON WALKED OVER TO THE TABLE AND STARTED TO GRAB THE SILVERWARE FROM THE TABLE. MRS. BUTLER STATED THAT IS WHEN MRS. MORTON YELLED "NO NO" AND THEN GRABBED THE JUVENILES ARM TWO DIFFERENT TIMES TO GET THE JUVENILE TO STOP. MRS. BUTLER ADVISED HER SON BECAME UPSET OVER MRS. MORTON'S ACTIONS. MRS. BUTLER ADVISED THEY LEFT THE RESTAURANT SHORTLY AFTER THE INCIDENT. MRS. BUTLER STATED SHE FELT MRS. MORTON WAS TOO AGGRESSIVE WITH HER CHILD, ADVISING IT WAS INAPPROPRIATE. MRS. BUTLER SIGNED A STATEMENT WISHING TO PRESS CHARGES. MRS. BUTLER STATED HER HUSBAND (BRIAN BUTLER) AND HER MOTHER (FAITH MELNICK) WITNESSED THIS INCIDENT. MRS. BUTLER DECLINED MEDICAL TREATMENT FOR HER CHILD. MRS. BUTLER AND HER FAMILY WILL BE IN FLORIDA UNTIL 1/31/19.

OFC. HURT INTERVIEWED THE JUVENILE, WHO TOLD HIM, THE LADY GRABBED HIM TWICE ON THE ARM BECAUSE HE WAS TOUCHING THE SILVERWARE. WHEN ASKED BY OFC. HURT WHICH ARM THE LADY GRAB, HE REPLIED "I THINK IT WAS MY RIGHT WRIST, IT HURTS REALLY BAD". THERE WERE NO VISIBLE INJURIES ON THE JUVENILE. SEE OFC. HURT'S REPORT FOR FURTHER INFORMATION.

AT THIS TIME, I SPOKE WITH BRIAN BUTLER (THE FATHER OF THE JUVENILE). MR. BUTLER CONFIRMED WHAT MRS. BUTLER STATED, ADDING HE FELT MRS. MORTON HANDLED THEIR CHILD TOO AGGRESSIVELY. MR. BUTLER WAS UNABLE TO COMPLETE A STATEMENT, DUE TO NOT HAVING GLASSES TO SEE THE PAPERWORK.

I THEN SPOKE WITH FAITH MELNICK. MRS. MELNICK ALSO CONFIRMED WHAT MRS. BUTLER STATED BUT ALSO ADDED SHE OBSERVED MRS. MORTON TOUCH THE JUVENILE ON THE ARM/WRIST AREA, FOLLOWED BY GRABBING HIM IN THE SAME AREA. MRS. MELNICK SIGNED A STATEMENT ON WHAT SHE OBSERVED.

I SPOKE WITH MRS. MORTON. MRS. MORTON STATED MRS. BUTLER AND HER FAMILY ENTERED THE RESTAURANT AND PROCEEDED TO HEAD FOR AN EMPTY TABLE THAT WOULD ACCOMMODATE THEM. MRS. MORTON ADVISED THE TABLE THEY WERE HEADED FOR WAS ALREADY SET AND RESERVED FOR ANOTHER PARTY. MRS. MORTON ALSO ADVISED THE FAMILY ABOUT NEEDING RESERVATIONS. MRS. MORTON THEN STATED SHE OBSERVED THE JUVENILE START TOUCHING THE SILVERWARE AND OVERHEARD ONE OF THE ADULTS IN THE FAMILY TELLING THE JUVENILE TO STOP TOUCHING BUT HE DID NOT LISTEN. AT THIS TIME, MRS. MORTON ADVISED SHE TOUCHED THE JUVENILE'S HAND AND ASKED "PLEASE NOT TOUCH THE SILVERWARE". MRS. MORTON THINKS THE JUVENILE TOUCHED THE SILVERWARE AGAIN, SO SHE TOUCHED HIS HAND AGAIN. THE FAMILY CONTINUED TO MAKE RESERVATIONS WITH MRS. MORTON FOR THE FOLLOWING DAY AT 18:30 AND THEN LEFT. MRS. MORTON SIGNED A STATEMENT ON HER INVOLVEMENT IN THIS INCIDENT. SEE NEXT NARRATIVE PAGE:

