



1. #1	3. Both	S-Suspect	V-Victim														
2. #2		D-Defendant	(Missing Person)														
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?		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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?					
1. Runaway				1. Yes		1. Yes		1. Yes		1. Yes		1. Yes					
2. Parents				2. No		2. No		2. No		2. No		2. No					
3. Involuntary		7. Voluntary Adult		8. Unknown		8. Unknown											
4. Disabled																	
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.																	

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

Offense Indicator	Subject Code	Code #		Subj. Type	Name (Last)			(First)	(Middle)	Race	Sex	Ethnicity		
1. #1	S-Suspect	V-Victim												
2. #2	D-Defendant	(Missing Person)												
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?		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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?		
1. Runaway				1. Yes		1. Yes		1. Yes		1. Yes		1. Yes		
2. Parents				2. No		2. No		2. No		2. No		2. No		
3. Involuntary		7. Voluntary Adult		8. Unknown		8. Unknown								
4. Disabled														
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.														

NARRATIVE

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

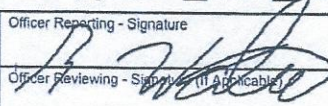
7 away because Kaiser wanted to make sure he did not misplace the firearm. Kaiser stated he has searched his home residence and vehicles for

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

## NARRATIVE / SUPPLEMENT

E/VNT	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
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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

14 any further information to add to the report.

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.

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20 Case status: Active

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NARRATIVE / CONTINUATION

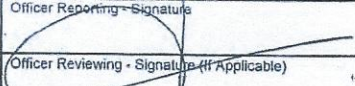
ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date:	Time:	<input checked="" type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	
	Spoke With:	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	

EYNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement		
		12-09-2016	1123	11-16-2016	THEFT	160029124		2	
NARRATIVE / CONTINUATION	<p>1 On 11/17/2016, Inv R Campbell met with Reserve Deputy Frederick "Rocky" Kaiser at his car dealership in Deland Florida. In said preliminary  2 interview, Inv Campbell asked Kaiser if he would know of anyone in his employment that could possibly take the weapon, he stated no.  3  4 Kaiser stated that his dealership has no surveillance system - no surveillance was recovered by law enforcement. Inv Campbell asked Kaiser if  5 he followed policy and procedures with reporting the lost/stolen firearm to his chain of command - he replied with yes, I contacted Sheriff Ben  6 Johnson. Inv Campbell advised Kaiser to contact his Sergeant (Chain of Command) and report this so that an auto incident report could be  7 completed for the lost/stolen firearm. It is unknown as of this date if he did or not. Kaiser stated that he was yelled at by the Sheriff Johnson and  8 that was the only disciplinary sanction he received. Lastly, only as of 12/9/2016, there was an auto incident report completed by Sgt Stickle of the  9 above mentioned firearm.  10  11 Within this investigation, Kaiser neglected to inform Inv Campbell that Lieutenant James Day had retrieved the firearm from the training section  12 (annual inspection) and hand delivered the weapon to him personally.  13  14 Lieutenant James Day provided a written statement on 12/08/2016 at approximately 1407 hours regarding his involvement/interaction with Kaiser  15 the day that Kaisers lost/stolen issued weapon was given to him. He advised in his statement that on September 23, 2016 he was asked by  16 Kaiser to pick up his VCSO issued duty weapon from training and bring it to him at his buick dealership. Lt. Day stated that he arrived at the  17 dealership at approximately 1130 hours, and handed the weapon to Kaiser. Lt Day stated that he observed Kaiser take the weapon from him and  18 place it on his desk. Lt Day continued with that one of Kaisers employees walked into the office - this was the time that Kaiser showed his  19 employee where Kaiser paid for the porting of the barrel on the weapon. Lastly, Lt Day stated that he did not recall if Kaiser placed the handgun in  20 his green recycle bag (that he carries everywhere he goes) or if he placed it back on his desk.  21  22 Incidentally, Inv Campbell checked VCSO tele-type to make sure the lost/stolen weapon was still in NCIC/FCIC as a stolen weapon - it was.  23 (Berner # 8087)  24  25 Investigative leads showed Inv Campbell that on the day of Kaiser going to Sheriff Johnsons office, to report his duty weapon lost/stolen, he first  26 stopped into Inventory control to ask Gerald Krug for a baseball hat and a holster for his lost/stolen duty weapon. Krug provide Kaiser with a  27 baseball cap and told Kaiser he could not have a paddle holster because they were only purchased for investigators. Kaisers response to Krug  28 was "Lt Day has a paddle holster". Kaiser was not provided with a paddle holster at that time. Krug stated that this day was the same day that  29 Sheriff Johnsons secretary called Inventory control (spoke with Travis) to ask for Kaisers serial number to his lost/stolen VCSO duty weapon. This  30 date was confirmed with Karen Glaesel - Sheriff's secretary on 11/16/2016. Lastly, Krug stated that a the Sheriff advised them to issue Kaiser a  31 new duty weapon. It should be noted that Kaiser has not been an active law enforcement officer for many years. His last law enforcement detail  32 was in 2004.  33  34 On 12/08/2016, Sgt MacDowell and Inv Campbell arrived at 123 W Indidan Avenue, Deland (VCSO HQ) to speak with Sheriff Johnsons secretary  35 (Karen Glaesel) regarding the day of Kaiser meeting with Sheriff Johnson. Glaesel stated that it was 11/16/2016 at approx. 1300-1400 hours,  36 when Sheriff Johnson asked her to call down the hall to ask for Kaisers duty weapon (old) serial number. She had no further knowledge of what  37 occurred after she advised Sheriff Johnson of the serial number.  38  39 While at this office, Sgt MacDowell and Inv Campbell met with Sandi Campbell who advised that Laura Bounds had asked for Kaisers employment  40 file (12/7/2016) - she stated that it could not be found. Law enforcement asked Sandi Campbell if she could retrieve Kaisers county employee file  41 and advised that it had 72 pages and she would provide investigators the file when she gets it.  42  43 Sgt MacDowell and Inv Campbell then walked over to interview Laura Bounds who advised and concurred that Kaisers employment file was  44 lost/could not be found. Bounds stated that Kaisers law enforcement certificate was active currently. She further explained that Kaiser was trying  45 to get a paid retirement, but was having issues because the State of Florida stated he did not have enough active time. Kaiser told Bounds that he  46 disagreed with that - she is still looking into the matter. Bounds provided Inv Campbell with a print out of Kaisers Florida Dept. of Law enforcement  47 activity sheet. It illustrates that Kaiser worked part time from 1/18/1979-5/28/1991. Bounds stated after which there was a break in Kaisers  48 service from 5/28/1991 to 10/24/1994. Then Kaiser shows he worked part time from 10/24/1994 to 7/23/2014. Bounds stated that the break in  49 service from years 91-94 was because of Sheriff Vogal term. Since 7/23/2014 until current, Kaiser is listed as an auxiliary/reserve deputy. It  50 should be noted that Kaiser has not worked as an LEO for any detail since 2004 according to the Sheriff's office computer system. Bounds  51 advised Inv Campbell that Kaiser is going to retire with Sheriff Johnson on 12/31/2016.  52  53 On 12/08/2016, Sgt MacDowell and Inv Campbell arrived at Kaisers Buick dealership for a second interview.  54 In said interview, Kaiser advised Investigators that he was still looking for the lost/stolen firearm. Kaiser advised investigators that he was just  55 issued a brand new glock on 12/8/2016.  56  57 When Investigators asked Kaiser as to why he went to inventory control the day he reported the weapon lost/stolen for a holster - he advised that  58 he wanted one for free so that he had one for his new firearm when Sheriff Johnson gives him his duty weapon for retirement.</p>								
	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"/> Tried	<input type="checkbox"/> SA Referral
		<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:	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 Campbell, Robert	Officer Reporting - Signature			ID. Number 7103	Unit 1F22	Date 12-09-2016	
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date		

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1 Original
12-09-2016	1123	11-16-2016	THEFT	160029124	2 Supplement 2

