

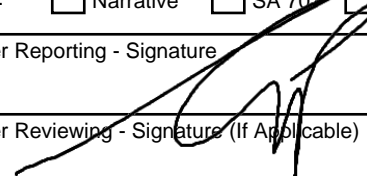
# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	07-18-2022	2143	07-18-2022	ABAT SIMP	220013939		2

1 \*\*\*BWC RECORDING\*\*\*  
 2  
 3 While Deputy Prado was in contact with Demetria Williams, she was on the phone with Lyanna's father, Johnnie Rollins. Deputy Prado spoke with  
 4 Johnnie, who advised he gave permission to have his son who is Lyanna's brother, Josiah Rollins (DOB:01/31/2019) remain with Demetria  
 5 Williams. Johnnie also provided Deputy Prado with the phone number of the registered owner of the Toyota Camry, Beverly Mullings  
 6 (px:321-578-4193)  
 7  
 8 Deputy Prado made contact with Beverly over the phone, who advised she was aware Lyanna had been driving her vehicle throughout the day.  
 9 Beverly stated she would retrieve her vehicle at 2629 Academy Ave, at a later time.  
 10  
 11 Deputy Prado obtained the following phone numbers from all aforementioned persons above:  
 12  
 13 Demetria Williams - px:386-414-4129  
 14 Johnnie Rollins: - px:407-969-3229  
 15 Beverly Mullings - px: 321-578-4193  
 16  
 17 No further action taken by Deputy Prado.  
 18  
 19 Case Status: Unchanged

NARRATIVE / CONTINUATION

<b>ADMINISTRATIVE</b>	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"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed <b>Prado, Eban</b>	Officer Reporting - Signature 	ID. Number <b>9133</b>	Unit <b>1D45</b>	Date <b>07-18-2022</b>	
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
	07-18-2022	2044	07-18-2022	ABAT SIMP	220013939		2

1 \*\*\*BWC RECORDING\*\*\*

2

3 On 07/18/22, at approximately 1831 hours, Deputy Muzzy responded to Sergeant Weaver's location as backup during an active disturbance

4 emergency response.

5

6 Upon arrival, Deputy Muzzy observed Sergeant Weaver securing a female, later identified as Iyanna Rollins (D1), next to a silver Toyota Camry

7 bearing FL tag BEVJACK, registered to a Beverley Mullings (O4). Deputy Muzzy took custody of Iyanna and replaced the set of handcuffs used to

8 initially secure her due to her complaints of the handcuffs being too tight. While replacing and securing the handcuffs, Iyanna continued to struggle

9 and resist by twisting her body and pulling her arms and body away from deputies while screaming. While Deputy Muzzy was double locking

10 Iyanna's handcuffs, Iyanna lifted her leg up and kicked straight back into Deputy Muzzy's right leg.

11

12 Iyanna was placed into Deputy Muzzy's patrol vehicle during the duration of the investigation. While placed in the back of Deputy Muzzy's patrol

13 vehicle, Iyanna would repeatedly spit and hit on the windows and seats of the vehicle.

14

15 Deputy Prado then spoke with Johnnie Rollins (O2), who is the father of both Iyanna and her younger brother, Josiah Rollins (O1), who was also in

16 the vehicle. Johnnie advised he was ok with another female who was also on scene, Demetria Williams (O3), taking care of Josiah in the

17 meantime due to Iyanna being placed under arrest. (See Deputy Prado's supplement for further details.)

