

**TRAILER ESTATES PARK AND RECREATION DISTRICT  
COMPLAINT FORM/PROCEDURE**

**PP 30**

**DATE:** 3/16/09

**COMPLAINT#** \_\_\_\_\_

**NATURE OF COMPLAINT:**

*See typed letter*

**TRAILER ESTATES PARK AND RECREATION DISTRICT  
COMPLAINT FORM/PROCEDURE**

PP 30

**COMPLAINANT:**

**SIGNATURE:** Beverly Lewis

**ADDRESS:** 2008 S. Alameda

**PHONE NUMBER:** 448-6788

**DO YOU WANT A REPORT ON OUTCOME OF COMPLAINT:** \_\_\_\_\_

**REFERRED TO TRUSTEE:** \_\_\_\_\_

**DISPOSITION OF COMPLAINT:**

**TRUSTEE  
SIGNATURE:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

March 12, 2009  
PP30 Complainant

TE residents cannot have their civil rights violated by anyone on the TE Board, as a matter of harassment, intimidation, or simply lawlessness.

On Thursday March 12, while shopping at Publix, Gail Opper loudly verbally accosted me, several times. It was disturbing to hear her verbal rampage or someone using God's name in a loud threatening manner. I did not engage her, I did not get closer or touch her, and I simple went to another section of the store. I moved away from her each time, but she continued her loud verbal rants. I decided to leave the store before I was finished shopping, as her behavior made me feel very uneasy. I had to stand in line while she continued from the line beside mine to berate me. A woman asks if I knew her? It was disturbing that anyone; much less an elected governmental member could or would act in such a threading way. TE board members have an ethical responsibility to up hold the law.

Last year Gail wrote a letter that had many incorrect statements about me, it was stated by the lawyer at a TE meeting that her statements were incorrect. That letter is part of TE Public record. That bill for attorney time was charged to TE, until Pam Cole requested that TE not pay for Residents attorney time. The attorney stated in open meeting that he would inform Mss. Opper that she was wrong on his dine. I am still waiting for that public apology from Gail Opper, as are many others. If Gail Opper cannot conduct herself in a lawful manner on and off TE, may I suggest she be removed from office?

I filed a police informational report, with the hope of a stopping this on going bullying, intimidation, and harassment by TE Board members. I was concerned for my safety.

The chairperson must stop the bullying in open meeting. There have been two infringements on owner's rights over the last

month, during TE Board meeting. "Shunning", and these incite to riot statements from Opper encouraging owners to make your self known to these people, has set up an escalating danger to all residents.

I came to the office and spoke with the chair on Thursday afternoon, requesting she exercise her responsibility to stop the board members from "inciting to riot", making inflammatory false religious statements and allowing board meeting to become violations of residents rights.

Please note that Opper was at the office after I left.

I will request a no contact order if threaten again.

I was requested to file with the police this TE Complaint and to publicly inform Gail Opper that her harassment will not be allowed.

Bev Lew 2008 Ill.

March 12, 2009

11:00 - 11:30 AM

Public's

Very loud shouting female voice  
which I did not see but definitely  
heard and objected to.

Margaret K. Lehman  
2312 New York  
Bradenton Fl. 34281

MAR 16 2009 AM 9:34



# MANATEE COUNTY SHERIFF'S OFFICE



## OFFENSE INCIDENT REPORT

RELATED CASE NO:

*Aff.*

CASE NO: 09-12506

INCIDENT	Report Date / Time	Date Occurred	Time (mi)	Date	Time (mi)
	3/12/09 1400	From 3/12/09	1128	To	
Incident Location (Street, Apt. Number, Business Name)			City	State	Zip
6030 14TH ST W @ PUBLIX			BRADENTON	FL	34208
			Zone	Grid	
			W40	2014	

