

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number 160013386
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<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 # 32	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2
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Reported: Day Friday	Date 05-27-2016	Time (mil.) 0900	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)	Nature of Call (Report Type) INFO Information
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EVENT DATA

Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Thursday	Date 05-19-2016	Time (mil.) 1356	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night
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Offense #1	Type	Statute Violation Number	Description	A - Attempted C - Committed
#2	Type	Statute Violation Number	Description	A - Attempted C - Committed

Incident Location (Street, Apt. Number) 1435 NORTH US HWY #1	City ORMOND BEACH	Zip 32174
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Business Name / Area Identifier DISTRICT 3	# Prem. Entered 0	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 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No
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Location Type 17	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
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CODES

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	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 O-Oriental/Asian B-Black U-Unknown I-American Indian	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
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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
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VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 2. #2	V/W Code 1 R	# 1	V. Type 0	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) (First) (Middle) VANIS CAPTAIN D
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Business/School/Other Address (Street, Apt. Number) DEPARTMENT OF PUBLIC PROTECTION	City DELAND	State FL	Zip 32720	Address Type B	Business/School/Other Phone (386) 740-5120	Phone Type B
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Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement REPORTING PARTY
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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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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)
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Business/School/Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
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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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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)
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Business/School/Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
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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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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)
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Business/School/Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
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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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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)
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Business/School/Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
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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 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (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 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (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.												

NARRATIVE

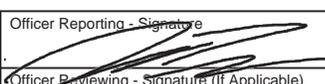
1
2 SEE INVESTIGATIVE SUPPLEMENT FOR DETAILS.

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
<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel		
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 Turner, James		Officer Reporting - Signature 		ID. Number 2335
Officer Reporting - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		Unit 1F30
				Date 06-08-2016

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)				Agency Report Number		1. Original				
	06-08-2016	1800	05-27-2016	INFO Information				160013386		2. Supplement <u>2</u>				
CODES	V/W Code	Victim/Subject Type		Address/Phone Type			Race	Sex	Residence Type		Residence Status			
	V-Victim W-Witness R-Reporting Person	N-Next of Kin O-Other	0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	B. Business/Work C. Cell H. Home	M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	N-N/A W-White B-Black	M-Male F-Female U-Unknown	0. N/A 1. City 2. County	3. Florida 4. Out-of-State	0. N/A 1. Full Year 2. Part Year 3. Non-Resident		
VICTIM/WITNESS	Means of Attack		Extent of Injury		Nature of Call (for Victim, if Different from Incident)			Domestic Violence		Victim Relationship to Offender				
	F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		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		
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)				
	1. #1 2. #2	1	R	2	0	GALLENKAMP			LT		MIKE			
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone						
	VOLUSIA COUNTY DEPT OF CORRECTIONS				DAYTONA BEACH	FL	32124	B (386) 254-1555		B				
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)				
	1. #1 2. #2	1	O	1	3	PARIS			MICHAEL					
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone						
	VOLUSIA COUNTY BRANCH JAIL				DAYTONA BEACH	FL	32124	B (386) 254-1555		B				
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)				
	1. #1 2. #2	1	W	1	3	WILLIAMS			HUGH		ART			
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone						
	VOLUSIA COUNTY BRANCH JAIL				DAYTONA BEACH	FL	32124	B (386) 254-1555		B				
SUBJECT / MISSING SECTION	Offense Indicator	Subject Code	Code #	Subj. Type	Name (Last)			(First)		(Middle)		Race	Sex	Ethnicity
	1. #1 2. #2	S-Suspect D-Defendant	V-Victim (Missing Person)	1	3	CERIO			ANDREW		JAMES		W	M
SUBJECT / MISSING SECTION	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name				
	██████████	57		5' 08										
SUBJECT / MISSING SECTION	Nickname / Street Name		Place of Birth - City			County	State	Employer / School		Occupation				
	ANDY		NY			COUNTY OF VOLUSIA	PUBLIC PROT	MAINTENANC						
SUBJECT / MISSING SECTION	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type		Phone	Phone Type			
	██████████				██████████	██████████	██████████	██████████		██████████	C			
SUBJECT / MISSING SECTION	Other Address (Street, Apt. Number)				City	State	Zip	Address Type		Phone	Phone Type			
	██████████				██████████	██████████	██████████	██████████		██████████	██████████			
SUBJECT / MISSING SECTION	Driver's License State/Number			Social Security Number			Other ID Number			ID Type				
	██████████			██████████			██████████			██████████				
SUBJECT / MISSING SECTION	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)					
	/ / /				/ / /				/ / /					
SUBJECT / MISSING SECTION	Hair Length / Style		Skin Color		Build		Facial Features		Speech / Voice		Deformity		Glasses	
	/ / /		/ / /		/ / /		/ / /		/ / /		/ / /		/ / /	
SUBJECT / MISSING SECTION	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	
SUBJECT / MISSING SECTION	Date of Last Contact		Date of Emancipation		Caution		Caution Reason		Personal Habits (Drugs / Alcohol)					
	/ /		/ /		/ /		/ /		/ / / /					
IF MISSING	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:					
	/ /		/ /		/ /		/ /		/ / / /					
IF MISSING	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?			
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No		1. Yes 2. No			
ADMIN.	Officer Reporting - Printed				Officer Reporting - Signature				ID. Number		Unit		Date	
	Turner, James								2335		1F30		06-08-2016	
ADMIN.	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date	

