PORT ORANGE POLICE DEPARTMENT

		luvenile		Hate Crime					INCIDENT REPORT Page 1 of 3 Page Agency Penget Number													
		Gang Domestic Violence			Elderly Abuse / Exploitation VOR				Agency Report Number Confidential: District: PCI 150007939													
	Endangered / Other							gency ORI .0641200						Zone #		Telephone Hand						
	Reported: Day Date Time (mil.) Time Dispa										Arrived (m	il.) Time	Complete	d (mil.)	PO03 Nature of	of Call (Rep	Call? (T.H.C.)			2. No 2		
		nesday		-16-20			0140			0140		1130			ASSIS-	Γ Assi	st Age	ncy				
	1. Fe	ent Type: lony affic Felony	3. N 4. 1	/lisdeme raffic Misdem	9.	Ordir Othe	nance er	Incident: D	" 1	ate	- 1	me (mil.)	то	Day	Date	9	Time	e (mil.)	Occurred I D - Day	During: U - Unkr		
≤	2. 116	Offense	Туре		te Violation Nu	mber		vvean	esday 0	9-16-20	Descripti	40 on							N - Night	- Attempte	N	
DATA		#1		Statul	te Violation Nu	mber					Descripti	on							С	C - Committed		
EVENT	Incide	#2																		A - Attempted C - Committed		
E	4545	Incident Location (Street, Apt. Number) 4545 Clyde Morris Boulevard										City POF	RT ORAI	NGE				Zip 3212	29			
	l	iess Name /					# Prem. E	ntered	Drug Rela 0. N/A 1.	Yes		hol Related A 1. Yes		ed Entry s 3. Att	tempted	Arson-I	inhabited upied	3. Abandone	d	Arson-Att		
		Orange F	Locatio	n Type	Codes		<u> </u>			. No 0		2. No 0	2. No)		2. Uno	ccupied			2. No		
			02.Apa	idence- irtment/	Condo 06.	Gas S	enience Sto Station	10.D	upermarket ept/Discou	nt Store	14.Com	k/Financial Inst. imercial/Office l	Bldg. 1	8.School	/University	21.Airport 22.Bus/Rai	l Termina	al 26.Highwa	g Lot/Garag ay/Roadway	30	Motor Vehicle Other Mobile	
	17			idence/ el/Mote	08.	Bar/N	r Sales lightclub	12.D	pecialty Sto rug Store/H	ospital	15.Indu 16.Stor	striai/Mfg. age		9.Jail/Pris 0.Religio		23.Constru 24.Other S		27.Park/W 28.Lake/W	/oodiands/F /aterway			
	V/W	tim N	-Next of	- 1	Victim/Subjec 0. N/A	4. 1	Business	B. B.	ress/Phone usiness/Wo	• •	Message	P. Pager	Race W-WI		Oriental/Asian	Sex M-Male	Res 0. N	sidence Type NA 3. Flori		Residence 0. N/A	Status	
ES	W-Witness O-Other 1. Juvenile 5. Government C Cell								N. Next of Kin S. School					Jnknown ian	F-Female U-Unkno		City 4. Out- County		1. Full Year 2. Par. Year			
CODES	Mean F-Fire	s of Attack			Dangerous	0. (Extent o		1			1-1- 11-1				Domes	tic Violer		tim Relation		ender	
١٠					, Fists, Feet, I	≘tc.	01.Guns 02.Stab	hot 04	Laceration Unconscion Poss.Brok	ous	07.L	oss. Internal Inj	10	.No Visib		1. ` 2. I	Yes No	S-Spo	ent O-	B-Sibling Z-Other O-Other Family H-Co-Habitant		
	Offer	nse Indicato		V/V	V Code	#	V. Type		Call (for V					(Last/Bu	Serious Injury Isiness)		(First)	C-Chil	3 H-	Co-Habitai	(Middle)	
ESS	2 #2 O 1 3											City	Wilso		State	7	Rand		Residence F	Phone	Lee	
L	483	Leslie Dri	ive						<u> </u>			POF	RT ORAI	NGE	GE FL		Zip 32127		000) 000-	000-0000		
\}	Busin	ess/School/	Otner A	aaress	(Street, Apt. N	umbe	er)		City			State	Zi	р		Addres	s Type	Business/So	:hool/Other	Phone	Phone Type	
VICTIM/WITN	Other Contact Info (Time Available, Interpreter, etc.)										Sync	psis of Involver	nent									
Ž		т Тура	Race		Sex	1	ite of Birth		Age	Ethnicit	у	Res. Type	Res. St	atus N	Means of Attac	Exten	t of Injury	Domestic	Violence	Relatio	nship	
_		se Indicator 3. Bot	W	V/V	M V Code	-	-28-1967 V. Type	Nature of	47 Call (for V	U ictim, if dif	ferent fron	1 Incident)	Name	(Last/Bu	siness)		(First)				(Middle)	
