

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 _____		INCIDENT REPORT			Agency Report Number 100034314																	
Agency ORI Number FL0640000				Zone # 52		Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2																		
Reported: Day Wednesday		Date 11-03-2010		Time (mil.) 1709		Time Dispatched (mil.)		Time Arrived (mil.)		Time Completed (mil.)		Nature of Call (Report Type) 1 Drunk Driver												
Incident Type: 1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 9. Other			Incident: Day Wednesday		Date 11-03-2010		Time (mil.) 1709		TO		Day		Date		Time (mil.)		Occurred During: D - Day U - Unknown N - Night	
EVENT DATA		Offense #1 1	Type 893.13	Statute Violation Number 893.13				Description Narcotics offense				A - Attempted C - Committed C												
		Offense #2 4	Type 316.193	Statute Violation Number 316.193				Description DUI Alcohol or Drugs 2nd offense				A - Attempted C - Committed C												
Incident Location (Street, Apt. Number) Sams Ave @ Julia St												City NEW SMYRNA			Zip 32168									
Business Name / Area Identifier				# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 1		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										
Location Type		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																						
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		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						
		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 P-Parent O-Other Family C-Child H-Co-Habitant Z-Other																
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)														
		Address (Street, Apt. Number) City State Zip Residence Phone																						
Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type																								
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											
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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INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Offense Indicator 1. PI 2. BOH 3. 1		Subject Code S-Suspect D-Defendant V-Midlem (Missing Person)		Code P	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity
Date of Birth		Age	Fo Age	Height	Fo Height	Weight	Fo Weight	Eye Color	Hair Color	Maiden Name	
06-07-1977		33		5' 04"		135		BRO	BRO		
Nicknames / Street Name			Place of Birth - City		County	State	Employer / Other School	Occupation			
			MURENBURG		GERMANY		NONE				
Local Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type		
1828 W PARKWAY				DELAND	FL	32724	H				
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		
FL			P652-293-77-7070								
Clothing (Describe)				Scar or Other Markings (Type & Describe)				Scar or Other Markings (Type & Describe)			
Hair Length (Style)		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses			
# Subject	Demerol	Marij	Weapon Type		F. Arrested		Subject Was Already in Custody?		1. Yes 2. No		Victim's Form
									1. This Agency 2. Other Agency		
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
My Beliefs		Physical Condition			Mental Condition			Doctor Name		Dental Name	
Incident Type		8. Domestic Victim		Foul Play Suspected?		Missing Release?		Fingerprints Available?		Photo Available?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Exchange				1. Yes 2. No 3. Unknown		1. Yes 2. No 3. Unknown		1. Yes 2. No		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 state-wide alert.											

SUBJECT / MISSING SECTION

Offense Indicator 1. PI 2. BOH 3. 1		Subject Code S-Suspect D-Defendant V-Midlem (Missing Person)		Code P	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity
Date of Birth		Age	Fo Age	Height	Fo Height	Weight	Fo Weight	Eye Color	Hair Color	Maiden Name	
Nicknames / Street Name			Place of Birth - City		County	State	Employer / Other School	Occupation			
Local 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)				Scar or Other Markings (Type & Describe)				Scar or Other Markings (Type & Describe)			
Hair Length (Style)		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses			
# Subject	Demerol	Marij	Weapon Type		F. Arrested		Subject Was Already in Custody?		1. Yes 2. No		Victim's Form
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Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
My Beliefs		Physical Condition			Mental Condition			Doctor Name		Dental Name	
Incident Type		8. Domestic Victim		Foul Play Suspected?		Missing Release?		Fingerprints Available?		Photo Available?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Exchange				1. Yes 2. No 3. Unknown		1. Yes 2. No 3. Unknown		1. Yes 2. No		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 state-wide alert.											

