## **VOLUSIA COUNTY SHERIFF'S OFFICE**

	Juvenil	е			Hate Crime															3 Pages		
	Gang	⊒ ' ⊔ '				Elderly Abuse / Exploitation			1 7 1								Agency Report Number 160013710					
	Domestic Violence VOR						Agen	Agency ORI Number Zone #							710710	1. Ye	s ,					
	Endangered / Other								FL0640000 24								2. No	2				
	Reported:	Day	Date		Time (r		ime Dispa	atched (n	nıl.)		Arrived (m		completed (mi	·	,	of Call (Report Type)						
	Sunday Incident Ty	· · · · · · · · · · · · · · · · · · ·					ent: Dav	Da	1251	Ti	1900 me (mil.)	Day	PSH	OT Pe Date	erson SI	ne (mil.)	ı Occurred I	During:				
	1. Felony 4. Traffic 9. Other From 2. Traffic Felony Misdemeanor Su									-29-201	- 1	, ,	то		outo	''''	ic (iiii.)	D - Day N - Night	During: U - Unkno	own D		
וַ∠	Offense Type Statute Violation Number							unday	100	20 201	Description							<del>'                                    </del>	- Attempted			
<u> </u>	#1 9 7777777777  Statute Violation Number										Person							C - Committed				
닐	#2			Statute	e violation inc	imbei					Description	וונ							<ul> <li>Attempted</li> <li>Committed</li> </ul>			
EVENT DATA	Incident Lo	cation (	(Street, A	pt. Nu	mber)							City					Zip					
<u>ш</u>	Woodlan Business N			se Rd	# Pro	m. Entere	d Dri	ug Relate	ed	Alcoh	DEL/ nol Related	Forced E	ntrv	Area	n-Inhabite	327	725 T	Arson-Attempted				
	2401100011	uo,,,	Area identifier			#116	III. LIIIGIG		N/A 1.	Yes		A 1. Yes		3. Attempted	1. 0	ccupied	<ol><li>Abandon</li></ol>	3. Abandoned		s		
	Location Ty		Location						2.	NO Z		2. No 2				noccupied			2. No	•		
			01.Resid			Convenience Gas Station		09.Supe 10.Dept	rmarket /Discoun	t Store		:/Financial Inst. mercial/Office E		ov't/Public Bldg. hool/University	21.Airpo 22.Bus/F	rt Rail Termir		ng Lot/Garag vay/Roadway		Motor Vehicle Other Mobile		
	25		03.Resid			Liquor Sales Bar/Nightclub		11.Spec	ialty Stor Store/Ho	e		strial/Mfg.	19.Ja	il/Prison eliaious Blda.		truction Si		Woodlands/F Waterway		Jnknown Other		
	V/W Code		U4.1 IOIG	١	Victim/Subjec	t Type			s/Phone		10.000	TOIG	Race	MOIOUS DIOU.	Sex		esidence Type	,	Residence	Residence Status		
	V-Victim W-Witness		Next of K Other	""   <i>'</i>	0. N/A 1. Juvenile	<ol> <li>Busines</li> <li>Govern</li> </ol>		B. Busin	ness/Wo		Message Next of Kir	P. Pager S. School	W-White B-Black	O-Oriental/Asia U-Unknown	an M-Ma F-Fen		NA 3. Flo	orida ut-of-State	0. N/A 1. Full Yea			
	R-Reportin			- 1	<ol> <li>L.E. Officer</li> <li>Adult</li> </ol>	f 6. Church 9. Other		H. Hom	ie		Other	V. Vacation		I-American Indian			County	ounty 2.		. Par. Year . Non-Resident		
CODES	Means of A	ttack	0.0	Othor [	Dongorous		nt of Injur		acration		06.0	and Internal Inju	00 Ab	rasions/Bruises	Don	nestic Viole		ictim Relation		nder Z-Other		
	K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc. 01.Gunshot (						04.Ur	aceration nconscio	us	07.Ld	oss. Internal Inju oss of Teeth	10.No	Visible Injury		1. Yes 2. No	P-Pa	S-Spouse B-Sibling P-Parent O-Other Family					
	Offense In	dicato	or	V/W	/ Code	# V. Type	tabbed Natu			en Bones ctim, if dif	08.B			ner Serious Injur st/Business)	У	(First	t) C-Cl	nild H-	Co-Habitan	(Middle)		
ဖွ		3. Both			1							,		,		,				, ,		
	Address (S	treet, A	Apt. Numb	oer)								City		State		Zip		Residence F	Phone			
E	Business/School/Other Address (Street, Apt. Number) City											State	Zip		bbA	ress Type	Business/	School/Other	er Phone Type			
	Business/School/Other Address (Street, Apt. Number)								Oity		`	naic	Σip		, luu	Address Type Business/School/Other Phone Phone Ty						
