

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 190026438	
Agency ORI Number FL0640000				Zone # 53	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2
Reported: Day Wednesday	Date 12-11-2019	Time (mil.) 0850	Time Dispatched (mil.) 0850	Time Arrived (mil.) 0850	Time Completed (mil.) _____
Nature of Call (Report Type) AC Animal Complaint					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From Tuesday		Date 07-30-2019		Time (mil.) 1556	
TO Wednesday		Date 12-11-2019		Time (mil.) 0850	
Occurred During: D - Day N - Night		U - Unknown		_____	
Offense #1 3		Type 3		Statute Violation Number 828.12(1)	
#2 3		Type 3		Statute Violation Number 828.13(3)	
Description Animal Cruelty-Torment/Deprive/Mutilate/Ki		Description Owner Abandons/Confines Animal w/o Suffici		A - Attempted C - Committed C	
A - Attempted C - Committed C		A - Attempted C - Committed C		_____	
Incident Location (Street, Apt. Number) 174 CLINTON CEMETERY RD					
City EDGEWATER			Zip 32141		
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 2	Forced Entry 1. Yes 3. Attempted 2. No
Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		Arson-Attempted 1. Yes 2. No	
Location Type 01	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 W-Witness R-Reporting Person		N-Next of Kin O-Other		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 B-Black I-American Indian		O-Oriental/Asian U-Unknown		Sex M-Male F-Female U-Unknown	
Residence Type 0. NA 1. City 2. County		3. Florida 4. Out-of-State		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 2. #2 3. Both 3		V/W Code W		# 1	
V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) ESPOSITO	
Address (Street, Apt. Number) 2790 STONE AV		City DELAND		State FL	
Business/School/Other Address (Street, Apt. Number)		City _____		State _____	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3		Race W		Sex M	
Date of Birth		Age		Ethnicity N	
Res. Type 2		Res. Status 1		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2 3. Both 3		V/W Code O		# 1	
V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) DEASE	
Address (Street, Apt. Number) 1250 INDIAN LAKE RD		City DAYTONA BEACH		State FL	
Business/School/Other Address (Street, Apt. Number)		City _____		State _____	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3		Race W		Sex F	
Date of Birth		Age		Ethnicity N	
Res. Type 2		Res. Status 1		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2 3. Both 3		V/W Code W		# 2	
V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) MERRICK	
Address (Street, Apt. Number) 3653 PIONEER TR		City NEW SMYRNA		State FL	
Business/School/Other Address (Street, Apt. Number)		City _____		State _____	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3		Race W		Sex F	
Date of Birth		Age		Ethnicity N	
Res. Type 2		Res. Status 1		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2 3. Both _____		V/W Code _____		# _____	
V. Type _____		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) _____	
Address (Street, Apt. Number)		City _____		State _____	
Business/School/Other Address (Street, Apt. Number)		City _____		State _____	
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	
	UNKOWN											
	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 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			
	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 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.										

1 On 12-11-2019 at approximately 0850 hours, Deputy Weaver responded to 174 Clinton Cemetery Road, Edgewater, reference to an investigation
 2 resulting from a previous Animal Complaint on 07-30-2019 at the location.
 3
 4 During the previous animal complaint, Deputy Weaver responded to the above location on 07-30-2019 reference to underweight horses. Deputy
 5 Weaver observed two horses at that time (a black mare and a brown mare) and noted they were in fact underweight. Deputy Weaver did observe
 6 a large amount of fresh coastal hay on the ground and clean water in the trough at the time.
 7
 8 Deputy Weaver contacted the owner of the two horses, _____ (S1), who agreed his two horses appeared underweight. _____
 9 advised he attempted to administer a worming medication to his horses previously. He stated afterwards (a few days), he noticed the two horses
 10 were losing weight. _____ informed Deputy Weaver once he noticed his horses had lost weight, he immediately realized he administered an

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 <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 checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed Weaver, Darryl	Officer Reporting - Signature 	ID. Number 7282	Unit 1R202	Date 12-11-2019
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 12-11-2019	Report Time 0850	Orig. Reported Date	Nature of Call (for Incident) AC	Agency Report Number 190026438	1.Original 2.Supplement 1
-------------	---------------------------	---------------------	---------------------	--	-----------------------------------	--------------------------------

NARRATIVE / CONTINUATION

11 unknown substance to the horses other than the worming medication he recently purchased. He said he located the full tube of medication inside
12 his truck. ██████ advised he notified his veterinarian, Dr. Rocky Esposito (W1), who responded to provide medical care to his horses due to fear
13 of the horses being poisoned.

14

15 Deputy Weaver asked ██████ what type of supplemental feed was he providing the horses to which he advised he does not provide grain feed to
16 his horses. He stated he only feeds his horses hay at the recommendation of his veterinarian.

