

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number 220014068
Agency ORI Number FLO640000
Zone # 45
Telephone Handled 1. Yes 2. No

Reported: Day Thursday Date 07-21-2022 Time (mil.) 0055 Time Dispatched (mil.) 0055 Time Arrived (mil.) 0055 Time Completed (mil.) 0119 Nature of Call (Report Type) FLEE Fleeing Vehicle

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day From Thursday Date 07-21-2022 Time (mil.) 0055 TO Thursday Date 07-21-2022 Time (mil.) 0055 Occurred During: D - Day U - Unknown N - Night N

Offense #1 Type 1 Statute Violation Number 316.1935(2) Description Flee/Att.Elude LEO w/Lights/Sirens Active A - Attempted C - Committed C

Offense #2 Type 1 Statute Violation Number 784.07(2)(B) Description Battery on LEO/Firefighter/EMT/etc A - Attempted C - Committed C

Incident Location (Street, Apt. Number) 2200 BLK PROVIDENCE BLVD City DELTONA Zip 32738

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

Location Type 26 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 3. Both 3. V. Type 1 3 Nature of Call (for Victim, if different from Incident) Name (Last/Business) (First) (Middle) THOMPSON LOGAN GENE

Address (Street, Apt. Number) 301 N COOPER ST City NEW SMYRNA State FL Zip 32169 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 PASSENGER OF VEHICLE

If Victim Type 1, 2, or 3 Race W Sex M Date of Birth 05-29-1985 Age 37 Ethnicity N 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. Type 2 1 Nature of Call (for Victim, if different from Incident) Name (Last/Business) (First) (Middle)

Address (Street, Apt. Number) City DELTONA State FL Zip 32738 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 SON OF D1

If Victim Type 1, 2, or 3 Race B Sex M Date of Birth 05-31-1959 Age 63 Ethnicity N 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. Type 3 3 Nature of Call (for Victim, if different from Incident) Name (Last/Business) (First) (Middle) CAMPBELL ROSA C

Address (Street, Apt. Number) 2890 BLACKBURN AVE City DELTONA State FL Zip 32738 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 FRIEND OF FAMILY WHOM TOOK O2

If Victim Type 1, 2, or 3 Race B Sex F Date of Birth 05-31-1959 Age 63 Ethnicity N Res. Type 1 Res. Status 1 Means of Attack Extent of Injury Domestic Violence Relationship

Offense Indicator 1. #1 3. Both 2. #2 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

# 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 # D 1	Subj. Type 3	Name (Last) ROBINSON	(First) NAOMI	(Middle) D	Race B	Sex F	Ethnicity N	
	Date of Birth 09-30-1994	Age 27	To Age	Height 5' 00	To Height	Weight 120	To Weight	Eye Color BRO	Hair Color BLK	Maiden Name	
	Nickname / Street Name		Place of Birth - City DELTONA			County FL	State	Employer/Other/School	Occupation		
	Last Known Address (Street, Apt. Number) 2639 AINSWORTH AVE				City DELTONA	State FL	Zip 32738	Address Type H	Phone	Phone Type	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number FL R152624948500			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 2		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	
	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:			
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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 \*\*\*\*\*BWC RECORDING\*\*\*\*\*

2

3 On 07-21-2022, at approximately 0055 hours, Deputy Hansard was traveling northbound on Providence Boulevard approaching the intersection of

4 Elkcam Boulevard. Deputy Hansard was operating his Volusia Sheriff's Office agency issued unmarked 2016 Ford Explorer (194316). Deputy

5 Hansard noticed a blue Toyota four door passenger car bearing Florida tag IELP07, also traveling northbound on Providence Boulevard with its

6 hazard lights active and immediately run the steady red light for north and southbound traffic at the aforementioned intersection.