NARRATIVE

1 ON THE ABOVE DATE AND TIME SGT PECK WAS NOTIFIED BY VCSO STAFF THAT A ORIENTAL FEMALE HAD JUST LEFT THE VCSO
 2 DISTRICT OFFICE AND APPEARED TO BE IMPAIRED, AS SHE WAS UNSTEADY ON HER FEET AND HER SPEECH WAS SLURRED. SGT
 3 PECK LEFT THE VCSO DISTRICT OFFICE AND PULLED ONTO CANAL ST. IN AN ATTEMPT TO LOCATE THE SUBJECT. AS SGT PECK
 4 PULLED ONTO CANAL ST PECK OBSERVED A SILVER CHEV4DR FL 578-00Q STOPPED IN THE MIDDLE OF THE ROAD AT THE
 5 INTERSECTION OF SAMS AND CANAL. THERE IS NO TRAFFIC CONTROL AT THIS LOCATION AND NO REASON FOR THE DRIVER TO
 6 STOP. THE VEHICLE FINALLY MADE A RIGHT TURN ONTO SAMS WITHOUT A SIGNAL. AT THE INTERSECTION AS THE VEHICLE
 7 TURNED, IT CROSSED THE CENTER DOUBLE YELLOW LINE 1-2 FT INTO THE ONCOMING TRAFFIC LANE. THE VEHICLE CONTINUED
 8 N/B ON SAMS AS IT CAME TO THE INTERSECTION OF JULIA ST THE VEHICLE FAILED TO STOP AT THE STOP SIGN AND MADE A
 9 RIGHT TURN ON JULIA ST. THE VEHICLE CONTINUED E/B ON JULIA ST AND CAME TO THE INTERSECTION OF RIVERSIDE DR. AGAIN
 10 THE VEHICLE FAILED TO STOP AT THE STOP SIGN AND MADE A RIGHT TURN S/B ON RIVERSIDE DR. THE VEHICLE THEN TURNED