| | | | |
|--------------------------------|---|---|--------------------------|
| Report Contains | Related Report Number(s) | Name of Officer Reporting | I.D. Number/Locator Code |
| | | J. BETTS | 337 |
| Signature of Officer Reporting | Officer Reviewing (If Applicable) | I.D. Number | Date |
| | | HB10 | 01/28/2019 |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To |
| | | | By |
| Case Status | Clearance Type | Date Cleared | Arrest Number |
| CF | 1.Arrest 2.Exceptional 3.Unfounded | __/__/__ | |
| Exception Type | | | Number Arrested |
| 1.Extradition Declined | 2. Arrest on Primary Offense Secondary Offense Without Prosecution | 3. Death of Offender 4. V / W Refused to Cooperate | OBTS Number |
| | | 5. Prosecution Declined 6. Juvenile/No Custody | Page 4 of 5 |

NARRATIVE CONTINUATION

| | | | | | |
|-------------------|---|--------------|----------------------|---------------|---|
| 1. Offense | 1 | Juvenile | D | 1. Original | 1 |
| 2. Arrest | | Warn/Dismiss | | 2. Supplement | |
| Agency ORI Number | | | Agency Report Number | | |
| FL0410400 | | | 20190052 | | |

Holmes Beach Police Department

| | |
|------------------------|--------------------|
| ADM | Date of Supplement |
| | _ / _ / _ |
| Original Date Reported | |
| 01/28/2019 | |

Case Reference
BATTERY

NARRATIVE

LASTLY, I SPOKE WITH SARAH POWERS. MRS. POWERS STATED SHE WAS EATING DINNER WITH HER FAMILY WHEN SHE OBSERVED THE BUTLER FAMILY ENTER THE RESTAURANT. MRS. POWERS ADVISED THE BUTLER FAMILY WALKED OVER TO AN EMPTY TABLE AND ATTEMPTED TO SEAT THEMSELVES, BUT WAS QUICKLY STOPPED BY MRS. MORTON, ADVISING THEM THE TABLE WAS RESERVED AND THAT THEY NEEDED RESERVATIONS. MRS. POWERS STATED SHE OBSERVED THE JUVENILE TOUCHING THE SILVERWARE ON THE TABLE. MRS. POWERS WENT ON TO SAY MRS. MORTON CALMLY WALKED OVER AND TOUCHED THE JUVENILE ON THE HAND SAYING "NO NO, DON'T TOUCH THE SILVERWARE". MRS. POWERS STATED THE TOUCHING DID NOT APPEAR TO HAVE BEEN AGGRESSIVE OR INAPPROPRIATE TO HER. MRS. POWERS SIGNED A STATEMENT ON WHAT SHE OBSERVED. MRS. POWERS ADVISED SHE WILL BE IN FLORIDA UNTIL 2/4/19.

I WAS ABLE TO VIEW THE VIDEO SURVEILLANCE FROM THE RESTAURANT. THE VIDEO SHOWS THE BUTLER FAMILY ENTER THE RESTAURANT AT APPROXIMATELY 18:32. AT 18:33 YOU CAN SEE THE JUVENILE STEP OVER TO THE TABLE AND START TO GRAB THE SILVERWARE FROM THE VACANT TABLE. IN THE SAME TIME FRAME, JUST SECONDS LATER, YOU CAN SEE MRS. MORTON TOUCH/GRAB THE JUVENILE'S LEFT WRIST ONLY ONCE TO GET HIM TO STOP TOUCHING THE SILVERWARE. THE VIDEO DID NOT APPEAR TO SHOW ANY SIGNS OF VIOLENCE OF FORCE TO THE JUVENILE. IT SHOULD BE NOTED THERE WAS NO AUDIO AT THE TIME I OBSERVED THE VIDEO. I WAS UNABLE TO OBTAIN A COPY OF THE VIDEO, DUE TO IT BEING STORED BY THE RESTAURANTS ATTORNEY (SEA TO SKY REALTY 941-866-1666, ATTORNEY BEA WEISS, 3605 RIVERVIEW BLVD, BRADENTON, FL 34205). A COPY WILL BE PRODUCED ONCE REQUESTED. DUE TO NATURE OF THIS INCIDENT WITH MRS. BUTLER WISHING TO PRESS CHARGES, A CAPIAS REQUEST WILL BE FILED AND SENT TO THE STATE ATTORNEY'S OFFICE FOR THEIR REVIEW. MRS. BUTLER WAS ISSUED A VICTIM RIGHTS PAMPHLET WITH A HYPD CASE NUMBER. NO FURTHER INFORMATION AT THIS TIME.

