	NARRATIVE / SUPPLEMENT Page 1 of 1 Page 1 P												
Ž	Repor	t Date 3-2022	Report Time	Orig. Reported Date	Nature of Call (for Incide	nt)	Agency Report Number			1.Original			
<u>E</u>	07-18		2143	07-18-2022	ABAT SIMP		220013939			2.Supplement 2			
NARRATIVE / CONTINUATION	1 2 3 4 5 6 7 8 9 1 1 1 2 1 3 4 5 6 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***BWC While De Johnnie, Williams (px:321-5) Deputy F Beverly S Deputy F Demetria Johnnie Beverly I No further	eputy Prado was in who advised he go. Johnnie also pro 578-4193) Prado made contastated she would reprado obtained the a Williams - px:386 Rollins: - px;407 Mullings - px: 32 Per action taken by atus: Unchanged	n contact with Dengave permission to vided Deputy Pract with Beverly over trieve her vehicle of following phone of 1-578-4193	netria Williams, she have his son who do with the phone er the phone, who at 2629 Academ	ne was on the point is lyanna's bronder of the number of the advised she way Ave, at a late	whone with Iyanna' other, Josiah Rolli registered owner o was aware Iyanna I er time.	ns (DOB:01/31/20 of the Toyota Cam	019) remain with Darry, Beverly Mullin	ado spoke with Demetria gs			
щ	Final (Status		Final Case Status Codes: 1.Arres	st/Adult 2.Arrest/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounded	Victim Ad	vocate Triad	SA Referral			
ADMINISTRATIVE		CF Hotline			Date:	Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	By:			
3TR/		AC ecting Report	Spoke With: Number Agency		ional Forms	<u> </u>	FCIC / NCIC Cancel		0.1. 5	<u> </u>			
SIN	Office	r Reporting - F	Printed	A	ttached: Narrative		Persons Property	Veh./Tow Sheet ID. Number	Other Describe:	Date			
4DM		r Reporting - i o, Eban	mileu			101		9133	1D45	07-18-2022			
_			Printed (If Applicable)		Officer Reviewing - Sign	ature (If Applicable)		ID. Number	Unit	Date			

				NAI	RRATIVE / S	UPPLEMENT	-	Page1	of4Pages
VNT	Report Date 07-18-2022	Report Time	Orig. Reported Date	Nature of Call (for In	ncident)	Agency Report Number			1.Original
Ш		2044 PECOPDING***	07-18-2022	ABAT SIMP		220013939			2.Supplement 2
	1 ***BWC 2 3 On 07/1 4 emerger 5 6 Upon ar 7 bearing 8 initially s 9 and resi 10 lyanna's 11 12 lyanna v 13 vehicle, 14 15 Deputy l 16 the vehic 17 meantim 18 19 lyanna v 20 lyanna v 21 22 Due to a 23	RECORDING*** 8/22, at approximating response. rival, Deputy Muzzy FL tag BEVJACK, is secure the function of the secure that the secure the function of the secure that the secure the secure that the secure	y observed Sergeregistered to a Baser complaints of body and pulling har lifted her leg up puty Muzzy's pate atedly spit and har with Johnnie Rolled he was ok with eing placed under the determinant of the property Branch Jail.	Deputy Muzzy in eant Weaver seleverley Mullings the handcuffs became and kicked straction to the windown ins (O2), who is another female ar arrest. (See Defice for the control of the con	ecuring a female, s (O4). Deputy Moeing too tight. Who dy away from desight back into Desigh back into Desigh back into Desigh back into Desigh back into De	geant Weaver's localister identified as lyuzzy took custody in ile replacing and sputies while screar puty Muzzy's right the investigation. We vehicle. I lyanna and her you scene, Demetria pplement for further erwork. Upon compared to the investigation of the	yanna Rollins (D1) of Iyanna and repl securing the hando ming. While Deput leg. While placed in the ounger brother, Jo Williams (O3), taker details.)), next to a silver laced the set of hacuffs, lyanna conting Muzzy was double back of Deputy I basiah Rollins (O1), king care of Josiah	Toyota Camry andcuffs used to inued to struggle ble locking Muzzy's patrol , who was also in in the