ADMINISTRATIVE

Final Case Status	Final Case Status Codes: 1. Arrest/Adul 2. Arrest/Av. 3. Exceptional/Adul 4. Exceptional/Av. 5. Closed 6. Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Fraud	<input type="checkbox"/> SA Referral		
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date	Time	<input type="checkbox"/> FCCI/NCC Entry <input type="checkbox"/> FCCI/NCC Cancel	<input type="checkbox"/> F.F. SOLO	Date	By
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 107 <input type="checkbox"/> Reason <input checked="" type="checkbox"/> Report <input checked="" type="checkbox"/> Vehicle Search <input type="checkbox"/> Other Describe				
Office Reporting - Printed Peck, Keith		Office Reporting - Signature <i>Sgt. K Beck</i>		D. Number 2368	Unit 1050	Date 11-03-2010
Office Reviewing - Printed (If Applicable)		Office Reviewing - Signature (If Applicable)		D. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 11-03-2010	Report Time 1705	Orig. Reported Date 11-03-2010	Number of Call(s) Incident(s) 1	Agency Report Number 100034314	1. Original 2. Supplement 1
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11 INTO THE NORTH PARKING LOT OF THE VOLUSIA COUNTY COURTHOUSE AT 124 RIVERSIDE DR. SGT PECK TURNED ON HIS BLUE
 12 LIGHTS AND THE VEHICLE TURNED INTO A PARKING SPACE .
 13
 14 SGT PECK MADE CONTACT WITH THE DRIVER AND ADVISED HER WHY SHE WAS STOPPED. SGT PECK ASKED HER FOR HER
 15 DL, REGISTRATION AND INS. THE DRIVER WAS NOT ABLE TO PROVIDE ANY OF THESE ITEMS. SHE FINALLY GAVE SGT PECK A
 16 PERMIT FROM DHSMV TO DRIVE FOR BUSINESS PURPOSES ONLY. SHE ADVISED HER DL WAS SUSPENDED FOR DUI. SHE THEN
 17 ADVISED THE VEHICLE WAS A RENTAL TO HER FRIEND AND SHE HAD NO PAPERWORK. AS SHE SPOKE SGT PECK OBSERVED HER
 18 SPEECH TO BE VERY SLOW AND SLURRED. SGT PECK INQUIRED IF SHE WAS CURRENTLY ON MEDICATION. D-1 ADVISED SHE
 19 TAKES OXYCODONE, BUT DENIED SHE HAD TAKEN ANY TODAY. SGT PECK ASKED THE DEF TO EXIT THE VEHICLE AND PERFORM
 20 FIELD SOBRIETY EXERCISES. AS SHE EXITED THE VEHICLE SHE WAS OBSERVED TO BE UNSTEADY ON HER FEET AND SWAYING.
 21
 22 THE NORTH SIDEWALK OF THE COURTHOUSE WAS USED AS IT WAS FLAT AND EVEN. ALL EXERCISES WERE EXPLAINED AND
 23 DEMONSTRATED BY SGT PECK. THE DEF ADVISED SHE HAD NUMEROUS MEDICAL PROBLEMS.
 24
 25 ON THE HGN, THE DEF ONLY SHOWED LACK OF SMOOTH PURSUIT IN EACH EYE AS A CLUE. WHILE CHECKING HER EYES THE DEF
 26 WOULD CLOSE THEM AS IF SHE WAS GOING TO SLEEP. SGT PECK WOULD HAVE TO GET HER ATTENTION, WAKE HER UP.
 27
 28 SECOND WAS THE WALK AND TURN. WHILE IN THE STARTING POSITION, THE DEF LOST HER BALANCE 2 TIMES FALLING TO HER
 29 RIGHT. ON THE WALK SHE WAS UNSTEADY ON HER FEET AND SHE LOST HER BALANCE AND FELL TO THE RIGHT ON STEPS 5,6,7.
 30 SHE USED HER ARMS OUT TO THE SIDE TO BALANCE HERSELF. ON THE TURN SHE FAILED TO TURN AS INSTRUCTED. SHE
 31 STOPPED AT THE END OF THE WALK LOOKED AT SGT PECK, THEN MADE A QUICK TURN TO THE RIGHT AND LOST HER BALANCE
 32 AND ALMOST FELL. ON THE RETURN SHE WAS UNSTEADY WALKING AGAIN USING HER ARMS OUT FOR BALANCE. ON STEPS 6,7
 33 THE DEF AGAIN LOST HER BALANCE AND FELL TO THE RIGHT.
 34
