

# 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 <b>160013710</b>																					
Agency ORI Number <b>FL0640000</b>				Zone # <b>24</b>	Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>																				
Reported: Day <b>Sunday</b>		Date <b>05-29-2016</b>	Time (mil.) <b>1251</b>	Time Dispatched (mil.) <b>1251</b>	Time Arrived (mil.) <b>1251</b>	Time Completed (mil.) <b>1900</b>																			
Nature of Call (Report Type) <b>PSHOT Person Shot</b>																									
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From <b>Sunday</b>	Date <b>05-29-2016</b>	Time (mil.) <b>1251</b>	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night <b>D</b>												
Offense #1 <b>9</b>	Type <b>7777777777</b>	Statute Violation Number <b>7777777777</b>		Description <b>Person Shot</b>				A - Attempted C - Committed <b>C</b>																	
#2	Type	Statute Violation Number		Description				A - Attempted C - Committed																	
Incident Location (Street, Apt. Number) <b>Woodland Blvd @ Firehouse Rd</b>						City <b>DELAND</b>		Zip <b>32725</b>																	
Business Name / Area Identifier		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No <b>2</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>2</b>	Forced Entry 1. Yes 3. Attempted 2. No <b>2</b>	Arson-Inhabited 1. Occupied 2. Unoccupied	3. Abandoned	Arson-Attempted 1. Yes 2. No																	
Location Type <b>25</b>	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							
VICTIM/WITNESS	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																								
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	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													
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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.										

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

1 On Sunday, May 29, 2016 at 1234 hours, Deputies were assisting Orange City Police Department on a reported armed robbery which occurred at 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 reported the male suspect had brandished a small, black handgun while committing the robbery.

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5 At approximately 1251 hours, and while Sergeant Ihnken and Sergeant Cobb were en route for back up, Sergeant Stewart advised Central Dispatch the following information:

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8 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

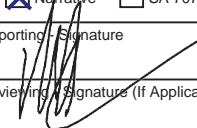
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ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <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	Agency	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 <b>Ihnken, Matthew</b>	Officer Reporting - Signature 	ID. Number <b>2522</b>	Unit <b>1A60</b>	Date <b>05-29-2016</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-29-2016	Report Time 1251	Orig. Reported Date	Nature of Call (for Incident) <b>PSHOT</b>	Agency Report Number 160013710	1.Original 2.Supplement	1	
ADMINISTRATIVE	<p>11 Coker and Deputy Sheen used deadly force to stop the threat.</p> <p>12</p> <p>13 At approximately 1301 hours, EVAC Paramedics pronounced the suspect deceased.</p> <p>14</p> <p>15 The scene was turned over to Volusia County Sheriff's Office investigative personnel.</p> <p>16</p> <p>17 Case status: Active</p>							
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 <input type="checkbox"/> CAC		Date: _____ Time: _____		<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel		Date: _____ By: _____		
Connecting Report Number		Agency		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 <b>lhnken, Matthew</b>		Officer Reporting - Signature 			ID. Number <b>2522</b>		Unit <b>1A60</b>	Date <b>05-29-2016</b>
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)			ID. Number		Unit	Date

NARRATIVE / CONTINUATION