

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 140022895	
Agency ORI Number FL0640000				Zone # 41	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2
Reported: Day Saturday	Date 08-23-2014	Time (mil.) 1308	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)
Nature of Call (Report Type) ASSIST Assist Agency					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From Saturday		Date 08-23-2014		Time (mil.) 1308	
TO		Day		Date	
Time (mil.)		Occurred During: D - Day U - Unknown N - Night		D	
Offense #1 9		Type 77777777		Statute Violation Number 77777777	
#2		Statute Violation Number		Description Death/Missing Person/All other non-crimes	
A - Attempted C - Committed		A - Attempted C - Committed		C	
Incident Location (Street, Apt. Number) 106 West Interstate 4					
City DELTONA			Zip 32738		
Business Name / Area Identifier		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No
Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		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 W-Witness R-Reporting Person		N-Next of Kin O-Other		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 B-Black I-American Indian		O-Oriental/Asian U-Unknown	
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		Z-Other	
Offense Indicator 1. #1 2. #2 3. Both		V/W Code 1	# 0	V. Type 1	Nature of Call (for Victim, if different from Incident) 3
Name (Last/Business) MATTOCKS II		(First) ELLIOTT		(Middle) C	
Address (Street, Apt. Number) 9237 GLENWATER DRIVE APT 317					
City CHARLOTTE		State NC		Zip 28262	
Residence Phone		Business/School/Other Address (Street, Apt. Number)		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 B	Sex M	Date of Birth 03-03-1986	Age 28	Ethnicity N
Res. Type 4	Res. Status 3	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both					
V/W Code 1	# 0	V. Type 2	Nature of Call (for Victim, if different from Incident) 3	Name (Last/Business) MCDONALD	
(First) MARK		(Middle) A		Address (Street, Apt. Number) 3511 KENTUCKY AVENUE	
City CHARLOTTE		State NC		Zip 28216	
Residence Phone		Business/School/Other Address (Street, Apt. Number)		Address Type	
Business/School/Other Phone		Phone Type		Other Contact Info (Time Available, Interpreter, etc.)	
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Synopsis of Involvement					

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)			
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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
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1 On 8-23-2014, Deputy Luoma and K9 Jago responded to the 106 mile marker westbound Interstate 4 to conduct a drug sniff at the request of FHP

2 Trooper Patricio. See FHP case number FHP14OFF074710.

3

4 Upon arrival, Deputy Luoma met with Trooper Patricio who advised he had stopped the 2000 Chevrolet box truck for a safety inspection. Trooper

5 Patricio stated upon contact the the driver, Mark McDonald (O2) and the passenger, Elliott Mattocks (O1) who was also the vehicle owner, he


6 smelled an odor of cannabis emitting from the cab. A search of the cab was made and no narcotics were found however, several packages of

7 "Black and Mild" cigars along with pieces of cigar tobacco throughout the cab.

8

9 Trooper Patricio requested a narcotic sniff of the exterior of the truck to include the rear cargo area. K9 Jago was deployed on lead and led to the

10 right front of the truck where he was commanded to search. K9 Jago searched in a counter clockwise direction where he sniffed the seams well

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 FHP14OFF074710	Agency FHP	Additional Forms Attached: <input checked="" 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 Luoma, Bryan	Officer Reporting - Signature 	ID. Number 2513	Unit 1K942	Date 08-23-2014		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 08-23-2014	Report Time 1308	Orig. Reported Date	Nature of Call (for Incident) ASSIST	Agency Report Number 140022895	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11 and when he approached the drivers side door, he displayed a change in behavior of his head turning back to the door, increase in breathing,

12 sniffing intensely, and staring at the door with his front legs up on the running board. K9 Jago was commanded to continue. K9 Jago continued to

13 sniff well and when he reached and sniffed the rear cargo door seam, he again displayed a change in behavior of sniffing intensely, acting frantic,

14 and showing a final alert of sitting and staring up.

15

16 Deputy Luoma secured K9 Jago and advised Trooper Patricio of the two positive alerts. Trooper Patricio informed both Mattocks and McDonald

17 the rear cargo area would be unloaded and searched.

18

19 Deputy Luoma interviewed Mattocks who advised he is the owner of the truck and moving company. Mattocks was unable to advise if there were

20 any illegal narcotics in the rear cargo area of the truck because he had help loading and did not open the customers boxes. Mattocks denied

21 smoking cannabis or using/possessing narcotics stating he did not do that anymore since he had been previously arrested in Louisiana for

22 possession of Methamphetamine, Cocaine, and Marijuana. McDonald, who was wearing red socks with white marijuana leave print on them also

23 denied smoking or using/possession narcotics. McDonald stated he was only helping Mattocks out because he was his neighbor.

24

25 A search of the cargo area of the truck was conducted by several FHP Troopers yielding negative results for any narcotics with the exception of

26 several boxes and two dressers up front. Once a path through the household items was made, Deputy Matusick, who arrived on scene, deployed

27 her K9 partner Baeron into the rear of the truck. Deputy Matusick advised her K9 alerted to the right front of the cargo area. See supplement by

28 Deputy Matusick.


29

30 Deputies Luoma and Matusick searched the boxes and two dressers also yielding negative results. The results of the search was relayed to

31 Trooper Patricio. Deputy Luoma provided Trooper with a business card along with this case number.

32

33 No further investigative action was conducted by Deputy Luoma and K9 Jago in this case.

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Officer Reporting - Printed Luoma, Bryan	Officer Reporting - Signature 		ID. Number 2513	Unit 1K942	Date 08-23-2014	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	