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.

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)				Agency Report Number		1. Original				
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CODES	V/W Code		Victim/Subject Type		Address/Phone Type			Race	Sex	Residence Type		Residence Status		
	V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other		B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	M-Male F-Female U-Unknown	0. N/A 3. Florida 1. City 4. Out-of-State 2. County	0. N/A 1. Full Year 2. Part Year 3. Non-Resident			
VICTIM/WITNESS	Means of Attack		Extent of Injury		Nature of Call (for Victim, if Different from Incident)			Domestic Violence		Victim Relationship to Offender				
	F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		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					1. Yes 2. No		S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant				
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)				
	1. #1 3. Both 2. #2	1 W	2	3	EATON			JEFF						
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State	Zip	Address Type		Other Phone		Phone Type			
	VOLUSIA COUNTY BRANCH JAIL		DAYTONA BEACH FL		FL	32124	B		(386) 254-1555		B			
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement											
			MAINTENANCE EMPLOYEE											
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
	1, 2, or 3	W	M		46	N								
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)				
	1. #1 3. Both 2. #2	1 W	3	3	WICKMAN			GLENN						
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State	Zip	Address Type		Other Phone		Phone Type			
	VOLUSIA COUNTY BRANCH JAIL		DAYTONA BEACH FL		FL	32124	B		(386) 254-1555		B			
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement											
			MAINTENANCE EMPLOYEE											
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)				
	1. #1 3. Both 2. #2	1 W	4	0	MARKUM			GREG						
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State	Zip	Address Type		Other Phone		Phone Type			
	VOLUSIA COUNTY BRANCH JAIL		DAYTONA BEACH FL		FL	32124	B		(386) 254-1555		B			
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement											
			S1 ANDY CERIO'S SUPERVISOR											
SUBJECT / MISSING SECTION	Offense Indicator	Subject Code	V-Victim	Code #	Subj. Type	Name (Last)		(First)		(Middle)	Race	Sex	Ethnicity	
	1. #1 3. Both 2. #2	S-Suspect D-Defendant	(Missing Person)	S 2 3		JOHNSON		LARRY		RONALD W	W	M	N	
SUBJECT / MISSING SECTION	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name				
	05-21-1944	72		6' 03					GRY					
SUBJECT / MISSING SECTION	Nickname / Street Name		Place of Birth - City		County	State	Employer / School		Occupation					
			KY			FL	RETIRED							
SUBJECT / MISSING SECTION	Last Known Address (Street, Apt. Number)		City		State	Zip	Address Type		Phone		Phone Type			
	398 VAN HOOK ROAD		DELAND		FL	32724	H		(386) 951-0055		C			
SUBJECT / MISSING SECTION	Other Address (Street, Apt. Number)		City		State	Zip	Address Type		Phone		Phone Type			
SUBJECT / MISSING SECTION	Driver's License State/Number			Social Security Number			Other ID Number			ID Type				
	FL 525-536-44-181-0													
SUBJECT / MISSING SECTION	Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)							
	/ / /			/ / /			/ / /							
SUBJECT / MISSING SECTION	Hair Length / Style		Skin Color		Build		Facial Features		Speech / Voice		Deformity		Glasses	
	/ / /		/ / /		/ / /		/ / /		/ / /		/ / /			
SUBJECT / MISSING SECTION	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	
SUBJECT / MISSING SECTION	Date of Last Contact		Date of Emancipation		Caution		Caution Reason		Personal Habits (Drugs / Alcohol)					
SUBJECT / MISSING SECTION	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:					
SUBJECT / MISSING SECTION	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?			
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary Adult 8. Unknown 1. Yes 2. No 8. Unknown 1. Yes 2. No 8. Unknown 1. Yes 2. No													
SUBJECT / MISSING SECTION	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.													
ADMIN.	Officer Reporting - Printed			Officer Reporting - Signature			ID. Number		Unit		Date			
	Turner, James						2335		1F30		06-08-2016			
ADMIN.	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number		Unit		Date			

