## **VOLUSIA COUNTY SHERIFF'S OFFICE**

|   | Juvenile Hate Crime  |   |  |  |  |                      | INCIDENT REPORT  |  |  |   |  |  |  |                                |  |  |  | ge <u>1</u>  | of   | 5 Pages  |  |  |
|---|--|---|--|--|--|----------------------|--|--|--|---|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|
|   | Gang Elderly Abuse / Exploitation  |   |  |  |  |                      |  |  |  |   |  |  |  | Agency Report Number 200004263 |  |  |  |  |  |  |  |  |
|   | Domestic Violence VOR  Endangered / Other  |   |  |  |  |                      | Agency ORI Number  |  |  |   |  |  |  | one # Telephone Handled 1. Yes |  |  |  |  |  |  |  |  |
|   | Reported: Day Date Time (mil.)   Time Dispate  |   |  |  |  |                      | FL0640000  ched (mil.)   Time Arrived (mil.)   Time Comple                               |  |  |   |  | mpleted (mil.)   | 35  Deleted (mil.) Nature of Call (Report Type)  |                                |  |  |  | Call? (T.H.C.) 2. No 2   |  |  |  |  |
|   | Monday   | 1   | 24-2020  | 1  | 044  | ·                    | O501   |  |  |   |  | mpiotod (mm.)  | EAD  | Dead Person                    |  |  |  |  |  |  |  |  |
|   | Incident Type:<br>1. Felony  |   | isdemean   | nor 5. C   | Ordinance<br>Other   | Incident: Da         | ay Da  | ate  | T  | ime (mil.)  |  | Day  |  | Date<br>I                      |  | Time (n  | nil.) į (  | Dccurred D<br>D - Day  | Ouring:<br>U - Unkno                               | own I  |  |  |
| 4   | 2. Traffic Felor<br>Offense  | <del></del>   | Misdemear<br>Statute V   | nor<br>/iolation Num   |  | Monda                | ay 02  | 2-24-202   | 20 0 <sup>2</sup><br>Descripti   | 429   |  | Monda  | ау   | 02-24                          | -2020  | 0600   |  | N - Night  | Attampted  | N  |  |  |
| DAT   | #1   | 9   | 777777   | 77   |  |                      |  |  | '  | PERSON  |  |  |  |                                |  |  |  |  | Attempted Committee                                |  |  |  |
|   | #2   |   | Statute V  | /iolation Num  | nber   |                      | Description  |  |  |   |  |  |  |                                |  |  |  |  | Attempted<br>Committee                             |  |  |  |
| VENT  | Incident Locati  | ,   | •  | oer)   |  |                      | City   |  |  |   |  |  |  |                                |  |  | Zip  |  |  |  |  |  |
| EV  | 1354 INDIA<br>Business Nam   |   |  |  | # Prem.  |                      | Drug Relat   |  |  | hol Related   | <u> </u>   | ONA BEAC<br>Forced Entr  |  |                                | Arson-Inh  | abited   | 32124  |  | Arson-Atter  | mpted  |  |  |
|   | CORRECTI   | ONS FAC   | CILITY   |  |  |                      | 0. N/A 1. Yes 2. No 1 0. N/A 1. Yes 2. No 2  |  |  |   |  | 1. Yes 3. <i>i</i><br>2. No  | Attempted  |                                | Occupied 3. Abandoned     Unoccupied   |  |  |  | 1. Ye<br>2. No                                     |  |  |  |
|   | Location Type  |   | n Type Co<br>dence-Sin   |  | Convenience St   | tore 09.Su           | upermarket   | 1  | 13.Bar   | nk/Financial I  | nst.   | 17.Gov'  | t/Public Bld   | dg. 21                         | .Airport   |  | 25.Parking L   | _ot/Garag∈   | 29.1   | Motor Vehicle  |  |  |
|   |  |   | tment/Coi<br>dence/Oth   | her 07.Li  | Sas Station iquor Sales  |                      | ept/Discour<br>pecialty Sto  |  |  | mmercial/Offi<br>ustrial/Mfg.   | ice Bld  | lg. 18.Scho<br>19.Jail/F   | ool/Universi<br>Prison   | ,                              | 2.Bus/Rail To<br>3.Construction  |  | 26.Highway<br>27.Park/Woo  |  | dway 30.Other Mobile                               |  |  |  |
|   | 19<br>V/W Code   | 04.Hote   |  | 08.B   | ar/Nightclub<br>Type   |                      | rua Store/H<br>ess/Phone   |  | 16.Stor  | age   |  | 20.Relic   | aious Blda.  |                                | Other Strue  | _  | 28.Lake/Wa<br>ence Type  |  | 99.0<br>Residence                                  | Other<br>Status  |  |  |
|   | V-Victim<br>W-Witness  | N-Next of k   | (in 0.1  | N/A<br>Juvenile  | 4. Business<br>5. Governme   | B. Bı                | usiness/Wo   | ork M.   | Message<br>Next of Ki  | -   |  | W-White C  |  | Asian                          | M-Male 0. NA 3. Florida  |  |  | а (  | 0. N/A<br>1. Full Year                             |  |  |  |
| ES  | R-Reporting F  |   |  | L.E. Officer<br>Adult  | 6. Church<br>9. Other  | H. He                |  |  | Other  | V. Vac  |  | B-Black U<br>I-American I  | J-Unknown<br>Indian  |                                | F-Female 1. City 4. Out-of-S<br>U-Unknown 2. County  |  |  |  | 2. Par. Year<br>3. Non-Resident                    |  |  |  |
| COD   | Means of Attac   |   | Other Da   | ingerous   | Extent<br>00.N/A   | of Injury            | Laceration   |  | 06 F   | Poss. Interna   | ıl Iniur   | , 09 Ahras   | sions/Bruise   | es                             | Domestic   |  | Victir<br>S-Spou   | Victim Relationship to Offender Spouse B-Sibling Z-Othe  |  |  |  |  |
|   | K-Knife/Cutti  |   |  |  |  | nshot 04             | .Unconscio   | ous  | 07.L   | oss of Teeth  |  | 10.No Vi   | isible Injury<br>Serious In  | /                              | 1. Ye<br>2. No   |  |  | P-Parent O-Other Family  |  |  |  |  |
|   | Offense India  | ator<br>Both i  | V/W C  | Code #   |  |                      |  |  |  | m Incident)   |  | Name (Last/l   |  | ijai y                         | '  | (First)  |  |  |  | (Middle)   |  |  |
| -SS   | 2. #2<br>Address (Stree  | 1   | V  | 1  | 3  |                      |  |  |  |   | City   | GIOVINO  | State  |                                | Zip  | ΓINA   | D.c.   | sidence P  | hone   | M  |  |  |
| H   | 1015 N PIN   | IE ST   |  |  |  |                      |  |  |  | D   | DELA   |  | FL   |                                | 327  |  |  |  |  |  |  |  |
| I/WITN  | Business/Scho  |   | •  | reet, Apt. Nu  | mber)  |                      | City   | YTONA I  |  | State<br>  FI   |  | Zip<br>32124   |  |                                | Address 7  | ype  | Business/Sch   | ool/Other I  | ⊃hone  | Phone Type   |  |  |
| TIN   | Other Contact  |   |  | Interpreter,   | etc.)  |                      | <u> D/(I</u>   | 1010/  | Synd   | opsis of Invo   |  |  |  |                                | 10   |  |  |  |  |  |  |  |
| VICTIN  | If Victim Type   | Race  | <del></del>  | Sex  | Date of Birth  |                      | Age  | Ethnicity  |  | AD PERSO<br>Res. Type   |  | Res. Status  | Means of   | Attack                         | Extent o   | <br>f Injury   | Domestic \   | /iolence   | Relation   | nship  |  |  |
|   | 1, 2, or 3 Offense Indica  | tor   | V/W C  | F  | 06-23-197  |                      | 41   | N<br>intima if alif  | forest fre   | 1   |  | 1  | Dusiness   |                                |  | (Firet)  |  |  | Other Phone Prence Relationship                    | (Middle)   |  |  |