OFFENSE	Statute	UCR Code	Offense #1	Occupancy (Arson Only)	Total Loss (Arson Only)	A Attempted	C Committed																																								
	95001		INFORMATION	1 Inhabited 2 Abandoned	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
			Offense #2	Occupancy (Arson Only)	Total Loss (Arson Only)	A Attempted	C Committed																																								
				1 Inhabited 2 Abandoned	\$	<input type="checkbox"/>	<input type="checkbox"/>																																								
<table border="0"> <tr> <td><b>LOCATION TYPE</b></td> <td>01 Residence-Single</td> <td>05 Convenience Store</td> <td>08 Supermarket</td> <td>13 Bank/Financial Inst.</td> <td>17 Gov/Public Bldg.</td> <td>22 Bus/Rail Terminal</td> <td>27 Park/Woodland/Field</td> </tr> <tr> <td></td> <td>02 Apartment/Condo</td> <td>06 Gas Station</td> <td>10 Dept./Discount Store</td> <td>14 Commercial/Office Bldg.</td> <td>18 School/University</td> <td>23 Construction Site</td> <td>28 Lake/Waterway</td> </tr> <tr> <td></td> <td>03 Residence-Other</td> <td>07 Liquor Store</td> <td>11 Specialty Store</td> <td>15 Industrial/Wkg.</td> <td>19 Jail/Prison</td> <td>24 Other Structure</td> <td>29 Motor Vehicle</td> </tr> <tr> <td></td> <td>04 Hotel/Motel</td> <td>08 Bar/Nightclub</td> <td>12 Drug Store/Hospital</td> <td>16 Storage</td> <td>20 Religious Bldg.</td> <td>25 Parking Lot/Garage</td> <td>30 Other Mobile</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21 Airport</td> <td>26 Highway/Roadway</td> <td>99 Other</td> </tr> </table>								<b>LOCATION TYPE</b>	01 Residence-Single	05 Convenience Store	08 Supermarket	13 Bank/Financial Inst.	17 Gov/Public Bldg.	22 Bus/Rail Terminal	27 Park/Woodland/Field		02 Apartment/Condo	06 Gas Station	10 Dept./Discount Store	14 Commercial/Office Bldg.	18 School/University	23 Construction Site	28 Lake/Waterway		03 Residence-Other	07 Liquor Store	11 Specialty Store	15 Industrial/Wkg.	19 Jail/Prison	24 Other Structure	29 Motor Vehicle		04 Hotel/Motel	08 Bar/Nightclub	12 Drug Store/Hospital	16 Storage	20 Religious Bldg.	25 Parking Lot/Garage	30 Other Mobile						21 Airport	26 Highway/Roadway	99 Other
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§ Prem. Ent. <input type="checkbox"/> Forc'd Entry <input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/> 0		<b>WEAPON TYPE</b> 02 Rifle <input type="checkbox"/> 03 N/A <input type="checkbox"/> 01 Handgun <input type="checkbox"/> 04 Shotgun <input type="checkbox"/> 05 Firearm <input type="checkbox"/> 06 Knife/Cutting Instrument <input type="checkbox"/> 07 Blunt Object <input type="checkbox"/> 08 Explosives <input type="checkbox"/> 09 Other <input type="checkbox"/>		07 Hand/Fist/Feet <input type="checkbox"/> 10 Fire/Incendary <input type="checkbox"/> 13 Drugs <input type="checkbox"/> 08 Poison <input type="checkbox"/> 11 Threat/Intimidation <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 09 Other <input type="checkbox"/> 12 Simulated Weapon <input type="checkbox"/> 99 Other <input type="checkbox"/>		09 <input type="checkbox"/> 00 <input type="checkbox"/>																																									

PERSONS CODES	RP Reporting Person	PERSON TYPE	F Financial Institute	I Individual	P Police (Law Enforcement) Officer	S Society/Public	
	VI Victim	B Business	G Government	O Other	R Religious Organization	U Unknown	
<b>RACE</b> H N/A <input type="checkbox"/> A American Indian <input type="checkbox"/> W White <input type="checkbox"/> O Oriental/Asian <input type="checkbox"/> B Black <input type="checkbox"/> U Unknown <input type="checkbox"/>		<b>SEX</b> H N/A <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> U Unknown <input type="checkbox"/>		<b>INJURY TYPE</b> 00 N/A <input type="checkbox"/> 01 Gunshot <input type="checkbox"/> 02 Stabbed <input type="checkbox"/>		03 Laceration <input type="checkbox"/> 07 Loss of Teeth <input type="checkbox"/> 04 Unconscious <input type="checkbox"/> 08 Burns <input type="checkbox"/> 05 Poss. Broken Bones <input type="checkbox"/> 09 Abrasions/Scuffs <input type="checkbox"/> 06 Poss. Internal Injury <input type="checkbox"/> 99 Other <input type="checkbox"/>	
<b>VICTIM RELATIONSHIP TO OFFENDER</b> 00 N/A <input type="checkbox"/> 03 Spouse <input type="checkbox"/> 01 Undetermined <input type="checkbox"/> 04 Ex-Spouse <input type="checkbox"/> 02 Stranger <input type="checkbox"/> 05 Co-Habitant <input type="checkbox"/>			06 Parent <input type="checkbox"/> 10 Step-Child <input type="checkbox"/> 07 Brother/Sister <input type="checkbox"/> 11 In-Law <input type="checkbox"/> 08 Child <input type="checkbox"/> 12 Other Family <input type="checkbox"/> 09 Step-Parent <input type="checkbox"/> 13 Student <input type="checkbox"/>		14 Teacher <input type="checkbox"/> 17 Friend <input type="checkbox"/> 21 Employer <input type="checkbox"/> 15 Child of Boy/Girl <input type="checkbox"/> 18 Neighbor <input type="checkbox"/> 22 Landlord/Tenant <input type="checkbox"/> Friend <input type="checkbox"/> 19 Sister/Day Care <input type="checkbox"/> 23 Acquaintance <input type="checkbox"/> 16 Boy/Girl Friend <input type="checkbox"/> 20 Employee <input type="checkbox"/> 99 Other Known <input type="checkbox"/>		