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date 06-08-2016	Report Time 1800	Orig. Reported Date 05-27-2016	Nature of Call (for Incident) INFO Information			Agency Report Number 160013386	1. Original 2. Supplement 2						
CODES	V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	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 M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident				
VICTIM/WITNESS	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. 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 Z-Other P-Parent O-Other Family C-Child H-Co-Habitant		
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code 1	# 1	V. Type 5	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle) COUNTY OF VOLUSIA CORRECTIONS		Address (Street, Apt. Number) City State Zip Residence Phone 1300 RED JOHN DRIVE DAYTONA BEACH FL 32124 B (386) 254-1555 B				
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code 1	# 1	V. Type 0	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle) VANIS CAPTAIN D		Address (Street, Apt. Number) City State Zip Residence Phone DEPARTMENT OF PUBLIC PROTECTION DELAND FL 32720 B (386) 740-5120 B				
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code 1	# 2	V. Type 0	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle) CRUTCHFIELD CRAIG		Address (Street, Apt. Number) City State Zip Residence Phone 5575 US#1 ROCKLEDGE FL 32955 B (321) 639-5900 B				
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 / 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 Color 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:				
IF MISSING	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.														
ADMIN.	Officer Reporting - Printed Turner, James			Officer Reporting - Signature 					ID. Number 2335	Unit 1F30	Date 06-08-2016			
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)					ID. Number	Unit	Date			

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 06-08-2016	Report Time 1800	Orig. Reported Date 05-27-2016	Nature of Call (for Incident) INFO	Agency Report Number 160013386	1.Original	2.Supplement	2
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NARRATIVE / CONTINUATION

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3 **INVESTIGATIVE SUPPLEMENT**

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7 On Thursday, May 26, 2016 Sergeant Turner was directed to contact Captain David Vanis, Department of Public Protection Internal Affairs

8 Unit, regarding the theft of materials from the Branch Jail.

9

10

11 On Friday, May 27, 2016 Sergeant Turner met with Captain Vanis and Acting Director Mark Flowers of the Division of Corrections. Within

12 the past six months, materials from Unit #10 were taken from the Maintenance area located at the Branch Jail and were removed by civilian trucks.

13 Captain Vanis provided Sergeant Turner with a DVD of surveillance video from May 19th. A white Dodge truck with a white camper towing a black

14 utility trailer was on the video backing up to the cooling tower wall by the sally port. This area has restricted access and not open to the public. The

15 truck and trailer then left 10 minutes later with two 500 pound steel top day tables in the trailer. There was a female in the front passenger seat and

16 two dogs in the back seat of the white Dodge crew cab pickup.

17

18 Also on this video, Andrew 'Andy' Cerio, supervisor of the Maintenance Department, is seen walking out to meet the truck and apparently spoke

19 with the occupants for several minutes. These steel tables retail for \$1,500. The owner of the white Dodge pickup truck and trailer was tentatively

20 identified as belonging to former Maintenance supervisor, Larry Johnson.

