

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 160029124																	
Agency ORI Number FL0640000				Zone # 24		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																	
Reported: Day Wednesday		Date 11-16-2016		Time (mil.) 1446		Time Dispatched (mil.) 1446		Time Arrived (mil.) 1454		Time Completed (mil.) _____		Nature of Call (Report Type) THEFT Theft (UCR)											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Saturday		Date 10-01-2016		Time (mil.) 0800		TO Day Tuesday		Date 11-01-2016		Time (mil.) 0800		Occurred During: D - Day U - Unknown N - Night _____ U					
Offense #1 1		Type 1		Statute Violation Number 812.014(2)(C)5				Description Grand Theft - Firearm				A - Attempted C - Committed C											
#2 _____		_____		Statute Violation Number _____				Description _____				A - Attempted C - Committed _____											
Incident Location (Street, Apt. Number) 1590 S WOODLAND BLVD						City DELAND			Zip 32720														
Business Name / Area Identifier KAISER PONTIAC		# 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 3. Attempted 2. No 2		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No											
Location Type 11		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 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		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		V/W Code 1 V		# 1		V. Type 5		Nature of Call (for Victim, if different from Incident) VOLUSIA COUNTY SHERIFFS				Name (Last/Business) (First) (Middle) DELAND FL 32721 (386) 736-5961											
Address (Street, Apt. Number) 123 W INDIANA AV						City DELAND			State FL			Zip 32721			Residence Phone (386) 736-5961								
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 OF THEFT																	
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth _____		Age 69		Ethnicity N		Res. Type 3		Res. Status 1		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code 1 R		# 1		V. Type 2		Nature of Call (for Victim, if different from Incident) KAISER FRED H				Name (Last/Business) (First) (Middle) DELAND FL 32720											
Address (Street, Apt. Number) 1590 S WOODLAND BLVD						City DELAND			State FL			Zip 32720			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 REPORTED GUN STOLEN																	
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth _____		Age 69		Ethnicity N		Res. Type 3		Res. Status 1		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 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 _____	
Offense Indicator 1. #1 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	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.										

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.										

1 On the above date and time, Deputy Watson responded to 1509 South Woodland Boulevard, Deland, (Kaiser Pontiac) in reference to a theft.

2

3 Upon arrival, Deputy Watson spoke with Fred Kaiser (R1) who advised he had his department issued Glock 35 from Volusia County Sheriff's

4 Office (V1) was stolen. Kaiser stated he last seen his Glock in the beginning of October and placed it into a hand bag on his desk at work (Kaiser

5 Pontiac). Kaiser stated he takes the bag back and forth to work from his home residence everyday. Kaiser stated he has not observed the Glock in

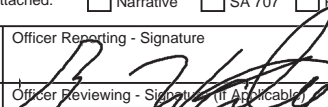
6 the bag since 10/1/2016 and noticed it was not inside of the hand bag on 11/01/2016. Kaiser stated he did not call to report the gun stolen right

7 away because Kaiser wanted to make sure he did not misplace the firearm. Kaiser stated he has searched his home residence and vehicles for the

8 stolen Glock with negative results. Kaiser provided the serial number "WFP155" and advised the Glock has a ported barrel. Kaiser stated he

9 does not know who stole the gun. The Glock 35 is worth approximately \$650 dollars. Kaiser completed a sworn written statement.

10

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 <input type="checkbox"/> CAC	Date:	Time:	<input checked="" type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO Date: 11-16-2016 By: 6238
	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 Watson, Brandon	Officer Reporting - Signature 	ID. Number 8437	Unit 1B25	Date 11-16-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 11-16-2016	Report Time 1446	Orig. Reported Date 11-16-2016	Nature of Call (for Incident) THEFT	Agency Report Number 160029124	1.Original	2.Supplement	1
------	---------------------------	---------------------	-----------------------------------	---	-----------------------------------	------------	--------------	---

11 Due to the time frame of the Glock being stolen Deputy Watson did not process the scene for fingerprints.

12

13 Deputy Watson provided Kaiser with a business card and case number. Deputy Watson advised Kaiser to contact the numbers provided if he has any further information to add to the report.