7

8 Deputy Hansard immediately activated his emergency lights in an attempt to conduct a traffic stop. Deputy Hansard observed the vehicle pull to

9 the right turn lane to the entrance of Deltona Lakes Elementary School. Upon the vehicle coming to a stop, the black female driver position the

10 aforementioned vehicle to where she immediately began flashing a light at Deputy Hansard and began to scream. Unbeknownst to Deputy

ADMINISTRATIVE	Final Case Status: 1	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 checked="" type="checkbox"/> DCF Hotline	Date: 07-21-2022	Time: 0245	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO
	<input type="checkbox"/> CAC	Spoke With: EMAILED	<input type="checkbox"/> FCIC / NCIC Cancel		
	Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: UTC'S		
Officer Reporting - Printed Hansard, Joshua	Officer Reporting - Signature		ID. Number 8189	Unit 1M41	Date 07-21-2022
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

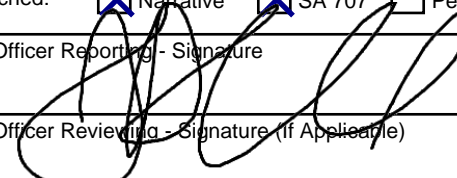
# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	07-21-2022	0055	07-21-2022	FLEE	220014068		1

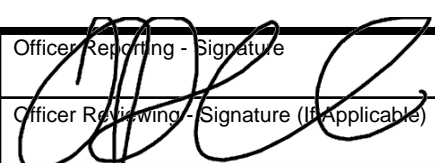
NARRATIVE / CONTINUATION

11 Hansard at the time the flashlight was a q-beam style spotlight in the shape of an "L". Deputy Hansard contacted Central Communications and  
 12 notified them of the traffic stop and requested additional units. Deputy Hansard noticed a white male in the back driver's seat as well as a black  
 13 male juvenile in the rear passenger side. The black female driver, later identified as Naomi D. Robinson (D1) turned around in the aforementioned  
 14 vehicle no traveling southbound on Providence Boulevard. Robinson (D1) continued to shout out of the open driver's side door and fled from the  
 15 traffic stop, Deputy Hansard had initiated.  
 16  
 17 Deputy Hansard notified Central Communications as well as other responding law enforcement of the felony traffic charges and watched as  
 18 Robinson (D1) ran the steady red traffic control signal while turning onto eastbound Elkcam Boulevard. Deputy Hansard continued to follow the  
 19 fleeing vehicle at approximately 35mph while obeying all traffic laws and deactivating his emergency lights and sirens. Deputy Hansard followed  
 20 the aforementioned vehicle eastbound at 35mph and notified responding law enforcement of the direction of the vehicle. Deputy Hansard notified  
 21 Sergeant Pullin of the felony fleeing vehicle whom advised stop sticks were authorized in an attempt to disable the fleeing vehicle. While still  
 22 eastbound on Elkcam Boulevard, deputies were able to successfully deploy agency issued stop sticks near the intersection of Elkcam Boulevard  
 23 and Delaware Road.  
 24  
 25 Deputy Hansard observed the aforementioned vehicle being operated by Robinson (D1) drive over the stop sticks and continue eastbound on  
 26 Elkcam Boulevard through a steady red traffic control signal at the intersection of Howland Boulevard. Deputy Hansard continued to follow the  
 27 vehicle eastbound on Elkcam Boulevard through the intersection of Lake Helen Osteen Road and stopped in the parking lot of the Dollar General,  
 28 located at 2810 Elkcam Boulevard.  
 29  
 30 Robinson (D1) came to a complete stop in the aforementioned parking lot and immediately got out of her vehicle. She began screaming at law  
 31 enforcement and refused to comply with commands. Deputy Hansard challenged Robinson (D1) with department issued firearms, which did not  
 32 Robinson (D1) was in and out of the rear seat of the vehicle and all attempts at coming to a peaceful resolution and law enforcement's  
 33 de-escalations attempts failed. Deputy Hansard told Robinson (D1) she was under arrest and to place her hands behind her back. Robinson (D1)  
 34 failed to comply and deputies on-scene made an attempt to place Robinson (D1) into custody for the felony fleeing or attempting to elude. When  
 35 deputies attempted to place Robinson (D1) into custody, she kicked and punched Deputy Baldwin. (See Deputy Baldwin's supplement for further  
 36 details) Robinson (D1) was eventually taken to the ground in an attempt to place her into custody, when she bit Deputy Hansard's left hand.  
 37 Eventually, Robinson (D1) was taken into custody and later placed into a Volusia Sheriff's Office law enforcement vehicle.  
 38  
 39 Deputies made contact with the adult back seat passenger, identified as Logan G. Thompson (O1). Thompson (O1) said Robinson (D1) knew law  
 40 enforcement was trying to conduct a traffic stop at which time she fled. Thompson (O1) said he told Robinson (D1) to stop multiple times however  
 41 she failed to listen. Thompson (O1) was released from the scene.  
 42  
 43 Deputies contacted Robinson's (D1) son, [REDACTED] (O2) whom was positioned in the back seat on the passenger side next to Thompson  
 44 (O1). [REDACTED] (O2) was later released to a family friend, Rosa Campbell (O3).  
 45  
 46 Deputy Hansard determined Robinson (D1) fled from a traffic stop conducted by law enforcement, battered Deputies Hansard and Baldwin,  
 47 resisted arrest with violence, and child abuse.  
 48  
 49 Deputy Hansard completed and S.A. 707 charging affidavit and issued Robinson (D1) multiple Uniform Traffic Citations. She was subsequently  
 50 transported to the Volusia County Branch Jail.  
 51  
 52 Due to a juvenile being inside the vehicle, Director Quann was notified and the Department of Children and Families forwarded a copy of the  
 53 official documentation.  
 54  
 55 Case Status: Arrest / Adult Female.