 35 THIRD WAS THE ONE LEG STAND. THE DEF ATTEMPTED THIS 3 TIMES. SHE PUT HER FOOT DOWN ON 1003, 1009 AND 1018. ON 1010
 36 SHE BEGAN TO HOP AND CONTINUED TILL 1018 WHEN SHE FELL TO THE RIGHT AND AGAIN PUT HER FOOT DOWN. AT THIS TIME
 37 SGT PECK ASKED THE DEF TO STEP NEXT TO HER CAR, AT WHICH TIME THE DEF GRABBED THE CAR KEYS OFF THE CAR TRUNK.
 38 SGT PECK ADVISED HER TO PUT THEM DOWN AND SHE REFUSED. SGT PECK AGAIN ORDERED THE DEF TO PUT THE KEYS DOWN
 39 AND AGAIN SHE REFUSED. SGT PECK ADVISED D-1 SHE WAS UNDER ARREST AND TO DROP THE KEYS AND PUT HER HANDS
 40 BEHIND HER BACK. AGAIN SHE REFUSED AND SGT PECK ATTEMPTED TO TAKE THE KEYS AND THE DEF PULLED AWAY. SGT PECK
 41 ATTEMPTED TO CUFF THE DEF AND SHE REFUSED TO BE CUFFED. THE DEF ATTEMPTED TURN AROUND AND PULL AWAY FROM
 42 SGT PECK. SGT PECK ADVISED THE DEF TO STOP RESISTING AND SHE KEPT YELLING "I AM NOT GOING TO JAIL AGAIN". SGT PECK
 43 WAS ABLE TO CUFF 1 HAND AND THE DEF CONTINUED TO RESIST EVEN MORE AND WAS ABLE TO PULL THE CUFFED HAND AWAY.
 44 SGT PECK WAS THEN ABLE TO GRAB THE LEFT NON CUFFED ARM AND ATTEMPTED TO USE A ARM BAR TO GET THE DEF TO
 45 COMPLY. AGAIN SHE CONTINUED TO RESIST AND PULL AWAY. AT THIS POINT SGT PECK TOOK THE DEF TO THE GROUND AND
 46 ATTEMPTED TO HOLD HER THERE. WHILE CALLING FOR BACK UP, THE DEF WAS ABLE TO GET LOOSE FROM SGT PECK AND
 47 ATTEMPTED GET UP AND GET AWAY. SGT PECK WAS ABLE TO AGAIN ATTEMPT TO CUFF THE DEF BUT SHE CONTINUED TO
 48 RESIST. FINALLY BACK UP UNIT DEPUTY HURST ARRIVED ON SCENE AND IT TOOK BOTH DEPUTIES TO GET THE DEF CUFFED AND
 49 PLACED IN A PATROL UNIT.
 50
 51 A INVENTORY OF THE VEHICLE WAS COMPLETED. SGT PECK OBSERVED A GOLD PILL CONTAINER IN THE CENTER CONSOLE
 52 INSIDE WERE 4 DIFFERENT TYPES OF PILLS THE DRUG ID BIBLE WAS LATER USED TO IDENTIFY THE 4 PILLS AS XANAX,
 53 OXYCODONE, SOMA AND MELOXICAM. NUMEROUS BOTTLES OF PILLS WERE FOUND IN THE TRUNK. 40 BOTTLES IN THE NAME OF
 54 D-1. THE PILLS WERE FROM 16 DIFFERENT DOCTORS WITH 7 UNFILLED PRESCRIPTIONS BY 2 OTHER DOCTORS. OVERALL ALMOST
 55 1000 PILLS WERE FOUND. MOST WERE SOMA, DIAZEPAM, METHADONE, OXYCODONE, KLONOPIN AND ALPRAZOLAM. ALL WERE
 56 PLACED IN EVIDENCE. ALSO IN ONE UN LABELED BOTTLE IN THE TRUNK, 5 DIFFERENT TYPES OF PILLS WERE LOCATED. 2
 57 DIFFERENT STRENGTHS XANAX, VALIUM, HYDRALAZINE AND MELOXICAM AS IDENTIFIED BY THE DRUG ID BIBLE. ALL WERE
 58 PLACED IN EVIDENCE AT VCSO DIST FIVE. IN THE DEF'S PURSE AND WALLET ALONG WITH SEVERAL BOTTLES OF OXYCODONE,
 59 WAS \$1,207.00 IN CASH IN SMALL BILLS. THE MONEY WAS SEIZED AND ALSO PLACED INTO EVIDENCE.
 60
 61 THE VEHICLE CHECKED TO ENTERPRISE RENTALS OUT OF DELAND AND WAS TOWED TO UNIVERSAL ENTERPRISE WAS NOTIFIED
 62 OF THE LOCATION OF THE VEHICLE.
 63
 64 A CHECK OF THE DEF'S DL SHOWED IT TO BE SUSPENDED 10-5-10 FOR 1 YEAR FOR A DUI REFUSAL AND ON 10-19-10 CANCELLED
 65 FOR VIOLATION OF SS 322.08 (6). THE DEF ALSO SHOWS A PRIOR REFUSAL TO SUBMIT FOR BREATH, URINE OR BLOOD TESTING .
 66 ALSO IN CHECKING THE DEF IN NCIC SHE SHOWED TO BE ON PROBATION FOR COCAINE POSSESSION. A ON MBW ARREST FOR
 67 VIOLATION WAS COMPLETED BY DEPUTY WOELL SEE VCSO 10-34323.
 68

