

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Page 1 of 5 Pages

<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 VCR _____		INCIDENT REPORT		Agency Report Number 150018254													
Agency ORS Number FL0640000				Zone # CT		Telephone Handled 1. Yes 2. No 2													
Reported: Day Sunday		Date 07-05-2015		Time (mil.) 0411		Time Dispatched (mil.) 0412		Time Arrived (mil.) 0419		Time Completed (mil.) 0800		Nature of Call (Report Type) 35 Burglary Conveyance (UCR)							
Incident Type: 1. Felony 2. Traffic/Felony		3. Misdemeanor 4. Traffic		5. Ordinance 9. Other		Incident Day Sunday		Date 07-05-2015		Time (mil.) 0100		TO Day Sunday		Date 07-05-2015		Time (mil.) 0411		Occurred During: D - Day U - Unknown N - Night N	
Offense #1 1		Type 810.02(2)(A)		Status Violation Number 810.02(2)(A)		Description Burglary - with Assault/Battery		A - Attempted C - Committed C		Offense #2 1		Type 787.02(2)		Status Violation Number 787.02(2)		Description False Imprisonment		A - Attempted C - Committed C	
Incident Location (Street, Apt. Number) SADLELLE A/W BERESFORD AV												City DELAND		Zip 32720					
Business Name / Area Identifier 1				# Prem. Entered 1		Drug Related 0. NA 1. Yes 2. No 0		Alcohol Related 0. NA 1. Yes 2. No 0		Forced Entry 1. Yes 3. Attempted 2. No 2		Arson Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson Attempted 1. Yes 2. No					
Location Type 29		Location Type Codes: 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence/Other 07. Liquor/Sales 11. Specialty Store 15. Industrial/Wg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg 24. Other Structure 28. Laboratorium 99. Other																	
VV 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 C. Cell N. Next of Kin S. School H. Home O. Other 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. 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, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Scuffs 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. Non-Visible Injury 02. Stabbed 05. Sharp Broken Bones 08. Burns 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S - Spouse B - Sibling P - Parent O - Other Family C - Child H - Co-Habitant Z - Other													
Offense Indicator 1. #1 3. Both 2. #2		VV Code # V 1		V. Type 3		Nature of Call (for Victim, if different from incident)		Name (Last/Business) (First) (Middle)		Address (Street, Apt. Number) City State Zip Residence Phone DELAND FL 32720									
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 Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship W F 31 N																	
Offense Indicator 1. #1 3. Both 2. #2		VV 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																	
Offense Indicator 1. #1 3. Both 2. #2		VV 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																	
Offense Indicator 1. #1 3. Both 2. #2		VV 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

SUBJECT / MISSING SECTION

NARRATIVE

ADMINISTRATIVE

Offense Indicator 1. #1 3. Both 3		Subject Code S-Suspect V-Victim D-Deceased (Missing Person)		Code #	Sub. Type	Name (Last) (First) (Middle)		Place	Sex	Ethnicity	
Date of Birth 01-12-1974		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
Nicknames / 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 FL G635-006-74-012-0				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:		Deamson	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:		Dental Name:			
Incident Type		8. Disaster		Foul Play Suspected?		Missing Below?		Fingerprints Available?		Photo Available?	Dental Record Available?
1. Runaway		Victim		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		7. Voluntary		2. No		2. No		2. No		2. No	
3. Involuntary		Adult		8. Unknown		8. Unknown		8. Unknown		8. Unknown	
4. Disabled		8. Unknown									
5. Endangered											
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.											

Offense Indicator 1. #1 3. Both		Subject Code S-Suspect V-Victim D-Deceased (Missing Person)		Code #	Sub. Type	Name (Last) (First) (Middle)		Place	Sex	Ethnicity	
Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
Nicknames / 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:		Deamson	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:		Dental Name:			
Incident Type		8. Disaster		Foul Play Suspected?		Missing Below?		Fingerprints Available?		Photo Available?	Dental Record Available?
1. Runaway		Victim		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		7. Voluntary		2. No		2. No		2. No		2. No	
3. Involuntary		Adult		8. Unknown		8. Unknown		8. Unknown		8. Unknown	
4. Disabled		8. Unknown									
5. Endangered											
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 On 07/05/2015 at 0412 hours, Deputy Winhoven was dispatched to _____ in reference to a suspicious incident. Upon arrival, Deputy
 2 Winhoven made contact with _____ (V1) who stated the following:
 3
 4 _____ stated on 07/05/2015 at approximately 0100 hours at Adelle Av and Beresford Av an unknown black male, later positively identified as
 5 Anton Gardner (D1), entered her vehicle, a white Ford Focus bearing Florida tag _____ without her permission. _____ advised Gardner
 6 stated if she did what he (Gardner) told her she _____ would be ok. _____ stated she drove Gardner around Deland for approximately
 7 two hours. Gardner eventually had _____ stop in front of the park in the 800 block of Valleydale Av in the Candlelight Oaks subdivision.
 8 _____ stated Gardner stole her keys, wallet (which contained \$25), cigarettes and phone. _____ stated Gardner took the keys to her
 9 vehicle from the ignition (without her permission) and ordered her _____ to suck his dick in return for the keys to the vehicle. _____
 10 said when she refused, Gardner became angry and punched her _____ multiple times in the face. In addition, Gardner was pulling