PERSONS REPORTING PERSONS	Persons Code	P-Type	Name (Last, First, Middle)	Race	Sex
	RP	I	SEE AFFIDAVIT		
Date of Birth		Age	Country/State of Birth	Address	City
Residence Phone		Employer	Employer Address	Business Phone	
Occupation		Injury Type	Relationship	Offense Indicator	Domestic Violence
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail Address					
Persons Code	P-Type	Name (Last, First, Middle)	Race	Sex	
Date of Birth		Age	Country/State of Birth	Address	City
Residence Phone		Employer	Employer Address	Business Phone	
Occupation		Injury Type	Relationship	Offense Indicator	Domestic Violence
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail Address					

### SYNOPSIS

REPORTING PARTY CAME TO TRU D2 TO REPORT THAT SHE IS UNEASY ABOUT THE INTERACTIONS SHE HAS BEEN HAVING WITH A NEIGHBOR OVER THE PAST TWO YEARS. THE SITUATION ESCALATED WHILE SHE WAS SHOPPING AT PUBLIX TODAY. SHE WANTS THIS DOCUMENTED AT THIS TIME.

Total investigative time including report writing: 15 MINUTES

*M*

ADMIN	Deputy Reporting	ID Number	Squad Unit
	DEP. JANE CASEY <i>OC</i>	100001708	TRU D2
Supervisor Reviewing	ID Number	Referred To	Assigned To
Sgt. Kent Huff <i>PH</i>	100025A		
		By	Date

MC50 FM 88-001 (Rev. 03/08)

EXHIBIT Composite A

Page 1 of 4



# MANATEE COUNTY SHERIFF'S OFFICE

## OFFENSE INCIDENT REPORT (continued)



**CASE # 09-12508**

<b>CODES</b>	<b>PROPERTY CODE</b>	12 Farm Equipment	19 Merchandise (Items held for sale)	27 Recordings - Audio/Visual	34 Structures - Storage
	02 Alcohol	13 Firearms	20 Money	28 Structures - Single Occupancy Dwellings	35 Structures - Other
	04 Bicycles	14 Gambling Equipment	21 Negotiable Instruments	30 Structures - Other Dwellings	36 Tools
	06 Clothes/Furs	15 Heavy Const/Indust Equip.	22 Non-Negotiable Instruments	31 Structures - Other Commercial/Business	38 Vehicle Parts
	07 Computer/Printer/Scanner	16 Household Goods	23 Office-type Equipment	32 Structures - Industrial/Manufacturing	77 Other
	08 Consumable Goods	17 Jewelry/Precious Metals	25 Purse/Handbags/Wallets	33 Structures - Public/Community	
	09 Credit/Debit Cards	18 Livestock	26 Radio/TV's/VCR's		

<b>STATUS CODE</b>	2 Recovered	4 Recovered for Other Jurisdiction	6 Found	8 Evidence/Seized
1 Stolen	3 Stolen and Recovered	5 Lost	7 Safekeeping	9 Other

Item #	Property Code	Description	Serial #	Make	Model	
Total Value		Value Recovered	Date Recovered	Quantity	Status	Notes (Size, Color, Caliber, Barrel Length, Etc.)

Item #	Property Code	Description	Serial #	Make	Model	
Total Value		Value Recovered	Date Recovered	Quantity	Status	Notes (Size, Color, Caliber, Barrel Length, Etc.)