111	Final Case Status:	Final Case Status Codes: 1.Arrest	st/Adult 2.Arrest/Juv.	. 3.Exceptional/Adul	It 4.Exceptional/Juv.	5.Closed 6.Unfounded	d Victim Ad	vocate Triad	SA Referral
ADMINISTRATIVE	DCF Hotline	Spoke With:		Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cancel	T.T. BOLO	Date:	By:
IISTF	Connecting Report	•		litional Forms Attached: Narr	ative SA 707	Persons Property	Veh./Tow Sheet	Other Describe:	
M	Officer Reporting -	Printed		Officer Reporting -		\bigcirc	ID. Number	Unit	Date
AD	Muzzy, Erica	Printed (If Applicable)		Officer Paviotics	Stonatura (IffAndichila)		9296	1D46	07-18-2022
	Onicer Reviewing -	- Printed (If Applicable)		Onlognikeviewing - S	Signature (If Applicable)		ID. Number	Unit	Date

VEHICLE / TOW REPORT

				VE	IICLE / I	OW REPUR	V I			Page 2	_ of4Pages		
EVNT	Report Date 07-18-2022	Report Time	Orig Reported Date 07-18-2022	Nature of Call (for Inc		1.Original 2.Supplement 2							
CODES	Person Code	rting Party 1. Stolen of Kin 2. Recov	lvement 4.Recovered (Ouered Agency Stolen) and 5. Impounded	ent 4.Recovered (Outside 7. Fail Return 11.Return to Agency Stolen) 8. Seized 12.Evidence 5. Impounded 9. Burglarized 13. Arson			Type 1. Auto 2. Truck/Van 3. Motorcycle 4. Camper/R 5. Bus	6. Trailer 7. Boat e 8. Aircraft	Caution Code 1.Occupant(s) Ari 2.Occupant(s) Ari Hold for Latents 3.Hold for Latents	ode Method of Theft 0.N/A 4.Steering 1.Keys Column Latents 2.Tow Truck 5.Ignition			
0	Damage Cause 0.N/A 2. Crimina 1.Arson 3. During		ripped/Theft 9. Other	Recovery Location 1. Family Residence 2. Apt. Complex	ce 3. Hou	sing Project nmercial/ Industrial	5. Park/Playe			Recovery Code Stolen/Recovere	1. Local/Local ed 2. Local/Other 3. Other/Local		
	Veh. # Veh. Ir 1 15	volvement Type	Caution Descri	ption (Identifying Charac							Estimated Value \$40000		
	Person Code # (Own O Address (Street, Apt. N	MULLIN	st/Business) I GS	(First) BEVER	RLEY	Otto	•	iddle) Race	Sex F	Date of Birth 12-27-1950 Residence Phore	Age 71		
	121 MAYFIELD Person Code # (Opera	tor) Name (Las	st/Business)	(First)	_	CitySANFORD		iddle) Race	Sex	Date of Birth	Age		
VESSE	D 1 Vehicle Year 2022	ROLL Make TOYT	INS Mod		A	Style 4D	Y	В	F Tag	03-18-2004 Type	18		
~	Vessel Year	Make	Mod			Vessel Name		Length	Hull Material	Propulsion	Boat Type		
VEHICLE	Tag / Reg No BEVJACK	Reg. Star	Reg. Year VIN/ 2022 4T1	Hull/FAA K61AK2NU026172		<u>I</u>	Co SIL	olor (Top/Bottom)	<u> </u>	Method of The	ft Damage Cause 0		
=			ttery Transmission	Major Body Parts	Other On	neit.	•	Original I	Reporting Agency	·	Report Number		
		adio/OB —	erior Engine Parts overy Address/Geographic	Tag/Decal Stolen Indicator	cal Stolen			Date Recovered	1	Value Recovered			
	Towed By:		Wrecker Driver:	Towed T	·o:			Tow Fee Type?	Hold Y-Yes N-No	∏ Φ Reason/Ai	uthority		
	N	l		l			<u> </u>			5 6 7	18.Undercarriage		
	INVENTORY									6 17 8	19.Overturn 20.Windshield		