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Z												•										
VICTIM/WITNE	Busin	ess/School/	Other A	ddress ((Street, Apt. N	umbe	er)		City		•	State	Zi	Zip			s Type	Business/Sc	nool/Other I	Phone	Phone Type	
15	Other Contact Info (Time Available, Interpreter, etc.)										Sync	psis of Involver	nent									
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I N	Rusiness/School/Other Address (Cheek Add No.														State				Residence P			
VICTIM/WITNESS	Business/School/Other Address (Street, Apt. Number)								City			State	Ži	Р		Addres	s Type	Business/So	hool/Other	Phone	Phone Type	
	Other	Contact Info	o (Time i	Availabl	e, Interpreter,	etc.)					Synd	psis of Involven	nent	∍nt								
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ESS	2. #2			ber)								City			State	Zi			tesidence P	lh e m o		
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≥	Business/School/Other Address (Street, Apt. Number)								City		8	State	Zi	Zip			s Type	Business/Sc	hool/Other	her Phone Type		
VICTIM/WITNE	Other Contact Info (Time Available, Interpreter, etc.)										Syno	psis of Involven	nent									
Š	If Victim Type Race Sex Date of Birth 1, 2, or 3							Age	Ethnicity	у	Res. Type	Res. Sta	atus M	Means of Attack	Exten	t of Injury	Domestic	Violence	Relation	nship		
\vdash	Offens	se indicator		V/M	/ Code #	# 1	V. Туре	Nature of	Call (for Vi	tim, if dif	ferent from	Incident)	Name	(Last/Bus	siness)		(First)				(Middle)	
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	Offe		ator Both	Subje S-Su		V-Victir	n		Code	#	Subj. T	ype N	ame (l	_ast)			((First)			(Mid	dle)	Race	Sex	Eth	nicity	
	2.#	2		D-Defendant (Missing Person) Age To Age Height				To Height Weig			ht To Weight Eve Co		I Eva Cal	D. Hois Colu			or I M			iden Name							
	Date of Birth Age To Age Height																		Maiden Name								
	Nic	kname /	Street Name)				Place	of Birth	- Cit	ty	Cou	inty		State	П	Empl	loyer/Othe	r/School				Occupa	tion			
	Las	st Known	Address (St	reet, Apt.	Number)			1		(City			Sta	ate		Zip			Addres	з Туре	Phon	e			Phone Type	
	Oth	her Addre	ess (Street, A	pt. Numb	per)			_			City			Sta	ate		Zip			Addres	s Type	Phon	A			Phone Type	
_																										Filone Type	
Ó	Dri	iver's Lice	ense State/N	umber					Soci	al Secu	rity Num	nber				Ott	her ID	Number							ID Type		
SECTION	Clothing (Describe)										<u>.</u>			Scars/l	Marks/Tatt	toos (Туре/	Describe)		Scars/Marks/Tattoos (Type/Describe)							
SSI	Hair Length /Style Skin Build									Facial	Feature	es				Spe	ech/\	/oice	Deformity		<u> </u>		Glasses				
N N		/	/	/	Maria							/		1			/			/			/				
13S	If S	Subject	Demea /	nor	Mask		Weapon	Type	/		/			/		/			If Arrest		ubject Wa Custody	? 1	idy .Yes .No	1.	Varrant Fr This Ager Other Age	ncy	
SUBJECT / MISSING		Date	of Last Conta	ct	Date	of Emanci	pation	C	aution	1	Caution	Reason							Personal	Habits (I	Orugs / Ak			,	O arrow 7 rag		
		May B	e With:			Physica	l Conditi	on:				Mental	Condi	tion:				Doctor	Name:				Dentist Na	ame;			
B	S	-	ncident Type			<u> </u>		т	Foul F	lav			1				- 1 -	ingerprint			Photo Available?				Dental Record		
S	MISSING		I. Runaway			Disaster Victim			Suspe				Miss	ing Befo	ore?			Available?	3	- [fioto Avai	iable ?		Availa			
	FM		3. Involuntary 1. Disabled	1	7. \	/oluntary Adult	1		1. Yes 2. No				1. Ye				- 1	1. Yes 2. No	1		. Yes . No			1. Yes	i	1	