21

22 Captain Vanis said that Mr. Cerio was asked about where the missing materials went to and declined to say anything during his inquiry. Mr. Cerio

23 was later placed on 'administrative leave' with pay and was escorted from the building.

24

25 Sergeant Turner was given a tour of the Maintenance area, cooling tower and boiler room. Photographs were taken of this area and of similar

26 items that were taken from the maintenance area over the past few months. Sergeant Turner also met with Michael Paris, acting Maintenance Unit

27 supervisor. Mr. Paris had been assigned to the second shift during the time of the theft of materials and had no direct information at this time as to

28 the theft of these materials.

29

30

31

32 On June 1, 2016 at 0903 hours Sergeant Turner interviewed Tradesman Hugh Arthur Williams at the Branch Jail. This interview was

33 recorded and in the presence of Captain Vanis. 'Art' Williams said that several months ago the maintenance dept. cleaned out Unit #10 (tables,

34 broken beds, chairs, shelves). The materials were placed all over the boiler room and the cooling tower area.

35

36 Back in March or April, they were told to clean out the maintenance area and Andy called retired employee Larry Johnson who showed up with his

37 truck and trailer. He made several trips to move all the scrap materials out of the maintenance area. Andy, Art, Jeff Eaton and Hector Gauch and a

38 trustee loaded the scrap material into the trailer. Larry made several trips. They also let Larry's truck and trailer in through the rolling gate by the

39 sally port and then opened a section of the venting louvers to move the heavy scrap out of the cooling tower area and onto the trailer.

40

41 Recently Art said that he, Glenn Wickman, Javier, Jeff, and a trustee moved the steel top day tables from Unit #10 and placed them outside of the

42 sally port. Each one weighs over 500 pounds and were moved by dollies. They went through the jail and out the sally port and were stacked along

43 the cooling tower wall.

44

45

46

47 On June 1, 2016 at 1015 hours Sergeant Turner interviewed Tradesman Jeff Eaton at the Branch Jail. This interview was recorded and in

48 the presence of Captain Vanis.

49

50 Sergeant Turner asked Mr. Eaton about the material stored at the maintenance area. Mr. Eaton said that he and other employees were told by

51 Andy that Greg wanted this mess cleaned up and he don't care how you get it out of here. This included tables, stools, shelves, bed frames,

52 kitchen trays, utility carts and cabinets. Mr. Eaton said that he helped load the scrap materials into Larry's trailer several times in order to clean out

53 the maintenance areas. This included the boiler room, cooling tower area and the large maintenance area.

54

55 Mr. Eaton also helped move one of the heavy steel top day tables from the jail to the outside through the sally port doors.

56

57

58

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	
	<input type="checkbox"/> CAC	Spoke With:		<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 checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date	
Turner, James			2335	1F30	06-08-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	06-08-2016	1800	05-27-2016	INFO	160013386		2