<u> </u>		- Investorance T	ype Caution Des	animatican (Indonatifation or Chan	······································	ashla Damana Interio	- Colon Eta)		14 13 12	11 10 9	21.Trailer Estimated Value		
VESSEL	Veh. # Vel			cription (Identifying Char (First)	actenstics, Notic	eable Damage, Interior		iddle) Race	Sex	Date of Birth	\$ Age		
/ VE	Address (Street, Apt. Number) City State Zip Residence Phone												
VEHICLE	Person Code # (Opera	,	st/Business)	(First) (Middle)					Sex	Date of Birth	Age		
VEH	Year Make			Model Style				ddle) Race	Tag Type	<u> </u>			
	Vehicle	Make	Mod			Vessel Name		Length	Hull Material	Propulsion Boat Type			
	Vessel Tag / Reg No	Reg. Sta	te Reg. Year VIN/	Hull/FAA			Co	olor (Top/Bottom)		Method of Theft Damage Cause			
	Components Stripped						Original I	Reporting Agency	Report Number				
			ttery Transmission erior Engine Parts	Major Body Parts Tag/Decal Stolen Other-Specify:						Neport Number			
	Recovery Loc. R	ecovery Code Reco	overy Address/Geographic	Indicator	State	Date Recovered		Value Recovered					
	Towed By:	I	Wrecker Driver:	Towed T	·o:			Tow Fee Type?	Hold Y-Yes N-No	<u> </u>			
	<u> </u>	<u> </u>		<u>.</u>					IN-INO				
	INVENTORY									5 6 7 6 17 8	18.Undercarriage 19.Overturn		
									14 13 12	<u> </u>	20.Windshield 21.Trailer		
\ Q	Veh. # Date:	Time:	Released By (Prin	•	Released By (S	Signature):	Receive	d By (Printed):		Received By (Sig	nature):		
CUSTODY	Leave Blank:	Time	Reason for Chang		Dalacas d Div (C	Name de male	Danin						
OF C	Veh. # Date:	Time:	Released By (Prin	•	Released By (S	ognatule).	Keceive	d By (Printed):		Received By (Sig	nature).		
CHAIN (Leave Blank: Veh. # Date:	Time:	Released By (Prin		Released By (S	Signature):	Receive	d By (Printed):	Т	Received By (Sig	nature):		
등			Reason for Chang	•						, (9	,		
 	Leave Blank: Officer Reporting - Prir	ted		Officer Reporting - Si	grature	1	T	ID. Number	Unit		Date		
ADMIN.	Muzzy, Erica Officer Reviewing - Pri	nted (If Applicable)		Officer Reviewing - S	ignature (Il Appli	cable)		9296 ID. Number	1D46 Unit		07-18-2022 Date		
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ADDITIONAL PERSONS REPORT

	T	T											Page3_	of	Pages	
	Report Date 07-18-2022	Report Time	Orig. Reporte	ed Date	Nature of Call (for	r Incident)					Agency	Report N	umber	1.Origin	I	
	07-18-2022	2044	07-18-2022	2	ABAT SIMP	Simpl	le Assault/Bat	tery (UCR	R)		220013	939		2.Suppl	ement 2	
	V/W Code		bject Type	A	ddress/Phone Ty	ре		Race	e		Sex	Reside	nce Type		dence Status	
	V-Victim N-Ne	xt of Kin 0. N/A 1. Juvenil	4. Busine e 5. Gover		. Business/Work	M. Mess	sage P. Page	r N-N/	A I-Amer	ican Indian	M-Male		3. Florida	0. N/	A ıll Year	
ES	W-Witness O-Ot	ner 2. L.E.Off			. Cell	N. Next	of Kin S. Scho	ol W-W		ntal/Asian	F-Female	1. City			art Year	
	R-Reporting Person	3. Adult	9. Other		. Home	O. Othe	r V. Vaca	tion B-Bla	ack U-Unkı	nown	U-Unknown	2. Cour			on-Resident	
COD	Means of Attack		Exten 00. N	it of Injury /A 0:	3. Laceration		06. Poss. Interna	al Iniury	09. Abrasion	s/Bruises	Domestic Viol		Victim Relatio	nship to Offe B-Sibling	ender Z-Other	
		O-Other Dangerous	01. G	07. Loss of Teet		10. No Visible		1. Yes 2. No			อ-อเมเกษ O-Other Far					
	, and the second	H-Hands, Fists, Feet, I	02.0		5. Poss. Broken E		08. Burns	T	99.Other Se					H-Co-Habita	ant	
