		Juvenile Gang		Second Property lives	te Crime erly Abuse /	Exploitation				INCIE	DENT F	EPOR	Т		Agency Rep		Market and American	ge <u>1</u>	of	6 Page	
	I	Domestic Vi	olence	VOR _			An	Agency ORI Number							11000915	9	1				
1	I	Endangered	1 / Other				1	- FL0640000						Zone # 35			Telephone F Call? (T.H.C		1. Y 2. N		
	R	Reported: Day	Date		Time (mil.	)   Time	Dispetched	tched (mil.) Time Arrived (mil.) Time Completed (mil.)						Nature of	Call (Report 1	Type)					
1	2	Sunday   03-27-2011   1625   1642   Incident Type:   3. Missiermanor   5. Ordinance   Incident							1706					7	Dead P						
A	1 1	Cident Type: Felony Traffic Felony	4. Traff Mis	ic demeanor	9. Ot		Incident Di From Surida		Date 03-27-20	11 16	me (mil.) 25	TO Day		Date	1	Tima (		Documed I b - Day v - Night	During:	nown  D	
DAT		#1	Type S	SHIPTER ANDE	BUON NUME	per .				Description	20								- Attempter		
1 .	1	#2	St	atute Viola	ation Numb	er		Description							A			-	- Attempte		
INH.	i ir	ncident Location	(Street, Apr	t. Number	)				,		City						Zip	C	- Committe	ed	
13		354 Indian I						DAYTONA BEACH									Σip				
	Business Name / Area Identifier # Prem. Entered								ited L Yes		ol Related A 1. Yes	Forced E	Entry 3. Attempte	ad I	Arson-Inha		1	Arson-Atte			
	1	ocation Type	Location T	voe Code	is:			- 2	2 No 11		2. No 2	2. No			2. Unoccu		Abandoned		2. N		
	01.Residence-Single 05.Convenience Store 0 02.Apartment/Condo 06.Gas Station 1 03.Residence/Other 07.Liquor Sales 1							9. Supermarket 13. Bank/Financial Inst. 17. Gov*t/Publi 9. Dept/Discount Store 14. Commercial/Office Bldg. 18. Schook/Uni 15. Industrial/Mg. 19. Jail/Prison 2. Data Store/Hospital 16. Storage 20. Religious E						ersity 2	1.Airport 2.Bus/Rall Te 3.Construction 4.Other Struct	n Site	26. Highway/	rking Lot/Garage 29.Motor Vehicle 30.Other Mobile 88.Unknown 99.Other mobile 30.Other Mobile 30.Other Mobile 30.Other 30.			
		//W Code /-Victim N	l-Next of Kin	The second	Subject Ty	rpe 1. Business		ass/Phoness/W		Managar	D D	Race			Sex	Resid	епсе Туре	Residence Status			
00	W-Witness O-Other 1. Juvenile 5. Government 2.1.F. Officer 6. Church							nd i	N.	Message Next of Kin		B-Black	O-Orienta U-Unkno		M-Male F-Female	0. NA 1. City		3. Florida 0. N/A 4. Out-of-State 1. Full Ye			
HO	-	teans of Attack	ison	3. Adı		9. Other	H. Ho	ome	0.	Other	V. Vacation	I-America	in Indian		U-Unknown	2. Co.	unty		<ol><li>Par. Yes</li><li>Non-Re</li></ol>		
CO	F	-Firearm		her Dange		Extent of 00.N/A	03.	Laceratio		06.Pc	iss, Internal In	iury 09.Ab	erasions/Bru	uises	Domestic \		Victim S-Spous		ship to Offi Sibling	ender Z-Othe	
	K	C-Knife/Cutting	Inst. H-Ha	inds, Fists	s, Feet, Etc.	01.Guns 02.Stab		Unconsci Poss Bro	ious kan Bones		ss of Teeth		Visible Inj ther Serious		1. Yes 2. No		P-Paren C-Child	t O-	Other Fam Co-Habitar	nly	
T.,	1 4	Offense Indica .#1 3. Bo		V/W Code	e #	V. Type	Nature of	Call (for V	rictim, if dit	Terent from	Incident)		st/Business		()	First)	THE REAL PROPERTY.	NAME OF TAXABLE PARTY.		(Middle)	
ESS	2	第2	11	V	1	3		Wooley								eidi			Mich		
