VOLUSIA COUNTY SHERIFF'S OFFICE

	Juvenile Hate Crime Gang Elderly Abuse / Exploitation							INCIL	DENT R	EPORT			Pag	e <u> </u>	of	3 Pages		
	Gang							Agency Report Number 140022895										
	Domestic Violence VOR						umber				Zone #	Telephone Handled 1. Yes					s	
	Endangered / Other FL0640000																	
	Reported: Day	Date	Time (n	nil.) Time	Dispatched	(mil.)	Time	Arrived (mi	f Call (Report Type)									
	Saturday	08-23-2									ASSIS ¹	T Assist Agency						
	Incident Type: 1. Felony	 Misder Traffic 		Ordinance Other	Incident: Day From	´		- 1	me (mil.)	TO Day	Date	9	Time (mil.) O	ccurred D - Day	uring: U - Unkno	own	
	2. Traffic Felony Offense		meanor ute Violation Nu	mbor	Saturda	ay 08-	-23-201	14 13 Description						N	- Night		D	
AT	#1	1 1	77777	IIIDOI					lissing Perso	n/All other n	on-crimes					Attempted Committee		
	#2	Stat	ute Violation Nu	mber				Description								Attempted		
	#2 Incident Location (Street, Apt. Number)								City					Zip	C -	Committee		
EVENT DATA	106 West Int		14.11.201)						-	ΓONA				32738				
	Business Name		r	# Prem. E		rug Relate			nol Related .	Forced Ent			Arson-Inhabited			Arson-Attempted 1. Yes		
						0. N/A 1. Yes 2. No 2			A 1. Yes 2. No 2	2. No	Attempted	1. Occupi 2. Unoccu		3. Abandoned		2. No		
	Location Type	Location Typ 01.Residence		Convenience Sto	ore 09.Sur	ermarket		13.Bank	/Financial Inst.	17.Gov	't/Public Bldg.	21.Airport		25.Parking Lo	ot/Garage	arage 29.Motor Vehicle		
		02.Apartmer	t/Condo 06.0	Gas Station	10.Dep	ot/Discount		14.Com	mercial/Office B	ldg. 18.Sch	ool/University	22.Bus/Rail T	22.Bus/Rail Terminal 26.Highway/Roadw			30.0	Other Mobile	
	26	03.Residenc 04.Hotel/Mot	el 08.F	_iquor Sales Bar/Nightclub		cialty Stor a Store/Ho		16.Stora	strial/Mfg. age	19.Jail/ 20.Reli	aious Blda.	23.Construction 24.Other Structure 24.Other 24.Ot		27.Park/Woo 28.Lake/Wate	erwav	99.0	Jnknown Other	
	V/W Code V-Victim	N-Next of Kin	Victim/Subject 0. N/A	Type 4. Business	- 1	ss/Phone ⁻ siness/Wor		Magagas	D. Dogor	Race	O-Oriental/Asian	Sex M-Male	Resid 0. NA	lence Type 3. Florida		Residence (). N/A	Status	
(م	W-Witness	O-Other	1. Juvenile 2. L.E. Officer	Governmer	nt C. Cel	I	N.	Message Next of Kin		B-Black	U-Unknown	F-Female	1. Cit	y 4. Out-of-	State	1. Full Year		
)E	R-Reporting Pe	rson	3. Adult	9. Other	H. Ho	me	Ο.	Other	V. Vacation	1-American	Indian	U-Unknowr	n 2. Co			Par. Year Non-Resident		
CODES	Means of Attack F-Firearm		er Dangerous	Extent of 00.N/A		_aceration		06 Pc	oss. Internal Inju	ırv 09 Abra	sions/Bruises	Domestic		Victim S-Spouse		onship to Offender 3-Sibling Z-Other		
	K-Knife/Cutting			tc. 01.Guns	shot 04.l	Jnconsciou		07.Lc	oss of Teeth	10.No \	isible Injury	1. Ye 2. No		P-Parent	0-0	Other Famil	ly	
	Offense Indica	tor V	/W Code	# V. Type	Nature of C	Poss.Broke Call (for Vic				99.Othe	r Serious Injury /Business)		(First)	C-Child	H-C	Co-Habitant	(Middle)	
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INCIDENT REPORT (CONT.) Page 2 of 3 Pages																						
	Offe	ense Indicator 1 3. Both	Subject Co S-Suspect		im	Co	de #	# Subj. T	ype N	lame (La	st)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. #:		D-Defendant (Missing Person) Age To Age Height			To Height Weight		To Wei	sight Eye Color I		Hair Color	Hair Color			Maiden Name							
											Le	Employer/Other/School										
	NIC	kname / Street Name				Place of E	sirtn - (City	Cou	unty		ate	Em	ployer/Otner/	/School Occupation							
	Las	st Known Address (Stree	et, Apt. Num	ber)				City			State		Zip			Addres	s Type	Phone	9			Phone Type
