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

	Juvenile Gang			I	NCI	DENT	RE	PORT		ſ	Agency Re	4	_Pages							
	Domestic Viole	ence VO	Elderly Abuse								7 #	160003563								
	Endangered /	FL06	FL0640000 35							#         Telephone Handled         1. Yes           Call? (T.H.C.)         2. No         2						2				
	Reported: Day Wednesday	Date 02-10-20	Time (m	11.) Time 2320	Dispatched (r	tched (mil.) Time Arrived (mil.) Time Com							Nature of			- Non UCR	LICR			
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdeme 4. Traffic Misdem	eanor 5. ( 9. (	Ordinance	Incident: Day From Tuesday				me (mil.)		TO Wedne		Date	)-2016	Time (r	mil.)	) Ccurred - Day I - Night	l During: U - Unkı	nown	N
ATA		Type Statut 1 794.0	e Violation Nun	nber			1	Descripti		tim 1	2 YOA or O					I	A	A - Attempted C - Committed		C.
D	#2		e Violation Nun	nber				Descripti										A - Attempte C - Committe	d	
EVENT DATA	Incident Location ( 1300 RED JOH		ımber)				I			City	ONA BEAC					Zip 32124				
	Business Name / A	Area Identifier	ICH JAIL	# Prem. E		ug Relate N/A 1. 2.		hol Related A 1. Yes 2. No		Forced Entr 1. Yes 3. / 2. No	ed	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied			·	Arson-Attempted 1. Yes 2. No				
		Location Type 01.Residence- 02.Apartment/0 03.Residence/ 04.Hotel/Motel	Single 05.C Condo 06.G Other 07.L	convenience Sto Sas Station iquor Sales sar/Nightclub	10.Dept 11.Spec	ermarket /Discoun cialty Stor 1 Store/He	Imercial/Off strial/Mfg. age		17.Gov'i ig. 18.Scho 19.Jail/F 20.Relio	ersity 22 23	1.Airport 25.Parking Lot/G 2.Bus/Rail Terminal 26.Highwa/Roa 3.Construction Site 27.Park/Woodla 4.Other Structure 28.Lake/Watew			Roadwa odlands/	arage 29.Motor Vehicle Iway 30.Other Mobile ds/Field 88.Unknown					
CODES	V/W Code V-Victim N-N	Next of Kin	Victim/Subject 0. N/A	4. Business	B. Busi	s/Phone ness/Wo		lessage	P. Pa	ger	Race W-White C	D-Orienta	al/Asian	Sex M-Male		Residence Type         Residence Status           0. NA         3. Florida         0. N/A				
	W-Witness O-Other R-Reporting Person 2. L.E. Officer 6. Church 3. Adult 9. Other					C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation					B-Black U-Unknown			F-Female 1. City 4. Out-of-Stat U-Unknown 2. County				<ol> <li>Full Year</li> <li>Par. Year</li> <li>Non-Resident</li> <li>Automation Ship to Offender</li> </ol>		
00	Means of Attack F-Firearm K-Knife/Cutting I		Dangerous , Fists, Feet, E	tc. 02.Stabb	03.La hot 04.U	aceration nconscio			oss. Interna		y 09.Abras 10.No Vi 99.Other	isible Inj	ury	1. Ye 2. No	es	S-Spous P-Paren C-Child	se E t C	3-Sibling 3-Other Fan 1-Co-Habita	nily	Z-Other
S	Offense Indicato 1. #1 3. Both	·	V Code #		Nature of Ca						Name (Last/I			_	(First)	0 Onlid		100110010		ddle)
NES	2, #2 Address (Street, A	1 V pt. Number)	1	3					(	City		State		Zip		Re	sidence	Phone		
MITIM	Business/School/C		City State					Zip		Address	Туре	Business/Sch	ool/Othe	Other Phone Phone Ty		пе Туре				