<b>TYPE</b>	1 Aircraft	6 Farm equip	9 Buses	13 Trailer	<b>STATUS CODES</b>	1 Stolen	5 Lost	9 Other	<b>RECOV CODE</b>	Stolen / Recovered
	2 ATV	7 Golf Cart	10 Passenger Tk			2 Recovered	6 Found			1 Local / Local
	3 Boats	8 Motorcycle	11 RV			3 Stolen and Recovered	7 Safekeeping			2 Local / Other
	4 Heavy Const/Ind	9 Passenger Car	12 Cargo Truck			4 Recovered for Other Agency	8 Evidence/Seized			3 Other / Local

License #	Lic St	Lic Yr	Lic Type	VIN/HS#		
Veh Type	Style	Yr	Make	Model	Color Primary / Secondary	
Status	Recovery Address		Estimated Value	Value Recovered	Other Jurisdiction	Recov Code
Vessel Name	Length	Hull Material	Propulsion	Boat Type		
Notes: (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)						

<b>PERSON CODES</b>	MR Missing/Recovered	RE Recovered Missing Person	<b>PERSON TYPE</b>	G Government	P Police (LEO)	
IO Involved Driver	OF Offender	SU Suspect	B Business	I Individual	R Religious Organization	
MP Missing	OW Owner/Responsible Party	WI Witness	F Financial Institute	O Other	S Society/Public	U Unk

Person Code	P-Type	Name (Last, First, Middle)	Race	Sex	Date of Birth	Age	Country/State of Birth
IO	I	OPPER, GAIL JOAN	W	F	10/14/1945	63	MI

Address (Street, Apt. Number)		City/State	Zip
1815 MINNESOTA ST		BRADENTON FL	34281

Residence Phone	Driver's License/ID Number/State	Social Security Number	Height	Weight	Hair Color	Eye Color
	0180-290-45-874-0 ID EXPIRED		5'7"			

Employer/School	Address	Business Phone	Occupation

Scars / Marks / Tattoos (Location / Describe)

Appearance	Build		Complexion		Deformity		Dexterity		Eyes		Facial		Glasses		Hair		Hair Style		Misc	
	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
02 Dirty	01 Abuse	03 Heavy	06 Average	351 Cleft Lower Lip	03 Ambidextrous	06 Bulging	02 Full	01 None	04 Bald	01 Afta	05 Handicap									
04 Jewelry	02 Brutal	01 Light	03 Dark	358 Cleft Palate	02 L-Hand	02 Cross	03 Goggles	09 Other	05 Ralndg	05 Braided	06 N/A									
01 Hair	03 Calm	02 Medium	04 Freckles	356 Club Foot	01 R-Hand	02 Glass	04 Mustache	03 Plain	01 Long	09 Other	08 Other									
09 Other	05 Nervous	04 Muscular	01 Light	350 Crippled Arm		04 Normal	01 None	04 Reading	02 Medium	03 Shag	01 Part									
03 Unusual	04 Normal	09 Other	02 Medium	353 Crippled Finger		01 One	09 Other	02 Sun	08 Other	04 Straight	01 Employee									
	08 Other		09 Other	354 Crippled Foot		09 Other	05 Scabums	05 Wire	03 Short	02 Very										
	05 Polite		05 Ruddy	351 Crippled Hand		05 Squint														
				352 Crippled Leg																
				353 Harelip																
				357 Oversized Head																
				360 Shorter Leg																



**MANATEE COUNTY SHERIFF'S OFFICE  
AFFIDAVIT WITNESS / VICTIM**



Case #: 09-12506

EVENT	Offense <b>Information</b>	Statute #	Defendant Name <b>Opper Gail</b>
	Location of Offense <b>6030 14th St W @ Publix</b>	Date Occurred <b>3-12-09</b>	Time Occurred <b>1128</b>

PERSONS CODES	RP Reporting Person	VI Victim	WI Witness	PERSON TYPE	I Individual	P Police (Law Enforcement) Officer
	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	INJURY TYPE 00 N/A 01 Gunshot 02 Stabbed	03 Laceration 04 Unconscious 05 Poss. Broken Bones 06 Post. Internal Injury	07 Loss of Teeth 08 Burns 09 Abrasions/Scuffs 99 Other
VICTIM RELATIONSHIP TO OFFENDER		06 Parent	10 Step-Child	14 Teacher	17 Friend	21 Employer
		07 Brother/Sister	11 In-Law	15 Child of Boy/Girl	18 Neighbor	22 Landlord/Tenant
		08 Child	12 Other Family	16 Friend	19 Sister/Day Care	23 Acquaintance
		09 Step-Parent	13 Student	18 Boy/Girl Friend	20 Employee	99 Other Known

