

MIAMIBEACH

POLICE

OFFENSE INCIDENT CASE REPORT SUMMARY

CASE NO. AGENCY ORI # FL0130700

2010-00099630

FIELD MOBILE PRINT SUMMARY

EVENT DATA

OCCURRED LOCATION: **1800 BEACH SVRD MIAMI BEACH, FL 33139**
 OCCURRED INCIDENT TYPE: **BATTERY-SIMPLE** BUSINESS NAME
 LOCATION TYPE: **PARK FIELD WOODS BEACH** DISPATCH DATE and TIME **09/16/2010 22:00** ARRIVAL TIME
 DATE REPORTED: **09/16/2010** TIME: **21:58** SIGNIFICANT EVENT:
 OCC FROM DATE: **9/16/2010** TIME: **18:00** BIAS MOTIVATION: **NONE**
 THROUGH DATE: **09/16/2010** TIME: **18:05** CHILD ABUSE CODE: **NA**

OFFENSES

- | | | | | | |
|---|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------|
| 1 | <input checked="" type="checkbox"/> ATT | COUNTS: 1 | OFFENSE DESCRIPTION: Battery | WEAPON TYPE: HANDS FIST FEET | UCR CODE: 130A |
| | <input checked="" type="checkbox"/> COM | STATUTE NO: 784.03 | | | |
| 2 | <input type="checkbox"/> ATT | COUNTS: 1 | OFFENSE DESCRIPTION: | WEAPON TYPE: | UCR CODE: |
| | <input checked="" type="checkbox"/> COM | STATUTE NO: | | | |
| 3 | <input type="checkbox"/> ATT | COUNTS: | OFFENSE DESCRIPTION: | WEAPON TYPE: | UCR CODE: |
| | <input type="checkbox"/> COM | STATUTE NO: | | | |
| 4 | <input type="checkbox"/> ATT | COUNTS: | OFFENSE DESCRIPTION: | WEAPON TYPE: | UCR CODE: |
| | <input type="checkbox"/> COM | STATUTE NO: | | | |

VICTIM / MISSING

NAME (LAST, FIRST, MIDDLE): [REDACTED]
 LAST KNOWN ADDRESS: [REDACTED]
 DOB: **08/02/1972** EYES: PRIMARY PHONE: [REDACTED] TYPE: **CELL**
 1 AGE: **38** HAIR: OTHER PHONE: TYPE:
 RACE: **WHITE** HEIGHT: OTHER CONTACT INFO
 SEX: **MALE** WEIGHT: CASE SUBJECT TYPE **VICTIM** **ADULT**
 SYNOPSIS OF INVOLVEMENT:

VICTIM / MISSING

NAME (LAST, FIRST, MIDDLE):
 LAST KNOWN ADDRESS:
 DOB: EYES: PRIMARY PHONE: TYPE:
 2 AGE: HAIR: OTHER PHONE: TYPE:
 RACE: HEIGHT: OTHER CONTACT INFO
 SEX: WEIGHT: CASE SUBJECT TYPE
 SYNOPSIS OF INVOLVEMENT:

SUSPECT

NAME (LAST, FIRST, MIDDLE): **LAMBERT, ADAM**
 PRIMARY SUSPECT: UNKNOWN / PARTIAL: UNKNOWN: **SUSPECT**
 LAST KNOWN ADDRESS:
 DOB: EYES: **BLUE** PRIMARY PHONE: TYPE:
 AGE OR RANGE: HAIR: **BLACK** OTHER PHONE: TYPE:
 RACE: **WHITE** HEIGHT-RANGE (FROM/TO): **5 10** PLACE OF BIRTH:
 SEX: **MALE** WEIGHT-RANGE (FROM/TO): **180** CITIZENSHIP:
 1 ALIAS/NICKNAME / MAIDEN NAME:
 SOCIAL SECURITY NUMBER: ETHNICITY: **ANGLO**
 DRIVER'S LICENSE NUMBER: SCARS / MARKS / TATOOS:
 DL STATE: DISTINCTIVE FEATURES:
 OCCUPATION:
 EMPLOYER/SCHOOL NAME:
 EMPLOYER/SCHOOL ADDRESS:
 STATEMENT TYPE: OTHER CONTACT INFO
 SYNOPSIS OF INVOLVEMENT:

NARRATIVE

THE VICTIM STATED THAT HE WAS APPROXIMATELY 20 FEET AWAY FROM THE SUBJECT AS HE BEGAN TAKING PHOTOGRAPHS OF HIM. THE VICTIM STATED THE SUBJECT BECAME ANGRY AND STARTED RUNNING TOWARDS HIM IN AN AGGRESSIVE MANNER. AS THE VICTIM BEGAN TO RUN AWAY, THE SUBJECT GRABBED THE VICTIM'S BACK PACK WHERE THE CAMERA WAS PLACED. THE SUBJECT WRESTLED THE VICTIM TO THE GROUND FORCEFULLY. A CROWD BEGAN TO GATHER AND THE SUBJECT FLED TOWARD THE BOARDWALK. VICTIM RESPONDED TO THE STATION TO FILE A REPORT. SGT.B JOHNSON WAS NOTIFIED OF THE INCIDENT. THE VICTIM DIDN'T SUSTAIN ANY BRUISES OR LACERATIONS. VICTIM ALSO REFUSED CRIME SCENE PHOTOS. VICTIM SUBMITTED A

ADMIN

REPORTING OFFICER (LAST, FIRST) **Smith** **Randolph** **581** DATE **09/16/2010**
 REVIEWING SUPERVISOR (LAST, FIRST) **Johnson** **Bruce** **334** DATE **09/16/2010**
 CASE STATUS **PENDING** CASE DISPOSITION

COPY OF THE INCIDENT TO THE THE POLICE DEPT.



ADMIN

REPORTING OFFICER (LAST, FIRST)

Smith

Randolph

581

DATE: **09/16/2010**

REVIEWING SUPERVISOR (LAST, FIRST)

Johnson

Bruce

334

DATE: **09/16/2010**