<b>ADMINISTRATIVE</b>	Final Case Status: <u>1</u>	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 checked="" type="checkbox"/> DCF Hotline	Date: <u>07-21-2022</u> Time: <u>0245</u>	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	<input type="checkbox"/> CAC	Spoke With: <u>EMAILED</u>	<input type="checkbox"/> FCIC / NCIC Cancel			
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>UTC'S</u>				
Officer Reporting - Printed <u>Hansard, Joshua</u>	Officer Reporting - Signature 	ID. Number <u>8189</u>	Unit <u>1M41</u>	Date <u>07-21-2022</u>		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## PROPERTY REPORT

EVNT	Report Date <b>07-21-2022</b>	Report Time <b>0055</b>	Original Incident Date <b>07-21-2022</b>	Nature of Call (for Incident) <b>FLEE</b>	Agency Report Number <b>220014068</b>	1.Original 2.Supplement <b>1</b>						
THEFT	Type Theft <b>00</b>	Type Theft Codes 00. N/A    02. Robbery    04. Pocket Picking    06. Embezzlement    08. From Public    09. From Vehicle    11. By Computer    13. Bicycle    99. Other 01. Burglary    03. Shoplifting    05. Purse Snatching    07. From Coin Oper. Machine    Access Bldg.    10. Extortion    12. Fraud    14. Motor Vehicle Parts										
CODES	Person Code V-Victim    N-Next of Kin S-Suspect    O-Other D-Defendant    R-Reporting Party W-Witness	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence    5. Lost    8. Found    12. Stolen And Recovered    16. Vehicle Inventory Prop.    20. Safekeeping 2. Damaged Prop.    6. Recovered    9. Found/Contraband    13. Disposal    17. Baker Act    21. Digital Evidence 3. Arson/Burned    7. Recovered (Outside Agency Recovered)    10. Prisoner's Pers. Prop.    14. Prop. Of Deceased    18. Seized/Confiscated 4. Photo & Release									
	Category Code B. Bicycle    E-Equipment/Measuring Devices/Tools    I-Items of Identification    V.Viewing Equip (Binoculars) C. Camera/Photo Equipment    F-Furniture and Furnishings    J-Special Docs/Food Stamps/Tickets    M. Musical Instrument    R-Radio/TV/Sound Devices    W.Well-drilling Equipment D-Data Processing Equipment    G-Games and Gambling Apparatus    K-Keepsakes and Collectibles    O. Office Equipment    S-Sports/Camping/Rec.Equip.    Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.) H-Household Appliance/Housewares    L. Livestock    P.Personal Accessories    T-Toxic Chemicals											
	DRUG CODES	Activity P. Possess    D. Deliver    Z. Other S. Sell    E. Use B. Buy    K. Dispense/Distribute T. Traffic    M. Manufacture/Produce/ R. Smuggle    Cultivate	Type A. Amphetamine    M. Marijuana    U. Unknown B. Barbiturates    O. Opium/Derivative    Z. Other C. Cocaine    P. Paraphernalia/ E. Heroin    Equipment H. Hallucinogen    S. Synthetic	Unit 1. Gram    6. Ton 2. Milligram    7. Liter 3. Kilogram    8. Milliliter 4. Ounce    9. Dose Unit/Term 5. Pound    99. Other								
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value				
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value				
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value				
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value				
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
ADMIN.	Officer Reporting - Printed <b>Hansard, Joshua</b>			Officer Reporting - Signature 			ID. Number <b>8189</b>	Unit <b>1M41</b>	Date <b>07-21-2022</b>			
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			