59
60 On June 1, 2016 at 1052 hours Sergeant Turner interviewed Tradesman Glenn Wickman at the Branch Jail. This interview was recorded
61 and in the presence of Captain Vanis. Mr. Wickman said that he heard at a meeting back around March 2016 that Larry was coming over to move
62 the junk from the Maintenance area. Larry was a former supervisor from the Branch Jail. Mr. Wickman did not work at the Branch but at the
63 Facility.
64
65 Mr. Wickman said that he did help move the heavy steel day tables from within the Branch Jail through the sally port to the outside by the cooling
66 tower wall. Greg (Greg Markum) told him and other employees that he didn't want to see the tables in the building and to see them disappear
67 ASAP. He said that he helped move two of the these tables outside the Branch Jail's sally port.
68
69 Mr. Wickman said that Andy Cerio told him the following. Andy said that Larry had the scrap steel and Larry told him that if they want it; it's in his
70 yard.
71
72
73
74 On June 2, 2016 at 0910 hours Sergeant Turner interviewed Andy Cerio's supervisor, Greg Markum at the Branch Jail. This interview was
75 recorded and in the presence of Captain Vanis. Mr. Markum said that he was Mr. Andrew Cerio's direct supervisor during the time of this incident.
76 Mr. Markum told Andy Cerio to clean up the maintenance area because it was a hazard and an impediment to workers. He presumed that Andy
77 had followed department procedures to dispose of the scrap materials. Mr. Markum said that the Maintenance section was cleaned up so he did
78 not follow up and ask how the place was cleaned up.
79
80 Mr. Markum said that his supervisor is Cherry Freeman. Mr. Markum said that he never discussed this issue with Mrs. Freeman. Captain Vanis
81 then provided copies of the county policy/procedure for the disposal of county property.
82
83
84
85 On Monday, June 6, 2016 Sergeant Turner and Investigator B. Ruiz drove to [REDACTED] to interview
86 Andy Cerio. Sergeant Turner met with Mr. Cerio but he involved his right to have an attorney present for the interview so one was not done today.
87 Mr. Cerio provided the name and number of his attorney, Craig Crutchfield of Rockledge. (321) 639-5900.
88
89 Sergeant Turner and Investigator Ruiz then drove to interview Larry Johnson at 398 Van Hood Road Deland. Mr. Larry Johnson stepped outside
90 on his porch and spoke with investigators. He voluntarily acknowledged that he helped his friend, Andy - Andrew Cerio, 'get rid of' scrap materials
91 from the Branch Jail. Mr. Johnson voluntarily walked investigators to a section of the property with several piles of materials. Mr. Johnson said that
92 he made several trips; one for each one is a pile in the yard. He also showed investigators a large water heater that came from the 'Facility' and
93 one steel top day table still in his trailer.
94 (The second steel top table that he picked up by a member of Andy's family nicknamed "P.J.").
95
96 Sergeant Turner photographed the piles of what appears to be Branch Jail property and conducted a short recorded interview with Mr. Johnson.
97 Mr. Johnson was asked by his friend Andy Cerio to help get rid of scrap materials that had been stored in the maintenance area for months. Andy
98 said that his boss, Greg, told him to get rid of it. This was about March or April of 2016. The Branch Jail opened gates and doors for him to back up
99 his truck and trailer. A couple of employees and a trustee help load the trailer each time he came back. One officer may have recorded him on the
100 roof or staircase to the roof.
101
102 Recently, Mr. Johnson drove to the Branch Jail and pick up two steel top day tables. [REDACTED] At the time that
103 Mr. Johnson picked them up there was only those two tables outside of the sally port by the cooling tower wall.
104
105 Mr. Johnson was shown a picture of the green Chevrolet pickup truck with one day table in the bed (photo dated 5/17/16 at 1403 hours.) and he
106 said that he did not know whose truck that was.
107
108
109 NOTE: Corrections Lieutenant Mike Gallenkamp [REDACTED] found that the fourth steel top table
110 was also taken by the green Chevrolet pickup truck. The first 'theft' was documented at 1403 hours on May 17, 2016. The second table was taken
111 at 1515 hours on May 17th by the same green truck which left via the access road between the Branch Jail and the Facility.
112
113
114 Sergeant Turner notified Captain Vanis of the location of the materials from the Branch Jail. Mr. Johnson will allow a crew to come and pick up the
115 materials at a later date.
116

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 checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed Turner, James	Officer Reporting - Signature 	ID. Number 2335	Unit 1F30	Date 06-08-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

NARRATIVE / CONTINUATION

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 06-08-2016	Report Time 1800	Orig. Reported Date 05-27-2016	Nature of Call (for Incident) INFO	Agency Report Number 160013386	1.Original	2.Supplement	2
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NARRATIVE / CONTINUATION

117
118
119 Sergeant Turner left messages for Attorney Craig Crutchfield to speak with him or with his client. None of these messages have been returned.
120
121 June 6 @ 1600 hours
122 June 7 @ 1315 hours
123 June 8 @ 0915 hours.
124
125
126
127 On Wednesday, June 08, 2016 Sergeant Turner spoke with Captain Vanis. A County Road and Bridge crew will be made available next
128 week to remove the scrap materials from Mr. Johnson's property on Friday, June 17th.
129
130 Sergeant Turner called Mr. Johnson and told him of the arrangements so far. He advised that he will be available to allow the Road and Bridge
131 crew on his property next week. He also said that "P.J." returned the second steel top table to his property today. He did not provide P.J.'s given
132 name.
133
134 The identity of the driver of the green Chevrolet pick up that took two of the steel top day tables has not been determined at the time of this
135 supplement.
136
137
138
139 On Friday June 10, 2016 Sergeant Turner spoke with Attorney Craig Crutchfield. An appointment for an interview was made for
140 Wednesday, June 15, 2016 at 1530 hours at the District 3 substation.
141
142
143
144
145 CASE STATUS: ACTIVE (2335)