	Oth	ner Address (Street, Apt	. Number)					City			State		Zip			Addres	ss Type	Phone	9			Phone Type
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	Hai	ir Length /Style	,	Skin	Bu	uild /	Fac	ial Feature	es /		,		Speech	Voice D	eformity				,	1	Glasses	
SUBJECT / MISSING	If S	Demeano	r Mask	<	Weapon	Туре		,	/	,	/			/	If Arrest		Subject Wa		dy Yes I	 W 1. 1	arrant Fro This Ager Other Age	om:
₹		Date of Last Contact	Da	ate of Emano	ipation	Cauti	on	Caution	Reason	/		/			Personal I		Orugs / Alc		. No	2. (Other Āge	ency
I		May Be With:		Physic	cal Conditi	on:			Menta	l Conditi	on:			Doctor N	lame:				Dentist Na	ame:		
BJ	SSING	Incident Type				Fo	ul Play				. D. (0			Fingerprints		Р	hoto Avail	lable?	ble? Dental Record			
g				6. Disaster Victim			spected	?		Missin	g Before?			Available?			110107114	abio.		Availab		
	IF M	4. Disabled		7. Voluntary Adult		2.	Yes No		1	1. Yes 2. No		- 1		1. Yes 2. No	1		. Yes . No		1	1. Yes 2. No		1
		5. Endangered		8. Unknown		8.	Unknow	'n	<u> </u>	8. Unk	nown											l
		person; and this ager	ncy has my p	permission to	enter this		Printed) statewio	de alert.						(Signature	e) certify	that I hav	e repor	rted the abo	ve perso	n as a m	issing
	1. #		Subject Co S-Suspect	V-Vict		Co	de #	# Subj. T	ype N	lame (La	st)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. #: Dat	te of Birth	D-Defenda Age	To Age	Height		Height	Weight	t	To Wei	ght Eye	Color			Hair Color	•		Maid	den Name			
	Nic	kname / Street Name				Place of E	Birth - (City	Cou	unty	Sta	ate	Emp	ployer/Other/s	School				Occupati	ion		
	Las	st Known Address (Stree	et, Apt. Num	ber)				City			State		Zip			Addres	s Type	Phone	<u> </u>			Phone Type
	Oth	ner Address (Street, Apt	. Number)					City			State		Zip			Addres	s Type	Phone	9			Phone Type
2	Dri	ver's License State/Nun	nber			S	Social Se	curity Nun	nber			1	Other	ID Number							D Type	
SECTION	Clo	othing (Describe)									Scars/Marks	/Tatto	os (Type	e/Describe)		Scars/Marks/Tattoos (Type/Describe)						
	Hai	r Length /Style	/	Skin	/ 	uild /	Fac	/ cial Feature	es				Speech	Voice D	eformity					- 1	Glasses	
AISSING		/ / Demeano	r Mask	. Ι	Weapon	Туре			/		/			/			Subject Wa				arrant Fro	om:
2	If S	Subject: / Date of Last Contact	Da	ate of Emano	ipation	/ Cauti	on	/ Caution	Reason	/		/			If Arrest Personal I		Custody Drugs / Alc	2.	. Yes . No	1. 7	his Ager Other Age	ency
CT/		May Be With: Physical Condition:						Mental Condition:					Doctor Name: Dentist Name:									
SUBJECT	Š			Tilyok	our conditi																	
l S	ISSING	Incident Type 1. Runaway 2. Parents		6. Disaster Victim			ispected	?		Missin	g Before?			Fingerprints Available?			hoto Avail	lable?		Availab		
	F	3. Involuntary		7. Voluntary Adult			Yes No		I	1. Yes 2. No		1		1. Yes 2. No	1		. Yes . No		1	1. Yes 2. No		1
	_	5. Endangered		8. Unknown		8.	Unknow	'n		8. Unk	nown											
		l,	(Printed) (Signature) certify that I have reported the above person as a missing gency has my permission to enter this person in a statewide alert.													s a missing						
	1	On 8-23-2014	4, Deput	y Luoma	and K	9 Jago ı	respoi	nded to	the 1	106 m	ile mark	er w	estbo	ound Inte	rstate 4	4 to c	onduct	a dru	ug sniff	at the	reque	st of FHP
	2	Trooper Patri	cio. See	FHP ca	se num	ber FHI	P14O	FF0747	710.													
NARRATIVE	4	Upon arrival,																				
ZAT	6	Patricio state smelled an or																				
AR	7	"Black and M	ild" cigar	rs along	with pi	eces of	cigar 1	tobacc	o thro	ugho	ut the ca	ıb.										