# VOLUSIA COUNTY SHERIFF'S OFFICE

## VEHICLE / TOW REPORT

<b>EVNT</b>	Report Date <b>07-21-2022</b>	Report Time <b>0055</b>	Orig Reported Date <b>07-21-2022</b>	Nature of Call (for Incident) <b>FLEE</b>	Agency Report Number <b>220014068</b>	1.Original 2.Supplement <b>1</b>				
<b>CODES</b>	Person Code V-Victim R-Reporting Party S-Suspect N-Next of Kin D-Defendant O-Other W-Witness	Veh Involvement 1. Stolen 4.Recovered (Outside Agency Stolen) 2. Recovered 5. Impounded 3. Stolen and Recovered 6. Abandoned	7. Fail Return 8. Seized 9. Burglarized 10. Vandalized	11.Return to Owner 12.Evidence 13. Arson 14.Suspicious	Type 1. Auto 6. Trailer 2. Truck/Van 7. Boat 3. Motorcycle 8. Aircraft 4. Camper/RV 9. Other 5. Bus	Caution Code 1.Occupant(s) Armed 2.Occupant(s) Armed/ Hold for Latents 3.Hold for Latents	Method of Theft 0.N/A 4.Steering Column 1.Keys 5.Ignition 2.Tow Truck 8.Unknown 3.Hot Wire			
	Damage Cause 0.N/A 2. Criminal Mischief 1.Arson 3. During Other Offense	4. Stripped/Theft From 9. Other	Recovery Location 1. Family Residence 3. Housing Project 2. Apt. Complex 4. Commercial/ Industrial	5. Park/Playground 7.Woods 9. Other 6. Shopping Mall 8.Water	Recovery Code 1. Local/Local Stolen/Recovered 2. Local/Other 3. Other/Local					
	Veh. # <b>1</b>	Veh. Involvement <b>5</b>	Type <b>1</b>	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)		Estimated Value <b>\$25,000.00</b>			
<b>VEHICLE / VESSEL</b>	Person Code # (Owner)	Name (Last/Business) <b>EAN HOLDINGS LLC</b>			(First)	(Middle)	Race	Sex	Date of Birth	Age
	Address (Street, Apt. Number) <b>14002 E 21ST ST STE 1500</b>									
	Person Code # (Operator)	Name (Last/Business) <b>ROBINSON</b>			(First)	(Middle)	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>09-30-1994</b>	Age <b>27</b>
	Vehicle	Year <b>2021</b>	Make <b>TOYT</b>	Model <b>4D</b>	Style <b>4D</b>	Tag Type <b>PC</b>				
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type	
	Tag / Reg No <b>IELP07</b>	Reg. State <b>FL</b>	Reg. Year <b>2023</b>	VIN/Hull/FAA <b>2T3W1RFV1MC087702</b>		Color (Top/Bottom) <b>BLU</b>	Method of Theft	Damage Cause <b>0</b>		
	Components Stripped <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____							Original Reporting Agency	Report Number	
	Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$	
	Towed By: <b>C &amp; S</b>	Wrecker Driver: <b>JESSE</b>	Towed To: <b>1014 SHADICK, OC</b>		Tow Fee Type? <b>DRIVER ARRESTED</b>	Hold Y-Yes N-No <b>N</b>	Reason/Authority			
	<b>INVENTORY</b>	<b>MISC PERSONAL ITEMS</b>								18.Undercarriage 19.Overturn 20.Windshield 21.Trailer
<b>xbox</b>						<b>WOMANS PURSE</b>				
<b>VEHICLE / VESSEL</b>	Veh. #	Veh. Involvement	Type	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)				Estimated Value \$	
	Person Code # (Owner)	Name (Last/Business)			(First)	(Middle)	Race	Sex	Date of Birth	Age
	Address (Street, Apt. Number)									
	Person Code # (Operator)	Name (Last/Business)			(First)	(Middle)	Race	Sex	Date of Birth	Age
	Vehicle	Year	Make	Model	Style	Tag Type				
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type	
	Tag / Reg No	Reg. State	Reg. Year	VIN/Hull/FAA		Color (Top/Bottom)	Method of Theft	Damage Cause		
	Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____							Original Reporting Agency	Report Number	
	Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$	
	Towed By:	Wrecker Driver:	Towed To:		Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority			
<b>INVENTORY</b>										
<b>CHAIN OF CUSTODY</b>	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):			
	Leave Blank:				Reason for Change:					
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):			
	Leave Blank:				Reason for Change:					
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):			
Leave Blank:				Reason for Change:						
<b>ADMIN.</b>	Officer Reporting - Printed <b>Hansard, Joshua</b>			Officer Reporting - Signature 		ID. Number <b>8189</b>	Unit <b>1M41</b>	Date <b>07-21-2022</b>		
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date		