TNE	9	ddress (Street,	Ppc. Number	')				City State DELAND FL							2ip 327;	24		sidence P	The second second		
MWI	B	usiness/School				ber)		City State Zip						-	Address Ty		Business/Scho			Phone Type	
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	0	#1 3. Bo		V/W Code		V. Type	CHECKSON,	abatirlamera	anfania kasanness	ferent from	Incident)	Name (La	st/Business	5)	()	-irst)	-	NAME ALICED		(Middle)	
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Z	< 1000 to 1000										City	TONA BEA	State CH FI		Zip			sidence P (6) 254-			
13		usiness/School		100		ber)		City			tate	Zip			Address Ty	pe E	Business/Scho			Phone Type	
M	10	clusia Coun ther Contact In				2)		DAY	TUNA	SYNO	L osis of Involve	nent			B					1	
/ICT	1000	found victim unresponsive  Fyintim Type Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Fytant of Inkiny Domestir Violan																			
		Victim Type 2, or 3	B	F	1	Nate of Birth 8-23-1969		Age 41	Ethnicity N	1	Res. Type	Res. Status	Means	of Attack	Extent of	Injury	Domestic V	iolance	Relation	nship	
		ffense Indicator		V/W Code	9 #	V. Type	Nature of (	Call (for V	ictim, if dif	lerest from	Incident)	Name (La	st/Business	)	(F	irst)	NAME OF TAXABLE PARTY.	REPORT HERE	arken manners	(Middle)	
ESS	2	#2 ddress (Street,	1		1	2		Mcclelland								aptain					
I Z		534 Indian L		,				City Str DAYTONA BEACH FL					State CH EI		Zip				54-1566		
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M	0	olusia Coun ther Contact Inf				2.}		DAY	TONAE	SVIDE	sis of Involve	nect		-	В		386) 871-62	224		В	
VICT	L									Facili	ty supervise	or									
		/ictim Type 2, or 3	Race W	Sax M		Date of Birth		Age	Ethnicity N		Res. Type	Res. Status	Means	of Attack	Extent of i	njury	Domestic V	olence	Relation	nship	
-		ffense Indicator #1 3. Bot		V/W Code	9 #	V. Type	Nature of (	Call (for V	ictim, if diff	serent from	Incident)	Name (La	sVBusiness	)	(F	irst)			Manual Residence	(Middle)	
ESS	2	#2 idress (Street,	2 1	0	2	3					-	White			В						
Z		354 Indian L		)							DAY	TONA BEA	CH FI		Zip			6) 254-1			
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Σ		ther Contact Inf				1)		DAYTONA BEACH FL Synopsis of Involvement							B						
VICT			Race	Sex	10	ate of Birth		1.4	Ira	nurse	on scene	-	To								
		/ictim Type 2, or 3	W	F	U	Aste or Dath		Age	Ethnicity		Res. Type	Res. Status	Means	of Attack	Extent of I	njury	Domestic Vi	eonela	Relation	nship	
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1 2	15	1534 Indian Lake Rd DAYTONA BEACH FL (386)														254-2566					
IWIT	0.000	usiness/School/ olusia Count				par)		City	TONA		ate	Zip			Address Ty	pe E	Business/Scho			Phone Type	
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					INCI	DEN	IT REP	OR	T (C	ONT.)				Bone	2	al	6 0
Offense Indicator 1. #1 3. Both	Subject Code S-Suspect	V-Victim	16	Code   #	Suby. Type	Namo	(Loui)		,	(Care)		140	dansu)	FREIDE	T SOX	_U	II Po
Date of Birth	D-Defendant Age To	(Missing Pe Age Heigh		) Height	Weight	ToW	reight Ey	e Color			Hair Color		Ma	iden Name	1		
