

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Agency Report Number 150002262
Agency ORI Number FL0640100
Zone # DB46
Telephone Handled 1. Yes 2. No 2

Reported: Day Friday Date 02-06-2015 Time (mil.) 0930 Time Dispatched (mil.) 0930 Time Arrived (mil.) 0930 Time Completed (mil.) 1200 Nature of Call (Report Type) 43 Theft (UCR)

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day From Thursday Date 02-05-2015 Time (mil.) 1800 TO Friday Date 02-06-2015 Time (mil.) 0800 Occurred During: D - Day U - Unknown N - Night U

Offense #1 Type 1 Statute Violation Number 812.014(2)(C)5 Description Grand Theft - Firearm A - Attempted C - Committed C
Offense #2 Type 1 Statute Violation Number 810.02(4)(B) Description Burglary of a Conveyance A - Attempted C - Committed C

Incident Location (Street, Apt. Number) City DAYTONA BEACH Zip 32114

Business Name / Area Identifier # Prem. Entered Drug Related Alcohol Related Forced Entry Arson-Inhabited Arson-Attempted

Location Type 25 Location Type Codes 01.Residence-Single 02.Apartment/Condo 03.Residence/Other 04.Hotel/Motel 05.Convenience Store 06.Gas Station 07.Liquor Sales 08.Bar/Nightclub 09.Supermarket 10.Dept/Discount Store 11.Specialty Store 12.Drug Store/Hospital 13.Bank/Financial Inst. 14.Commercial/Office Bldg. 15.Industrial/Mfg. 16.Storage 17.Gov't/Public Bldg. 18.School/University 19.Jail/Prison 20.Religious Bldg. 21.Airport 22.Bus/Rail Terminal 23.Construction Site 24.Other Structure 25.Parking Lot/Garage 26.Highway/Roadway 27.Park/Woodlands/Field 28.Lake/Waterway 29.Motor Vehicle 30.Other Mobile 88.Unknown 99.Other

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other Address/Phone Type B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School 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 1. City 2. County 3. Florida 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 01.Gunshot 02.Stabbed 03.Laceration 04.Unconscious 05.Poss.Broken Bones 06.Poss. Internal Injury 07.Loss of Teeth 08.Burns 09.Abrasions/Bruises 10.No Visible Injury 99.Other Serious Injury Domestic Violence 1. Yes 2. No Victim Relationship to Offender S-Spouse P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant Z-Other

Offense Indicator 1. #1 3. Both 2. #2 1 V/W Code V # 1 2 V. Type 2 Nature of Call (for Victim, if different from Incident) Name (Last/Business) Slater (First) Edward (Middle) R

Address (Street, Apt. Number) City DAYTONA BEACH FL State ZIP 32114 Residence Phone

Business/School/Other Address (Street, Apt. Number) City DAYTONA BEACH FL State ZIP 32114 Address Type B Business/School/Other Phone (386) 671-5368 Phone Type B

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement

If Victim Type 1, 2, or 3 Race W Sex M Date of Birth 4 Age 70 Ethnicity U Res. Type 1 Res. Status 1 Means of Attack Extent of Injury Domestic Violence Relationship

Offense Indicator 1. #1 3. Both 2. #2 3 V/W Code V # 1 2 V. Type 2 Nature of Call (for Victim, if different from Incident) Name (Last/Business) Slater (First) Edward (Middle) R

Address (Street, Apt. Number) City DAYTONA BEACH FL State ZIP 32114 Residence Phone

Business/School/Other Address (Street, Apt. Number) City DAYTONA BEACH FL State ZIP 32114 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 4 Age 70 Ethnicity U Res. Type 1 Res. Status 1 Means of Attack Extent of Injury Domestic Violence Relationship

Offense Indicator 1. #1 3. Both 2. #2 1 V/W Code V # 2 5 V. Type 5 Nature of Call (for Victim, if different from Incident) Name (Last/Business) City of Daytona Beach (First) (Middle) R

Address (Street, Apt. Number) City DAYTONA BEACH FL State ZIP 32114 Residence Phone

Business/School/Other Address (Street, Apt. Number) City DAYTONA BEACH FL State ZIP 32114 Address Type Business/School/Other Phone (386) 671-8000 Phone Type B

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement

If Victim Type 1, 2, or 3 Race W Sex M Date of Birth 4 Age 70 Ethnicity U Res. Type 1 Res. Status 1 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) R

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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

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 8. Unknown		Missing Before? 1. Yes 2. No 8. 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 February 6th, 2015 Lt. Edward Slater (V1) came to 129 Valor to report the theft of his city issued firearm from his vehicle that occurred
 2 sometime between 1800 hours on 02/05/15 and 0800 hours 02/06/15. RP states he parked his [REDACTED] Chevrolet Tahoe in front of building number
 3 [REDACTED] at [REDACTED] at approximately 1800 hours on 02/05/2015. When he returned to the vehicle at approximately 0800 hours on
 4 02/06/2015, he discovered the vehicle had been ransacked and his Daytona Beach Police Department issued Glock Model 27 with a serial
 5 number of NFY766 had been taken from the center console. RP had believed he had locked the vehicle but there was no sign of forced entry. RP
 6 had vehicle processed and no usable prints or evidence were located. RP has no known suspects at this time but advises that a young male black
 7 has been hanging around the vehicles at night and lives in apt. [REDACTED] at that location off and on. RP will attempt to obtain the information on that
 8 subject. Sworn statement submitted and stolen firearm entered into teletype at 1300 hours by Operator Revels on 02/06/2015.

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	Date:	By:
	<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel				
	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 <input type="checkbox"/> Other Describe: _____				
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date	
West, Harold				D31133	3A31	02-06-2015	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date	