

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 160017677																			
Agency ORI Number FL0640000				Zone # 47		Telephone Handled 1. Yes 2. No 2																	
Reported: Day Sunday		Date 07-10-2016		Time (mil.) 0030		Time Dispatched (mil.) 0032		Time Arrived (mil.) 0035		Time Completed (mil.) 0600		Nature of Call (Report Type) PSHOT Person Shot											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Sunday		Date 07-10-2016		Time (mil.) 0010		TO Day Date Time (mil.) Sunday 07-10-2016 0030		Occurred During: D - Day U - Unknown N - Night N									
Offense #1 1		Type 1		Statute Violation Number 782.04(1)(A)				Description Attempted First Degree Murder (Firearm)				A - Attempted C - Committed C											
Offense #2 _____		Type _____		Statute Violation Number _____				Description _____				A - Attempted C - Committed _____											
Incident Location (Street, Apt. Number) 1189 MICHAEL AV						City DELTONA			Zip 32725														
Business Name / Area Identifier _____			# Prem. Entered _____		Drug Related 0. N/A 1. Yes 2. No 0		Alcohol Related 0. N/A 1. Yes 2. No 0		Forced Entry 1. Yes 2. No 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 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		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 0. 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 1		V/W Code V		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) WILCOX TERRA L				Name (Last/Business) (First) (Middle)											
Address (Street, Apt. Number) 1189 MICHAEL AV						City DELTONA		State FL		Zip 32725		Residence Phone (386) 215-4906											
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 VICTIM																	
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 11-24-1978		Age 37		Ethnicity N		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	

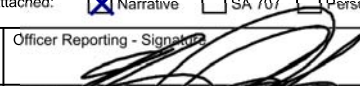
INCIDENT REPORT (CONT.)

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	
	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:		
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.										

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	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)		
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NARRATIVE

1 On 07/10/16, at approximately 0035 hours, Deputy Cobb, along with several other Deputies, responded to 1189 Michael Av in reference to a
 2 person shot. The call as dispatched advised Terra Wilcox's (V1) boyfriend broke out the windows in her car by using a chainsaw. During the call,
 3 the boyfriend began choking Wilcox. After being choked, Wilcox advised dispatch the boyfriend was chasing her down the street with a gun.
 4 Dispatch then advised responding Deputies they heard the gun being fired and Wilcox was shot. Upon arrival in the area, Deputy Cobb
 5 immediately noticed Wilcox in the roadway laying what appeared to be face down in a pool of blood. Her location was approximately fifty to
 6 seventy-five feet east of the intersection, Cary St and Worthington Dr.
 7
 8 Deputy Cobb along with other Deputies on-scene made the decision to use a patrol vehicle as cover to get to Wilcox to render aid. Sgt Ihnken
 9 drove the vehicle while other Deputies followed behind to retrieve Wilcox and move her to safe location for EVAC to provide medical attention. In
 10 the mean time, Deputy Cobb along with several other Deputies provided cover for the Deputies retrieving Wilcox.

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 type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date
Cobb, Brandon				7738	1b96	07-10-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 07-10-2016	Report Time 0030	Orig. Reported Date	Nature of Call (for Incident) PSHOT	Agency Report Number 160017677	1.Original 2.Supplement	1
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11 After Wilcox was brought to a safe location for EVAC personnel to attend to her, Deputy Cobb and several other Deputies approached the residence located at 1999 Cary St. Deputies there formulated a plan to use the east side of the residence as cover and move south bound along Michael Av. As the group began to move, a single gun shot was fired off in an unknown direction [REDACTED]

12 [REDACTED]. All the Deputies immediately took hard cover near the garage of the residence and then decided to move another direction.

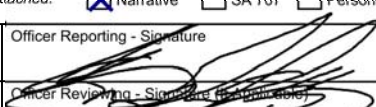

13 Deputy Cobb, Deputy Cort, Deputy Cowger and Deputy Vanzo took a position of cover in front of the above listed residence and decided to use Worthington Dr and move south in order to get past the location of incident, then back track to a position of hard cover for a perimeter. Deputies eventually took cover in front of 1158 Michael St and awaited command staff orders.

14 Deputy Cobb was eventually relieved and responded to the command post where additional tasks were needing to be done. Deputy Cobb, Deputy Johnson, Deputy Matusick and Deputy Hansard all participated in evacuating the family in 1188 Michael Av, which was directly across the street from the location of incident.

15 After assisting in the evacuation, Deputy Cobb was advised to stand by at the command post until further notice. No further action was taken by Deputy Cobb.

16 Case Status: Active

NARRATIVE / CONTINUATION

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Connecting Report Number	Agency	Additional Forms Attached: <input checked="" 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 Cobb, Brandon	Officer Reporting - Signature 		ID. Number 7738	Unit 1b96	Date 07-10-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable) 		ID. Number	Unit	Date