
From: Clark, Shawn <ClarkShawn@DBPD.US>
Sent: Tuesday, March 21, 2017 10:44 AM
To: ekijansk@martin.fl.us
Subject: ****COPPERFIRE**** 170005591-170321-0936
Attachments: 170005591-170321-0936.pdf

Pease let me know if you received this. The arrest affidavit is in our records department being processed. As soon as I can forward you a copy of the affidavit I will. I hate doing this, but as many chances as he was given, and his actions towards officers I feel I should say something. He represents an agency the same way that I do. If you have an question please feel free to call or email me.

Thank you,
Officer Shawn Clark
Daytona Beach Police Department
386-566-1863

****COPPERFIRE**** 170005591-170321-0936

DAYTONA BEACH POLICE DEPARTMENT

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 _____		INCIDENT REPORT				Agency Report Number 170005591											
				Agency ORI Number FL0640100				Zone # DB53		Telephone Handled Call? (T,H,C.) 1. Yes 2. No 2									
Reported: Day Sunday		Date 03-19-2017		Time (mil.) 0304		Time Dispatched (mil.)		Time Arrived (mil.)		Time Completed (mil.)									
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Sunday		Date 03-19-2017		Time (mil.) 0304									
Offense #1 3		Type 3		Statute Violation Number 877.03		Description Disorderly Conduct				A - Attempted C - Committed C									
Offense #2				Statute Violation Number		Description				A - Attempted C - Committed									
Incident Location (Street, Apt. Number) 500-BLOCK MAIN ST						City DAYTONA BEACH			Zip 32118										
Business Name / Area Identifier			# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 1		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No 2						
Location Type 99		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 K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00.N/A 03.Laceration 06.Poss. Internal Injury 09.Abrasions/Bruiases 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 # 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)											
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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 1		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?		Dental Record Available?	
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No	
3. Involuntary				8. Unknown									
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 1		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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	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:			
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1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No	
3. Involuntary				8. Unknown									
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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 On March 19, 2017 at approximately 0300 hours, I was in the 500 Blk. Main Street working bar closing during the Bikeweek 2017 event. During
 2 this time I observed 4 subjects, one being D-1, Lewis Smith involved in a verbal argument. I sat back at a distance on my marked DBPD
 3 motorcycle and could clearly here the four of them arguing. There were several people in the area watching what was going on. After a minute or
 4 so I pulled up on my marked police motorcycle in my full uniform and stated to D-1, Smith and the others involved not to air their business and to
 5 start walking. D-1, Smith looked directly at me and yelled, "No, you start walking." Sergeant Morford was next to me, and exited off of his
 6 motorcycle instructing D-1, Smith to start walking and not to talk back. D-1, Smith advised he knows the law and does not have to move. D-1,
 7 Smith was advised that he was causing a disturbance and that he needed to walk away before he was arrested. At this point D-1, Smith was
 8 yelling and shouting at Sergeant Morford and myself. The Def. was acting is if he was going to come after us to fight. D-1, was being held back
 9 by two females. D-1, Smith advised me that he was a firefighter, and worked for a county. D-1's actions caused several people in the area to
 10 watch what was going on, and caused several people to start yelling towards him and other officers on scene. After several attempts to have D-1,

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:			
	Connecting Report Number		Agency	Additional Forms Attached:							
				<input type="checkbox"/> Narrative	<input checked="" type="checkbox"/> SA 707	<input type="checkbox"/> Persons	<input type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet	<input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed Clark, Shawn				Officer Reporting - Signature				ID. Number	Unit	Date
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date	
							D73143		03-21-2017		

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 03-19-2017	Report Time 0304	Orig. Reported Date 03-19-2017	Nature of Call (for Incident) DIST	Agency Report Number 170005591	1.Original 2.Supplement 1
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11 Smith calm down he refused. I walked over to D-1, Smith and attempted to place him in handcuffs. D-1, Smith's wife jumped on my right side

12 grabbing my arm to prevent me from arresting her husband. I had to push D-1, Smith's wife off of me to place the handcuffs on D-1, Smith. D-1,

13 Smith continued to yell. I placed D-1, Smith on the ground and instructed him that I gave him more then enough chances to leave. D-1, Smith

14 tried to tell me again that he was a firefighter. I explained to D-1, Smith that I don't care at this point he was a firefighter and that I gave him

15 enough chances. D-1, Smith stated to me that I was a tough guy with my badge on, as he has one too. D-1, Smith also advised that the arrest

16 was never going to hold up in court.

17

18 It should be noted that D-1, smith was given every opportunity to leave the scene without incident, but he refused. Even after being arrested

19 and finding out that he was a firefighter he continued to be very disrespectfully towards Sergeant Morford and myself. D-1, Smith was complaining

20 of a splinter in his finger, and was transported to Daytona Beach Fire Station #1.

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"/> FCIC / NCIC Cancel	
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed Clark, Shawn	Officer Reporting - Signature	ID. Number D73143	Unit	Date 03-21-2017	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		