Nickname / Street Na	ne l		Place o	f Birth - C	City	County	S	tate	Em	ployer/Other/	School			Occupi	ation		
Last Known Address (	Street Ant Mumber)			22.000111 - 3	City		State						To				
							01202		Zip			Address Type	Pho	ne			Phone
Other Address (Street	. Apt. Number)				City		State		Zip		1	Address Type	Pho	ne			Phone
Oriver's License State	Number			Social Sec	surity Number			1	Other	O Number	1				-	ID Type	
Clothing (Describe)				Scars/Marks					s (Туре	(Describe)		Scar	rs/Marks	ype/Descr	riba)		
Hair Length /Style	Skin	1	Build /	Facia	al Features			S	peach	Voice D	Deformity				-	Glasses	
If Subject:	anor Mask	Weapor	1 Type		/		1			/		/ Subject	Was Aire	/	1	Narrant From	100.
If Subject:  Date of Last Con	/	Emancipation	1	rtion	/ Caution Reas	non.	1	1			If Arrested	In Custo	dy?	1. Yes   2. No	1.1.	This Agenc Other Agen	y I
	Toda o			1								bits (Drugs /	ACOROL)				
May Be With:		Physical Condi	tion:		Mer	ntal Conc	ition:			Doctor N	lame:			Dentist N	lame:		
Incident Ty	6. Di	saster		oul Play Suspected?		Mis	sing Before?			Fingerprints Available?		Photo Av	vailable?		Dental Avalat	Record	
2. Parents 3. Involunts	ry 7. Vo	ctim Juntary		. Yes		1. Y				1. Yes		1. Yes			1. Yes		
4. Disabled 5. Endange		dult ikaowa		2. No 8. Unknown		2. N 8. U	lo Inknown			2. No		2. No			2. No		
l,				(Printed) _						(5	Signature)	certify that I I	have rep	orted the ab	oove pers	on as a mis	ssing
person; and this Offense Indicator	agency has my permis	ssion to enter th	WANTED BOOK SAN	Self-merch Community	e alert.	Name	I ozt\	-	-	(First)	-	()/	(iddle)	7 Dans	T San	Triba	
1. #1 3. Both 2. #2		V-Victim (Missing Per		1	Cast Type	1401110	LIIST			(reat)		fini	stature j	Race	Sex	Ethni	city
Date of Birth	Age To	Age Height	To	Height	Weight	ToW	eight Eye	e Color			Hair Color		Ma	iden Name			
Nickname / Street Nam	ne	-	Place of	Birth - C	Sity C	County	Si	ate	Emp	loyar/Other/S	School		1	Occupa	ition		
Last Known Address (	Street, Apt. Number)				City		State		Zip		1	ddress Type	Pho	ne			Phone
Other Address (Street	Apt. Number)				City		State	-	Zip		-	ddress Type	Phot	10			Phone
Delimite Licenses State	Missohane			Carlet Car					-								, north
Driver's License State/Number Social Security Number Other ID Number  Clothing (Describe) Scare/Marks/Tattons (Type/Describe) Scare/Marks/Tattons												ID Type					
Clothing (Describe)	1	1		1		Scars/Mark	Tations	s (Type	(Describe)		Scar	siMarksi	Tattoos (Ty	pe/Descr	ribe)		
Hair Length /Style	Skin	16	Build	Facia	il Features /		1	S	peecty'	Voice D	eformity	,		,	1	Glasses	
If Subject: Deme	anor Mask	Weapor	Туре		,	21911	,	,			If Arrested	Subject V	Was Aire	ady	I,V	Varrant From	m:
Date of Last Con	lact Date of	Emancipation	Cau	tion .	Gaution Reas	on	1	-/-				bits (Drugs / /		2. No		Other Agen	
May Be With:		Physical Condi	tion:		Mer	ntal Cond	lition:			Doctor N	lame:			Dentist N	lame:		
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(n) 1. Runaway	6. Dis	saster ctim		our may suspected?		Miss	sing Before?			Fingerprints Available?		Photo Av	railable?		Dental Availat	Record ble?	
