

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Page 1 of 3 Pages

<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 190010900				Agency ORI Number FL0640100		Zone # DB56		Telephone Handled Call? (T,H,C.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
Reported: Day Wednesday Date 05-29-2019 Time (mil.) 1659		Time Dispatched (mil.) 1700		Time Arrived (mil.) 1710		Time Completed (mil.) 1806		Nature of Call (Report Type) DIST Disturbance						
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Wednesday Date 05-29-2019 Time (mil.) 1659		TO Day Wednesday Date 05-29-2019 Time (mil.) 1700		Occurred During: D - Day U - Unknown N - Night <input type="checkbox"/>				
#1 Offense 9		Type 7777777777		Statute Violation Number 7777777777		Description Disturbance		A - Attempted C - Committed <input type="checkbox"/>		A - Attempted C - Committed <input type="checkbox"/>				
#2 Offense		Type		Statute Violation Number		Description		A - Attempted C - Committed		A - Attempted C - Committed				
Incident Location (Street, Apt. Number) 722 N Seagrave St City DAYTONA BEACH Zip 32114														
Business Name / Area Identifier Fryers Towing			# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No <input checked="" type="checkbox"/>		Alcohol Related 0. N/A 1. Yes 2. No <input checked="" type="checkbox"/>		Forced Entry 1. Yes 3. Attempted 2. No <input checked="" type="checkbox"/>		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No <input checked="" type="checkbox"/>	
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 # O 1		V. Type 3		Nature of Call (for Victim, if different from Incident) In a disturbance with O2		Name (Last/Business) (First) (Middle) Morrison Michael J		Address (Street, Apt. Number) City State Zip Residence Phone 331 N Tymber Creek Rd ORMOND BEACH FL 32173				
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											
If Victim Type 1, 2, or 3		Race W	Sex M	Date of Birth 01-13-1956		Age 63	Ethnicity U	Res. Type 2	Res. Status 1	Means of Attack	Extent of Injury 00	Domestic Violence 2	Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # O 2		V. Type 3		Nature of Call (for Victim, if different from Incident) In a disturbance with O1		Name (Last/Business) (First) (Middle) Podgorski Darcie		Address (Street, Apt. Number) City State Zip Residence Phone 4139 Treadway Rd NEW SMYRNA FL 32168				
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											
If Victim Type 1, 2, or 3		Race W	Sex F	Date of Birth 07-01-1970		Age 48	Ethnicity U	Res. Type 2	Res. Status 1	Means of Attack	Extent of Injury 00	Domestic Violence 2	Relationship	
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			Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement											
If Victim Type 1, 2, or 3		Race	Sex	Date of Birth		Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
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				
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If Victim Type 1, 2, or 3		Race	Sex	Date of Birth		Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	

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
	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? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	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 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 3. Unknown		Missing Before? 1. Yes 2. No 3. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No	
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		
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NARRATIVE

1 On May 29, 2019, at 1700 hours, I was dispatched to 722 N Seagrave St (Fryers Towing), in reference to a disturbance with a possible firearm
 2 on the male involved. I was advised the subject had on a black vest and red shirt on. Upon my arrival, after detaining the male matching the
 3 description later identified as Michael Morrison (O2), I spoke with Darcie Podgorski (O1), who said O2 was acting like he had a firearm in his
 4 possession while in a verbal disturbance with the business over a civil dispute. Podgorski and Morrison both explained there was a verbal
 5 argument over the price and way the business was handled. Podgorski advised during the dispute Morrison went back to his vehicle and appeared
 6 to grab what looked like a gun case that was dark in color, and take what was inside and place it under his armpit in his vest. Podgorski stated she
 7 could not positively see if there was a firearm or not. Morrison never made any statements or threats to the business or Podgorski that would
 8 indicate he had a firearm. A search of Morrison for any weapons had negative results, and consent was given by Morrison to search his vehicle
 9 which also had negative results. Video surveillance was viewed and Morrison was seen with his hand inside his vest, but he also pulled it out and
 10 had nothing in his hands. Morrison was never seen to be in actual possession of a firearm. Both parties advised the argument was only verbal.

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	<input type="checkbox"/> CAC	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:	<input type="checkbox"/> FCIC / NCIC Cancel	
	Connecting Report Number		Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh/Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>							
	Officer Reporting - Printed Riddell, Jon			Officer Reporting - Signature <i>[Signature]</i>			ID. Number D32493	Unit 3c57	Date 05-29-2019		
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			

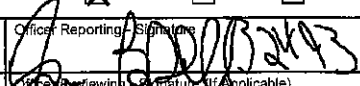
DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-29-2019	Report Time 1659	Orig. Reported Date 05-29-2019	Nature of Call (for Incident) DIST	Agency Report Number 190010900	1.Original	2.Supplement
							1

11 Morrison was released and the business settled the payment with Morrison. Morrison was able to leave the scene with his vehicle. A trespass
 12 warning was issued to Morrison for 722 N Seagrave St (Fryers Towing) per the owners request. The investigation was captured on my Axon body
 13 camera, and submitted onto evidence.com.

NARRATIVE / CONTINUATION

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 <input type="checkbox"/> CAC	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO	
	Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>			
	Officer Reporting - Printed Riddell, Jon	Officer Reporting - Signature 		ID. Number D32493	Unit 3c57	Date 05-29-2019
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date