

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 _____		INCIDENT REPORT		Agency Report Number 160029002																									
Agency ORI Number FL0640000				Zone # 32		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																									
Reported: Day Monday		Date 11-14-2016		Time (mil.) 2151		Time Dispatched (mil.) 2152		Time Arrived (mil.) 2209		Time Completed (mil.) _____		Nature of Call (Report Type) ASUI Attempted Suicide																			
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Monday		Date 11-14-2016		Time (mil.) 2151		TO Day Date Time (mil.) _____		Occurred During: D - Day U - Unknown N - Night N																	
Offense #1 Type Statute Violation Number Description		Offense #2 Type Statute Violation Number Description		A - Attempted C - Committed		A - Attempted C - Committed		A - Attempted C - Committed		A - Attempted C - Committed		A - Attempted C - Committed																			
Incident Location (Street, Apt. Number) 3626 PLANTATION DR				City ORMOND BEACH				Zip 32174																							
Business Name / Area Identifier Plantation Pines		# Prem. Entered 1		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 2		Forced Entry 1. Yes 3. Attempted 2. No 2		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No 2																			
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 3. Florida 1. City 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 2		Victim Relationship to Offender S-Spouse B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant																	
Offense Indicator 1. #1 3. Both 2. #2 1		V/W Code # R 1		V. Type 3		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) Hartman Kayleigh J		Address (Street, Apt. Number) 3626 Plantation Drive		City State Zip Residence Phone ORMOND BEACH FL 32174 (407) 221-2365		Business/School/Other Address (Street, Apt. Number) _____		City State Zip Address Type Business/School/Other Phone Phone Type ORMOND BEACH FL 32174 S															
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement _____				If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 05-19-1986		Age 30		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2 1		V/W Code # W 1		V. Type 1		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) Vestal Kaleb M		Address (Street, Apt. Number) 3626 Plantation Drive		City State Zip Residence Phone ORMOND BEACH FL 32174 (407) 221-2365		Business/School/Other Address (Street, Apt. Number) Mainland High School		City State Zip Address Type Business/School/Other Phone Phone Type DAYTONA BEACH FL S															
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement Minor child				If Victim Type 1, 2, or 3 W		Race M		Sex M		Date of Birth 03-11-2002		Age 14		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2 1		V/W Code # O 1		V. Type 1		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) Hartman Hayleigh J		Address (Street, Apt. Number) 3626 Plantation Drive		City State Zip Residence Phone ORMOND BEACH FL 32174 (407) 221-2365		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 Minor child				If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 06-16-2013		Age 3		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2 1		V/W Code # O 2		V. Type 1		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) Hartman Michael A		Address (Street, Apt. Number) 3626 Plantation Drive		City State Zip Residence Phone ORMOND BEACH FL 32174 (407) 221-2365		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 Minor child				If Victim Type 1, 2, or 3 W		Race M		Sex M		Date of Birth 06-10-2014		Age 2		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
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 _____		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 _____				If Victim Type 1, 2, or 3 _____		Race _____		Sex _____		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION
Offense Indicator: 1.#1 3.Both 2.#2 1
Subject Code: S-Suspect V-Victim D-Defendant (Missing Person)
Code # Subj. Type Name (Last) (First) (Middle) Race Sex Ethnicity
Date of Birth: 01-21-1978 Age: 38 To Age: Height: 5' 09 To Height: 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
3626 Plantation Drive ORMOND BEACH FL 32174 H
Other Address (Street, Apt. Number) City State Zip Address Type Phone Phone Type
Driver's License State/Number: FL H-635-541-78-021-0 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.

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.

NARRATIVE
1 BWC recording
2
3 On 11-14-2016 at approximately 2209 hours, Deputy Seyboldt responded to 3626 Plantation Drive, Ormond Beach, reference an attempted
4 suicide. _____ Kayleigh Hartman (R1) _____ her husband: Michael
5 Hartman (S1) sent her a text message which stated Hartman (S1) had taken some pills. Additionally, _____ Michael
6 suffered from PTSD and owned and operated a gun shop from inside the couple's shared residence. Hartman (R1) _____ was able to exit
7 the residence with her two minor children: Hayleigh Hartman (O1), a 3 year old female, and Michael Hartman Jr. (O2) a 2 year old male, via the
8 bathroom window and were hiding in the woods behind the residence. A third minor child: Kaleb Vestal (W1) had fled the residence prior to
9 Hartman (R1) and her children's departure and Hartman (R1) did not know where Vestal had gone.
10

ADMINISTRATIVE
Final Case Status: 5 Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded
DCF Hotline Date: Time: FCIC / NCIC Entry T.T. BOLO Date: By:
CAC Spoke With: FCIC / NCIC Cancel
Connecting Report Number Agency Additional Forms Attached: Narrative SA 707 Persons Property Veh./Tow Sheet Other Describe:
Officer Reporting - Printed Seyboldt, James Officer Reporting Signature ID. Number 7840 Unit 1C32 Date 11-14-2016
Officer Reviewing - Printed (If Applicable) Officer Reviewing - Signature (If Applicable) ID. Number Unit Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 11-14-2016	Report Time 2151	Orig. Reported Date	Nature of Call (for Incident) ASUI	Agency Report Number 160029002	1.Original 2.Supplement 1
--------------	---------------------------	---------------------	---------------------	--	-----------------------------------	--------------------------------

NARRATIVE / CONTINUATION

11 Deputies arrived at the residence and took up a position of concealment at the south west corner of the property. As deputies scanned property

12 and home Deputy Seyboldt observed Hartman (S1) walking south down the driveway towards Plantation Drive. When Hartman reached Plantation

13 Drive Deputy Seyboldt identified himself and began giving Harman loud verbal commands "Let me see your hands!". Hartman responded by

14 running back towards the house ignoring Deputy Seyboldt's commands to stop.

15

16 As Hartman (S1) reached the double doors leading to the gun shop portion of the residence, Deputy Seyboldt observed Vestal attempting to

17 prevent Hartman (S1) from entering the residence. Deputy Seyboldt observed Hartman (S1) overpower Vestal and gain entry to the garage area.

18 At this point Deputy Seyboldt took cover behind the rear passenger side wheel of an SUV parked in the driveway. Immediately upon taking cover,

19 Deputy Seyboldt heard several gunshots originating from several different directions. Deputy Seyboldt observed Vestal with his hands in the air

20 yelling first to Hartman (S1) saying to stop, then to deputies saying not to "shoot him".

21

22 Once the shooting stopped, Deputy Seyboldt instructed Vestal to take cover behind Deputy Seyboldt and covered Vestal's exit down the driveway

23 away from the incident. Once at Plantation Drive, Deputy Seyboldt ordered Vestal to head west along Plantation Drive to a safe location.

24

25 Deputy Seyboldt took a position of concealment where he could observe the front door of the residence until central dispatch advised they were

26 able to access security cameras inside the residence. Dispatch advised Hartman (S1) was lying on his back and not moving close to the doorway.

27 Deputies were able to approach Hartman (S1) and determine he was deceased.

28

29 VCSO Major case responded and took over the investigation.

30

31 Case status: Closed

ADMINISTRATIVE	Final Case Status: <u>5</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 type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed Seyboldt, James	Officer Reporting - Signature 		ID. Number 7840	Unit 1C32	Date 11-14-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date