VICTIM/WITNESS	Other Contact Info		Synopsis of Involveme VICTIM/INMATE					ent												
	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth		Age 18	Ethnicity N	100	Res. Typ		Res. Status	Means	of Attack	Extent o	of Injury	Domestic \	/iolence	Relatio	nship	
	Offense Indicator 1. #1 3. Both	V/V	V Code #	V. Type	Nature of Ca		÷	erent fron	n Incident)		Name (Last/I		s)		(First)	2			(Mic	ddle)
VICTIM/WITNESS	2. #2 Address (Street, A					(	City		State		Zip		Re	sidence	Phone					
VIIV	Business/School/C	Other Address (		City State					Zip			Address	Type I	Business/Scho	ool/Othe	r Phone	Phor	пе Туре		
TIM	Other Contact Info	(Time Availab		Synopsis of Involveme					ent											
N N	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicity	MO	Res. Typ		TIM Res. Status	Means	of Attack	Extent o	of Injury	Domestic \	/iolence	Relatio	nship	
	1, 2, or 3 Offense Indicator		M V Code #	V. Type	Nature of Ca	51 all (for Vid	N ctim, if diffe	erent fron	1 n Incident)		1 Name (Last/I	Busines	s)		(First)				(Mic	ddle)
SS	1. #1 3. Both 2. #2 Address (Street, A	1 <b>O</b>	2	3						City		State	[	Zip	_	Re	sidence	Phone		
VICTIM/WITNES	Business/School/C		(Street Ant Nu	imber)		City			State	,	Zip	_		Address		Business/Sch			Phor	ne Type
M/W	Other Contact Info			Synopsis of Involvement									71 -				0			
/ICT		Race	Sex	Date of Birth		Age	Ethnicity		•	ER O	F VICTIM Res. Status	Means	of Attack	Extent o	of Iniuny	Domestic \	liolence	Relatio	nehin	
_	If Victim Type 1, 2, or 3	W	M V Code #		Noturo of C	52	N	root from	1		1					Domestic	loience	Relatio		
SS	Offense Indicator 1. #1 3. Both 2. #2	Nature or Ca	ure of Call (for Victim, if different from Incident)					Name (Last/Business)			(First) EARNEST					(IVIIC	ddle)			
INE	Address (Street, A		City					State			Zip Residen				nce Phone 238-4780					
1WI	Business/School/C 3840 OLD DEL		City State DAYTONA BEACH FL					Zip 32124			Address Type Business/School/C B			ool/Othe	er Phone	Phor	ne Type			
VICTIM/WITNE	Other Contact Info	(Time Availab	le, Interpreter,	etc.)					psis of Invo	olveme				<u> </u>				I		
Ē	If Victim Type 1, 2, or 3	Race U	Sex M	Date of Birth		Age	Ethnicity U		Res. Typ	e	Res. Status	Means	of Attack	Extent o	of Injury	Domestic \	/iolence	Relatio	nship	
ŝ	Offense Indicator 1. #1 3. Both 2. #2		V Code #	V. Type	Nature of Ca	all (for Vi	ctim, if diffe	erent fron	n Incident)		Name (Last/I	Busines	s)		(First)			·	(Mic	ddle)
NES	Address (Street, A	pt. Number)	I					(	City	State			Zip			Residence Phone				
TIW/	Business/School/C	Other Address	(Street, Apt. Nu	imber)		City		ŝ	State		Zip			Address Type Business/Sch			ool/Othe	ol/Other Phone Phone T		
VICTIM/WITNESS	Other Contact Info	(Time Availab	le, Interpreter,	etc.)				Sync	psis of Invo	olveme	ent			11				I		
2IN	If Victim Type 1, 2, or 3	Race	Sex	Date of Birth		Age	Ethnicity	•	Res. Typ	e	Res. Status	Means	of Attack	Extent o	of Injury	Domestic \	/iolence	Relatio	nship	