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"/> Trial	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date: _____ Time: _____	<input checked="" type="checkbox"/> FOC / NCC Entry	<input type="checkbox"/> T.T. BOLO	Date: 07-05-2015 By: 7877
<input type="checkbox"/> CAC	Spoke With: _____	<input checked="" type="checkbox"/> FOC / NCC Cancel		
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Negative <input checked="" type="checkbox"/> SA 99 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
Officer Reporting - Printed Winhoven, David	Officer Reporting - Signature 	ID. Number 8200	Unit 1C24	Date 07-05-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	07-05-2015	0411	07-05-2015	35	150018254		1

11 [redacted] s hair and clothes, thus holding her against her will, and not allowing her to leave the vehicle. [redacted] advised when Gardner
 12 stopped punching her, she [redacted] took the opportunity to flee from the vehicle and ran to her home ([redacted])
 13 [redacted] described Gardner as a black male, bald, wearing a black shirt and camouflage shorts. [redacted] advised during the
 14 incident, Gardner never displayed or implied that he had any weapons. [redacted] completed a sworn written statement and advised she wished
 15 to pursue charges.
 16
 17 Deputy Winhoven observed [redacted] to have extensive swelling around her left eye which was consistent with the statement provided. Rescue
 18 responded and provided [redacted] medical treatment. Deputy Stoltz (who was on scene to assist in the investigation) took several digital images
 19 of [redacted] injury which were later entered into the VCSO digital crime scene database. The white Ford [redacted] was entered into FCIC/NCIC as
 20 stolen via operator 7877 with a BOLO sent to city and county units.
 21
 22 Based on [redacted] statement and account of events, Deputy Winhoven determined there was probable cause for the crimes of Burglary with a
 23 Battery, False Imprisonment and Grand Theft (Automobile).
 24
 25 While conducting the investigation at [redacted], Deputy Gordon advised Deputy Winhoven that he had found [redacted] stolen vehicle in
 26 front of a park located in the 800 block of Valleydale Av.
 27 Deputy Winhoven responded to the scene and made contact with Deputies Gordon and Stoltz. While canvassing the area around [redacted]
 28 vehicle for clues, Deputy Winhoven made contact with Gardner. Deputy Winhoven observed Gardner lying on the ground in front of 813
 29 Valleydale Av, wearing a black shirt and camouflage shorts. It should be noted that Gardner was approximately 100 feet from where [redacted]
 30 stolen vehicle was found. Deputy Winhoven advised Gardner that he (Deputy Winhoven) was conducting an investigation at which time Gardner
 31 made the spontaneous utterance of, she said I carjacked her? Deputy Winhoven developed reasonable suspicion that Gardner might have
 32 some involvement with the incident; therefore, Gardner was temporarily detained.
 33
 34 Deputy Winhoven then responded back to [redacted] and recontacted [redacted]. [redacted] agreed to ride with Deputy Winhoven for a
 35 show up. Upon arrival to the 800 block of Valleydale Av, [redacted] positively identified Gardner as the subject who committed the
 36 aforementioned crimes against her. [redacted] completed and signed a Volusia County Sheriff's Office Witness Form: Show ups.
 37
 38 After [redacted] positively identified Gardner, Gardner was placed under arrest. Sergeant Pagliari and Deputy Gordon searched the area where
 39 Deputy Winhoven originally made contact with Gardner. The vehicle keys (which were positively identified by [redacted] as belonging to her
 40 vehicle) were found approximately 10 feet from where Gardner was lying. Deputy Gordon took pictures of where the keys were found, as well as
 41 photos of the area Gardner was contacted. The photos were subsequently entered into the VCSO digital crime scene database. In addition,
 42 Deputy Stoltz processed [redacted] vehicle for latent fingerprints. Multiple prints were recovered from the passenger side of [redacted] vehicle
 43 which are in the process of being sent to Tech Services for analysis.
 44
 45 The white Ford [redacted], bearing Florida tag [redacted], was removed from FCIC/NCIC by operator 7877. [redacted] signed a vehicle property sheet
 46 and took custody of the white Ford [redacted].
 47
 48 Gardner was placed under arrest and transported to the Volusia County Branch Jail without incident.
 49
 50 On 07/05/2015, Deputy Winhoven attempted to make contact with [redacted] to follow up this investigation. Deputy Winhoven was unable to
 51 make contact with [redacted] after several attempts. Contact was made with a roommate at [redacted] who advised [redacted] was
 52 currently at a residence in Orange City and did not have a phone due to the incident previously reported.
 53
 54 Case Status: Closed/Arrest/Adult

NARRATIVE / CONTINUATION

ADMINISTRATIVE	First Case Status	1	First 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"/> Tied	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline		Date:	Time:	<input checked="" type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: By:
	<input type="checkbox"/> CAC	Spoke With:			<input checked="" type="checkbox"/> FCIC / NCIC Cancel		07-05-2015 7877
	Connecting Report Number	Agency	Additional Forms Attached:		<input type="checkbox"/> Narrative	<input checked="" type="checkbox"/> SA 702	<input type="checkbox"/> Persons
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date		
Winhoven, David			8200	1C24	07-05-2015		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date		