**7th. Judicial Circuit 707  
Charging Affidavit - Volusia**

Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # 1 of 4

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: <u>FL0640000</u>	Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>	Agency Case Number: <u>220014068</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>07-21-2022</u> Time of Arrest: <u>0110</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>2800 BLK ELKCAM BLVD DELTONA FL 32738</u>		Arrested By: <u>HANSARD, JOSHUA</u>	ID Number: <u>8189</u>
<b>DEFENDANT</b>	NAME (Last) <u>ROBINSON</u> (First) <u>NAOMI</u> (Middle) <u>D</u>	A.K.A.:	Sex: <u>F</u> Race: <u>B</u>
DOB: <u>09-30-1994</u>	Age: <u>27</u> Driver's Lic./ ID No.: <u>R152624948500</u>	State: <u>FL</u> Year Expires: <u>2026</u>	S.S.# - <u>[REDACTED]</u>
Height: <u>5' 00"</u>	Weight: <u>120</u> Hair: <u>BLK</u> Eyes: <u>BRO</u>	P.O.B. (City, State, Country): <u>FL</u>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER) <u>2639 AINSWORTH AVE</u>		(CITY) <u>DELTONA</u> (STATE) <u>FL</u> ZIP CODE <u>32738</u>	RESIDENCE PHONE
Address - Local (STREET, APT. NUMBER)		(CITY) (STATE) ZIP CODE	RESIDENCE PHONE
Address - Other (Employer/School) (STREET, APT. NUMBER)		(CITY) (STATE) ZIP CODE	BUS/SCHOOL PHONE

<b>CHARGES</b>	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input checked="" type="checkbox"/> DUI <input type="checkbox"/>	Total Charges: <u>5</u>
#1 Charge: <u>Flee/Att.Elude LEO w/Lights/Sirens Active</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>316.1935(2)</u>	Citation No.: Bond: <u>10,000.00</u>
#2 Charge: <u>Battery on LEO/Firefighter/EMT/etc</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.07(2)(B)</u>	Citation No.: Bond: <u>10,000.00</u>
#3 Charge: <u>Resisting an Officer with Violence</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>843.01</u>	Citation No.: Bond: <u>10,000.00</u>

<b>CO-DEFENDANT</b>	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME (Last) (First) (Middle) Race: Sex: DOB: Age:		
#2 NAME (Last) (First) (Middle) Race: Sex: DOB: Age:		

**NARRATIVE** The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 21 day of July, 2022, at approximately 0055  a.m.  p.m. at ELKCAM / PROVIDENCE DELTONA within Volusia County, violated the law and did then and there:

1 \*\*\*\*\*BWC RECORDING\*\*\*\*\*  
 2  
 3 On 07-21-2022, at approximately 0055 hours, Deputy Hansard was traveling northbound on Providence Boulevard approaching the intersection of  
 4 Elkcarn Boulevard. Deputy Hansard was operating his Volusia Sheriff's Office agency issued unmarked 2016 Ford Explorer (194316). Deputy  
 5 Hansard noticed a blue Toyota four door passenger car bearing Florida tag IELP07, also traveling northbound on Providence Boulevard with its  
 6 hazard lights active and immediately run the steady red light for north and southbound traffic at the aforementioned intersection.  
 7  
 8 Deputy Hansard immediately activated his emergency lights in an attempt to conduct a traffic stop. Deputy Hansard observed the vehicle pull to the  
 9 right turn lane to the entrance of Deltona Lakes Elementary School. Upon the vehicle coming to a stop, the black female driver position the  
 10 aforementioned vehicle to where she immediately began flashing a light at Deputy Hansard and began to scream. Unbeknownst to Deputy  
 11  
 12 Hansard at the time the flashlight was a q-beam style spotlight in the shape of an "L". Deputy Hansard contacted Central Communications and  
 13 notified them of the traffic stop and requested additional units. Deputy Hansard noticed a white male in the back driver's seat as well as a black male  
 14 juvenile in the rear passenger side. The black female driver, later identified as Naomi D. Robinson (D1) turned around in the aforementioned vehicle  
 15 no traveling southbound on Providence Boulevard. Robinson (D1) continued to shout out of the open driver's side door and fled from the traffic stop,