## **INCIDENT REPORT (CONT.)**

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

NARRATIVE

**ADMINISTRATIVE** 

Page 2 of 4 Pages

1. #'		ator Both		Subject C S-Suspe	ct V-Vic			Code	#	Subj. Type	Nar	me (Last)			(First)			(Mide	dle)	Race	Sex	Ethr	nicity	
2. #2         D-Defendant         (Missing Person)           Date of Birth         Age         To Age         Height         To Height						To Heig	ght	Weight	ht To Weight Eye Color					Hair Color Maiden Name										
Nic	kname / :	Street N	lame				Place	e of Birth	Birth - City County					Employer/Other/School					Occupation					
Las	t Known	Addres	s (Stree	t, Apt. Nu	mber)				City State Zip							Address Type Phone Phone Type						Phone Type		
Other Address (Street, Apt. Number)     City     State     Zip     Address Type     Phone																Phone Type								
Dri	ver's Lice	ense Sta	ate/Num	ber				Soci	ial Secu	urity Number				Other	ID Number						10	О Туре		
Clothing (Describe)         Scars/Marks/Tattoos (Type/Describe)         Scars/Marks/Tattoos (Type/Describe)																								
Hai	r Length	/ /Style		/	Skin	/	Build	/	Facia	/ I Features				Speech	/Voice	Deformity						Glasses		
	/	/ De	meanor	/ Ma	sk	Weapo	on Type			/		/			/			/ / Subject Was Already				Warrant From:		
lf S	Subject: Date o	f Last C	/ ontact		Date of Eman	cipation		/ Caution		/ Caution Rea	son	/		/		If Arres Personal		in Custody	2	. Ýes I. No	1. TI 2. O	his Agen ther Age	ency	
	May B	e With:			Physi	ical Con	dition:			Me	ental C	tal Condition:			Doctor	Name:				Dentist Na	ame:			
ŋ		ncident	Туре					Foul F	Play						Fingerprint			Photo Avai	labla?		Dental R	locord		
MISSING	1	. Runav 2. Paren	way		<ol> <li>Disaster Victim</li> </ol>				ected?			Missing Befo	ore?		Available?	3			able :		Available			
IFΜ	4	8. Involu . Disabl	led		7. Voluntar Adult	-	1	1. Yes 2. No				1. Yes 2. No			1. Yes 2. No			1. Yes 2. No			1. Yes 2. No			
		5. Endar	igerea		8. Unknow	n	-		Unknown 8. Un							L								
	person	i; and th	is agen	cy has my	permission t	o enter t	his persor	(Prir n in a sta		alert.	_					(Signatur	e) certi	ify that I hav	ve repo	rted the abo	ove persor	n as a mi	issing	
Offe 1. #* 2. #2		ator Both		Subject C S-Susper D-Defend	ct V-Vic	tim lissing P	01000)	Code	#	Subj. Type	Nar	me (Last)			(First)			(Mide	dle)	Race	Sex	Ethr	nicity	
	z te of Birth	1		Age	To Age	Heig		To Heig	ght	Weight	т, 	o Weight	Eye Co	or		Hair Colo	or		Maio	den Name	1			
Nic	kname / S	Street N	lame				Place	e of Birth	Birth - City County Sta					Em	Employer/Other/School					Occupation				
Las	at Known	Addres	s (Stree	t, Apt. Nu	nber)					City		St	ate	Zip			Addre	ess Type	Phon	e			Phone Type	
Oth	er Addre	ss (Stre	et, Apt.	Number)						City		St	ate	Zip			Addre	ess Type	Phon	e			Phone Type	
Dri	ver's Lice	ense Sta	ate/Num	ber				Soci	ial Secu	urity Number				Other	ID Number						10	О Туре		
Clo	thing (De	escribe)										Scars/	Marks/Ta	toos (Typ	e/Describe)			Scars/I	Marks/1	Tattoos (Typ	e/Describ	e)		
Hai	r Length	/ /Style		/	Skin	/	Build	/	/ Facial Features Speed					Speech	/Voice	oice Deformity Glasses								
	/	/ De	meanor	/ Ma:	sk	Weap	on Type			/		/			/			Subject Wa	as Alrea	/ ady	Wa	rrant Fro	om:	
If S	Subject: Date o	f Last C	/ contact		Date of Eman	cipation	(	/ Caution		/ Caution Rea	son	/		/		If Arres Personal		in Custody (Drugs / Alc	2	. Ýes 2. No	2.0	his Agen ther Age	ency	
	May B	e With:			Physi	Physical Condition:				Menta					Doctor Name:					Dentist Na	ame:			
SSING							Foul F	Play			Missing Before?			Fingerprints			Photo Available?			Dental R	ecord			
MISS	1	. Runav 2. Paren	ts		6. Disaster Victim			·	ected?			1 1/20			Available?			1. Yes				Available?		
Ξ	4	<ol> <li>Involu</li> <li>Disabli</li> <li>Endar</li> </ol>	led		<ol> <li>Voluntar Adult</li> <li>Unknown</li> </ol>	-		1. Yes 2. No 8. Un				1. Yes 2. No 8. Unknown			2. No			2. No		2. No				
			0						nted)_										ported the	ed the above person as a missing				
					my permiss			persor	n in a s								,							
1					320 hour of sexua																			
2 3 4	fron									claiming														
5 Deputy Rittenour read the written statement. DJJ staff member Earnest Smith (O3) witnessed the written													-			but had								
6 7					for the e se the fol				ini	tiated his	sta	tement v	with an	apolo	gy for hi	s actior	ns tha	it cause	d hin	n to bec	ome in	carce	erated. He	
8							9.																	
9 10																								
	al Case atus:		Final C Status	Case Codes:	1.Arrest/Ac	lult	2.Arrest/	Juv.	3.Exce	ptional/Adult	4.	.Exceptional	/Juv. t	5.Closed	6.Unfoun	ded		Victim Ad	lvocate	Пт	riad	∏ s≉	A Referral	
	DCF Ho	tline							1	Date:		Time:	[	FCIC	NCIC Entry	/ [		BOLO		L Date	9:	L By	:	
Cor	CAC	Report I	Spoke Number		ency			Additiona	al Form				[		CIC / NCIC Cancel									
								Attac		Narra	tive		7 🗌 P	ersons	Property Property		n./Tow S	Sheet 🔀		Describe:	STATE		Γ	
	icer Repo enour,	-	rinted					0	nticer F	Reporting S						ID. Ni 7756	umber		Unit 1A33	3		Date )2-11-2	2016	
Officer Reviewing - Printed (If Applicable)								0	officer F	Reviewing	<b>L</b>	ire (If Applic	able)			ID. Nu	mber		Unit			Date		