3. Involunta 4. Disabled	ry 7. Vo	luntary luit		. Yes	1	1. Y 2. N			2.	1. Yes 2. No	1	1. Yes 2. No			1. Yes		1
5. Endange		known		Unknown			nknown			2. NO		Z. NO			2. No		
l,				(Printed)_						(5	Signature)	certify that I	have re	ported the	above	person as	a miss
	ate at 1642 ho						usia Cou	nty C	OFFER	rtional Fa	acility on	Indian I	ake P	d in ref	orono	a to the	doati
2 a female ir	imate at the fac	cility.															
3 On arriva	il, Dep. Robine 1 charged with	tt contacte	d Capt.	McClel	land ( 01)	), who	advised After by	that v	ictim	Heidi W	looley (\	1) was b	rough	t to the	branc	h jail on	ahal
5 after her st	rip search. Wo	oley was ti	hen take	en to the	e medical	facilit	y for exar	ninatio	on. A	Afterward	ls, Wool	ey was pi	ut into	genera	il popu	ulation u	intil fi
6 appearance 7 After retu	e on 03-27-20° iming from first		ce Wor	alex wat	e complais	ning o	f not fool	ing we	all c	ha uma t	han plac	ad in the	madi	aal blas	de Chiles	ale (1) ved	
8 was check	ed on every 15	minutes b	y a gua	rd. At a	approxima	itely 1	425 hour	s, Wo	oley	was giv	en her n	redication	n. Wh	en Woo	ley wa	as check	ced
<ul><li>9 again at 15</li><li>10 When Of</li></ul>	30 hours, she c. Anderson (F	was respo	nsive ar	nd seen	ned fine.	5 hou	re cha w	ne un	rocn	anciva a	n tha bu	nk in the	noli /	+ 1510	haura	a sada	hlue
Final Case F	nal Case	MARK THAT SHEET WAS	OF ISON (	311 4400	acy at 104	THOU	15, SHC W	as un	resp	Olisive O	it the bu	III UIE	Cen. A		-	, a code	Diue
Status: S	atus Codes: 1.Am	est/Adult 2	.Arrest/Juv.	3.Exce	eptioneil/Adult	4.Exc	eptional/Juv.	-		6.Unfounde	ď	Victim A	Advocate		Triad	SAI	Referra
DCF Hotine   S	ooke With:			- 1	Date:	1 Tie	ne:	1		NCIC Entry NCIC Cancel	house	T.T. BOLO		I Dat	e:	By:	
Connecting Report Nur	THE RESERVE AND ADDRESS OF THE PARTY OF THE			itional Form	ns Narrati	-	SA 707			Property		w Shoot F	7011	Danast	STATE OF	- 1	3,1
Officer Reporting - Prin	led			Officer F		שמטוניים	7	7, 9200			ID. Numi		Unit	Describe:		Date	- No.