	Offense Indicator 1. #1 3. Both	V/W Code #	V. Type	Nature of C	all (for Victim, if D	ifferent fro	om Incident)	Name (La	ast/Business)		(First)				(Middle)	
၂ တ	2. #2	0 1	1					ROLLIN	IS		JOSIA	Н				
	Address (Street, Apt. N	umber)					City		State		Zip		Residence	Phone		
🗒	241 DENISE ST						OVIE	EDO	FL		32765		(407) 969	-3229		
🗦	Other Address (Street,	Apt. Number)			City		State	Zip		Ad	ldress Type	Other Ph	none		Phone Type	
≥																
VICTIM/WITNE	Other Contact Info (Tim	e Available, Interpreter	, etc.)			'	nopsis of Involven									
<u>'</u> 입	If Victim Type Rac	e Sex Da	ate of Birth	Age	Ethnicity		ROTHER OF D	1, SON O Res. Status		of Attack	Extent of In	iunz	Domestic Vid	olongo I	Relationship	
>	ii viciiii i ype		N			Nes. Status	IVICALIS	UI Allack	LXIEIII OI III	jury	Domestic vit	Dierice i	(Telationship			
-	1, 2, or 3 B Offense Indicator	M 01	-31-2019 V. Type	3 Nature of C	all (for Victim, if D	ifferent fro		Name (La	I ast/Business)		(First)				(Middle)	
	1. #1 3. Both				a (.e			1	ŕ		` ,				()	
SS	2. #2 1 Address (Street, Apt. N	O 2	3				City	ROLLIN	IS State		JOHNI Zip	NIE	Residence	Dhono	L	
ΙШ	, , ,	umber)					•	-DO	FL		•					
=	241 DENISE ST Other Address (Street,	Ant Number)			City		OVIE State	Zip	FL	Ad	32765 Idress Type	Other Ph	(407) 969	-3229	Phone Type	
∣⋝	Other Address (Others,	tpt. Hamber)			J.,		Clair			'					Thoric Type	
≥	Other Contact Info (Tim	e Available, Interpreter	, etc.)			Sy	nopsis of Involven	nent							1	
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VICTIM/WITN	If Victim Type Rac	l l	ate of Birth	Age	Ethnicity		Res. Type	Res. Status	Means	of Attack	Extent of In	jury	Domestic Vid	olence F	Relationship	
	1, 2, or 3		-27-1983	39	N	3										
	Offense Indicator 1. #1 3. Both	V/W Code #	V. Type	Nature of C	of Call (for Victim, if Different from Incident) Name (Last/Busine						(First)				(Middle)	
ြ ဟ	2. #2	0 3	3		WILLIAMS						DEME	TRIA			S	
	Address (Street, Apt. N	umber)					City State				Zip	nce Phone				
Z	2531 ELKCAM BL				TONA	FL		32738				_				
	Other Address (Street,	Apt. Number)		City		State	Zip		Ad	ldress Type	Other Ph	none		Phone Type		
VICTIM/WIT	Other Contact Info (Tim	a Δvailable Interpreter	etc)			I ev	nopsis of Involven									
=	Other Contact IIIIO (Till)		mopsis of involven	ICIIL												
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_	1, 2, or 3	1														
	Offense Indicator 1, #1 3. Both	Subject Code	/-Victim	Code	e # Subj. Ty	/pe Nam	ne (Last)		(First)		(Mid	dle) R	ace Se	x Eth	nicity	
	1. #1 3. Both 2. #2	S-Suspect V D-Defendant	(Missing Perso	on)												
	Date of Birth	Age To Ag	ge Height	To He	eight Weight	To	Weight Eye (Color		Hair Color	Ma	aiden Nam	ie			
	Nickname / Street Nam	9		Place of Bir	th - City	County	y Stat	te Em	ployer / Scho	ol			Occupation			
	Last Known Address (S	treet, Apt. Number)			City	City State Zip					ldress Type	Phone			Phone Type	
-	Other Address (Street,	Apt. Number)			City	City State Zip					Address Type Phone				Phone Type	
0																
15	Driver's License State/I	Number		So	cial Security Num	ber	Other ID Number							•		
SECTION																
	Clothing (Describe)			•			Scars/Marks/		Scars/N	Marks/Tatt	attoos (Type/Describe)					
Ž	/	/	/	/	/								1			
MISSING	Hair Length / Style	Skin C	olor Bu	ild	Facial Feature	s	•	Speech	/ Voice D	eformity			•	Glasses		