|   |  |   |  | .000 #   | I V IVDE   |                      | Lan dor w  | ictim it an  |  | m incidenti   |  | i Name (i ast/i  |  |                                |  |  |  |  |  |  |  |  |
| SS  | 1. #1 3. E   | Both 1  |  | Code #   | V. Type  | ivalure or           | Call (for v.   | ictim, if all  | nerent iro.  | m Incident)   |  | Name (Last/I   | •  |                                |  | (First)<br>JASON   |  |  |  | (iviidale)   |  |  |
| NESS  |  | Both 1  | R  |  |  | Nature of            | Call (for v  |  |  | ,   | City   | ,  | •  |                                |  | JASON  |  | esidence P   | hone   | (Wildule)  |  |  |
| TNES:   | 1. #1 3. E<br>2. #2<br>Address (Stree<br>Business/Scho   | Both 1<br>et, Apt. Num  | R<br>ber)  | 1  | 2  | Nature of            | City   | ·  |  | C   | City   | JOHNSON<br>Zip   | 1  |                                |  | <u>JASON</u>   |  |  |  | Phone Type   |  |  |
| ES(   | 1. #1 3. E<br>2. #2<br>Address (Stree  | Both 1<br>et, Apt. Num<br>ool/Other Ad<br>N LAKE R  | R<br>ber)<br>dress (Str  | 1<br>reet, Apt. Nu   | 2<br>umber)  | Nature of            | City   | TONA E   | BEACH  | C   |  | JOHNSON<br>Zip<br>32124  | 1  |                                | Zip  | <u>JASON</u>   | Re   |  |  |  |  |  |
| TIM/WITNES:                                     | 1. #1 3. E<br>2. #2<br>Address (Stree<br>Business/Scho<br>1354 INDIA<br>Other Contact  | Both 1<br>et, Apt. Num<br>pol/Other Ad<br>N LAKE R<br>Info (Time A  | R ber) dress (Str  | reet, Apt. Nu  | umber)   |                      | City<br>DAY  | TONA E   | BEACH<br>Sync  | State FL opsis of Invo  | olveme   | Zip 32124 nt RRECTION  | State  State   |                                | Zip Address 7  | JASON<br>Γγρe Ε  | Re<br>Business/Scho  | ool/Other F  | Phone  | Phone Type   |  |  |
| TNES:   | 1. #1 3. E<br>2. #2<br>Address (Stree<br>Business/Scho<br>1354 INDIA<br>Other Contact<br>If Victim Type<br>1, 2, or 3  | Both 1 et, Apt. Num col/Other Ad. N LAKE R Info (Time A   | R ber)  dress (Str   | reet, Apt. Nu Interpreter, o   | mber) etc.) Date of Birth  |                      | City<br>DAY  | TONA E   | BEACH  <br>  Sync<br>  LIEU  | State FL opsis of Invo UTENANT Res. Type  | olveme   | Zip 32124 ont RRECTION Res. Status   | State  IS OFFIC  Means of  |                                | Zip Address 1 B  | Type E   | Re   | ool/Other F  |  | Phone Type   |  |  |
| VICTIM/WITNES:                                  | 1. #1 3. E<br>2. #2 Address (Street<br>Business/Schot<br>1354 INDIA<br>Other Contact  If Victim Type<br>1, 2, or 3  Offense Indica<br>1. #1 3. E   | Both 1 et, Apt. Num col/Other Ad. N LAKE R Info (Time A   | R ber) dress (Str RD Available,  | Interpreter, of Sex M Code #   | etc.)  Date of Birth  V. Type  |                      | City<br>DAY  | TONA E   | BEACH  <br>  Sync<br>  LIEU  | State FL opsis of Invo  | olveme   | Zip 32124 nt RRECTION  | State  IS OFFIC  Means of  |                                | Zip Address 1 B  | JASON<br>Γγρe Ε  | Re<br>Business/Scho  | ool/Other F  | Phone  | Phone Type   |  |  |
| ESS VICTIM/WITNES                               | 1. #1 3. E<br>2. #2 Address (Street<br>Business/Schot<br>1354 INDIA<br>Other Contact  If Victim Type<br>1, 2, or 3 Offense Indica  | Both 1 et, Apt. Num col/Other Ad. N LAKE R Info (Time A Race W tor Both 1   | R ber)  dress (Street of the street of the s | reet, Apt. Nu Interpreter, o   | mber) etc.) Date of Birth  |                      | City<br>DAY  | TONA E   | BEACH  <br>  Sync<br>  LIEU  | State FL opsis of Invo UTENANT Res. Type m Incident)  | olveme   | Zip 32124 ont RRECTION Res. Status   | State  IS OFFIC  Means of  |                                | Zip Address 1 B  | Type E   | ReBusiness/School  | ool/Other F  | Phone  | Phone Type   |  |  |
| TNESS VICTIM/WITNES:                            | 1. #1 3. E<br>2. #2 Address (Street<br>Business/School<br>1354 INDIA<br>Other Contact  If Victim Type<br>1, 2, or 3  Offense Indicat<br>1. #1 3. E<br>2. #2 Address (Street  | Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A Race W tor Both 1 et, Apt. Num  | R ber) dress (Str RD Available,  | Interpreter, of Sex M Code #   | etc.)  Date of Birth  V. Type  3   |                      | City<br>DAY  | TONA E   | BEACH<br>Sync<br>LIEU<br>y   | State FL opsis of Invo UTENANT Res. Type m Incident)  | olveme<br>Γ COI<br>e   | Zip 32124 ont RRECTION Res. Status   | State  IS OFFIC  Means of  Business)   |                                | Zip  Address T  B  | Type E f Injury (First)  | ReBusiness/School  | violence   | Relation   | Phone Type   |  |  |
| TNESS VICTIM/WITNES:                            | 1. #1 3. E<br>2. #2 Address (Street Business/Schot 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/Schot 1354 INDIA   | Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. W tor Both 1 et, Apt. Num pol/Other Ad. N LAKE F.   | R ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD  | Interpreter, of Sex M Code # Interpreter, of Sex Interpreter, of S | pate of Birth V. Type 3  |                      | City DAY Age Call (for Vi  | TONA E   | BEACH Sync   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL  | City   | Zip 32124 ent RRECTION Res. Status Name (Last/l  | State  IS OFFIC  Means of  Business)   |                                | Zip  Address 1  B  Extent o  | Type E f Injury (First)  | ReBusiness/School  | violence   | Relation   | Phone Type  nship  (Middle)  |  |  |
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| TIM/WITNESS VICTIM/WITNES:                      | 1. #1 3. E 2. #2  Address (Street Business/Schot 1354 INDIA Other Contact  If Victim Type 1, 2, or 3  Offense Indica 1. #1 3. E 2. #2  Address (Street Business/Schot 1354 INDIA Other Contact  If Victim Type 1, 2, or 3  Offense Indica 1. #1 3. E 1, 2, or 3  | Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 Race W tor Both 1 Race W   | R ber) dress (Str RD Available,  V/W C W ber) dress (Str RD Available,   | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F   | pate of Birth  V. Type  3  Jumber)  etc.)  Date of Birth   | Nature of            | City DAY  Age Call (for Vi DAY  Age 27   | TONA E  Ethnicity N  ictim, if diff                                      | BEACH Sync LIEU  y  fferent from  BEACH Sync INM   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)   | City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I   | State  IS OFFIC  Means of  Business)  Means of  Business)                                | f Attack                       | Zip  Address T  B  Extent o  | Fype Efficient of Injury Injury  | Real Business/School Domestic \  | violence  violence P  violence I   | Phone  Relation  Phone  Relation                   | Phone Type  (Middle)  Phone Type  Phone Type   |  |  |