17

18 Based on the information provided by ██████ at the time, it was possible ██████ may have provided an unknown substance accidentally to the
19 horses which could have caused them to lose weight. It was also possible for a horse to maintain a healthy body weight on good quality hay alone
20 without using supplemental grain feed.

21

22 Deputy Weaver informed ██████ to continue to follow the veterinarian's recommendations, and he left the property at that time.

23

24 After leaving the property, Deputy Weaver attempted to contact Dr. Esposito, via telephone, to verify ██████'s information provided to him. which
25 yielded negative results.

26

27 On 12-03-2019, Deputy Weaver responded to the location in an attempt to follow up with ██████, but contact was not made at that time. Deputy
28 Weaver noted the pasture at that time was bare with no green vegetation in view other than weeds. No feed or hay was noted at the time. Deputy
29 Weaver only noted observing one of the horses (the brown mare) within the pasture from a distance. Deputy Weaver noted the condition of the
30 brown horse did not appear to have improved from the previous visit to the location.

31

32 On 12-10-19, Deputy D. Clifton along with Volusia County Animal Control responded to the location reference to checking on the conditions of
33 ██████'s animals. Deputy Clifton informed Deputy Weaver that he noticed the horses at the location did not appear to have any hay, and very
34 little water was noticed inside the water trough. Deputy Clifton advised attempts were made to contact ██████ which yielded negative results,
35 but he believed ██████ may have been home, he would not answer the door.

36

37 Contact was also made with Dr. Esposito on 12-10-2019. Dr. Esposito advised he only observed ██████'s horses back in the year of 2018 and
38 he believed it was to pull blood for Coggins testing. He stated he felt ██████ may not have had knowledge on the proper care of horses,
39 therefore, he provided him with some tips for proper care. Dr. Esposito advised he has not responded to the location since.

40

41 Deputy Weaver observed a recent photograph of the horses within the pasture, provided by Officer Alicia Dease, and noticed they appeared to
42 further drop in weight from when they were last observed.

43

44 Deputy Weaver attempted to contact ██████ via telephone, which yielded negative results.

45

46 Based on the totality of circumstances, Deputy Weaver determined proper care was not being administered to the horses by ██████.

47

48 On 12-11-2019, Deputy Weaver responded to the location. Deputy Weaver noticed there was no hay located within the pasture which contained
49 ██████'s horses. Deputy Weaver did not notice any remnants of hay lying on the ground which indicated hay had not been recently provided to
50 the horses. Deputy Weaver observed the two water troughs in the pasture, 1 of the water troughs was dry, and the other water trough appeared to
51 have a water hose leading to it, however, there was very little water inside the trough. Deputy Weaver did not observe any signs of feed while at
52 the property.

53

54 Deputy Weaver further observed two green feed buckets hanging on the side of the fence. Deputy Weaver looked inside the two feed buckets and
55 noticed approximately 5 inches of water inside, indicating they had not been fed within the buckets recently.

56

57 Deputy Weaver noticed the pasture the horses were secured in had no green vegetation other than some toxic weeds on the Northwest side of the
58 pasture, and the pasture was mostly dirt. Deputy Weaver noted the fence which secured the horses within was a wooden fence. Deputy Weaver
59 noticed some areas of the fence had been chewed on by the horses which could be an indication of the horses attempting to obtain some nutrition.

60

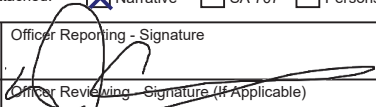
61 Deputy Weaver took digital photographs of the pasture the horses were kept in along with the water troughs, feed buckets, and fence. Deputy
62 Weaver also received, via email, 12 digital photographs from Officer Dease. Deputy Weaver later entered all the digital photographs into the
63 Digital Crime Scene database.

64

65 Deputy Weaver observed the two horses on the property and noted the following:

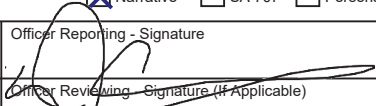
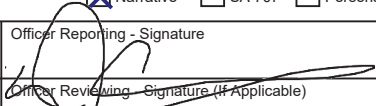
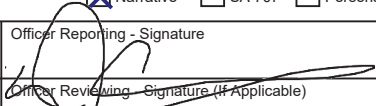
66

67 * BCS (Body Condition Score) - A numerical scale from 1 - 9 used to evaluate the amount of fat on a horse's body, with 1 being emaciated and 9
68 being obese.