I≣	/ /	/			/		/		/		/	/				
1 —		1	Weapon 7	Гуре	•				1		Subject Wa			Warrant Fr		
\	Demeand	r Mask	I	1	/		/	/		If Arrested:	in Custody?			1. This Age		
\	If Subject:	r Mask		/		Reason				I Personal Hab	L its (Drugs / Alc	2. No ohol)	0 1 1	2. Other Ago	ency I	
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SUBJECT / I	If Subject: / Date of Last Cont	act Date of E			n Caution I		ondition:		Doctor N	lame:		Ιn	entist Name			
\	If Subject:	act Date of E	mancipation Physical Condition		n Caution I	Mental Co	ondition:		Doctor N	lame:		D	entist Name:			
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SUBJECT	Date of Last Cont May Be With: Incident Typ 1. Runaway 2. Parents 3. Involuntar 4. Disabled 5. Endanger	e 6. Disa Vict y 7. Volu Adu ed 8. Unk	Physical Conditions aster im untary lit nown	Foul Sus 1. You 2. N 8. U	Play pected? es o nknown	Mental Co	Missing Before? I. Yes Z. No		Fingerprints Available? 1. Yes 2. No		1. Yes 2. No certify that I have	able?	Den Ava 1. Y 2. N	ilable? es o	nissing	
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ADDITIONAL PERSONS REPORT

ΓE	Rep	port Date	Report Ti	ime	Orig. Repor	ted Date	Natur	re of Call (for	Incident)						1	Agency	Report N	Page_ Number		1.Original	
									nple Assault/Battery (UCR)				220013939					2.Supplement 2			
	V/W Code Victim/Subject Type Addres								Address/Phone Type Race						Sex Residence T			ence Type			
၂ က			ext of Kin	0. N/A 1. Juvenile				iness/Work		O	Pager	N-N/A		nerican Indian	M-Ma			3. Flo		0. N/A 1. Full	
Ιш	I	Witness O-Ot Reporting Person	her	2. L.E.Office 3. Adult	cer 6. Chur 9. Othe		C. Cell H. Hon		N. Next		School Vacation	W-Wi B-Bla		riental/Asian nknown	F-Fei U-Un	male known	1. City 2. Cou	v 4. Ou [.] unty	t-of-State	2. Part	Year -Resident
		ans of Attack		J S. Addit		nt of Injury	п. поп	ne	O. Othe			•	ick U-Ui	IIKIIOWII	_ -	stic Viol			elationshi		
0	1	irearm	O-Other D	angerous	00. N	I/A Sunshot		ceration conscious		06. Poss. I				ions/Bruises sible Injury		1. Yes		S-Spous P-Parent	e B-Si	bling ther Fami	Z-Other
		Knife/Cutting Inst.		Fists, Feet, E	tc. 02. S	tabbed	05. Pos	ss. Broken Bo		08. Burns			99.Other S	Serious Injury		2. No		C-Child		o-Habitan	nt
	Offe 1. #	ense Indicator #1 3. Both	V/W C	ode #	V. Type	Nature of	Call (fo	or Victim, if Di	fferent fro	om Incident)		Name (La	st/Busines	ss)		(First)					(Middle)
SS	2. #2	#2 1	0	4	3							MULLIN		_		BEVE	RLEY	Louis	ence Pho		
	I	dress (Street, Apt. N 21 MAYFIELD D									City SANFO	חשר	State FL	е	Zip 327			Resid	ence Pno	ne	
ΙĘ	-	ner Address (Street,		er)				City		State	<u>OANI C</u>	Zip		Τ	Address		Other P	hone			Phone Type
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€	121 MAYFIELD DR Other Address (Street, Apt. Number) Other Contact Info (Time Available, Interpreter, etc.) If Victim Type Race Sex Date of Birth								1 '	ynopsis of Inv WNER OF		t									
2							9	Ethnicity		Res. Type		s. Status	Mea	ns of Attack	Exte	ent of In	ijury	Domes	tic Violend	ce Re	elationship
Ľ	1, 2,	2, or 3	F		27-1950	71		N	3			.	./5			/ E: .)					(A 4: 1 II)
	1. #1		V/W C	ode #	V. Type	inature of	Call (10	or Victim, if Di	mereni iro	om incident)		ivame (La	st/Busines	55)		(First)					(Middle)
SS	2. #2 Add	#2 dress (Street, Apt. N	umber)								City		State	e	Zip			Resid	ence Pho	ne	