18

19 Iyanna was later transported to the District 4 office for the completion of paperwork. Upon completion of the paperwork, Deputy Muzzy transported

20 Iyanna to the Volusia County Branch Jail.

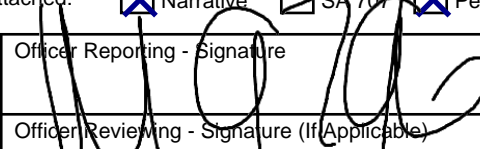
21

22 Due to a child being present during the incident, Director Quann was notified of the incident.

23

24 CASE STATUS: Unchanged

NARRATIVE / CONTINUATION

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 checked="" type="checkbox"/> Persons <input type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date	
Muzzy, Erica			9296	1D46	07-18-2022	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

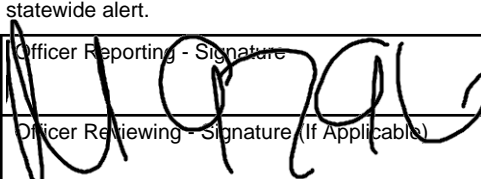
# VOLUSIA COUNTY SHERIFF'S OFFICE

## VEHICLE / TOW REPORT

<b>EVNT</b>	Report Date <b>07-18-2022</b>	Report Time <b>2044</b>	Orig Reported Date <b>07-18-2022</b>	Nature of Call (for Incident) <b>ABAT SIMP</b>	Agency Report Number <b>220013939</b>	1.Original 2.Supplement <b>2</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				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			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 Stolen/Recovered		1. Local/Local 2. Local/Other 3. Other/Local				
<b>VEHICLE / VESSEL</b>	Veh. # <b>1</b>	Veh. Involvement <b>15</b>	Type <b>1</b>	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)						Estimated Value <b>\$40000</b>					
	Person Code # (Owner) <b>O</b>		Name (Last/Business) <b>MULLINGS</b>			(First) <b>BEVERLEY</b>	(Middle)	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>12-27-1950</b>	Age <b>71</b>					
	Address (Street, Apt. Number) <b>121 MAYFIELD DR</b>												City <b>SANFORD</b>	State <b>FL</b>	Zip <b>32771</b>	Residence Phone
	Person Code # (Operator) <b>D 1</b>		Name (Last/Business) <b>ROLLINS</b>			(First) <b>IYANNA</b>	(Middle) <b>Y</b>	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>03-18-2004</b>	Age <b>18</b>					
	Vehicle	Year <b>2022</b>	Make <b>TOYT</b>	Model <b>CAM</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>BEVJACK</b>		Reg. State <b>FL</b>	Reg. Year <b>2022</b>	VIN/Hull/FAA <b>4T1K61AK2NU026172</b>			Color (Top/Bottom) <b>SIL</b>		Method of Theft	Damage Cause <b>0</b>					
	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		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>																
											18.Undercarriage	19.Overturn	20.Windshield	21.Trailer		
<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)												City	State	Zip	Residence Phone
	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		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>																
											18.Undercarriage	19.Overturn	20.Windshield	21.Trailer		
<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>Muzzy, Erica</b>			Officer Reporting - Signature 			ID. Number <b>9296</b>	Unit <b>1D46</b>	Date <b>07-18-2022</b>							
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date							

