

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

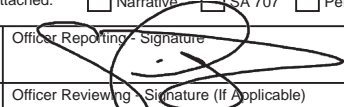
<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number <b>150010350</b>																	
Agency ORI Number <b>FL0640000</b>				Zone # <b>33</b>		Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>															
Reported: Day <b>Thursday</b>		Date <b>04-16-2015</b>		Time (mil.) <b>1800</b>		Time Dispatched (mil.)		Time Arrived (mil.)		Time Completed (mil.)		Nature of Call (Report Type) <b>59 Mutual Aid</b>									
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From <b>Thursday</b>		Date <b>04-16-2015</b>		Time (mil.) <b>1800</b>		TO Day Date Time (mil.)		Occurred During: D - Day U - Unknown N - Night							
Offense #1 Type Statute Violation Number		Description		A - Attempted C - Committed		Offense #2 Type Statute Violation Number		Description		A - Attempted C - Committed		Incident Location (Street, Apt. Number) <b>1501 DECATUR AVE</b>		City <b>HOLLY HILL</b>		Zip <b>32117</b>					
Business Name / Area Identifier				# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No <b>2</b>		Alcohol Related 0. N/A 1. Yes 2. No <b>2</b>		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No							
Location Type		Location Type Codes 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg. 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence/Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway 99. Other																			
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>N 1</b>		V. Type <b>3</b>		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>CHESTER AMANDA ELAINE</b>		Address (Street, Apt. Number) <b>1501 DECATUR AVE</b>		City State Zip Residence Phone <b>HOLLY HILL FL 32117 (386) 868-9793</b>		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type							
		Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement <b>Mother of victim</b>		If Victim Type 1, 2, or 3 <b>1</b>		Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship <b>B F 02-28-1970 45 U</b>													
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>O 1</b>		V. Type <b>3</b>		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>CHESTER SONIA PEARL</b>		Address (Street, Apt. Number) <b>1501 DECATUR AVE</b>		City State Zip Residence Phone <b>HOLLY HILL FL 32117 (386) 868-9793</b>		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type							
		Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement <b>wife of Amanda Chester / Present during event</b>		If Victim Type 1, 2, or 3 <b>1</b>		Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship <b>B F 06-08-1978 36 U</b>													
Offense Indicator 1. #1 3. Both 2. #2		V/W Code #		V. Type		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle)		Address (Street, Apt. Number) City State Zip Residence Phone		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type									
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# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	06-18-1989	25	5' 00"	120	BRO	BRO		B	F	U		
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
	Nickname / Street Name			Place of Birth - City		County	State	Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Other Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses			
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody?	Warrant From:		
Date of Last Contact		Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)						
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		
3. Involuntary				8. Unknown		8. Unknown		2. No		2. No		
4. Disabled												
5. Endangered												
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
	Nickname / Street Name			Place of Birth - City		County	State	Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Other Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses			
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody?	Warrant From:		
	Date of Last Contact		Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)					
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		
3. Involuntary				8. Unknown		8. Unknown		2. No		2. No		
4. Disabled												
5. Endangered												
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

NARRATIVE	1	<b>Narrative:</b>
	2	
	3	On April 16th, 2015, at approximately 1800 hours, Investigator Pagliari was requested by VCSO Captain P. Kammerer to assist the Florida
	4	Department of Financial Services, Fraud Division, with a potential in custody death investigation. Investigator Pagliari was advised that the victim
	5	Keyshonda Campbell, was still alive but in grave condition and that Campbell had been taken into custody earlier that day by the Fraud Division on
	6	a warrant for her arrest.
	7	
	8	<b>Case Status: Active Investigation</b>

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral			
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO			
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:	By:		
	Connecting Report Number	Agency	Additional Forms Attached:	<input type="checkbox"/> Narrative	<input type="checkbox"/> SA 707	<input type="checkbox"/> Persons	<input type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date			
Pagliari, Albert			7088	1E22	04-17-2015			
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date			