VOLUSIA COUNTY SHERIFF'S OFFICE

	Juvenile Hate Crime					INCIDENT REPORT Page 1 of 2 Agency Report Number											
	Gang Elderly Abuse / Exploitation Domestic Violence VOR					150010350											
	Endangered / Other				Agency (FL0640	ORI Number 000				Zone #		Telephone Handle Call? (T.H.C.)	Telephone Handled 1. Yes Call? (T.H.C.) 2. No				
	Reported: Day Date Time (mil.) Time Dispate					Time	Arrived (mil.)	Time C	ompleted (mil.)	Nature of	Call (Report Type)						
	Thursday Incident Type:	04-16-2 3. Misder	neanor 5.	Ordinance I	Incident: Day	Date	. Time	e (mil.)	Day	59 _ Date	Mutual Aid		ed During: y U - Unkn				
EVENT DATA	Felony Traffic Felony		meanor		From Thursday	04-16-20		_	то			D - Da N - Nig	y U - Unkn ht	lown			
	Offense #1	Type Stat	ute Violation Nur	nber			Description					d d					
디	#2	Stat	ute Violation Nur	nber		Description						A - Attempted C - Committed					
VEN	Incident Location		Number)					City			Zip						
Ш	1501 DECATUR AVE Business Name / Area Identifier # Prem. Entered					Related		Related .	Forced Entry 1. Yes 3. A		Arson-Inhabited		Arson-Attempted 1. Yes				
	Location Type	Location Typ	no Codos		0. N/A	1. Yes 2. No 2	0. N/A	1. Yes 2. No 2	2. No	Kitempted	1. Occupied 2. Unoccupied	3. Abandoned	2. No				
	Location Type	01.Residence 02.Apartmer	e-Single 05.0	Convenience Stor Gas Station		arket count Store		inancial Inst. ercial/Office Bl			21.Airport 25.Parking Lot/Garage 29.Motor Vehicle 22.Bus/Rail Terminal 26.Highway/Roadway 30.Other Mobile						
		03.Residend	e/Other 07.L	iquor Sales Bar/Nightclub	11.Specialty	/ Store	15.Industr 16.Storag	rial/Mfg.	19.Jail/P 20.Religi	rison 2	3.Construction Site 4.Other Structure		nds/Field 88.Unknown				
ES	V/W Code V-Victim	N-Next of Kin	Victim/Subject 0. N/A	4. Business	Address/Ph B. Busines		. Message	P. Pager	Race W-White O	-Oriental/Asian	Sex Res	sidence Type NA 3. Florida	Residence Status 0. N/A				
	W-Witness R-Reporting Pe	O-Other erson	1. Juvenile 2. L.E. Officer 3. Adult	 Government Church Other 	C. Cell H. Home	N.	Next of Kin Other	S. School V. Vacation	B-Black U- I-American In	-Unknown		City 4. Out-of-State County	4. Out-of-State 1. Full Yea 2. Par. Yea 3. Non-Re				
COD	Means of Attacl		er Dangerous	Extent of 00.N/A	I f Injury 03.Lacer	otion	06 Pag	s. Internal Injur	I 00 Abrosi	ions/Bruises	Domestic Violer	nce Victim Rela	Victim Relationship to Off				
			ds, Fists, Feet, E		hot 04.Unco		07.Los	s of Teeth	10.No Vis	sible Injury Serious Injury	1. Yes 2. No	P-Parent C-Child	P-Parent O-Other Family				
<u></u>	Offense Indica		/W Code #		Nature of Call (f				Name (Last/B		(First)		TT GG TIGBIG	(Middle)			
ESS	2. #2 Address (Street	N	1	3				City	CHESTER	State	Zip		ce Phone	ELAINE			
NT!	1501 DECA		s (Street, Apt. No	ımber)		City	Sta		Y HILL Zip	FL	32117 Address Type	(386) 8 Business/School/Or	68-9793 her Phone	Phone Type			
VICTIM/WITNE				<i>.</i>					<u>'</u>					Thone Type			
ICTI	Other Contact I		able, Interpreter,				Mothe	sis of Involvement or of victim									
_>	If Victim Type 1, 2, or 3	Race B	Sex F	Date of Birth 02-28-1970	Ag: 45	e Ethnici U	ty	Res. Type	Res. Status	Means of Attack	Extent of Injur	y Domestic Violen	ce Relation	nship			
S	Offense Indicate 1. #1 3. B		1		Nature of Call (f	or Victim, if d	ifferent from I	ncident)	Name (Last/B	Business)	(First)			(Middle)			
VESS	2. #2 Address (Street	3				City	CHESTER	State	Zip	·							
ΝITI	1501 DECATUR AVE Business/School/Other Address (Street, Apt. Number) City							HOLL	Y HILL Zip	FL	32117 Address Type	(386) 868-9793 Business/School/Other Phone Phone Typ					
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VIC ⁻	If Victim Type						1										
	1. 2. or 3	Race	Sex	Date of Birth	Age	e Ethnici		f Amanda C Res. Type	hester / Pres Res. Status	ent during eve Means of Attack	Extent of Injur	y Domestic Violen	ce Relation	nship			
	, ,	В	F	06-08-1978	36	U	ty	Res. Type	Res. Status	Means of Attack	Extent of Injur		ce Relation				
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INCIDENT REPORT (CONT.) Page 2 of 2 Pages																							
		ense Indicator	Subject Code			Code	# Subj. Ty	rpe Na	me (Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity			