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| TNESS VICTIM/WITNESS VICTIM/WITNES:             | 1. #1 3. E 2. #2 Address (Street Street Stre | Both 1 et, Apt. Num col/Other Ad. N LAKE R Info (Time A et, Apt. Num col/Other Ad. N LAKE R Info (Time A et, Apt. Num col/Other Ad. N LAKE R Info (Time A et, Apt. Num col/Other Ad. N LAKE R Info (Time A et, Apt. Num col/Other Ad.   | R ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,  V/W C W ber)   | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F Code # 2  | pate of Birth  V. Type  3  Imber)  etc.)  Date of Birth  V. Type  3  | Nature of            | City DAY  Age Call (for Vi  DAY  Age 27 Call (for Vi                                     | Ethnicity N ictim, if dif  | BEACH Sync LIEU  y  fferent from INM y  fferent from   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)   | City   | Zip 32124 Int RRECTION Res. Status  Value (Last/Int)  Zip 32124 Int Res. Status  Zip 32124 Int  Res. Status  | State  IS OFFIC  Means of  Business)  Means of  Business)                                | f Attack                       | Zip  Address T  B  Extent o  | f Injury  (First)  f Injury  (First)                                   | Real Business/School Domestic \  | violence violence P violence violence  | Phone  Relation  Phone  Relation                   | Phone Type  (Middle)  Phone Type  Phone Type   |  |  |
| TNESS VICTIM/WITNESS VICTIM/WITNES:             | 1. #1 3. E 2. #2 Address (Street Street Stre | Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. Race W. tor Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. N LAKE F. Info (Time A. Race W. tor Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. | R ber) dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD   | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F Code # 2  | pate of Birth  V. Type  3  Date of Birth  V. Type  3  Type  V. Type  3  Type  3  | Nature of            | City DAY  Age Call (for Vi  DAY  Age 27 Call (for Vi                                     | TONA E  Ethnicity N  ictim, if dif                                       | BEACH Syno LIEU  y  BEACH Syno INM  y  BEACH Syno Syno Syno Syno Syno Syno Syno Syno   | State FL opsis of Invo UTENANT Res. Type Incident State FL opsis of Invo IATE Res. Type I m Incident)  C State FL opsis of Invo State FL opsis of Invo  | City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I   | State  IS OFFIC  Means of  Business)  Means of  Business)                                | f Attack                       | Zip  Address Tolerand  Zip  Address Tolerand  Zip  Address Tolerand  | f Injury  (First)  f Injury  (First)                                   | Real Business/School Domestic V  | violence violence P violence violence  | Phone  Relation  Phone  Relation                   | Phone Type  (Middle)  Phone Type  Phone Type  (Middle)                                   |  |  |
| ESS VICTIM/WITNESS VICTIM/WITNES:               | 1. #1 3. E 2. #2 Address (Street Street Stre | Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. Race W. tor Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. N LAKE F. Info (Time A. Race W. tor Both 1 et, Apt. Num pol/Other Ad. N LAKE F. Info (Time A. | R ber) dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,  | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F Code # 2  | pate of Birth  V. Type  3  Date of Birth  V. Type  3  Type  V. Type  3  Type  3  | Nature of            | City DAY  Age Call (for Vi  DAY  Age 27 Call (for Vi                                     | Ethnicity N ictim, if dif  | BEACH Sync LIEU  Y  Service Sync Sync Sync Sync Sync Sync Sync Sync  | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)   | City  City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I   | State  IS OFFIC  Means of  Business)  Means of  Business)                                | f Attack                       | Zip  Address Tolerand  Zip  Address Tolerand  Zip  Address Tolerand  | f Injury (First)  Fype   | Real Business/School Domestic V  | violence violence P violence violence violence   | Phone  Relation  Phone  Relation                   | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type                       |  |  |
| TNESS VICTIM/WITNESS VICTIM/WITNES:             | 1. #1 3. E 2. #2 Address (Street Street Stre | Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A. Race B.   | R ber)  dress (Str RD Available,  W ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,   | reet, Apt. Nu Interpreter, of Sex M Code # Interpreter, of Sex F Code # Interpreter, of Sex F Code # Sex F F Code #  | pate of Birth  V. Type  3  Imber)  etc.)  Date of Birth  V. Type  3  Imber)  etc.)  Date of Birth  Date of Birth  Date of Birth                            | Nature of  Nature of | City DAY  Age Call (for Vi  DAY  Age 27  Call (for Vi  City DAY  Age 36                  | TONA E  Ethnicity N  ictim, if diff  TONA E  Ethnicity N  ictim, if diff | BEACH Sync LIEU  y  fferent from INM y  BEACH Sync INM y  fferent from   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)   | City  City  City   | Zip 32124 Int RRECTION Res. Status  Zip 32124 Int Res. Status  Zip 32124 Int Res. Status  Res. Status  Res. Status  Res. Status  Res. Status  Res. Status  | State  IS OFFIC  Means of  Business)  State  Means of  Business)  State                  | f Attack                       | Zip  Address Tolerand Company  | f Injury (First)  f Injury (First)                                     | Business/Sch   | violence violence P violence violence violence   | Phone  Relation  Phone  Relation  Phone  Phone     | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type                       |  |  |
| S VICTIM/WITNESS VICTIM/WITNESS VICTIM/WITNES   | 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 3.  | Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A. Race B.   | R ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,  V/W C W ber)   | reet, Apt. Nu Interpreter, of Sex M Code # Interpreter, of Sex F Code # Interpreter, of Sex F Code # Sex F F Code #  | pate of Birth  V. Type  3  Jamber)  etc.)  Date of Birth  V. Type  3  Jamber)  etc.)  Date of Birth  V. Type  V. Type  V. Type  V. Type                    | Nature of  Nature of | City DAY  Age Call (for Vi  DAY  Age 27  Call (for Vi  City DAY  Age 36                  | TONA E  Ethnicity N  ictim, if diff  TONA E  Ethnicity N  ictim, if diff | BEACH Sync LIEU  y  fferent from INM y  BEACH Sync INM y  fferent from   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)   | City  City  City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I   | State  IS OFFIC  Means of  Business)  State  Means of  Business)  State                  | f Attack                       | Zip  Address To D  Extent of D  Zip  Address To D  Extent of D  Extent of D  | f Injury (First)  Fype   | Business/Sch   | violence violence P violence violence violence   | Phone  Relation  Phone  Relation  Phone  Phone     | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type                       |  |  |