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)										Syno	psis of Involven	ent				•					
	WY COLUMN		Race		Sex	Date of Bi	rth		Age	Ethnicity		Res. Type	Res. Status	Means of At	tack Ex	tent of Inju	rv Domes	tic Violence	Relation	ship		
	If Victim Type 1, 2, or 3										,						,					
	Offense Inc	licator 3. Both	n 1	V/W	/ Code	# V. Type	Natu	ure of Ca	all (for Vio	ctim, if dif	ferent fron	n Incident)	Name (Las	st/Business)		(Firs	t)			(Middle)		
SS	2. #2 Address (S			\								City		State		Zip		Residence F	Ohana			
	Address (S	iieei, A	Apt. Numi	Jei)								City		State		Ζip		Residence r	Tione			
	Business/School/Other Address (Street, Apt. Number)								City		5	State	Zip		Add	ress Type	Business/S	School/Other	Phone	Phone Type		
Ì	Other Contact Info (Time Available, Interpreter, etc.)										Sync	nopsis of Involvement										
VICTIM/WITNESS										<u> </u>			_									
>	If Victim Typ 1, 2, or 3	е	Race		Sex	Date of Bi	rth		Age	Ethnicity	y	Res. Type	Res. Status	Means of At	tack Ex	tent of Inju	ry Domes	tic Violence	Relation	ship		
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VICTIM/WITNESS											1.											
팅	Other Cont	o (Time A	vailabl	le, Interpreter	, etc.)			Synopsis of Involvem														
Ĭ	If Victim Typ	oe .	Race		Sex	Date of Bi	rth		Age	Ethnicity	y	Res. Type	Res. Status	Means of At	tack Ex	tent of Inju	ry Domes	tic Violence	Relation	ship		
	1, 2, or 3			Ι \/ΛΛ	/ Code	# V. Type	. I Note	uro of Co	all /for \/ic	ation if dif	foront from	Incident\	Nome (Lee	at/Business)		(Firs	F)			(Middle)		
၂ တ	1. #1	3. Both	۱ ۱	"	v Code	# V. Type	INAIL	ule oi Ca	e of Call (for Victim, if different from Incident)					Name (Last/Business)			ı)			(ivildale)		
ES E	2. #2 Address (S	treet, A	Apt. Numb	er)								City		State		Zip		Residence F	Phone			
																TAIL			WOUL BLOOM			
$\geq$	Business/S	chool/0	Other Add	dress (	Street, Apt. N	lumber)			City		\$	State	Zip		Add	ress Type	Business/	School/Other	Phone	Phone Type		
	Other Cont	(Time A	vailabl	le, Interpreter	, etc.)			Synopsis of Involvement					nt						l			
VICTIM/WITNESS			Race		Sex	Date of Bi	rth		Age	Ethnicity		Res. Type	Dog Status	Moone of At	took Ev	tont of Iniv	uni Domoo	tia Violanaa	Relation	ahin		
	If Victim Typ 1, 2, or 3	e	Nace		Jex	Date of Bi	iui		Age	Lumon	у	Nes. Type	Nes. Status	Res. Status Means of Attack		Extent of Injury		Domestic Violence		istiip		
	Offense Indicator V/W Code # V. Type Natur								all (for Vio	ctim, if dif	ferent fron	n Incident)	Name (Las	Name (Last/Business)			t)			(Middle)		
SS	0 1. #1 3. Both 2. #2												1									
1. #1   S. Bull   S. Bul													State Zip Residence Phone									
K	Business/S	chool/0	Other Add	dress (	Street, Apt. N	lumber)			City			State	Zip		Add	ress Type	Business/	School/Other	Phone	Phone Type		
ĺ	Other Contact Info (Time Available, Interpreter, etc.)  Synopsis of Involvement																					
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	If Victim Typ	е	Race		Sex	Date of Bi	rth		Age	Ethnicity	у	Res. Type	Res. Status	Means of At	tack Ex	tent of Inju	Iry Domes	tic Violence	Relation	ship		
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							IN	CIDE	NIK	EPO	र। (	CONT.)	)				Page_	2	_ of	3 Pages
	1.#			ictim	Cod	le #	Subj. Ty	pe Name	e (Last)			(First)			(Mide	dle)	Race	Sex	Ethr	nicity
	2. #: Dat	2 te of Birth	D-Defendant (I Age To Age	Missing Person) Height	To H	leight	Weight	To	Weight	Eye Cole	or		Hair Color	r		Maio	den Name			