	=		5. Endangere	ed		Jnknown			8. Unk	nown				nknown				2. 140			. 140			2. No			
		(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.															issing										
-	Offe	persor			my perm	ission to	enter this		in a sta Code			uma I Ali	ama /1					(Cinnt)			(1.4:)	-11 - X		I 0	Eit		
	1. #	1 3.	Both	S-Sus		V-Victir	n sing Pers	- 1	Code	"	Subj. T	ype Na	ame (l	.ast)			((First)			(Mide	ale)	Race	Sex	Eth	nicity	
		te of Birth	1	Age		Age	Height		To Heig	ht	Weight		To We	ight	Eye Cold	or			Hair Color			Mai	den Name				
	Nic	kname /	Street Name					Place	of Birth	- Cit	у	Cou	inty		State		Empl	loyer/Othe	r/School				Occupat	ion			
	las	Last Known Address (Street, Apt. Number) City State Zip Address Type Phone														T =: =											
	Las	St KIIOWII	Addiess (Or	eet, Apt.	ivallibel)					,	⊃ity			51	ate		ΖIÞ			Addres	s type	Phon	е			Phone Type	
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N	Dri	ver's Lice	nse State/N	umber					Socia	al Secu	rity Num	ber				Oth	her ID	Number						T	ID Type	L	
SECTION	Clo	thing (De	escribe)											Scars/	Marks/Tatt	toos (1	Type/	'Describe)			Scars/	Marks/	Fattoos (Typ	e/Desci	ribe)		
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MISSING	H S	Subject	Demea	nor	Mask	,	Veapon 1	Гуре	/					,		/			If Arrest	ed ir	ubject Wa Custody	? 1	. Yes	1.	Varrant Fr This Ager Other Age	om:	
Σ.		Date o	f Last Conta	ct	Date o	of Emancip	ation	Ca	aution		Caution	Reason				<u>' </u>			Personal	Habits (rugs / Ald		. No	1 2.	Other Age	incy	
5		May Be With: Physical Condition:										Mental	Condi	tion:		Doctor N			Name:				Dentist Na	ame:		-	
SUBJEC	9	Incident Type							F	1		L,				Fingaments											
SU	MISSING	1. Runaway 6. Disaster 2. Parents Victim						Foul P Suspe				Miss	ing Befo	ore?			ingerprint Available?	S		hoto Avai	lable?		Denta Availa	Record			
			i. Parellis I. Involuntary I. Disabled		7. V	oluntary/	1		1. Yes				1. Ye				- 1	I. Yes			. Yes			1. Yes			
	=		. Endangere	d		Adult Jnknown			2. No 8. Unk	nown			2. No 8. Ur	nknown			2	2. No		2	. No			2. No			
		1,							(Prir	ited)									(Signature) certif	y that I h	ave rei	ported the	above	person a	s a missing	
_	person; and this agency has my permission to enter this person in a statewide alert.																										
	On September 16, 2015, I was notified of a Medical Incident by Port Orange Detective Sergeant Joseph Swetz. Sergeant Joseph Swetz informed me that this incident occurred in the Holding Facility of the Port Orange Police Department. I immediately responded to the Police Department.																										
	3		er arriving																			iea i	ille Po	iice L	eparin	ient.	
y	4					_					-											_					
NARRATIVE	5 6	Or	n Septem rated by	iber 15 Randy	5, 2018 7 Wiles	5 at ap	proxim	nately fter th	2234	1 hou	ırs, Po	ort Ora	ange	Patr	rol Offic	cer E	Edw	ard Va	lez cond	ducted	l a traf d Oran	fic st	op on a	vehic	le bein	g Boson	
IRR	7	and	Ashley I	Kortwr	ight to	assist	with tl	ne trai	ining	of O	fficer	Ashle	y Ko	ortwri	ght. At	the	cor	nclusio	n of thei	r inve	stigatio	n, O	fficers N	laira	Ragon	and	
Ž	8	Ash	ley Kort	vright _l	placed	Rand	y Wils	on un	der a	ırrest	for "[Driving	g Un	der ti	he Influ	enc	e."	This a	rrest occ	currec	l at app	oroxi	mately 2	301 h	nours.	Randy	
	9 10	Wilson was taken into custody without incident and was transported to the Port Orange Police Department for processing.																									