## VOLUSIA COUNTY SHERIFF'S OFFICE

NARR	ATIVE	/ SUPP	LEMENT

_				1				Page	or	Pages
Z	Repor	t Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number			1.Original	
Ш	02-10	)-2016	2319	02-10-2016	SO	160003563			2.Supplement	1
	11									
	12									
		Also Inclu	uded in his statem	ent, he advised t	he following:					
	14				-					
	15									
	16									
		Deputy F	Rittenour then met	with ir	a counseling office inside DJJ.	Deputy Rittenour	verified the written	statement as	's	
			t provided to DJJ		mmediately became reluctant to	tell Deputy Rittend	our what happened		d only offer	very
	19	little deta	ils of the incident.	He eventually ac	lvised				-	
	20			,						-
	21									1
	22									
	23									-
	24									
	25		further insisted t	hat he wanted to	make a phone call to his mothe	r,	(O1), for adv	ice. However, he a	also advised	k
		Deputy F	tittenour that he wa	anted to seek me	edical attention for the incident.	advised				
	27									
	28									— I
	29									
		Based or			edical attention, Deputy Ritteno					
		incident.	Inv Paul responde	ed to DJJ and cor	nducted an interview with	. See Inv Paul's	s supplement for a	dditional information	on.	
	32	_								
			Rittenour collected		en DJJ statement as evidence.	also pro	vided a sworn writ	ten VCSO stateme	ent declinin	g to
S		press cha	arges until he spok	ke with his family	. –					
-	35	<b>T</b> I::::	and the second second	a taxa a taxa t						
		This case	e will require furthe	er investigation a	nd was turned over to CID.					
≦∣	37	Coop Cha	tus: Active							
Ζ	38	Case Sla	ilus. Active							
5										
NAKKA I IVE / CON										
$\geq$										
Ā										
¥										
A										
			Final Care				1			
	Final C Status		Final Case Status Codes: 1.Arrest	t/Adult 2.Arrest/Juv.	3.Exceptional/Adult 4.Exceptional/Juv.	5.Closed 6.Unfounded	d Victim Ad	vocate Triad	SA Refer	ral
Ш >	<u> </u>									
		CF Hotline			Date: Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	By:	
Ż		AC Depart A	Spoke With:	1	tional Forma	FCIC / NCIC Cancel				
2	Conne	ecting Report I	Number Agency		tional Forms Attached: Xarrative SA 707	Persons X Property	Veh./Tow Sheet	Other Describe: STAT	EMENT	
z	0"	Den di	heine a							
AUMINISI KA I I VE		r Reporting - F	rinted		Officer Reporting - Signature	_	ID. Number	Unit	Date	
Ā		our, Corey				-	7756	1A33	02-11-2016	
	Officer	r Reviewing -	Printed (If Applicable)		Officer Reviewich - Signature (If Applicable)		ID. Number	Unit	Date	
	1						1	1		