	Nic	kname / Street Name		P	lace of B	irth - C	ity	County		State	Eı	mployer/Other	/School				Occupat	ion		
	Las	st Known Address (Stree			City		5	State	Zi	p		Addres	s Type	Phon	e			Phone Type		
	Oth	ner Address (Street, Apt	Number)				City		S	State	Zi	n		Addres	s Tyne	Phone	Α			Phone Type
_		iver's License State/Nun	,	10	:-! 0								riddics		1 11011			D.T.	Thorie Type	
[			ilbei	30	ociai sec	curity Numb	Dei				r ID Number						ID Type			
SECTION		lothing (Describe)					Scars/Marks/Tattoos (Type/Describe)							Scars/Marks/Tattoos (Type/Describe)						
NG NG	Hai	Hair Length /Style Skin Build					al Features /	3	/		Speed	ch/Voice /	Deformity	/		,	Glasses			
IISS	If S	Demeanor Mask Weapon Type					/		/		/		If Arres		ubject Wa Custody	? 1	ady . Yes   !. No	1. T	arrant Fro This Agen Other Age	om: cy
		Date of Last Contact	Date of Ema	ncipation	Cautio	on	Caution R	Reason					Personal	Habits (D	Orugs / Ald					,
) EC	ניז	May Be With: Physical Condition:						Mental Co	ndition:			Doctor	Name:				Dentist Name:			
SUBJECT / MISSING	SSING	Incident Type 1. Runaway	6. Disaste	er		ul Play	,	М	issing Be	fore?		Fingerprints Available?	3	Р	hoto Avai	lable?		Dental I Availab		
	MIS	3. Involuntary	Victim 7. Volunta	ary	1. \	res			Yes			1. Yes			. Yes			1. Yes		
	느	4. Disabled 5. Endangered	Adult 8. Unknov	wn	2. N 8. U	No Jnknown	1		No Unknow	n		2. No		2	. No			2. No		
	I,(Signature) certify that I have reported the above person as a result.													n as a m	ssing					
		ense Indicator	Subject Code		rson in a		e alert. Subj. Ty	pe Name	e (Last)			(First)			(Mide	dle)	Race	Sex	Ethr	nicity
	1. # 2. #: Dat			ictim Missing Person) Height	To H	leight	Weight	To	Weight	Eye Colo	or		Hair Color	r		Maio	den Name			
		kname / Street Name			lace of B			County		State		mployer/Other					Occupat	ion		
		st Known Address (Stree	at Apt Number								Address Type Pho				1			Dhana Tura		
					· · · · · · · · · · · · · · · · · · ·										Phone			Phone Type		
_		ner Address (Street, Apt	,				City			State	Zi	-		Addres	s rype	Phon	е			Phone Type
SECTION		iver's License State/Nun	nber		50	Social Security Number Other ID Number													D Type	
SEC		othing (Describe) / / /					Scars/Marks/Tattoos (Type/Describe)							Scars/Marks/Tattoos (Type/Describe)						
NG NG	Hai	iir Length /Style Skin Build				Facial Features Speech/Voice D						Deformity /				Glasses				
AISSING	If S	Subject: Demeano	r Mask	Weapon Typ	e /		/		/		/		If Arres		ubject Wa Custody	? 1	ady . Yes   !. No	1.7	arrant Fro This Agen Other Age	cy I
<		Date of Last Contact	Date of Ema	ncipation	Cautio	on	Caution R	Reason					Personal	Habits (D	Orugs / Ald	cohol)				
SUBJECT	ഗ	May Be With:	Phy	sical Condition:		·		Mental Co	ndition:			Doctor	Name:				Dentist Na	ame:		
SUE	MISSING	Incident Type 1. Runaway	6. Disaste	er		ul Play spected?	,	M	lissing Be	fore?		Fingerprints Available?	3	Р	hoto Avai	lable?		Dental I Availab		
			Victim 7. Volunta Adult	ary I	1. Y 2. N		1		Yes		ı	1. Yes 2. No	1		. Yes . No		1	1. Yes 2. No		1
	ഥ	5. Endangered	8. Unknov	wn		Jnknown Jnknown	1		Unknow	n		2. NO			. 140			2.110		
		I,	gency has my permis	ssion to enter t		Printed)_	etatewide	alort					(Signature	e) certif	y that I h	ave re	ported the	above p	erson a	s a missing
	1	On Sunday, N	May 29, 2016 a	t 1234 hou	rs, De	puties	s were a	assistin												
	2	the Saxon Park and Ride. A description of the suspect vehicle was provided which was an older silver Honda car with tinted windows. It was																		
≥													-	un C	`oraco	at Ct	owert or	duiood	Contr	ol.