VICTIM/WITNESS	Person Code <b>RP</b>	F-Type <b>I</b>	Name (Last, First, Middle) <b>Lew, Beverly E.</b>	Race <b>WM</b>	Sex <b>M</b>
	Date of Birth <b>12/01/1948</b>	Age <b>60</b>	Country/State of Birth	Address <b>PO Box 6624 Bradenton FL 34281</b>	City <b>FL</b>
	Residence Phone <b>201-4877</b>	Employer <b>retired</b>	Employer Address	Business Phone <b>448-6788</b>	Cell <b>448-6788</b>
	Occupation	Injury Type <b>00</b>	Relationship <b>18</b>	Offense Indicator	Domestic Violence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

The above witness being first duly sworn deposes and says that from his/her personal knowledge,  
 3/12/09. TE Board Member Gail Opper assaulted me at Publix's Gro. yelled across frozen Sec. Starts that across loud and derogatory. I turned & went to another section, again she appeared and was a shouting me very loudly using very inappropriate language and racist slurs. I tried to leave she was at check out yelling. I left after paying. She makes me uneasy because of her constant escalating threats in public. She has done this before at TE, but now feels comfortable to do it off site. Last year she was very frightened at a demonstration she organized at TE. She stated at TE Board meeting for dinner that do not agree with her to leave TE, requesting other residents to make sure "those people" not in agreement with the board to "make yourself known to these people". I felt it was "invite to riot" Her saying God will punish yelling God would cause me harm. This is cause for concern a resident came over this week to report talk of burning out the Park's that do not agree with the board.

Sworn to and subscribed before me this <u>12</u> day of <u>March</u> , 20 <u>09</u> <u>Dep. Joe Casey</u> Notary Public, Deputy Sheriff, State of Florida	Affiant <u>X. Peop Lee</u>
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MCS#09-12506 ✓

March 12, 2009

11:00 - 11:30 AM

Public's

Very loud shouting female voice  
which I did not see but definitely  
heard and objected to.

Margaret K. Lehman  
2342 New York  
Bradenton Fl. 34281

Page 4 of 4

16. The right to review certain portions of a pre-sentence investigation report for adult and youthful offenders prior to the sentencing of the accused.

17. The right to a prompt return of property unless there is a compelling law enforcement need to retain it.

18. The right to request that the State Attorney or law enforcement agency help you explain to employers and creditors that you may face additional burdens by taking time off work to assist law enforcement and you may undergo serious financial strain either because of the crime or by cooperating with authorities.

19. Law Enforcement agencies and the State Attorney shall inform you of your right to request and receive restitution and of your right of enforcement in the event an offender does not pay. The State Attorney shall seek your assistance in the documentation of your losses for the purpose of requesting and receiving restitution.

If an order of restitution is converted to a civil lien or civil judgment against the defendant, the clerk shall make available at their office, as well as on their website, information provided by the Secretary of State, the court, or the Florida Bar on enforcing the civil lien or judgment.

The State Attorney shall inform you if and when restitution is ordered.

20. The right to submit an oral or written impact statement to the court, pursuant to s. 821.143 F.S., prior to sentencing of the offender. The State Attorney or any assistant state attorney shall advise all victims or, when appropriate, the victim's parent, guardian, next of kin, or lawful representative that statements, whether oral or written, shall relate to the facts of the case and the extent of any harm, including social, psychological, or physical harm, financial losses, loss of earning directly or indirectly resulting from the crime for which the defendant is being sentenced, and any matter relevant to an appropriate disposition and sentence.

21. The right to receive reasonable consideration and assistance from employees of the State Attorney's Office, Sheriff's Office, or Police Department. When requested, you will be assisted in locating accessible transportation and parking, and shall be directed in separate pretrial waiting areas when such facilities are available. When requested, you shall receive assistance in attempting to locate translators when practicable.

22. The right to be notified when the offender escapes from custody. The State Attorney shall make every effort to advise the victim, material witness, parents or legal guardian of a minor who is a victim or witness, or immediate relative of a homicide victim of the escape of a criminal defendant. The State Attorney shall also notify the Sheriff

of the county where the criminal charge or petition for delinquency arose. The Sheriff shall offer assistance upon request.

23. The right of the victim to request that a victim advocate be permitted to attend and be present during any deposition. The victim advocate may be designated by the State Attorney's Office, Sheriff's Office, or Municipal Police Department, or one representative from a not-for-profit victim services organization, including, but not limited to, rape crisis centers, domestic violence advocacy groups, and alcohol abuse or substance abuse groups.