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 checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed Turner, James	Officer Reporting - Signature 		ID. Number 2335	Unit 1F30	Date 06-08-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 06-20-2016	Report Time 1300	Orig. Reported Date 05-27-2016	Nature of Call (for Incident) INFO	Agency Report Number 160013386	1.Original	2.Supplement
							2

NARRATIVE / CONTINUATION

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3 **INVESTIGATIVE SUPPLEMENT**

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6 **Narrative:**

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8

9 On Wednesday, June 15, 2016 Sergeant Turner met with Andrew 'Andy' Cerio and his attorney, Greg Crutchfield at the District 5

10 substation. Andy Cerio said that he was ordered by his supervisor, Greg Markum, to clean up the Maintenance area and his did so like many times

11 before. As a past practice, he called for people with trailers to help clean out the area. For Unit #10, (March-April 2016) he called Larry Johnson to

12 bring his trailer. They (Andy, maintenance employees and a trustee) loaded up the trailer several times and cleaned out the maintenance areas.

13

14 Later, Andy said that Greg Markum ordered that the day tables be removed from the building. Andy and several other maintenance employees

15 moved four of the tables outside the Branch Jail building through the Sally port. They were placed on the outside of the cooling tower wall.

16 Larry Johnson and 'Van' (later identified at Ralph 'Van' McNeill of Johnson Control) picked up the four steel top day tables that were outside. The

17 fifth table was still inside the boiler room on a dolly. Andy Cerio said that he could provide Sergeant Turner with Van's cell phone number. The

18 interview was then concluded.

19

20 Sergeant Turner then spoke with 'Van' McNeill. Mr. McNeill said that he would bring the two steel top tables back to the jail by Friday after work.

21 Mr. McNeill works for Johnson Control, the heating & cooling company contracted to the Correction facilities.

22

23

24 Thursday, June 16, 2016 Sergeant Turner spoke with Ralph 'Van' Vannoy McNeill at 1700 hours. Mr. McNeill had just delivered the two

25 steel top day tables to the Branch Jail. Sergeant Turner confirmed with Lt. M. Gallencamp that the tables were now in the custody of the Branch

26 Jail staff.

27

28

29 On Friday, June 17, 2016 Investigators Ott and Ruiz joined VCSO Sergeant G. MacDowell, Captain Vanis, and Lt. M. Gallencamp at Mr.

30 Larry Johnson's property with a Road and Bridge crew to pick up the Branch Jail materials. The materials were listed in bulk as they were loaded

31 into several trailers and photographed. (Refer to Investigator Ott's supplement for details.)

32

33

34 On Wednesday, June 22, 2016 Sergeant Turner met with Captain D. Vanis and Acting Director Mark Flowers at the Branch Jail. After a

35 review of the case file, there will be no charges filed against Andrew 'Andy' Cerio or Larry Johnson. This report will be closed with no further action

36 to be taken.