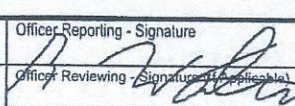
59 While talking to investigators, Kaiser spontaneously uttered that he has had a gun and badge for approx. 38 years and said "everyone else gets  
60 their gun and I want one". He furthered the utterance with he didn't want the old glock, he wanted a new one to retire with.  
61  
62 Kaiser stated that he has a lot of weapons at the house that he keeps in the same vicinity as he kept the lost/stolen weapon and that none of them  
63 were missing. This puts the firearm back in Kaisers hands at the dealership. Lastly, Sgt MacDowell asked Kaiser if he would suspect anyone in  
64 his employment that could possibly steal the weapon, he advised no. No one is allowed in his office while he is gone.  
65  
66 A voice stress analysis test will be scheduled for a future date with Kaiser - TBD.

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 <input type="checkbox"/> CAC	Spoke With:	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 Campbell, Robert	Officer Reporting - Signature 	ID. Number 7103	Unit 1F22	Date 12-09-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

ADMINISTRATIVE

# PROPERTY REPORT

<b>EVNT</b>	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original					
	11-16-2016	1446	11-16-2016	THEFT	160029124	2. Supplement <u>1</u>					
<b>THEFT</b>	Type Theft	Type Theft Codes									
	99	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	
<b>CODES</b>	Person Code	Person Involvement Code		Status Code:							
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	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	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.)					
<b>DRUG</b>	Activity	D. Deliver		Z. Other		Type		Unit			
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle	E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate					A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliter 9. Dose Unit/Term 99 Other
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
		V	1	2	1	11	Y	GUNS	GLOCK 35 W / PORTED BARRELL		
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
	WFP155			\$						\$650	
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
	GLC	35	40	PI	SEM	BLK					
<b>PROPERTY</b>	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	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
<b>PROPERTY</b>	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	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
<b>PROPERTY</b>	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	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
<b>CHAIN OF CUSTODY</b>	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:										
<b>ADMIN.</b>	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Watson, Brandon				8437	1B25	11-16-2016				
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)				Agency Report Number		1. Original	2. Supplement		
	12-09-2016	1123	11-16-2016	THEFT Theft (UCR)				160029124			2		
CODES	V/W Code	Victim/Subject Type	Address/Phone Type			Race	Sex	Residence Type		Residence Status			
	V-Victim W-Witness R-Reporting Person	N-Next of Kin O-Other 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other	B. Business/Work C. Cell H. Home	M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown	M-Male F-Female U-Unknown	0. N/A 1. City 2. County 3. Florida 4. Out-of-State	0. N/A 1. Full Year 2. Part Year 3. Non-Resident				
VICTIM/WITNESS	Means of Attack		Extent of Injury		Domestic Violence		Victim Relationship to Offender						
	F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		00. N/A 01. Gunshot 02. Stabbed		1. Yes 2. No		S-Spouse P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant Z-Other				
VICTIM/WITNESS	Offense Indicator		V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		(First) (Middle)			
	1. #1 2. #2		3. Both	W	1	5			Gaesel		Karen		
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone				
	123 W Indiana Ave		DELAND		FL				(386) 736-5961				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		Sheriff Johnsons secretary								
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	W	F										
VICTIM/WITNESS	Offense Indicator		V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		(First) (Middle)			
	1. #1 2. #2		3. Both	W	2	5			Krug		Gerald		
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone				
	123 W Indiana Ave		DELAND		FL				(386) 736-5961				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		Inventory Control								
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	W	M										
VICTIM/WITNESS	Offense Indicator		V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		(First) (Middle)			
	1. #1 2. #2		3. Both	W	3	3			Bounds		Laura		
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone				
	123 W Indiana Ave		DELAND		FL				(386) 736-5961				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		VCSO HR director								
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	W	F			N							
SUBJECT / MISSING SECTION	Offense Indicator		Subject Code	Code	#	Subj. Type	Name (Last)		(First) (Middle)		Race	Sex	Ethnicity
	1. #1 2. #2		S-Suspect D-Defendant V-Victim (Missing Person)										
SUBJECT / MISSING SECTION	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
SUBJECT / MISSING SECTION	Nickname / Street Name		Place of Birth - City		County	State	Employer / School		Occupation				
SUBJECT / MISSING SECTION	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	
SUBJECT / MISSING SECTION	Driver's License State/Number		Social Security Number		Other ID Number		ID Type						
SUBJECT / MISSING SECTION	Clothing (Describe)		Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)								
SUBJECT / MISSING SECTION	Hair Length / Style		Skin Color	Build	Facial Features		Speech / Voice	Deformity		Glasses			
SUBJECT / MISSING SECTION	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			
SUBJECT / MISSING SECTION	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)					
SUBJECT / MISSING SECTION	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
SUBJECT / MISSING SECTION	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Denial Record Available?		
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No		1. Yes 2. No		
SUBJECT / MISSING SECTION	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				Officer Reporting - Signature				ID. Number	Unit	Date		
	Campbell, Robert								7103	1F22	12-09-2016		
ADMIN.	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date		