Robinett, Everett					10	4	47				2124		Jint			03-27-20	011
Officer Reviewing - Pri	ited (If Applicable)			Officer R	Reviewing thing	Milure (	Applicable)				ID. Numbe	ar .	Unit			Date	

**VOLUSIA COUNTY SHERIFF'S OFFICE** NARRATIVE / SUPPLEMENT Report Date Report Time Orig. Reported Date Nature of Call (for Incident) Agancy Report Number 1.Original 03-27-2011 110009159 2.Suppler 11 was called and nursing staff came in to begin CPR. EVAC unit A292, along with VCFD, were called to the scene and arrived at 1556 hours at 12 which time they took over CPR. At 1625 Dr Muciola pronounced Wooley deceased via telecom with EVAC. VCSO was called at 1638 hrs... Dep. Robinett notified Sgt. MacDonald of the details, and he notified C.I.D. and Major Case of the incident. Inv. L. Mays and Inv. Vega arrived or 14 scene, as well as Sgt. Savercool. Inv. Mays took photos of the scene and examined the body with Inv. Vega. Capt. McClelland had already notified 15 the Medical Examiner and Inv. Tara Clark ME748 arrived shortly thereafter. Dep. Robinett completed a crime scene log and turned it over to Inv. 16 Mays. After Wooley was removed from the scene, Dep. Robinett took possession of Wooley's personal property as listed below: 17 18 1 Bra 19 1 Drivers license 20 1 ID 21 1 Pair pants 1 Cell phone 23 1 Purse with contents 24 1 Pair shoes 25 1 sunglasses 26 1 Scarf 27 1 underware 28 1 Food Stamps 29 8 Grooming Aids 30 6 Keys 1 Change purse 31 32 5 Misc cards 33 1 Pen 34 1 Shirt 2 Bracelets 35 CONTINUAT 36 2 Earrings 37 1 Necklace w/ charm 5 Rings 38 39 1 County of Volusia inmate release check in amount of \$32.27 Check # 000015346 40 NARRATIVE These items were verified in the presence of Sergeant Savercool and Captain McClelland. The items were sealed in an evidence bag and turned 41 into evidence as property of deceased. A copy of the Volusia County Division of Corrections Property record receipt and an incident report from 42 43 Volusia County Division of Corrections was also submitted with the property. 44 Dep. Gayer and Inv. Mays made notification to the victim's next of kin in DeLand. No other information or action was taken by Dep. Robinett 45 AR Case status: turned over to Inv. Mays.

Щ	Final Case Status: Final Case Status Codes: 1.Arrest/Adult	2. Arrest July. 3. Exceptional/A	dult 4.Exceptional/Juv.	5.Closed 6.Unfounded	Victim Advocate	Triad	SA Referral
ZATIV	OCF Hotline   Spoke With:	Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cancel	T.T. BOLO	Date:	By:
NST	Connecting Report Number Agency	Additional Forms Attached:	ismative SA 707	Persons Property	Veh./Tow Sheet Other	Describe:	
N	Officer Reporting - Printed  Robinett, Everett	Officer Reporting	Signature		D. Number Unit		Date
A			(1941)		124		03-27-2011
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing	Synatys (If Applicable)		D. Number Unit		Date

#### **DEATH INVESTIGATION REPORT**

-	Report Date	Report Time	Orio Ros	oorted Date	Nature of Call (for	American March			ency Report Numb					r age _		01 0 1		
EVNT	03-27-2011	1625			7	steratore)				er						.Original		
123	Person Code #	Where Victim Four	103-27-2	011	11			110	0009159	Position of Boo	tic.				12	Supplement		
	V 1	on floor of cell #								supine	ay.							