_	Fina	al Case		al Case												-		-		T							
Ę	Sta	itus:	Sta	tus Codes	s: 1.A	rrest/Adul	2./	\rrest/Ju	IV. 3	3.Excep	tional/A	dult	4.Exce	eptional/	/Juv. 5.	.Close	ed	6.Unfound	ded 		Victim Ad	vocate		riad	S/	A Referral	
											Date):	B)	9													
J.	느		Spo Report Numb	ke With:	Agency			Ac		I Forms					<u> </u>												
INIS	6		aller # :						Attacl			arrative		SA 707	7 Pe	rsons	L	Property		/Tow Sh	eet		Describe:				
MO	Officer Reporting - Printed							10	Officer Reporting - Signature							ID. Nu			Unit			Date	2045				
Α.										09-17-2 Date	:015																
1									1										ı			1					

PORT ORANGE POLICE DEPARTMENT

	NARRATIVE / SUPPLEMENT													3 of 3	Pages
EVNT	Report Date	Report Time	Orig. Reported Da	1	ature of Call (for	Incident)			Report Number					1.Original	nt
NTINUATION	a breath point, it Wilson Facility After F problem and CP Lieuten continue The Police E The Poli	Wilson had displaying test. Randy Wilson was requested of Refused to participate at the Port Orange Format Randy Wilson had be a This medical probate Refforts on Randy Wilson was transported medical treatment Wilson was transported to assist. Port of the sealed the Holding port Orange Criminal ment to assist. Port of the sealed the Brozio after and Scott Brozio after Scot	n agreed to s andy Wilson e in this evaluate in the cell plem resulted Wilson. Additive, and Officer e summoned to the Horacility and in Investigations Orange Lieuter being briefeled. Upon myon. It should nizel relayed in sonnel needed in the contact of contact.	gns of i ubmit to to provuation of ment. I for applin Randison by spital, I nitiated as Division and the provuation of the ment of the me	o this test. ide a urine is or to provide proximately dy Wilson b , Officer Ma Portillo res Holding Fac efore transp his status w I a crime sci ion was noti and Crimina ne situation II, I conduct ed that Port tion to Lieut y to ensure tr anduct their e investigati s.	The re sample e a urin y one hopecominate Ragonder cility with porting was contained at Invested a not to Crang tenant statement of the Flori investition into	esults of Ra e in complie in complie our and for ing unrespo gon called d to the Ho Randy Will asidered "cr gg. If the incider estigations D ed the Patro on-invasive ge Detective Scott Brozi Brozio con medical ep ida Departr igation. At to the circum	ndy Wils ince with Randy V ty minute his very consistency of the son to the his one of the son to the his point is tances. I nent of L his point is tances	on. As a re- con's breath a potentia Wilson was es, Randy N Officers Ma tance. Por cility and as I. Port Ora le Halifax M offer Randy was at that commander in which is rough of the enzel responses that R assisted th law Enforce is, the Florida E assisted th surroundir	n tests wall Drug Rasis then plan will son a sira Ragort Orange sisted in the point I was a solution of the point I was a solution of the point I was a solution or point I wa	ere .000 gecognition aced into compeared to an and Asia en and Asia en area as notified rozio responsible for a compeared to a	d/210L on Experticell number of suffer they Kornergeant of Sersonneaytona Between the transported to transported to the transpo	of breath. It Evaluation It Ev	It was at the control of the Holding own medical egan first aid Carman, range /AC Persor at the time expital, Patrol of the Police of Department of (Daytonal oved and was conduct an over a conduct and conduct a	mit to mis all id ment. nge as he
삙	Status:	Status Codes: 1.Arrest/	Adult 2.Arrest	/Juv. 3	Exceptional/Adu	ult 4.Ex	xceptional/Juv.	5.Closed	6.Unfounded		Victim Ad	vocate	Triad	SA Ref	erral
RATIVE	DCF Hotline	Spoke With:			Date:	١	Time:		/ NCIC Entry / NCIC Cancel		T.T. BOLO		Date:	By:	
STR	Connecting Report			Additional Attach		rrative [SA 707	Persons	Property	□ Veh /T~	w Sheet	Other De-	T		
ADMINIST	Officer Reporting -	Printed			ficer Reporting - S			Leizous		ID. Numbe		Other Des	icribe:	Date	
ğ	Fields, Eric									PO3515	•	J.III		09-17-2015	,]
	Officer Reviewing -	Printed (If Applicable)		Off	ficer Reviewing -	Signature	(If Applicable)			ID. Numbe	r	Unit	-	Date	