| ESS VICTIM/WITNESS VICTIM/WITNESS VICTIM/WITNES | 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3   | Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race W tor Both 1 et, Apt. Num col/Other Ad. N LAKE F. Info (Time A.  Race B.  Race B.  Race B.  | R ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,  V/W C W ber)  dress (Str RD Available,   | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F Code # Interpreter, e Sex F Code # Interpreter, e Sex F Code #  | pate of Birth  V. Type  3  Imber)  etc.)  Date of Birth  V. Type  3  Imber)  etc.)  Date of Birth  Date of Birth  Date of Birth                            | Nature of  Nature of | City DAY  Age Call (for Vi  DAY  Age 27  Call (for Vi  City DAY  Age 36                  | TONA E  Ethnicity N  ictim, if diff  TONA E  Ethnicity N  ictim, if diff | BEACH Sync LIEU  y  fferent from INM y  BEACH Sync INM y  fferent from   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)  C State FL opsis of Invo IATE Res. Type 1 m Incident)                                      | City  City  City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I  Zip 32124 Int  Res. Status  Name (Last/I  Res. Status  Name (Last/I  Zip 32124 Int  Res. Status  All  All  All  All  All  All  All  A  | State  IS OFFIC  Means of  Business)  State  Means of  Business)  State  Means of  State | f Attack                       | Zip  Address Tolerand  Zip  Address Tolerand  Zip  Address Tolerand  Zip  Address Tolerand  Zip  | f Injury (First)  f Injury (First)  f Injury (First)                   | Resulting School Domestic V  Resulting School Domestic V | violence  esidence P  violence  violence  violence  esidence P  violence  violence  esidence P               | Phone  Relation  hone  Relation  hone  Relation    | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type                       |  |  |
| ESS VICTIM/WITNESS VICTIM/WITNESS VICTIM/WITNES | 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3   | Both 1  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  Race  W  tor Both 1  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  Race  W  tor Both 1  et, Apt. Num  col/Other Ad.  Race  B  tor Both 1  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  Race  B  tor Both 1  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  Race  B  tor Both 1  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  Race  B  tor Both 1  et, Apt. Num  col/Other Ad.  N LAKE F. Info (Time A.  Race  B  tor Both 1  et, Apt. Num  col/Other Ad.   | R ber) dress (Str RD Available,  W ber) dress (Str RD Available,  V/W C W ber) dress (Str RD Available,  V/W C N ber)  | Interpreter, of Sex M Code # Interpreter, of Sex F Interpreter, of Sex F Interpreter, of Sex F Interpreter, of Sex Interpreter, of Sex Interpreter, of  | pate of Birth  V. Type  3  Jamber)  etc.)  Date of Birth  V. Type  3  Jamber)  etc.)  Date of Birth  V. Type  3  Jamber)  etc.)  Date of Birth  V. Type  3 | Nature of  Nature of | City DAY  Age Call (for Vi  DAY  Age 27  Call (for Vi  City DAY  Age 36                  | Ethnicity N ictim, if dif  | BEACH Syno LIEU  y  fferent from  BEACH Syno INM  y  fferent from  BEACH Syno INM  y  fferent from   | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo IATE Res. Type 1 m Incident)  C State FL opsis of Invo IATE Res. Type 1 m Incident)                                      | City  City  City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I  Zip 32124 Int  Res. Status  Name (Last/I  Res. Status  Name (Last/I  Zip 32124 Int  Res. Status  All  All  All  All  All  All  All  A  | State  IS OFFIC  Means of  Business)  State  Means of  Business)  State  Business)       | f Attack                       | Zip  Address Tolerand  Zip  Address Tolerand  Zip  Address Tolerand  Extent of the control of th | f Injury (First)  f Injury (First)  f Injury (First)                   | Resulting School Domestic V  Resulting School Domestic V | violence  violence | Phone  Relation  hone  Phone  Relation  hone  2820 | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type                       |  |  |
| ESS VICTIM/WITNESS VICTIM/WITNESS VICTIM/WITNES | 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3   | Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A. Race W tor Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A. N LAKE R Info (Time A. N LAKE R Info (Time A. Race W tor Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A. Race B  | dress (Strands (Stran | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F Code # Interpreter, e Sex F Code # Interpreter, e Interpreter,  | pate of Birth  V. Type  3  Jumber)  etc.)  Date of Birth  V. Type  3  Jumber)  etc.)  Date of Birth  V. Type  3  Jumber)  etc.)                            | Nature of  Nature of | City DAY  Age Call (for Vi  DAY  Age 27 Call (for Vi  City DAY  Age 36 Call (for Vi      | Ethnicity N ictim, if dif  | BEACH Sync LIEU  Y  SHERT FROM SY  BEACH Sync INM SY  SYNC INM SY  From INM SY  Fro | State FL opsis of Invo UTENANT Res. Type m Incident)  State FL opsis of Invo MATE Res. Type 1 m Incident)  CO State FL opsis of Invo MATE Res. Type 1 m Incident)                                     | City  City  City  City  City   | Zip 32124 Int RRECTION Res. Status  Name (Last/I  Zip 32124 Int Res. Status  Name (Last/I  Vame (Las | State  IS OFFIC  Means of  Business)  State  Means of  Business)  State  Means of  State | f Attack                       | Zip  Address Tolerand A | f Injury (First)  f Injury (First)  f Injury (First)                   | Resulting School Domestic V  Resulting School Domestic V | violence  violence | Phone  Relation  hone  Phone  Relation  hone  2820 | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type  (Middle)  (Middle)   |  |  |