24. The right of the victim of a sexual offense to have the courtroom cleared, with certain exceptions during the or other testimony, regardless of the victim's age or mental capacity.

25. The right to request, in certain circumstances that the offender be required to attend a different school than the victim or siblings of the victim. If the victim of an offense committed by a juvenile is a minor, and the victim or any sibling of the victim attends or is eligible to attend the same school as that of the offender, the Department of Juvenile Justice or the Department of Corrections shall notify the victim's parent or legal guardian of the right to attend the sentencing or disposition of the offender and request that the offender be required to attend a different school.

26. The right of the victim who is not incarcerated to not be required to attend discovery dispositions in any correctional facility.

27. The statutory obligation of the victim, or next of kin of a homicide victim, that any information gained pursuant to FS Chapter 960, regarding any case handled in juvenile court, must not be revealed to any outside party, except as reasonably necessary in pursuit of legal remedies.

28. The right to know in certain cases and at the earliest possible opportunity, if the person charged with an offense has tested positive for Human Immunodeficiency Virus (HIV) infection. In such cases, upon request of the victim or the victim's legal guardian, or the parent or legal guardian of the victim if the victim is a minor, the court shall order such person to undergo HIV testing. In some cases, you can be notified of the results of the test within two weeks of the court's receipt of the results.

29. The right to request, for specific crimes, that your home and work telephone numbers, home and work addresses, and personal assets not be disclosed to anyone.

30. The right of the victim to request the presence of a victim advocate during the forensic medical examination. An advocate from a certified rape crisis center shall be permitted to attend any forensic medical examination.

31. No law enforcement officer, prosecuting attorney or

government official shall ask or require a victim of a sexual offense to submit to a polygraph examination or other truth-telling device as a condition of the investigation.

**MANATEE COUNTY SHERIFF'S OFFICE  
VICTIM ADVOCATE.....747-3011, Ext. 2801**

**IN CASE OF EMERGENCY DIAL 9-1-1**

**ADMINISTRATIVE NUMBERS**

- Anna Maria ..... 708-8899
- Bradenton Beach ..... 778-6311
- Bradenton Police ..... 708-8273
- Florida Highway Patrol ..... 751-7647
- Holmes Beach Police ..... 708-5804
- Longboat Key Police ..... 316-1977
- Manatee County Sheriff ..... 747-3011
- Palmatto Police ..... 723-4587

**REFERRAL NUMBERS**

- Abuse Registry (Elderly and Children) ..... 1-800-962-2873
- Crime Compensation (Attorney General) ..... 1-800-226-6667
- Florida Bar Lawyer Referral Service ..... 1-800-342-8060
- Blake Hospital - 792-6611

District Twelve Medical Examiner - 381-8909

Family Emergency Treatment Center  
782-4800

HOPE (Spouse Abuse) - 747-8498  
MADD - 342-4242

Lakewood Ranch Hospital - 782-2100

Manatee Memorial Hospital - 746-5111

Rape/Crisis Line  
782-4100 - 24 hour 708-6059

State Attorney's Office - 747-3077

Violence Protection Advocate - 741-4024

**MANATEE COUNTY SHERIFF'S  
W. Brad Steubbe, She**

**VICTIM RIGHTS BUREAU**

**YOUR RIGHTS AS A VICTIM OR**

This means that for many persons, having a victim rights advocate is a crime to their first experience with the criminal justice system. As a victim or witness, you have certain rights. This brochure is being provided to you with questions you may have regarding these rights. Information regarding these rights please contact the Office (SAO) and/or the appropriate law enforcement handling your case.

DEPUTY: J. CASEY  
CASE#: 09-12506  
DEFENDANT'S NAME: Opper, Sai

HELP is just a phone call!  
(941)747-3011



Victim Information and Notification Everyday  
The Manatee County VINE Program is a 24-hour hotline for victims of crime to access offender custody information to be notified by telephone of a change in offender status. If you are a victim of Domestic Violence, Adult Kidnapping, False Imprisonment or Sex Crimes automatically registered with the VINE program by County Sheriff's Office.

Information on the VINE program will be provided to this system works or you could contact the Victim Aid 747-3011 Ext. 2861.

Your PIN (Personal Identification Number) for VINE is \_\_\_\_\_

**THE MANATEE COUNTY VINE HO**  
1-877-846-3435