| | | | | | | | |
|-------------------------|--------------------------------|--|-----------------------------------|---------------------------|---------------|--------------------------|------|
| ADM | Report Contains | | Related Report Number(s) | Name of Officer Reporting | | I.D. Number/Locator Code | |
| | | | | J. BETTS | | 337 | |
| | Signature of Officer Reporting | | Officer Reviewing (If Applicable) | I.D. Number | Unit | Date | |
| | | | SGT T. FRASER | 323 | HB10 | 01/28/2019 | |
| | Signature of Officer Reviewing | | Routed To | Referred To | Assigned To | By | Date |
| | | | | | | _ / _ / _ | |
| Case Status | | Clearance Type | | Date Cleared | Arrest Number | Number Arrested | |
| | | 1. Arrest 2. Exceptional 3. Unfounded A-Adult J-Juvenile | | _ / _ / _ | | | |
| Exception Type | | 2. Arrest on Primary Offense | | 5. Prosecution Declined | | Page | |
| 1. Extradition Declined | | Secondary Offense Without Prosecution | | 6. Juvenile/No Custody | | 5 of 5 | |

NARRATIVE CONTINUATION

| | | | | | |
|-------------------|---|-----------------------|----------------------|---------------|---|
| 1. Offense | 1 | Juvenile Warn/Dismiss | W | 1. Original | |
| 2. Arrest | | | | 2. Supplement | 1 |
| Agency ORI Number | | | Agency Report Number | | |
| FL0410400 | | | 20190052 | | |

Holmes Beach Police Department

Case Reference
CAPIAS/BATTERY

| | |
|------------------------|----------------|
| Date of Supplement | ____/____/____ |
| Original Date Reported | 01/29/2019 |

ADM

ON 01/28/2019 AT APPROX. 1900 HOURS I WAS DISPATCHED TO 3246 EAST BAY DR. AT THE OLD HAMBURG RESTAURANT REFERENCE A POSSIBLE BATTERY. ONCE ON SCENE MYSELF AND OFFICER BETTS WALKED INTO A NEIGHBORING RESTAURANT AND MET WITH THE PARENTS OF A 6 YEAR OLD BOY NAMED [REDACTED].

OFFICER BETTS BEGAN INTERVIEWING THE PARENTS AND GRANDPARENTS AND I BEGAN TALKING WITH [REDACTED]. WHILE SPEAKING WITH [REDACTED], HIS MOTHER LOOKED AT HIM AND STATED "ITS OK, I WANT YOU TO TELL THE OFFICER WHAT HAPPENED". [REDACTED] THEN STATED TO ME THAT WHILE HIS PARENTS WERE TALKING TO THE WAITRESS AT THE OLD HAMBURG RESTAURANT HE BEGAN TOUCHING THE SILVERWARE ON THE TABLE. [REDACTED] THEN STATED THAT THE WAITRESS GRABBED HIS ARM HARD TWICE AND YELLED AT HIM NOT TO TOUCH THE TABLE. [REDACTED] INDICATED TO ME THAT THE WAITRESS HAD GRABBED HIS RIGHT ARM BECAUSE "THAT ONE HURTS REALLY BAD". [REDACTED] MOTHER WAS PRESENT AS I SPOKE WITH HIM. NO FURTHER ACTION WAS TAKEN BY ME.

NARRATIVE

COPIED

| | | | |
|--------------------------------|---|---------------------------|--------------------------|
| 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 | Date |
| | SGT T. FRASER | 323 | 01/29/2019 |
| Signature of Officer Reviewing | Routed To | Referred To | Assigned To By Date |
| | | | ____/____/____ |
| Case Status | Clearance Type | Date Cleared | Arrest Number |
| | 1. Arrest 2. Exceptional 3. Unfounded | ____/____/____ | |
| Exception Type | 2. Arrest on Primary Offense Secondary Offense Without Prosecution | 5. Prosecution Declined | OBTS Number |
| 1. Extradition Declined | 3. Death of Offender 4. V / W Refused to Cooperate | 6. Juvenile/No Custody | Page 1 of 1 |