37

38

39

40 **CASE STATUS: CLOSED/CLOSED.**

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	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature 		ID. Number	Unit	Date	
Turner, James			2335	1F30	06-20-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)				Agency Report Number		1. Original			
	06-20-2016	1300	05-27-2016	INFO Information				160013386		2. Supplement <u>2</u>			
CODES	V/W Code		Victim/Subject Type		Address/Phone Type			Race	Sex	Residence Type		Residence Status	
	V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other		B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	M-Male F-Female U-Unknown	0. N/A 3. Florida 1. City 4. Out-of-State 2. County	0. N/A 1. Full Year 2. Part Year 3. Non-Resident		
VICTIM/WITNESS	Means of Attack		Extent of Injury		Nature of Call (for Victim, if Different from Incident)			Domestic Violence		Victim Relationship to Offender			
	F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		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					1. Yes 2. No		S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant			
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)			
	1. #1 3. Both 2. #2	1 O	3	3	MCNEILL			RALPH		VANNOY			
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State	Zip	Residence Phone						
	206 BONNER AVENUE		DAYTONA BEACH FL			32118	(336) 706-2510						
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State	Zip	Address Type	Other Phone	Phone Type				
	JOHNSON CONTROL A/C & HEATING		DAYTONA BEACH FL			32118	B						
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement										
			PICKED UP TWO STEEL TOP TABLES										
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	W	M	08-29-1956	59	N							
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)			
	1. #1 3. Both 2. #2	1 V	1	5	COUNTY OF VOLUSIA			CORRECTIONS					
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State	Zip	Residence Phone						
	1300 RED JOHN DRIVE		DAYTONA BEACH FL			32124	(386) 254-1555		B				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State	Zip	Address Type	Other Phone	Phone Type				
	DEPARTMENT OF PUBLIC PROTECTION		DELAND FL			32720	B	(386) 740-5120	B				
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement										
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	1 R		1 0									
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First)		(Middle)			
	1. #1 3. Both 2. #2	1 R	1	0	VANIS			CAPTAIN		D			
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State	Zip	Residence Phone						
	DEPARTMENT OF PUBLIC PROTECTION		DELAND FL			32720	(386) 740-5120		B				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State	Zip	Address Type	Other Phone	Phone Type				
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement										
SUBJECT / MISSING SECTION	Offense Indicator	Subject Code		Code #	Subj. Type	Name (Last)		(First)		(Middle)	Race	Sex	Ethnicity
	1. #1 3. Both 2. #2	S-Suspect V-Victim D-Defendant (Missing Person)		S 1 3		CERIO		ANDREW		JAMES W	M	N	
SUBJECT / MISSING SECTION	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name			
	[REDACTED]	57		5' 08									
SUBJECT / MISSING SECTION	Nickname / Street Name		Place of Birth - City		County	State	Employer / School		Occupation				
	ANDY		[REDACTED]		COUNTY OF VOLUSIA	FL	PUBLIC PROT		MAINTENANC				
SUBJECT / MISSING SECTION	Last Known Address (Street, Apt. Number)		City		State	Zip	Address Type	Phone	Phone Type				
	[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	C				
SUBJECT / MISSING SECTION	Other Address (Street, Apt. Number)		City		State	Zip	Address Type	Phone	Phone Type				
	[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				
SUBJECT / MISSING SECTION	Driver's License State/Number		Social Security Number		Other ID Number		ID Type						
	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
SUBJECT / MISSING SECTION	Clothing (Describe)		Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)								
	/ / /		/ / /		/ / /								
SUBJECT / MISSING SECTION	Hair Length / Style		Skin Color	Build	Facial Features		Speech / Voice	Deformity	Glasses				
	/ / /		/ / /	/ / /	/ / /		/ / /	/ / /	/ / /				
SUBJECT / MISSING SECTION	If Subject:		Demeanor	Mask	Weapon Type		If Arrested:		Subject Was Arrested in Custody?		Warrant From:		
	/ / /		/ / /	/ / /	/ / /		/ / /		1. Yes 2. No		1. This Agency 2. Other Agency		
SUBJECT / MISSING SECTION	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)					
	/ / /		/ / /		/ / /	/ / /		/ / /					
SUBJECT / MISSING SECTION	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
	/ / /		/ / /		/ / /		/ / /		/ / /				
SUBJECT / MISSING SECTION	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?		
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary Adult 8. Unknown 1. Yes 2. No 8. Unknown 1. Yes 2. No 8. Unknown 1. Yes 2. No		/ / /		/ / /		/ / /		/ / /		/ / /		
SUBJECT / MISSING SECTION	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.												
ADMIN.	Officer Reporting - Printed		Officer Reporting - Signature				ID. Number	Unit	Date				
	Turner, James						2335	1F30	06-20-2016				
ADMIN.	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date				
													