~	9	Trooper Patri																				
	10 Fin	right front of t		where h	e was	commai	nded	to sear	ch. K	9 Jag	o search	ned i	n a c	ounter cl	ockwis	e dire	ction w	here	he snif	fed the	e sean	ns well
l y	Sta	atus: 5 Statu	s Codes:	1.Arrest/Adu	ult 2.	Arrest/Juv.	3.Exc	ceptional/A	Adult	4.Excep	tional/Juv.	5.C	losed	6.Unfounde			Victim Ad	vocate	П	riad	SA	A Referral
STRATIVE	H	DCF Hotline Spoke	e With:					Date:		Time	:	H	!	NCIC Entry NCIC Cance		T.T. E	BOLO		Date	:	By	:
ISTF		nnecting Report Numbe	r Agen				ional For ttached:		Varrative		SA 707	Pers	ons [Property	Veh.	./Tow Sh	neet	Other	Describe:			
ADMINI:	-	P140FF074710 icer Reporting - Printed	FHP				Officer	Reporting	Sigra	ture	$\sqrt{}$				ID. Nu	mber		Unit			Date	
A		oma, Bryan icer Reviewing - Printed	(If Applicable	le)			Officer	Reviewin	a Sians	ature (If	Applicable)	_			2513 ID. Nur	nber		1K94 Unit	2		08-23-2 Date	2014
			,	,				4.~	3.10													

VOLUSIA COUNTY SHERIFF'S OFFICE

		NARRATIVE / SUPPLEMENT Page 3 of 3 Pag										
EVNT		rt Date	Report Time	Orig. Reported Date	Nature of Call (for Incide	ent)	Agency Report Number			1.Original 2.Supplement		
	08-23 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 33	sniffing in sniff well and show Deputy L the rear of Deputy L any illegas smoking possessidenied sher K9 p Deputy M Deputies Trooper No further	n he approached the state of the service of the cargo area would be cannoble or using/point of the cargo area oxes and two dress artner Baeron into Matusick. Se Luoma and Matus Patricio. Deputy Lucer investigative acti	ng at the door with the and sniffed the sitting and staring. Jago and advised the unloaded and so the unloaded and so the unloaded and so the arear cargo area of the sees of the truck was consers up front. One the rear of the truck is searched the unma provided Truck and so the unit of the unma provided Truck and so the unit of the unma provided Truck and so the unit of the unma provided Truck and so the unit of the unit of the unma provided Truck and the unit of t	n his front legs up he rear cargo door g up. d Trooper Patricio searched. vised he is the own the truck because tics stating he diend Marijuana. Mess. McDonald state tonducted by severe a path through the conducted by severe a path through the conduc	on the running or seam, he aga to of the two possions of the trucks of the trucks of the had help do not do that an alcDonald, who will ted he was only the household sick advised he tressers also yie ness card along	g board. K9 Jago value displayed a charmonic displayed a charmonic distribute alerts. Trooped and moving complete and moving and did not a complete display helping Mattocks over sylelding negated items was made, at K9 alerted to the delding negative resigned with this case number of the complete and the complete alerted to the delding negative resigned.	vas commanded to ange in behavior of the Patricio informed apany. Mattocks was to open the custom ad been previously ocks with white may out because he was vive results for any Deputy Matusick, right front of the consults. The results of the consults.	continue. K9 Jag f sniffing intensely ed both Mattocks as as unable to advis ers boxes. Mattoc y arrested in Louis arijuana leave prir yas his neighbor. narcotics with the who arrived on s cargo area. See si	2.Supplement 1 In breathing, go continued to y, acting frantic, and McDonald se if there were cks denied siana for it on them also be exception of cene, deployed upplement by		
ADMINISTRATIVE	Conne	OCF Hotline CAC ecting Report	10 FHP	Addition	Onal Forms Narrativ	$\overline{\sim}$	5.Closed 6.Unfounded FCIC / NCIC Entry FCIC / NCIC Cancel Persons Property	T.T. BOLO	Date:	SA Referral		
		er Reporting - F	Printed		Officer Reporting - Sign	ature		ID. Number	Unit	Date		
Αľ		na, Bryan er Reviewing -	Printed (If Applicable)		Officer Reviewing Sign	nature (If Applicable)	•	2513 ID. Number	1K942 Unit	08-23-2014 Date		
	Onice	i verientid -	i iiileu (ii Applicable)		Cilicel Resultwing Sign	iature (ii Applicable)		אנוווטפו. פו .	Oilit	Jale		