	1. # 2. #		S-Suspect V D-Defendant	 Victim (Missing F 	Person)	V 1	3	CA	MPBEL	L		KEYSHO	NDA		REN	IEE	В	F	U				
	l	te of Birth	Age To Ag	1 1	1	To Height	Weight	ı T	o Weight	Eye Cold	or		Hair Color	r		Maio	den Name						
		:h18-1989 :kname / Street Name	25	5' 00		of Birth -	City	Coun	tv	BRO State	Fr	nployer/Othe	BRO r/School				Occupat	ion					
	""	Milano / Olicet Name			1 1400	or Birtir -	City		ty.	I	-	i ipioyei/Otiloi	1,0011001				Осоцран	1011					
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Z	Dri	ver's License State/Nun	nber			Social S	ecurity Num	ber			Othe	r ID Number				·		I	D Type				
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SECTION	Cic	othing (Describe) /	/	/		/	Scars/Marks/Tattoos (Ty					pe/Describe)		Scars/Marks/Tattoos (Type/Describe)									
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/ MISSING		Date of Last Contact	Date of Er	mancipation	n C	aution	Caution I	Reason					Personal I	Habits (D	rugs / Alc		. 140	1 2. 0	Zirier Age	noy			
SUBJECT		04-16-2015 May Be With:		hysical Cor	adition:			Montal (Condition:			Doctor	Name:				Dentist Na	amo:					
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1 5	SSING	Incident Type	0.81			Foul Play			Missing B	efore?		Fingerprints	S	Р	hoto Avai	lable?		Dental F					
07	8	1. Runaway 2. Parents	Disa: Victi			Suspecte	a?					Available?						Availabl	e?				
	Ε		7. Volu Adul		1	1. Yes 2. No	ı		1. Yes 2. No		l	1. Yes 2. No	1		Yes No		1	1. Yes 2. No		1			
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		person; and this ager	ncy has my permissi	on to enter	this person								(Signature	, ocrany	triat i ria	ис торо	rica inc abc	ve perso	45 4 111	Joing			
	Offe	ense Indicator 1 3. Both	Subject Code S-Suspect V	-Victim		Code	# Subj. Ty	rpe Na	me (Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity			
	2. #	2	D-Defendant	(Missing F																			
	Da	te of Birth	Age To Ag	je Heig	ght	To Height	Weight	I	o Weight	Eye Cold	or		Hair Color	r		Maio	den Name						
	Nic	kname / Street Name			Place	of Birth -	City	Coun	ty	State	En	nployer/Othe	r/School				Occupat	ion					
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SECTION		liver's Licerise State/Num	iibei			Social S	ecunty Num	Dei			Otrie	I ID Number							о туре				
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	Hai	r Length /Style	/ Skin	/	Build	/ Fa	cial Feature	s			Speed	h/Voice	Deformity					10	Glasses				
💆		/ /	/		Jana		Facial Features Speech/Voice /					20.0	/ /										
AISSING	If S	Demeano Subject:	r Mask	Weap	oon Type	,						If Arrest	Subject Was Already Warrant From: in Custody? 1. Yes 1. This Agency										
Į₹		Date of Last Contact	Date of Er	nancipation	n C	aution	Caution I	Reason	/		/		Personal I	Habits (D	rugs / Alc		. No	2.0	Other Age	ncy			
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SUBJECT	(D		May Be With: Physical Condition:			Mental Condition:					Doctor Name:			ie:			Dentist Name:						
l g	ž	Incident Type				Foul Play		Т	Missing B	efore?		Fingerprints	s	Р	hoto Avail	lable?		Dental F	Record				
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		person; and this ag	gency has my perr	nission to	enter this	_ `	/	e alert.					(Signature) Cerui	y ulat i li	ave ie	ported trie	above p	ersori a	s a missing			
	1	Narrative:																					
	2																						
l	3	On April 16th																					
🗏	4	Department of Keyshonda C																					
ΑT	5	a warrant for		Sun and	ve but ii	grave	Coriditio	n and	mai Ca	impoeii i	iau be	een takei	i into ct	istody	eanie	ıınaı	day by	lile Fi	auu L	IVISION ON			
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NARRATIVE	8	Case Status:	Active Invest	tigation																			
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ADMINISTRATIV	Со	nnecting Report Numbe	r Agency		A	dditional Fo Attached		arrative	SA :	707 Pe	rsons	Property	Veh	./Tow Sh	eet	Other	Describe:						
<u>=</u>	Off	icer Reporting - Printed				Offi	Reporting	\angle				_ · ·	ID. Nu			Unit			Date				
		gliari, Albert					\checkmark	خت		>			7088			1E22		ļ	04-17-2	2015			
~	Officer Reviewing - Printed (If Applicable)						Officer Reviewing Signature (If Applicable)					ID. Nur	mber		Unit			Date					
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