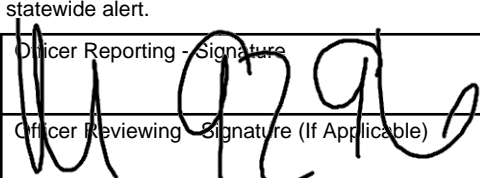
# VOLUSIA COUNTY SHERIFF'S OFFICE

## ADDITIONAL PERSONS REPORT

EVNT	Report Date <b>07-18-2022</b>	Report Time <b>2044</b>	Orig. Reported Date <b>07-18-2022</b>	Nature of Call (for Incident) <b>ABAT SIMP Simple Assault/Battery (UCR)</b>			Agency Report Number <b>220013939</b>	1. Original	2. Supplement <b>2</b>				
CODES	V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other	Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident				
	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury			Domestic Violence 1. Yes 2. No	Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant						
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code #	V. Type	Nature of Call (for Victim, if Different from Incident)		Name (Last/Business) (First) (Middle)							
	<b>1</b> <b>O</b>	<b>1</b>	<b>1</b>			<b>ROLLINS JOSIAH</b>							
	Address (Street, Apt. Number) <b>241 DENISE ST</b>		City <b>OVIEDO</b>	State <b>FL</b>	Zip <b>32765</b>	Residence Phone <b>(407) 969-3229</b>							
	Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Other Phone	Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>BROTHER OF D1, SON OF O2</b>									
If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>M</b>	Date of Birth <b>01-31-2019</b>	Age <b>3</b>	Ethnicity <b>N</b>	Res. Type <b>3</b>	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
<b>1</b> <b>O</b>	<b>2</b>	<b>3</b>			<b>ROLLINS JOHNNIE L</b>								
Address (Street, Apt. Number) <b>241 DENISE ST</b>		City <b>OVIEDO</b>	State <b>FL</b>	Zip <b>32765</b>	Residence Phone <b>(407) 969-3229</b>								
Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Other Phone	Phone Type						
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>FATHER OF D1 AND O1</b>									
If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>M</b>	Date of Birth <b>02-27-1983</b>	Age <b>39</b>	Ethnicity <b>N</b>	Res. Type <b>3</b>	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
<b>1</b> <b>O</b>	<b>3</b>	<b>3</b>			<b>WILLIAMS DEMETRIA S</b>								
Address (Street, Apt. Number) <b>2531 ELKCAM BLVD</b>		City <b>DELTONA</b>	State <b>FL</b>	Zip <b>32738</b>	Residence Phone								
Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Other Phone	Phone Type						
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement									
If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>09-26-2003</b>	Age <b>18</b>	Ethnicity <b>N</b>	Res. Type <b>1</b>	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
<b>1</b> <b>O</b>	<b>3</b>	<b>3</b>			<b>WILLIAMS DEMETRIA S</b>								
Address (Street, Apt. Number) <b>2531 ELKCAM BLVD</b>		City <b>DELTONA</b>	State <b>FL</b>	Zip <b>32738</b>	Residence Phone								
Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Other Phone	Phone Type						
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement									
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 / 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 Color	Build	Facial Features	Speech / Voice	Deformity	Glasses						
/ / /				/ / /	/ / /	/ / /							
If Subject:	Demeanor	Mask	Weapon Type	If Arrested:			Subject Was Already in Custody?		Warrant From:				
/	/	/	/	/ / /			1. Yes 2. No		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.													
ADMIN.	Officer Reporting - Printed <b>Muzzy, Erica</b>			Officer Reporting - Signature 			ID. Number <b>9296</b>	Unit <b>1D46</b>	Date <b>07-18-2022</b>				
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

# VOLUSIA COUNTY SHERIFF'S OFFICE

## ADDITIONAL PERSONS REPORT

EVNT	Report Date <b>07-18-2022</b>	Report Time <b>2044</b>	Orig. Reported Date <b>07-18-2022</b>	Nature of Call (for Incident) <b>ABAT SIMP Simple Assault/Battery (UCR)</b>				Agency Report Number <b>220013939</b>		1. Original	2. Supplement <b>2</b>	
CODES	V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident
	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.			Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury			Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant			
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 O</b>	# <b>4</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle) <b>MULLINGS BEVERLEY</b>			
	Address (Street, Apt. Number) <b>121 MAYFIELD DR</b>						City <b>SANFORD</b>	State <b>FL</b>	Zip <b>32771</b>	Residence Phone		
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Other Phone	Phone Type
	Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement <b>OWNER OF VEH1</b>					
	If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>12-27-1950</b>	Age <b>71</b>	Ethnicity <b>N</b>	Res. Type <b>3</b>	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle)			
	Address (Street, Apt. Number)						City	State	Zip	Residence Phone		
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Other Phone	Phone Type
	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
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle)			
	Address (Street, Apt. Number)						City	State	Zip	Residence Phone		
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Other Phone	Phone Type
	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
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 / 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 Color	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	
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.												
ADMIN.	Officer Reporting - Printed <b>Muzzy, Erica</b>				Officer Reporting - Signature 				ID. Number <b>9296</b>	Unit <b>1D46</b>	Date <b>07-18-2022</b>	
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date	