<b>NOTICE TO APPEAR</b>	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			

SIGNATURE OF DEFENDANT	Date	RELATIONSHIP TO JUVENILE	JUVE DISP.
			CITATION No.

Sworn to and subscribed before me, the undersigned this <u>21</u> day of <u>July</u> , <u>2022</u> , Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: <u>ID # 9107</u>	<u>HANSARD, JOSHUA</u> NAME (PRINTED)	<u>8189</u> ID NUMBER

**OFFICIAL USE ONLY** Inmate Number & Facility:

**Narrative Supplement 707-B**

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

**Court Case Number:**

Defendant Name: <b>ROBINSON</b>	(Last)	(First) <b>NAOMI</b>	(Middle) <b>D</b>	Agency Case Number: <b>220014068</b>
<b>CHARGES</b>		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input checked="" type="checkbox"/>	Total Charges: 5
#4	Charge: <b>Child Abuse w/o Great Harm</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>827.03(1)</b>	Citation No.: Bond: <b>10,000.00</b>
#5	Charge: <b>Battery on LEO/Firefighter/EMT/etc</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>784.07(2)(B)</b>	Citation No.: Bond: <b>10,000.00</b>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:

16 Deputy Hansard had initiated.

17

18 Deputy Hansard notified Central Communications as well as other responding law enforcement of the felony traffic charges and watched as Robinson (D1) ran the steady red traffic control signal while turning onto eastbound Elkcam Boulevard. Deputy Hansard continued to follow the fleeing vehicle at approximately 35mph while obeying all traffic laws and deactivating his emergency lights and sirens. Deputy Hansard followed the aforementioned vehicle eastbound at 35mph and notified responding law enforcement of the direction of the vehicle. Deputy Hansard notified Sergeant Pullin of the felony fleeing vehicle whom advised stop sticks were authorized in an attempt to disable the fleeing vehicle. While still eastbound on Elkcam Boulevard, deputies were able to successfully deploy agency issued stop sticks near the intersection of Elkcam Boulevard and Delaware Road.

24

25 Deputy Hansard observed the aforementioned vehicle being operated by Robinson (D1) drive over the stop sticks and continue eastbound on Elkcam Boulevard through a steady red traffic control signal at the intersection of Howland Boulevard. Deputy Hansard continued to follow the vehicle eastbound on Elkcam Boulevard through the intersection of Lake Helen Osteen Road and stopped in the parking lot of the Dollar General, located at 2810 Elkcam Boulevard.

29

30 Robinson (D1) came to a complete stop in the aforementioned parking lot and immediately got out of her vehicle. She began screaming at law enforcement and refused to comply with commands. Deputy Hansard challenged Robinson (D1) with department issued firearms, which did not

32 Robinson (D1) was in and out of the rear seat of the vehicle and all attempts at coming to a peaceful resolution and law enforcement's de-escalations attempts failed. Deputy Hansard told Robinson (D1) she was under arrest and to place her hands behind her back. Robinson (D1) failed to comply and deputies on-scene made an attempt to place Robinson (D1) into custody for the felony fleeing or attempting to elude. When deputies attempted to place Robinson (D1) into custody, she kicked and punched Deputy Baldwin. (See Deputy Baldwin's supplement for further details) Robinson (D1) was eventually taken to the ground in an attempt to place her into custody, when she bit Deputy Hansard's left hand. Eventually, Robinson (D1) was taken into custody and later placed into a Volusia Sheriff's Office law enforcement vehicle.