| SS VICTIM/WITNESS VICTIM/WITNESS VICTIM/WITNES  | 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact  If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3 Offense Indica 1. #1 3. E 2. #2 Address (Street Business/School 1354 INDIA Other Contact If Victim Type 1, 2, or 3   | Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A. Race W tor Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A. N LAKE R Info (Time A. N LAKE R Info (Time A. Race W tor Both 1 et, Apt. Num pol/Other Ad. N LAKE R Info (Time A. Race B  | R ber) dress (Str RD Available,  V/W C W ber) dress (Str RD Available,  V/W C N ber) dress (Str RD Available,  Available,  | reet, Apt. Nu Interpreter, e Sex M Code # Interpreter, e Sex F Code # Interpreter, e Sex F Code # Interpreter, e Interpreter,  | pate of Birth  V. Type  3  Jumber)  etc.)  Date of Birth  V. Type  3  Jumber)  etc.)  Date of Birth  V. Type  3  Jumber)  etc.)                            | Nature of  Nature of | City DAY  Age Call (for Vi  City DAY  Age 27 Call (for Vi  City DAY  Age 36 Call (for Vi | Ethnicity N ictim, if dif  | BEACH Sync LIEU  Y  Service of the s | State FL opsis of Invo UTENANT Res. Type Incident)  State FL opsis of Invo (ATE Res. Type I m Incident)  C State FL opsis of Invo (ATE Res. Type I m Incident)  C T T T T T T T T T T T T T T T T T T | City  City | Zip 32124 Int RRECTION Res. Status  Name (Last/I  Zip 32124 Int  Res. Status  Name (Last/I  Vip 32124 Int  Res. Status  One (Last/I  Res. Status  Name (Last/I  Color (Last | State  IS OFFIC  Means of  Business)  State  Means of  Business)  State  Means of  State | f Attack                       | Zip  Address Tolerand A | f Injury (First)  f Injury (First)  f Injury (First)  f Injury (First) | Resulting School Domestic V  Resulting School Domestic V | violence  esidence P  violence  violence  esidence P  violence  esidence P  violence  violence               | Phone  Relation  hone  Phone  Relation  hone  2820 | Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  (Middle)  Phone Type  Phone Type |  |  |

|                       |  |  |                            |              |  | INC              | IDEN.             | ΓREP            | OR <sup>-</sup> | r (con                | Γ.)                            |                  |                              |              | Page                         | 2                 | of                   | 5Pages     |
|-----------------------|--|--|----------------------------|--------------|--|------------------|-------------------|-----------------|-----------------|-----------------------|--------------------------------|------------------|------------------------------|--------------|------------------------------|-------------------|----------------------|------------|
|                       | Offense Indicator 1. #1 3. Both 2. #2                      | Subject Code<br>S-Suspect<br>D-Defendant | V-Victim<br>(Missing Per   | Son)         | de #                                   | Subj. Type       | Name (L           | ast)            |                 | (First)               |                                |                  | (Mido                        | dle)         | Race                         | Sex               | Ethni                | city       |
|                       | Date of Birth Age To Age Height                            |  |                            |              | Height                                 | Weight           | To We             | ight Eye        | Color           |                       | Hair Colo                      | or               |                              | Maio         | den Name                     |                   |                      |            |
|                       | Nickname / Street Name                                     |  | l                          | Place of E   | Birth - C                              | l<br>Sity        | County            | Sta             | ate             | Employer/O            | ther/School                    |                  |                              |              | Occupat                      | tion              |                      |            |
|                       | Last Known Address (Stre                                   | et. Apt. Number)                         |                            |              |  | City             |                   | State           |                 | Zip                   |                                | Address          | s Type                       | Phone        | <b>)</b>                     |                   | T                    | Phone Type |
|                       | ,  |  |                            |              |  |                  |                   |                 |                 | •                     |                                |                  | ,,                           |              |                              |                   |                      |            |
|                       | Other Address (Street, Apr                                 | t. Number)                               |                            |              |  | City             |                   | State           |                 | Zip                   |                                | Address          | s Type                       | Phone        | 9                            |                   |                      | Phone Type |
| CTION                 | Driver's License State/Nur                                 | mber                                     |                            | S            | Social Sec                             | curity Number    |                   |                 |                 | Other ID Numb         | er                             |                  |                              |              | ID Type                      |                   |                      |            |
| ECT                   | Clothing (Describe)  |  |                            |              |  | Scars/Marks/     |                   |                 |                 | ttoos (Type/Describe) |                                |                  | Scars/Marks/Tattoos (Type/De |              |                              | pe/Describe       | escribe)             |            |
| 3 SE                  | / Hair Length /Style                                       | /<br>Skin                                | /<br>B                     | build        | Facia                                  | /<br>al Features |                   |                 | S               | peech/Voice           | Deformity                      |                  |                              |              |                              |                   | asses                |            |
| NIS.                  | / /<br>Demeand   | r Mask                                   | Weapon                     | Type         |  | /                |                   | /               |                 | /                     |                                | /<br>  Si        | ubject Wa                    | s Alrea      | /<br>ndv                     | War               | rant Fro             | m·         |
| / MISSING             | If Subject: /  |  |                            | /            |  | /                | /                 | 1               | /               |                       | If Arres                       | sted: in         | Custody?                     | ? 1<br>2     | . Yes  <br>. No              | 1. Th<br>2. Otl   | is Agend<br>her Ager | ry<br>ncy  |