		, , ,	,								,										
	Othe	ner Address (Street,	Apt. Numbe	er)				City		State		Zip			Address ⁻	Туре	Other P	Phone			Phone Type
≨	Othe	ner Contact Info (Tim	ne Available	, Interpreter,	etc.)				S	ynopsis of Inv	olvement	t									
VICTIM/WITNI					•																
=	If Victim Type Race Sex Date of Birth 1, 2, or 3						9	Ethnicity		Res. Type	Re	s. Status	Mea	ins of Attack	Exte	ent of In	ijury	Domes	tic Violend	ce Re	elationship
	Offe	ense Indicator	Nature of	Call (fo	or Victim, if Di	fferent fro	om Incident)	<u> </u>	Name (La	st/Busines	ss)		(First)				(Middle)				
ြ ဟ	1. # ²																				
ES	Add	dress (Street, Apt. N	umber)								City		State	е	Zip Residence Pho					ne	
								City State Zip					T	Address ⁻	Туре	Other P	hone		Τ	Phone Type	
	≷								Synopsis of Involvement												
€	Other Contact Info (Time Available, Interpreter, etc.)								Syriopsis of involvement												
	If Victim Type Race Sex Date of Birth Age Ethnicity 1, 2, or 3							Res. Type	Re	s. Status	Mea	ns of Attack	Exte	ent of In	ijury	Domes	tic Violend	ce Re	elationship		
		ense Indicator	Subjec	ct Code		Cc	ode #	# Subj. Typ	pe Nan	ne (Last)			(First)			(Mid	ldle) I	L Race	Sex	Ethni	city
	1. #1 2. #2		S-Sus D-Defe	pect V- endant	-Victim (Missing Pers	on)				,			` ,							•	
		te of Birth	Age	To Ag	e Height	To	Height	Weight	To	o Weight	Eye Colo	or		Hair Color		Ma	aiden Nar	me			
	Nick	kname / Street Nam				Place of	Rirth	City	Count	<u> </u>	State	l Emr	oloyer / Scl	hool				Occupat	ion		
	11101	and Tollock Hair				1 1000 01							510y 01 7 0 01					Оооири	.0.1		
	Last	st Known Address (S	street, Apt. I	Number)				City		Stat	te	Zip			Address ⁻	Туре	Phone				Phone Type
	011	A.I.I. (0:	A . N					0"		0						-	5.				
18	Otne	ner Address (Street,	Apt. Numbe	er)				City		Stat	te	Zip			Address ⁻	туре	Phone				Phone Type
ECTION	Driv	ver's License State/	Number				Social S	Security Numb	oer			Other I	D Number	<u></u>					11	Type	
SE(
	Clot	thing (Describe)								Scars/Marks/Tattoos (Type/Describe))	Scars/Mark				xs/Tattoos (Type/Describe)			
	Hair	r Length / Style	/	/ Skin Co	olor B	/ uild	l Ea	/ acial Features		1000001/1/0		/ Voice	Deformity				Glasses				
MISSING	lian	/ / /	/	OKII OC		illa	' "	/	•	Speech / Voice Deformity			Deloming	/		1			143303		
\	Damasaar Maali Maanaa Tima							, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,		,			Subject Was A					Warrant From:	
	If St	Subject:	′			/		/		/		/		If Arreste	d: in C	Custody?	? 1. \ 2. \			his Agenc ther Agen	
SUBJECT		Date of Last Cont	act	Date of En	nancipation	Caut	ion	Caution R	Reason					Personal H	abits (Dru	ıgs / Alc	ohol)				
s		May Be With:		l Di	hysical Conditi	on:			Mental C	ondition:			Docto	r Name:				Dentist Na	me:		
		l .			nysicai conditi	OII.			wernar C	oridition.			Docto	i ivaille.				Dentist No	airie.		
	SING	Incident Typ	е			Fo	oul Play		T	Missing Befor	·e?		Fingerprin		Pho	oto Avail	lable?		Dental R		
	<u>S</u>	1. Runaway 2. Parents		Disas		S	uspecte	ed?		viiconig Boioi	0.		Available?	?					Available	∍?	
	2. Parents Victim 3. Involuntary 7. Voluntary			7. Volur		I	Yes No	Ī		1. Yes 2. No			 Yes No 	ı	1. Y 2. N			i	1. Yes 2. No		ı
	MIS			Δ/11111	t I				1 4			ı l		ı	I ''	-		1			ı
	IF MIS			8. Unkn	t nown		Unknov	wn	8	B. Unknown											
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