14

15

16 Deputy Watson contacted Volusia County Records and had the firearm entered as stolen via operator Calvin 6238.

17

18 Deputy Watson conducted a search of the pawn shop database and was met with negative results.

19

20 Case status: Active

21

22

23

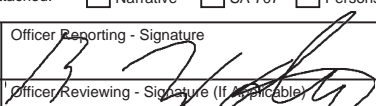
24

25

26

27

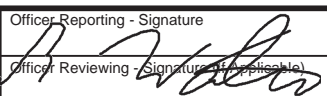
NARRATIVE / CONTINUATION

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 checked="" type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date: 11-16-2016 By: 6238
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 Watson, Brandon	Officer Reporting - Signature 		ID. Number 8437	Unit 1B25
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit
				Date 11-16-2016

ADMINISTRATIVE

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

THEFT EVENT	Report Date 11-16-2016	Report Time 1446	Original Incident Date 11-16-2016	Nature of Call (for Incident) THEFT	Agency Report Number 160029124	1.Original 2.Supplement 1																																			
	Type Theft 99	Type Theft Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Bldg. 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 13. Bicycle 14. Motor Vehicle Parts 99. Other																																							
CODES	Person Code V-Victim N-Next of Kin S-Suspect O-Other D-Defendant R-Reporting Party W-Witness		Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other		Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release 5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered) 8. Found 9. Found/Contraband 10. Prisoner's Pers.Prop. 11. Stolen 12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner 16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned 20. Safekeeping 21. Digital Evidence																																				
	Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment		E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares		I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock																																				
	M. Musical Instrument O. Office Equipment P. Personal Accessories		R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals		V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)																																				
DRUG CODES	Activity P. Possess D. Deliver Z. Other S. Sell E. Use B. Buy K. Dispense/Distribute T. Traffic M. Manufacture/Produce/ R. Smuggle Cultivate		Type A. Amphetamine M. Marijuana U. Unknown B. Barbiturates O. Opium/Derivative Z. Other C. Cocaine P. Paraphernalia/ E. Heroin Equipment H. Hallucinogen S. Synthetic		Unit 1. Gram 6. Ton 2. Milligram 7. Liter 3. Kilogram 8. Milliliter 4. Ounce 9. Dose Unit/Term 5. Pound 99. Other																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Leave Blank:</td> <td>Person Code V</td> <td># 1</td> <td>Pers. Invl. 2</td> <td>Item # 1</td> <td>Status 11</td> <td>Category Y</td> <td>Article GUNS</td> <td>Description GLOCK 35 W / PORTED BARRELL</td> </tr> <tr> <td>Serial Number WFP155</td> <td colspan="2">Owner Applied Number</td> <td colspan="2">Value Recovered: \$</td> <td colspan="2">Date Recovered:</td> <td>Forfeiture Y / N:</td> <td>F.W.T.C. (Y/N)</td> </tr> <tr> <td>If Article</td> <td>Qty.</td> <td>Brand</td> <td>Model</td> <td>Jewelry Type</td> <td>If Drug</td> <td>Activity</td> <td>Type</td> <td>Quantity</td> </tr> <tr> <td>If Gun</td> <td>Make GLC</td> <td>Model 35</td> <td>Caliber 40</td> <td>Type/Cat PI</td> <td>Action SEM</td> <td>Finish BLK</td> <td>Barrel Length</td> <td>Barrel Type</td> </tr> </table>						Leave Blank:	Person Code V	# 1	Pers. Invl. 2	Item # 1	Status 11	Category Y	Article GUNS	Description GLOCK 35 W / PORTED BARRELL	Serial Number WFP155	Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	If Gun	Make GLC	Model 35	Caliber 40	Type/Cat PI	Action SEM	Finish BLK	Barrel Length
Leave Blank:	Person Code V	# 1	Pers. Invl. 2	Item # 1	Status 11	Category Y	Article GUNS	Description GLOCK 35 W / PORTED BARRELL																																	
Serial Number WFP155	Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)																																	
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity																																	
If Gun	Make GLC	Model 35	Caliber 40	Type/Cat PI	Action SEM	Finish BLK	Barrel Length	Barrel Type																																	
PROPERTY	Leave Blank:								Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description																									
	Serial Number								Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$																								
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$				Barrel Type																										
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length																																	
PROPERTY	Leave Blank:								Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description																									
	Serial Number								Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$																								
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$				Barrel Type																										
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length																																	
PROPERTY	Leave Blank:								Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description																									
	Serial Number								Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$																								
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$				Barrel Type																										
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length																																	
PROPERTY	Leave Blank:								Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description																									
	Serial Number								Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$																								
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$				Barrel Type																										
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length																																	
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):																															
	Leave Blank:				Reason for Change:																																				
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):																															
	Leave Blank:				Reason for Change:																																				
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):																															
	Leave Blank:				Reason for Change:																																				
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):																															
	Leave Blank:				Reason for Change:																																				
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):																															
	Leave Blank:				Reason for Change:																																				
Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):																																
Leave Blank:				Reason for Change:																																					
ADMIN.	Officer Reporting - Printed Watson, Brandon			Officer Reporting - Signature 			ID. Number 8437	Unit 1B25	Date 11-16-2016																																
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date																																