|                       | Date of Last Contact                                       | Date of E                                | Emancipation               | Cauti        | ion                                    | Caution Rea      | son               |                 |                 |                       | Personal                       | Habits (D        | rugs / Alc                   | ohol)        |                              |                   |                      |            |
| SUBJECT               | May Be With:   | F  | Physical Condit            | ion:         |  | Me               | ental Condit      | ion:            |                 | Doo                   | tor Name:                      |                  |                              |              | Dentist N                    | ame:              |                      |            |
| SUB                   | Incident Type 1. Runaway 2. Parents 3. Involuntary         | 6. Disa                                  | aster                      |              | oul Play<br>uspected?                  |                  | Missi             | ng Before?      |                 | Fingerp<br>Availabl   |                                | Pi               | noto Avail                   | lable?       |                              | Dental Re         |                      |            |
|                       | 2. Parents 3. Involuntary                                  | Vict<br>7. Volu                          | tim                        |              | Yes                                    |                  | 1. Ye             | s               |                 | 1. Yes                | <b>C</b> :                     | 1.               | Yes                          |              | Available?                   |                   |                      |            |
|                       | 4. Disabled<br>5. Endangered                               | Adu                                      | ult                        | 2.           | No<br>Unknown                          |                  | 2. No             |                 |                 | 2. No                 |                                | 2.               | No                           |              |                              | 2. No             |                      |            |
|                       |  |  |                            |              | Printed)                               |                  |                   |                 |                 |                       | (Signatur                      | a) cortifu       | that I hav                   | o ropo       | rtad tha ab                  | ovo porcon        | ac a mic             | cina       |
|                       | person; and this age                                       |  | sion to enter this         |              |  |                  |                   |                 |                 |                       | _ (Signatur                    | e) certify       | ulatillav                    | ле тероі     | rted the abi                 | ove person        | as a IIIIs           | Sirig      |
|                       | Offense Indicator 1. #1 3. Both                            |  | V-Victim                   | Co           | de #                                   | Subj. Type       | Name (L           | ast)            |                 | (First)               |                                |                  | (Mido                        | dle)         | Race                         | Sex               | Ethni                | city       |
|                       | 2. #2 Date of Birth  | D-Defendant<br>Age To A                  | (Missing Per<br>age Height |              | I<br>Height                            | Weight           | To We             | ight Eye        | Color           |                       | Hair Cold                      | or               | Т                            | Maio         | den Name                     |                   |                      |            |
|                       | Nickname / Street Name                                     |  |                            | Place of E   | Birth - C                              | ity              | County            | Sta             | ate             | Employer/O            | ther/School                    |                  |                              |              | Occupat                      | tion              |                      |            |
|                       | Last Known Address (Stre                                   | et Ant Number)                           |                            |              |  | City             |                   | State           |                 | Zip                   |                                | Address          | s Tyne                       | Phone        |                              |                   | I                    | Phone Type |
|                       | ,  |  |                            |              |  |                  |                   |                 |                 | •                     |                                |                  | ,,                           |              |                              |                   |                      |            |
|                       | Other Address (Street, Apr                                 | t. Number)                               |                            |              |  | City             |                   | State           |                 | Zip                   |                                | Address          | з Туре                       | Phone        | Э                            |                   |                      | Phone Type |
| <u>NO</u>             | Driver's License State/Nur                                 | mber                                     |                            | S            | Social Security Number Other ID Number |                  |                   |                 |                 |                       | er                             | •                |                              |              |                              | ID                | Туре                 |            |
| SECTION               | Clothing (Describe)  |  |                            |              | Scars/Marks/Tattoo                     |                  |                   |                 |                 | s (Type/Describ       | pe)                            |                  | Scars/N                      | Marks/T      | arks/Tattoos (Type/Describe) |                   |                      |            |