38

39 Deputies made contact with the adult back seat passenger, identified as Logan G. Thompson (O1). Thompson (O1) said Robinson (D1) knew law enforcement was trying to conduct a traffic stop at which time she fled. Thompson (O1) said he told Robinson (D1) to stop multiple times however she failed to listen. Thompson (O1) was released from the scene.

42

43 Deputies contacted Robinson's (D1) son, [REDACTED] (O2) whom was positioned in the back seat on the passenger side next to Thompson (O1). [REDACTED] (O2) was later released to a family friend, Rosa Campbell (O3).

45

46 Deputy Hansard determined Robinson (D1) fled from a traffic stop conducted by law enforcement, battered Deputies Hansard and Baldwin, resisted arrest with violence, and child abuse.

48

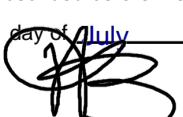
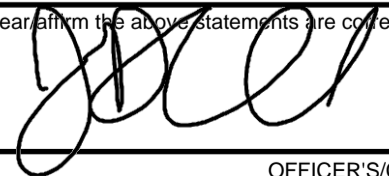
49 Deputy Hansard completed and S.A. 707 charging affidavit and issued Robinson (D1) multiple Uniform Traffic Citations. She was subsequently transported to the Volusia County Branch Jail.

51

52 Due to a juvenile being inside the vehicle, Director Quann was notified and the Department of Children and Families forwarded a copy of the official documentation.

54

55 Case Status: Arrest / Adult Female.

Sworn to and subscribed before me, the undersigned this <u>21</u> day of <u>July</u> , 2022	I swear/affirm the above statements are correct and true	Right Thumb
Name: 		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	HANSARD, JOSHUA	8189
Type of Identification:	NAME (PRINTED)	ID NUMBER

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

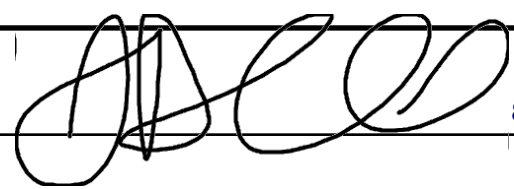
Defendant (Last) (First) (Middle)			Agency Case Number:						
Name: ROBINSON NAOMI D			220014068						
Name: (Last) (First) (Middle)			Vic	Race:	Sex:	Age:	DOB:	SSN:	
THOMPSON LOGAN GENE			Wit <input checked="" type="checkbox"/>	W	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	37	05-29-1985		
Address (#, Street, City, State): 301 N COOPER ST NEW SMYRNA FL					Zip: 32169	Home: Phone:		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:					Zip:	Bus: Phone:		Phone:	
Relative/Contact Name					Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic	Race:	Sex:	Age:	DOB:	SSN:	
[REDACTED]			Wit <input checked="" type="checkbox"/>	B	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	9	[REDACTED]		
Address (#, Street, City, State): [REDACTED] DELTONA FL					Zip: 32738	Home: Phone:		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:					Zip:	Bus: Phone:		Phone:	
Relative/Contact Name					Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic	Race:	Sex:	Age:	DOB:	SSN:	
CAMPBELL ROSA C			Wit <input checked="" type="checkbox"/>	B	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	63	05-31-1959		
Address (#, Street, City, State): 2890 BLACKBURN AVE DELTONA FL					Zip: 32738	Home: Phone:		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:					Zip:	Bus: Phone:		Phone:	
Relative/Contact Name					Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic	Race:	Sex:	Age:	DOB:	SSN:	
			Wit <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>				
Address (#, Street, City, State):					Zip:	Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:					Zip:	Bus: Phone:		Phone:	
Relative/Contact Name					Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic	Race:	Sex:	Age:	DOB:	SSN:	
			Wit <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>				
Address (#, Street, City, State):					Zip:	Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:					Zip:	Bus: Phone:		Phone:	
Relative/Contact Name					Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic	Race:	Sex:	Age:	DOB:	SSN:	
			Wit <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>				
Address (#, Street, City, State):					Zip:	Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:					Zip:	Bus: Phone:		Phone:	
Relative/Contact Name					Relative/Contact Address:		Phone:		

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
SEE VSO PROPERTY SHEET	07-21-2022		
Owner Name (Last) (First) (Address)	(Phone)	Value	
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)	(Phone)	Value	
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

HANSARD, JOSHUA  
Investigating Officer



8189  
ID Number

VCSSO  
Agency