

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number 160012291

<input type="checkbox"/> Juvenile	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Gang	<input type="checkbox"/> Elderly Abuse / Exploitation
<input type="checkbox"/> Domestic Violence	VOR _____
<input type="checkbox"/> Endangered / Other	

Agency ORI Number FL0640000	Zone # 41	Telephone Handled 1. Yes 2. No 2
---------------------------------------	---------------------	-----------------------------------------------

Reported: Day Saturday	Date 05-14-2016	Time (mil.) 2239	Time Dispatched (mil.) 2239	Time Arrived (mil.) 2239	Time Completed (mil.) 0327	Nature of Call (Report Type) PSHOT Person Shot
----------------------------------	---------------------------	----------------------------	---------------------------------------	------------------------------------	--------------------------------------	----------------------------------------------------------

EVENT DATA

Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Saturday	Date 05-14-2016	Time (mil.) 2239	TO	Day Sunday	Date 05-15-2016	Time (mil.) 0327	Occurred During: D - Day U - Unknown N - Night	N
--------------------------------------------------	------------------------------------------	--------------------------	---------------------------------------	---------------------------	----------------------------	----	----------------------	---------------------------	----------------------------	---------------------------------------------------------	----------

Offense #1	Type	Statute Violation Number 77777777	Description Death/Missing Person/All other non-crimes	A - Attempted C - Committed	C
Offense #2	Type	Statute Violation Number	Description	A - Attempted C - Committed	

Incident Location (Street, Apt. Number) 1400 Block of North State Road 415	City OSTEEN	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 2	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No
---------------------------------	-----------------	----------------------------------------------	-------------------------------------------------	----------------------------------------------------	-----------------------------------------------------------	---------------------------------

Location Type 26	Location Type Codes	01. Residence-Single	05. Convenience Store	09. Supermarket	13. Bank/Financial Inst.	17. Gov't/Public Bldg.	21. Airport	25. Parking Lot/Garage	29. Motor Vehicle
		02. Apartment/Condo	06. Gas Station	10. Dept/Discount Store	14. Commercial/Office Bldg.	18. School/University	22. Bus/Rail Terminal	26. Highway/Roadway	30. Other Mobile
		03. Residence/Other	07. Liquor Sales	11. Specialty Store	15. Industrial/Mfg.	19. Jail/Prison	23. Construction Site	27. Park/Woodlands/Field	88. Unknown
		04. Hotel/Motel	08. Bar/Nightclub	12. Drug Store/Hospital	16. Storage	20. Religious Bldg.	24. Other Structure	28. Lake/Waterway	99. Other

CODES

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 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 3. Florida 1. City 4. Out-of-State 2. County	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 B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant	Z-Other
-------------------------------------------------------	-------------------------------------------------	-----------------------------------------------------------	-------------------------------------------------------------	-------------------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------	-----------------------------------------------------------------------------------------------------------	---------

VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 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
------------------------------	------	-----	---------------	-----	-----------	-----------	-------------	-----------------	------------------	-------------------	--------------

VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 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
------------------------------	------	-----	---------------	-----	-----------	-----------	-------------	-----------------	------------------	-------------------	--------------

VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 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
------------------------------	------	-----	---------------	-----	-----------	-----------	-------------	-----------------	------------------	-------------------	--------------

VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 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
------------------------------	------	-----	---------------	-----	-----------	-----------	-------------	-----------------	------------------	-------------------	--------------

VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 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
--------------------------------------------------------	-------------------------

INCIDENT REPORT (CONT.)

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
		S 1 3			W	M	N
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
	59	5' 10		BRO	GRY		
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
				Altamonte	FL	32714	H
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:
						1. Yes 2. No	1. This Agency 2. Other Agency
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:	
Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown	
Fingerprints Available?				Photo Available?		Dental Record Available?	
1. Yes 2. No				1. Yes 2. No		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.							

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?	Warrant From:
						1. Yes 2. No	1. This Agency 2. Other Agency
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:	
Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown	
Fingerprints Available?				Photo Available?		Dental Record Available?	
1. Yes 2. No				1. Yes 2. No		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 5/14/2016, at approximately 2252 hours, Sergeant Yisrael responded to the 1400 block of SR 415, Osteen, in reference to a Deputy involved shooting. Deputies Kent and Knight advised Central Dispatch they were out with an armed suspect who was not cooperating with their demands.