| ı                     | Hair Length /Style   | Skin                                     | /<br>B                     | build        | Facia                                  | /<br>al Features |                   |                 | S               | peech/Voice           | Deformity                      |                  | <u> </u>                     |              |                              | GI                | asses                |            |
| / MISSING             | / / Demeand  | or Mask                                  | Weapon                     | Туре         |  | /                |                   | /               |                 | /                     |                                | /<br>Sı          | ubject Wa                    | s Alrea      | dy .                         | <br>War           | rant Fro             | m:         |
| MIS                   | If Subject: / Date of Last Contact                         | Date of F                                | Emancipation               | /<br>Cauti   | ion                                    | / Caution Rea    | eon /             | 1               | /               |                       | If Arres                       |                  | Custody?                     | 2            | . Ýes<br>. No                | 1. Th<br>2. Otl   | is Agend<br>her Ager | cy<br>ncy  |
|                       |  |  |                            |              |  |                  |                   |                 |                 |                       | Personal Habits (Drugs / Alcoh |                  |                              |              | Dentist Name:                |                   |                      |            |
| SUBJECT               | ·  | May Be With: Physical Condition:         |                            |              |  |                  | ntal Condition:   |                 |                 | Doc                   | ctor Name:                     | vame:            |                              |              |                              |                   |                      |            |
| SUE                   | Incident Type 1. Runaway                                   | Incident Type  1. Runaway  6. Disaster   |                            |              | Foul Play<br>Suspected?                |                  |                   | Missing Before? |                 |                       | rints<br>e?                    | Photo Available? |                              | lable?       |                              | Dental Re         |                      |            |
|                       | 2. Parents 3. Involuntary                                  | Vict<br>7. Volu                          |                            | . 1          | Yes                                    |                  | 1. Ye             |                 |                 | 1. Yes                |                                | 1.               | Yes                          |              |                              | 1. Yes            |                      |            |
|                       | 4. Disabled 5. Endangered                                  | Adı<br>8. Unk                            |                            |              | No<br>Unknown                          | ı                | 2. No<br>8. Un    | known           |                 | 2. No                 |                                | 2.               | No                           |              |                              | 2. No             |                      |            |
|                       | I,   |  |                            | (            | Printed)_                              |                  |                   |                 |                 |                       | (Signatur                      | e) certify       | / that I ha                  | ave re       | ported the                   | above pe          | rson as              | a missing  |
|                       | person; and this a   | gency has my per                         | rmission to en             | 、            | ,-                                     | statewide al     | ert.              |                 |                 |                       | 、                              | ,)               |                              | . 31         |                              | - I- <del>-</del> |                      | - 3        |
|                       | 1 *BWC*<br>2   |  |                            |              |  |                  |                   |                 |                 |                       |                                |                  |                              |              |                              |                   |                      |            |
|                       | 3 On the above   |  |                            |              |  | •                |                   |                 |                 | •                     |                                | •                |                              |              |                              |                   |                      |            |
| NARRATIVE             | <ul><li>4 the patient, T</li><li>5 was later det</li></ul> | •  | •                          |              |  |                  |                   |                 |                 | •                     | orted to I                     | Halifax          | Hospi                        | tal in       | Daytor                       | na Beac           | h whe                | ere she    |
| RAI                   | 6  |  |                            |              | •                                      |                  |                   |                 |                 |                       |                                |                  |                              |              |                              |                   |                      |            |
| IAR                   | 7 Deputy Malde   | onado reporte<br>) who stated            |                            |              | ng sec                                 | tion of the      | e facility        | v. Deputy       | Mal             | donado er             | itered poo                     | d G and          | d made                       | e cor        | ntact wit                    | th inmat          | e                    |            |
| _                     | 9  | ) who stated                             | the follow                 | iiig.        |  |                  |                   |                 |                 |                       |                                |                  |                              |              |                              |                   |                      |            |
