

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 130034561																			
Agency ORI Number FL0640000				Zone # CT		Telephone Handled 1. Yes 2. No 2																	
Reported: Day Wednesday		Date 12-18-2013		Time (mil.) 0112		Time Dispatched (mil.) _____		Time Arrived (mil.) _____		Time Completed (mil.) _____		Nature of Call (Report Type) RECVEH OA Rec Stolen Veh, Other Agn StIn (UCR class)											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Wednesday		Date 12-18-2013		Time (mil.) 0112		TO Day Wednesday		Date 12-18-2013		Time (mil.) 0113		Occurred During: D - Day U - Unknown N - Night N					
Offense #1 1		Type 1		Statute Violation Number 812.014(2)(C)6				Description Grand Theft - Motor Veh. < \$100,000				A - Attempted C - Committed C											
#2 4		Type 4		Statute Violation Number 316.061(1)				Description Leave Scene of Crash Involve Damage				A - Attempted C - Committed C											
Incident Location (Street, Apt. Number) DERBYSHIRE RD/8TH ST												City DAYTONA BEACH		Zip 32117									
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 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No									
Location Type 26		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 3. Both		V/W Code 1 O		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Rivers				Name (Last/Business) Donald		(First) W		(Middle) W							
Address (Street, Apt. Number) 14 Twelve Oaks Trail												City ORMOND BEACH FL		State FL		Zip 32174		Residence Phone _____					
Business/School/Other Address (Street, Apt. Number) Air Car Inc.				City ORMOND BEACH FL				State FL		Zip B		Address Type B		Business/School/Other Phone _____		Phone Type _____							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement Owner of stolen vehicle																	
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 05-05-1945		Age 68		Ethnicity N		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both		V/W Code 2 V		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Wyatt				Name (Last/Business) Cary		(First) L		(Middle) L							
Address (Street, Apt. Number) 850 Derbyshire Rd												City DAYTONA BEACH FL		State FL		Zip 32117		Residence Phone (386) 290-5625					
Business/School/Other Address (Street, Apt. Number) Denny's Restaurant 110 Williamson Blv				City ORMOND BEACH FL				State FL		Zip 32127		Address Type B		Business/School/Other Phone _____		Phone Type _____							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement owner of property crashed into by fleeing vehicle																	
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth _____		Age _____		Ethnicity N		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both		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 _____																	
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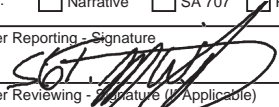
INCIDENT REPORT (CONT.)

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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	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		
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May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
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NARRATIVE

1 On 12/18/2013 at approximately 0112 hours Sergeant Wingard was stationary at the intersection of 8th Street and Derbyshire Rd, in the parking
 2 lot of the Sunoco Gas Station, 1296 8th St.. Sgt. Wingard heard a vehicle traveling west on 8th St. toward Derbyshire Rd. at a high rate of speed
 3 (well over the 30 mph posted speed limit). Sgt. Wingard observed the vehicle come into view at the intersection of 8th St. and Beacon Dr.. As the
 4 vehicle slowed for the red light on 8th St. at Derbyshire Rd. Sgt. Wingard recognized the vehicle as a possible stolen vehicle (silver Mercedes
 5 Benz S500, FL dealer tag NB246X) from a few a days ago out of the city of Ormond Beach. Sgt. Wingard activated his emergency lights and siren
 6 on his VCISO marked patrol vehicle, with agency insignia prominently displayed on all sides of the vehicle. The vehicle failed to stop for Sgt.
 7 Wingard's patrol vehicle and also did not stop for the red light on 8th St. at Derbyshire Rd.. Sgt. Wingard notified VCISO dispatch of the fleeing
 8 vehicle and the direction of travel (south on Derbyshire Rd.).
 9 Sgt. Wingard deactivated his emergency lights and siren and continued to travel in the same direction of the fleeing vehicle. The fleeing vehicle
 10 turned its lights off and accelerated at a high rate of speed continuing past 6th St. on Derbyshire Rd.. As Sgt. Wingard passed the intersection of

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
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date: By:
	Connecting Report Number <u>OB131200213</u>	Agency <u>OBPD</u>	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 <u>Wingard, Jeffrey</u>	Officer Reporting - Signature 	ID. Number <u>2475</u>	Unit <u>1D30</u>	Date <u>12-18-2013</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

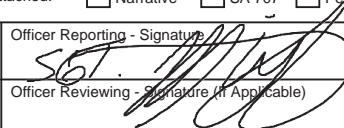
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 12-18-2013	Report Time 0112	Orig. Reported Date	Nature of Call (for Incident) RECVEH OA	Agency Report Number 130034561	1.Original	2.Supplement	1
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11 Derbyshire Rd and 6th St. Sgt. Wingard observed the vehicle pass through the intersection of Derbyshire Rd and 4th St.. The fleeing vehicle
 12 continued to the intersection of Derbyshire Rd and 3rd St.. Sgt. Wingard observed the vehicle turn west onto 3rd St.. Sgt. Wingard lost sight of
 13 the fleeing vehicle. As Sgt. Wingard passed the intersection of Derbyshire Rd. and 3rd St. he observed the silver Mercedes-Benz crashed into
 14 and stuck on top of a planter in the front yard of 850 Derbyshire Rd. Sgt. Wingard then observed a black male wearing a lighter brown in color
 15 long sleeve shirt and dark pants running west on 3rd St.. Sgt. Wingard made a U-turn and traveled west on 3rd St.. As Sgt. Wingard traveled onto
 16 3rd St. he lost sight of the fleeing driver at when he was at 3rd St. and Essex Dr..
 17 Sgt. Wingard orchestrated a perimeter, requested K-9 respond to his location, and requested Air 1 be notified to respond. The Watch
 18 Commander, Lt. Paugh was notified of the incident. A ground search by K-9 was conducted in conjunction with Air 1 of the area. The search
 19 yielded negative results of apprehending the suspect.
 20 The vehicle tag, NB246X, was confirmed stolen by VCSO dispatch. The vehicle was processed for fingerprints. No finger prints were located for
 21 recovery. Universal Towing responded to the crash scene and removed the vehicle and took it to their impound yard for safekeeping. The vehicle
 22 was not drivable as it had front end damage resulting from the crash. The stop sign for the intersection was damaged when the fleeing vehicle
 23 struck it. Daytona Beach Public Works responded and repaired the sign. Ormond Beach Police Department was notified of the vehicle's recovery.
 24 They contacted VCSO records and had the vehicle removed from FCIC/NCIC. Note: the interior of the vehicle had Cannabis "shake" all
 25 throughout the vehicle's floor. A crash report was completed for the property damage utilizing this same case number. Photographs of the crash
 26 scene and the damaged property were entered into the Digital Crime Scene database.
 27
 28 Case status: closed.
 29

NARRATIVE / CONTINUATION

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	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	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 OB131200213	Agency OBPD	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 Wingard, Jeffrey	Officer Reporting - Signature 	ID. Number 2475	Unit 1D30	Date 12-18-2013	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		