EWT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)			Agency Report Number	1. Original	2. Supplement	2															
	12-09-2016	1123	11-16-2016	THEFT Theft (UCR)			160029124																		
CODES	V/W Code		Victim/Subject Type		Address/Phone Type			Race		Sex		Residence Type		Residence Status											
	V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other		B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		M-Male F-Female U-Unknown		0. N/A 3. Florida 1. City 4. Out-of-State 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident											
VICTIMWITNESS	Means of Attack		Extent of Injury		Nature of Call (for Victim, if Different from Incident)			Domestic Violence		Victim Relationship to Offender															
	F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		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					1. Yes 2. No		S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant															
VICTIMWITNESS	Offense Indicator		V/W Code		V. Type		Name (Last/Business)			Residence Phone															
	1. #1 3. Both 2. #2		W 4 5				Campbell Sandi			(386) 736-5961															
VICTIMWITNESS	Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		Phone Type												
	123 W Indiana Ave		DELAND		FL																				
VICTIMWITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		Phone Type												
VICTIMWITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		HR personnel over employee records																				
VICTIMWITNESS	If Victim Type		Race		Sex		Date of Birth		Age		Ethnicity		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship		
	1, 2, or 3		W		F																				
VICTIMWITNESS	Offense Indicator		V/W Code		V. Type		Nature of Call (for Victim, if Different from Incident)			Name (Last/Business)		Residence Phone													
	1. #1 3. Both 2. #2																								
VICTIMWITNESS	Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		Phone Type												
VICTIMWITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		Phone Type												
VICTIMWITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement																						
VICTIMWITNESS	If Victim Type		Race		Sex		Date of Birth		Age		Ethnicity		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship		
	1, 2, or 3																								
VICTIMWITNESS	Offense Indicator		V/W Code		V. Type		Nature of Call (for Victim, if Different from Incident)			Name (Last/Business)		Residence Phone													
	1. #1 3. Both 2. #2																								
VICTIMWITNESS	Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		Phone Type												
VICTIMWITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone		Phone Type												
VICTIMWITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement																						
SUBJECT / MISSING SECTION	Offense Indicator		Subject Code		Code #		Subj. Type		Name (Last)		Name (First)		Name (Middle)		Race		Sex		Ethnicity						
	1. #1 3. Both 2. #2		S-Suspect V-Victim D-Defendant (Missing Person)																						
SUBJECT / MISSING SECTION	Date of Birth		Age		To Age		Height		To Height		Weight		To Weight		Eye Color		Hair Color		Maiden Name						
SUBJECT / MISSING SECTION	Nickname / Street Name		Place of Birth - City		County		State		Employer / School		Occupation														
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SUBJECT / MISSING SECTION	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?														
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary Adult 8. Unknown 1. Yes 2. No 3. Unknown 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No																								
SUBJECT / MISSING SECTION	I, _____ (Printed)		_____ (Signature)		_____ (Signature)		_____ (Signature)		_____ (Signature)		_____ (Signature)														
	person, and this agency has my permission to enter this person in a statewide alert.		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.		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.		certify that I have reported the above person as a missing														
ADMIN.	Officer Reporting - Printed		Officer Reporting - Signature		ID. Number		Unit		Date																
	Campbell, Robert				7103		1F22		12-09-2016																
ADMIN.	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number		Unit		Date																