|                       | 10 Final Case Final  | Coos                                     |                            |              |  |                  |                   |                 |                 |                       |                                |                  |                              |              |                              |                   |                      |            |
| ļ<br>µī               |  | Case<br>is Codes: 1.Arre                 | est/Adult 2                | .Arrest/Juv. | 3.Exce                                 | eptional/Adult   | 4.Exce            | ptional/Juv.    | 5.Clo           | osed 6.Unfo           | unded                          |                  | /ictim Adv                   | vocate       | П                            | riad              | SA                   | Referral   |
| <b>ADMINISTRATIVE</b> | DCF Hotline  |  |                            |              | 1                                      | Date:            | l <sup>Tim</sup>  | e:              |                 | FCIC / NCIC E         |                                | Т.Т. В           | OLO                          |              | Date                         | e:                | I By:                |            |
| TRA                   | CAC Spok Connecting Report Number                          | e With:                                  |                            | Addit        | ional Form                             |                  |                   |                 | <u> ЦЦ</u><br>- | FCIC / NCIC C         |                                |                  |                              |              |                              |                   | 1                    |            |
| NS.                   | ,  |  |                            |              | ttached:                               | Nevra            |                   | SA 707          | Perso           | ns Prop               |                                |                  | eet 🔀                        |              | Describe:                    | STMTS             |                      |            |
| DM                    | Officer Reporting - Printed                                |  |                            |              | Officer I                              | Reporting - Si   | igr <b>a</b> ture | 1               | \               |                       |                                | umber            |                              | Unit         |                              |                   | Date                 |            |
| 4                     | Maldonado, Jose Officer Reviewing - Printed                | d (If Applicable)                        |                            |              | Officer I                              | Reviewing - S    | gnature (If       | Applicable)     | <del></del>     |                       | 8917<br>ID. Nu                 | mber             |                              | 1C33<br>Unit | <u> </u>                     |                   | 2-24-20<br>Date      | JZU        |
|                       |  |  |                            |              |  |                  |                   |                 |                 |                       |                                |                  |                              |              |                              |                   |                      |            |

## **VOLUSIA COUNTY SHERIFF'S OFFICE**

**NARRATIVE / SUPPLEMENT** 

|                          |  |   |  |  |              | NAKK  | AIIVE / 3  | UPPLEMENI   |  | Page            | 3 of <u>5</u> Pages              |
|--------------------------|--|---|--|--|--------------|---|--|---|--|-----------------|----------------------------------|
| 누                        | Repor  | rt Date   | Report Time  | Orig. Reported Date  | Nature       | of Call (for Incider  | nt)  | Agency Report Number  |  |                 | 1.Original                       |
| EV                       | 02-24  | rt Date<br>4-2020   | 0429   | 02-24-2020   | DEAD         |   |  | 200004263   |  |                 | 2.Supplement 1                   |
| NARRATIVE / CONTINUATION | 11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36 | Deputy   Officer respons  overdos  Deputy   Giovino' Sergear and con  It should | Colon, Officer We ive they attempted The nee.  Maldonado was not sholding cell as it of the content of the cont | contact with Lieut<br>ebber, Sergeant M<br>d to provide medic<br>nursing staff furthe<br>not able to observe<br>t was on lock dow<br>ade aware of this | er expla     | Jason Johns<br>urse Carr, an<br>vices and firs<br>ained Giovino<br>no's person a<br>e jail. | d nurse Ferna<br>t aid to Giovir<br>o's health and<br>as she was tra | stated he heard he<br>andez to responde<br>no.<br>appearance at the | e time of this incidence time of the deputy Ma | ent were consis | ng which caused he, vino was not |
| []]                      | Final C<br>Status  | I   | Final Case Status Codes: 1.Arre  | est/Adult 2.Arrest/Juv   | . 3.Exc      | ceptional/Adult   | 4.Exceptional/Juv.   | 5.Closed 6.Unfounded  | d Victim Ad                                    | dvocate Triad   | d SA Referral                    |
| <b>ADMINISTRATIVE</b>    | _  | CF Hotline  | Spoke With:  |  |              | Date:   | Time:  | FCIC / NCIC Entry FCIC / NCIC Cancel                                | T.T. BOLO                                      | Date:           | By:                              |
| STR                      |  | ecting Report   |  |  | ditional For |   |  |   |  | Other Daniel C  | TMTS                             |
|                          | 0"   | - D ''  | Drints 1   |  | Attached:    | Narrative   | $\overline{A}$   | Persons Property  | Veh./Tow Sheet                                 | •               |                                  |
| JM(                      |  | r Reporting -   |  |  | Officer      | Reporting Signat  | ture \   |   | ID. Number                                     | Unit            | Date                             |
| Αľ                       |  | onado, Jos  | SE<br>- Printed (If Applicable)  |  | Officer      | Reviewing - Fign  | ture (If Applicable)   | $\overline{}$   | 8917<br>ID. Number                             | 1C33<br>Unit    | 02-24-2020<br>Date               |
|                          | Onicer   | r reviewing -   | т ппеч (п Аррпсавіе)   |  | Officer      | eviewing - olging   | (ii Applicable)  | 7   | ID. NUITIBEI                                   | Unit            | Date                             |