2

3 At approximately 2256 hours Deputy Kent advised shots had been fired. Deputy Kent further advised he and Deputy Knight were uninjured, one

4 suspect was shot and there were no other suspects involved or outstanding.

5

6 While enroute to the scene of the Deputy involved shooting, Sergeant Yisrael requested Central Dispatch make notification to the Watch

7 Commander-Lieutenant Heaton, the District Four Lieutenant Taylor, On-Call C.I.D., Major Case, Crime Scene and the Public Information Officer of

8 the incident.

9

10 At approximately 2257 hours, Sergeant Yisrael arrived on scene and observed Deputies Kent and Knight's patrol vehicle positioned at the rear of

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 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 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 Yisrael, Benjamin		Officer Reporting - Signature <i>BY</i> 1655		ID. Number 1655
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		Unit 1B40
				Date 05-15-2016

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-14-2016	Report Time 2239	Orig. Reported Date	Nature of Call (for Incident) PSHOT	Agency Report Number 160012291	1.Original 2.Supplement 1
-------------	---------------------------	---------------------	---------------------	-----------------------------------------------	-----------------------------------	--------------------------------

NARRATIVE / CONTINUATION

11 the gold-in-color Toyota passenger car with the emergency lights activated. Sergeant Yisrael noticed the gold-in-color Toyota two-door passenger
 12 car parked on the west side of State Road 415 facing southbound partially parked on the county right-of-way. The driver side window of the
 13 Toyota two-door passenger car was shattered and the glass laid in the roadway near the driver's door. Sergeant Yisrael observed Deputy
 14 Zimmerer, Deputy Adkins and Deputy Jenkins on scene upon arrival.
 15
 16 Sergeant Yisrael made contact with Deputy Kent, confirmed he was in fact involved in a shooting and check him for any injuries. Deputy Kent was
 17 uninjured. Sergeant Yisrael separated Deputy Kent from other involved deputies and instructed Deputy Cowger to remain with Deputy Kent at
 18 Sergeant Yisrael's patrol vehicle until relieved by FDLE investigators. Sergeant Yisrael instructed Deputy Kent not to discuss the shooting with
 19 anyone. Sergeant Yisrael also instructed Deputy Kent to protect his weapon and only turn it over to the appropriate investigator.
 20
 21 Sergeant Yisrael asked Deputy Knight to provide as much basic information as possible to assist personnel responding to the scene.
 22
 23 According to Deputy Knight, he and his Field Training Officer (FTO), Deputy Kent were conducting an investigation on a suspicious vehicle [REDACTED]
 24 [REDACTED] in the 1400 block of North State Road 415, Osteen. Deputies Knight and Kent approached the
 25 suspicious vehicle, believed to be unoccupied, and observed a white male, later identified as [REDACTED] sitting in the vehicle. [REDACTED]
 26 [REDACTED]
 27 [REDACTED]
 28 [REDACTED] Deputy Kent discharged his agency issue weapon striking [REDACTED], who was located in
 29 his vehicle. Sergeant Yisrael separated Deputy Knight from other deputies involved in the incident and instructed Deputy Zimmerer to remain with
 30 Deputy Knight at Deputy Zimmerer's patrol vehicle until relieved by FDLE investigators. Sergeant Yisrael instructed Deputy Knight not to talk to
 31 anyone about the incident.
 32
 33 Sergeant Yisrael directed Deputy Vanzo to establish a crime scene log and Deputy Escobar to coordinate establishing a crime scene perimeter.
 34 Additional responding deputies assisted with blocking northbound and southbound traffic lanes of State Road 415.
 35
 36 Fire Rescue Engine 36 responded to the scene and pronounced [REDACTED] deceased at approximately 2310 hours. All deputies and rescue personnel
 37 were removed from the immediate area of the suspect vehicle to preserve the integrity of the crime scene as much as possible. All involved
 38 personnel were documented on the crime scene log.
 39
 40 Sergeant Yisrael turned command of the scene over to Lieutenant Heaton upon his arrival.
 41
 42 Case Status: Active
 43
 44
 45

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		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 Yisrael, Benyamin	Officer Reporting - Signature <i>BC [Signature]</i> 1655		ID. Number 1655	Unit 1B40	Date 05-15-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date