	Condition of Body: General Appearance: Any Injury?												100	The same		Vehicle Involv		
	lividity already sett			pale		IV marks fro	m EVAC	perso	onnel									
	Weather Conditions W	hen Victim Found:										np. Out	side:	Temp. Inside:				
-	partly cloudy	Lu	adhad Casala	0.1110				_			185			78				
O	Autopsy Request?	V N	edical Examine	er Called?	Y	Tara C	A.E. / Investigator											
CT	Time Med.Examiner Cr	alled:	Time Med	i.Examinar Ar			nding Physician Na	me:			-							
LU	1726		1750			unk	and the second s											
S	Physician at Scene?		Date Last Atten	ded Victim:	Treatment							Natur	e of Illne	988				
0		N	To	10 10				-										
STIGATI	Will Sign Death Certific	rate?	Dr Muc	iced Dead By	(Name):									Time:				
9	Location:	aura		(Name):		1625 Unit ID:												
(3)	Halifax Hospital		DAYTON	A BEACH			A292											
NVE	Attendant's Name(s):								Time:									
	Masters and Anglii Funeral Home (Name):			Lauten						-								
EATH	гизана попа (чана).			Address.									☐ Ro	otation		Requested		
EA	Notified Next of Kin?	Next of Kin Name:		Relati	onship:		Will Located?	Tot	her Documents?	Meds. Collect	ed? Pro	poerty R	etained*	2 Photo	os Taken?	Premise Sea		
	Υ	Wooley, Jayce		P							Y			1		N		
	Other Agency: O.A. Officer: O.A. of												er:					
-	Person Code # Where Victim Found: Position of Body:																	
	Person Code # Where Victim Found: Position of Body:										fy:							
	Condition of Body: General Appearance: Any Injury?												Vehicle Involv					
	Condition of Body: General Appearance: Any Injury?														venicie involv			
	Weather Conditions When Victim Found:														Temp.	nside:		
													side:					
O	Z Autopsy Request?   Medical Examiner Called?   Name: M.E. / Investigator																	
CTI	Time Med Examiner Ca	alledo	I Time Head	LExaminer Ar		1.00	- P Ob - 1-1 - A1	_			-							
EC	Time wed Examiner G	med.	Time Med	LExaminer Al	nvec.	Atte	oding Physician Na	me:										
SE												Natur	e of Illne	985				
6												-	1975					
E	Will Sign Death Certific	ate?	Pronounced Dead By (Name):								fime:							
GATION	1		1		Ambidones (Itaal (Massa))													
S	Location:	Ambulance Used (Name):							Unit ID:									
M	Attendant's Name(s):							Transported To:						Time:				
EATH INVE		Hansporea 10								77710.								
王	Funeral Home (Name):			Address:				1	TR	otation		Requested						
A	Notified Next of Kin?	Next of Kin Name:		Coleti	a a a b Tou	-	Will Located?	Low		Date Out of	- In				hand			
30	NOTE OF PART OF PARTY	Next of All Name.		Relati	onship:		AAM FOCSHED ;	100	her Documents?	Meds. Collect	ed) Pro	operty H	etained)	Photo	s Taken?	Premise Ser		
	Other Agency:				O.A. Officer:		1	_		1	O.A. Cas	e Numb	er			1		
	Person Code #	Where Victim Four	d:							Position of Boo	ty:				ISITES OF			
	Condition of Body: General Appearance: Any Injury?															Vehicle Involv		
	Weather Conditions Wi	hen Victim Found:		-				-			Ter	np. Outs	side:		Temp.	Inside:		
												and a second	- Artista					
O	Autopsy Request?	M	edical Examine	er Called?		Name: N	I.E. / Investigator											
CTI	Time Med Examiner Co	altost	I Tiese M	LExaminer Ar		140	- dia - Th											
E	TANG WEGLESSHINE CE	metu.	Time Med		NYSU.	Atta	nding Physician Na	HTM:										
SE	Physician at Scene?	10	Date Last Atten	ded Victim:	Treatment	-					U-level	Natur	e of litne	iss		and an in-		
O																		