RAT	5 6		tely 1251 hours following inform		Serg	eant i	IIIIKEII	and Se	rgean	l CODD V	vere	en route i	UI Dack	up, c	ergea	iii Sii	ewait at	viseu	Centi	aı
NARRATIVE	7 8	The driver of	the vehicle was	s a female.	who v	vas co	omplian	nt and e	xited t	he vehi	cle. S	She was t	aken in	to cus	stodv w	/ithou	ut incide	nt. Th	ne pas	senger
_	9	was a male, v	The driver of the vehicle was a female, who was compliant and exited the vehicle. She was taken into custody without incident. The passenger was a male, who was non compliant, and refused to comply with Deputies orders to exit the vehicle. Deputies continued to give the suspect verbal commands to show his hands. At that time, the suspect presented a large knife and closed distance on the deputies. Sergeant Stewart, Deputy																	
		al Case Final	Case																	
≥E	Sta	,	s Codes: 1.Arrest/A	Adult 2.Arre	st/Juv.	3.Exce	eptional/Ad		xception	al/Juv. 5	.Closed	6.Unfound			Victim Ad	vocate	T			Referral
RAT			e With:		1		Date:		Time:		=	/ NCIC Canc					Date	z.	By	•
ADMINISTRATIV	Coi	nnecting Report Numbe	r Agency			onal Forn tached:	ns Na	arrative	SA 7	07 Pe	rsons	Property	Veh	./Tow Sh	eet 🗌	Other	Describe:			
		icer Reporting - Printed	•			Office	Reporting -	- Signature	1				ID. Nu	ımber		Unit			Date	204.0
<		ken, Matthew icer Reviewing - Printed	, Mattnew Reviewing - Printed (If Applicable)					Officer Reviewing - Signature (If Applicable)						2522 1A60 ID. Number Unit			)		05-29-2 Date	2010

## **VOLUSIA COUNTY SHERIFF'S OFFICE**

						NAR	RATIVE / S	UPPLEME	=NI		Page3	of3Pages
닐	Repoi	rt Date	Report Time	Orig. Reported	Date	Nature of Call (for Incid	ent)	Agency Report Nu	umber			1.Original
		9-2016	1251			PSHOT		160013710				2.Supplement 1
	05-29 11 12 13 14 15 16	O-2016  Coker ar  At appro  The scer	1251 nd Deputy Shee ximately 1301 h	n used deadly ours, EVAC Pa	force arame	Nature of Call (for Incid	t. d the suspect de	Agency Report Nur 160013710 cceased.			Page 3	1.Original
ADMINISTRATIVE		CF Hotline	Spoke With:	rrest/Adult 2.Arre	est/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfc		☐ Victim Adv	ocate Triad	SA Referral
띩	Comit	ecting Report	Number Agency			onal Forms tached: Narrativ	re SA 707	Persons Prop	perty	Veh./Tow Sheet	Other Describe:	
≨l	Office	r Reporting - I	Printed		1	Officer Reporting - Sign	nature			ID. Number	Unit	Date
Ā	<u>Ihn</u> ke	n, Matthew				1/11/1			2	2522	1A60	05-29-2016
			Printed (If Applicable)			Officer Reviewing	nature (If Applicable)			ID. Number	Unit	Date