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 checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date	
Weaver, Darryl			7282	1R202	12-11-2019	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 12-11-2019	Report Time 0850	Orig. Reported Date	Nature of Call (for Incident) AC	Agency Report Number 190026438	1.Original 2.Supplement 1																																
NARRATIVE / CONTINUATION	<p>69</p> <p>70 A black in color Arabian type mare (female) horse, with a BCS of 1. Deputy Weaver noted the horse had lost weight since she was originally</p> <p>71 observed.</p> <p>72</p> <p>73 A brown in color Arabian type mare (female) horse, with a BCS of 1. Deputy Weaver also noticed this horse had lost some weight since they were</p> <p>74 last observed.</p> <p>75</p> <p>76 Deputy Weaver knocked on the door of the residence several times in an attempt to contact [REDACTED]. It was believed someone was inside the</p> <p>77 residence at the time Deputy Weaver was present, however, they refused to answer the door. Deputy Weaver also attempted to contact [REDACTED]</p> <p>78 via telephone which also yielded negative results.</p> <p>79</p> <p>80 After noticing the previous, Deputy Weaver feared if the horses were left within the care of [REDACTED], further harm would be done. Deputy Weaver</p> <p>81 seized the two horses from [REDACTED]'s possession and transported them to an undisclosed location to receive proper care along with a medical</p> <p>82 evaluation by a veterinarian. Prior to leaving the property, Deputy Weaver left a business card on the gate utilized to remove the horses from the</p> <p>83 property.</p> <p>84</p> <p>85 Upon arrival to the undisclosed location, the horses were removed from the trailer and placed in separate stalls next to each other. Using</p> <p>86 numbered tags to identify each horse, Deputy Weaver took digital photographs of each horse with their designated number.</p> <p>87</p> <p>88 Both horses will further be identified as the following:</p> <p>89</p> <p>90 Black in color mare will be horse # 1</p> <p>91</p> <p>92 Brown in color mare will be horse # 2</p> <p>93</p> <p>94 Dr. Cindy Merrick (W2) was contacted and responded to the location to assess both of the horses. Dr. Merrick only had time to conduct a visual</p> <p>95 assessment and will be conducting a thorough examination on 12-12-2019. Her visual assessment was as follows:</p> <p>96</p> <p>97 Horse # 1 - appeared to be an Arabian mare with a BCS of 1</p> <p>98</p> <p>99 Horse # 2 - appeared to be an Arabian mare with a BCS of 1</p> <p>100</p> <p>101 Dr. Merrick advised both the horses are emaciated. She stated once a regular feeding schedule is introduced to the horses, they should begin to</p> <p>102 gain a healthier weight, however, there is always a risk the horses may not survive. Deputy Weaver will follow up with Dr. Merrick once she is able</p> <p>103 to conduct a thorough exam of the horses.</p> <p>104</p> <p>105 The Sheriff's Office Legal Advisor was notified of the seizure. Once the court date is set, and the paperwork is ready, Deputy Weaver will attempt</p> <p>106 to contact [REDACTED] and notify him of the court date along with serving him civil papers reference to the proceedings.</p> <p>107</p> <p>108</p> <p>109 Case Status: Active / Continued to Deputy Weaver</p>																																					
ADMINISTRATIVE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Final Case Status:</td> <td style="width: 50%;">Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded</td> <td style="width: 10%;"><input type="checkbox"/> Victim Advocate</td> <td style="width: 10%;"><input type="checkbox"/> Triad</td> <td style="width: 10%;"><input type="checkbox"/> SA Referral</td> </tr> <tr> <td><input type="checkbox"/> DCF Hotline</td> <td>Date:</td> <td>Time:</td> <td><input type="checkbox"/> FCIC / NCIC Entry</td> <td><input type="checkbox"/> T.T. BOLO</td> </tr> <tr> <td><input type="checkbox"/> CAC</td> <td>Spoke With:</td> <td></td> <td><input type="checkbox"/> FCIC / NCIC Cancel</td> <td>Date:</td> </tr> <tr> <td>Connecting Report Number</td> <td>Agency</td> <td colspan="3">Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____</td> </tr> <tr> <td>Officer Reporting - Printed Weaver, Darryl</td> <td colspan="2">Officer Reporting - Signature </td> <td>ID. Number 7282</td> <td>Unit 1R202</td> <td>Date 12-11-2019</td> </tr> <tr> <td>Officer Reviewing - Printed (If Applicable)</td> <td colspan="2">Officer Reviewing - Signature (If Applicable)</td> <td>ID. Number</td> <td>Unit</td> <td>Date</td> </tr> </table>						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:	Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			Officer Reporting - Printed Weaver, Darryl	Officer Reporting - Signature 		ID. Number 7282	Unit 1R202	Date 12-11-2019	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date
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:																																		
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____																																				
Officer Reporting - Printed Weaver, Darryl	Officer Reporting - Signature 		ID. Number 7282	Unit 1R202	Date 12-11-2019																																	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date																																	