E	Will Sign Death Certific	ate?	Реголоша	ced Dead By	(Name):									Time:				
STIGAT	Location:							-	to the same of the	0.1		- Jac-						
ES	Lucanon.								Ambulance Used	(Name):				Unit ID:				
	Attendant's Name(s):							+	Transported To:					Time:				
EATH INVE																		
I	Funeral Home (Name):			Address:									Пр	otation		Requested		
A	Madified No. 4 - 5 to - 2	No. 4 - EVI - N		1			Lucia	10		1					Samuel			
	Notified Next of Kin?	Next of Kin Name:		Relation	onship:		Will Located?	Ot	her Documents?	Meds. Collect	ed? Pro	perty R	etained?	Photo	s Taken?	Premise Sea		
	Other Agency:	L			O.A. Officer:		1	_			O.A. Cas	a Numb	er			1		
											- C Orio	- mattel						
ż	Officer Reporting - Prin	ted			Officer Reposing	Signature				ID. Numbe	r	U	Unit E			ate		
ADMIN	Robinett, Everett				///		2124						3-27-2011					
20	Officer Reviewing - Prin	nted (If Applicable)			Officer R	ghatun	e (if Applicable)		The state of the s	ID. Numbe	F	U	Init			ate		
-					1													
_					-			-				-		-				

## ADDITIONAL PERSONS REPORT

E	Re	port Date	T	Report Ti	ime	Torio	Repor	led Date	Nah	ure of Call (fo	s Incide	ent'i						1		-	5	T	6Pa	
EVANIT		-27-2011		1625			27-2011 7 Dead Person											Agency Report Number 1. Original 110009159 2. Supplement 1						
		V Code			Victim/Sub	ject Ty	/pe		Addre	ess/Phone Ty		du i ciso	11	Ra	sce			Sex					sidence State	
0	11	/ictim	N-Next		0. N/A 1. Juvenile		<ol> <li>Busin</li> <li>Gove</li> </ol>			siness/Work	M. N	fessage	P. Pager		N/A	I-American Ind	lian	M-Male	1	A 3.F		0.1		
H	1 44-1	Witness Reporting Pen	O-Othe	H.	2. L.E.Offi	CBF	6. Churc	ch	G. Ge			lext of Kin	S. School		-White	O-Oriental/Asia	an	F-Female			ut-of-Stat		Part Year	
C	Med	ans of Attack	SUIT		3. Adult		9. Other	t of Injury	H. Ho	TO CONTROL OF CHANGE								U-Unknown 2. Gounty  Domestic Violence Victi					ion-Residen	
0		-irearm	0	Other Da	angerous		00. N	IA	03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises							1. Yes		S-Spou	Relationsl	hip to Of Sibling	tender Z-Ot			
	-	Knife/Cutting Is		l-Hands, F	Fists, Feet, E	itc.		iunshot tabbed		nconscious oss. Broken E	Bones	07. Los 08. Bu	ss of Teeth			No Visible Injury Other Serious Inj		2. No		P-Pare	nt O-	Other F	amily	
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PROPERTY REPORT

HN	Report Date Report Time Original In					nal Incident Date Nature of Call (for Incident) Agency Rs;								y Report Number						
(ii)	1	-2011	1625 Type Theft C		03-2	7-2011	17	7			1100	09159					1.Original 2.Supplemen			
THEFT	Туре	1 neri	00. N/A 01. Burdlery	02. Robb 03. Shoot		04. Pocket i	-			et er.Machine		om Public		From Vehic     Extortion		ly Computi	and the second second			
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CODES	B. Bio C. Car	mera/Pho	to Equipment	F-Fumitur G-Games	e and Fur and Gam	uring Devices mishings bling Apparat ance/Housewa	us	J-Special Docs/Food Stamps/Tickets M. Musical Instrument R-Radio/TV/Sound Devices W.Weil-drilling Eq. K-Keepsakes and Collectibles O. Office Equipment S-Sports/Camping/Rac.Equip. Y-All Other Items a										The state of the s		
	DRUG	T. Traffi R. Smu	ess	E.U K.D M.M	ispense/D	pistribute re/Produce/		Z. Other	B. Bart C. Coc E. Hen		0. P.	Marijuana Opium/Derii Paraphemal Equipment Synthetic		U, Un Z. Ott	known eer	Unit 1. Gra 2. Mili 3. Kita 4. Ou 5. Pox	igram ogram nce	6. Fon 7. Litter 8. Määter 9. Dose Unit/Term 99.Other		
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