NARRATIVE / CONTINUATION

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"/> Fraud	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline	Date	Time	<input type="checkbox"/> FC I/NCIC Entry	<input type="checkbox"/> F.F. SOLO	Date	By	<input type="checkbox"/> FC I/NCIC Cancel			
	<input type="checkbox"/> CAC	Spoke With	Additional Forms Attached		<input type="checkbox"/> Narrative	<input checked="" type="checkbox"/> SA Ref	<input type="checkbox"/> Photos	<input checked="" type="checkbox"/> Property	<input checked="" type="checkbox"/> Veh / Tow Sheet	<input type="checkbox"/> Other Describe	
	Connecting Report Number	Agency	Office Reporting - Printed	Office Reporting - Signature	ID Number	Unit	Date				
		Peck, Keith	<i>Sgt. K. Peck</i>	2358	1050	11-03-2010					
		Office Reviewing - Printed (If Applicable)	Office 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 (or Incident)	Agency Report Number	1. Original	2. Supplement
	11-03-2010	1705	11-03-2010	1	100034314		1
<p>69 UPON ARRIVAL AT THE VCSO DIST 5 OFFICE D-1 WAS GIVEN HER IMPLIED CONSENT AND ASKED FOR A URINE TEST. AT THIS TIME 70 THE DEF ADVISED SHE WISHED TO REMAIN SILENT AND WANTED HER ATTORNEY. THE DEF WAS READ THE COMPLETE IMPLIED 71 CONSENT AT THIS TIME AND STILL REFUSED. THE DEF WAS PROCESSED AT DIST. 5 AND LATER TRANSPORTED TO THE VCBJ. ON 72 11-4-10 INV SCHWARTZ RESPONDED FROM THE NARCOTICS TASK FORCE AND TOOK POSSESSION OF ALL EVIDENCE FOR 73 FURTHER INVESTIGATION. 74</p>							

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status	Final Case Status Codes	1. Arrest Adult	2. Arrest Adm.	3. Exceptional Adult	4. Exceptional Adm.	5. Closed	6. Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Freed	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	Date	Time	<input type="checkbox"/> PC D / NCIC Entry	<input type="checkbox"/> F.F. SOLO	Date	By					
	<input type="checkbox"/> CAC	Spoke With	Additional Forms Attached		<input type="checkbox"/> Narrative	<input checked="" type="checkbox"/> SA Ref	<input type="checkbox"/> Photos	<input checked="" type="checkbox"/> Property	<input checked="" type="checkbox"/> Vehicle / Tow Sheet	<input type="checkbox"/> Other Describe		
	Connecting Report Number	Agency	Office Reporting - Printed		Office Reporting - Signature		ID Number	Unit	Date			
			Peck, Keith		<i>Sgt. K Peck</i>		2358	1050	11-03-2010			
Office Reporting - Printed (If Applicable)		Office Reporting - Signature (If Applicable)		ID Number	Unit	Date						

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Case Number
(OR) FL: <u>FLDS40000</u>	Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>	Agency Case Number: <u>00034314</u>
PC/IC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R. Date Arrested: <u>11-03-2010</u> Time of Arrest: <u>1724</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>Sams Ave @ Julia St NEWSMYRNA FL 32168</u>		Arrested By: <u>Peck, Keith</u> ID Number: <u>2368</u>

DEFENDANT		NAME (Last): <u>PRINZ</u> (First): <u>GLORIA</u> (Middle): <u>MIRYO M</u>	A.K.A.	Sex: <u>F</u> Race: <u>O</u>
DOB: <u>09-07-1977</u>	Age: <u>33</u>	Driver's Lic. ID No.: <u>P652-253-77-7070</u>	State: <u>FL</u>	Year Expires: <u>[REDACTED]</u> S.S.N. <u>[REDACTED]</u>
Height: <u>5'04</u>	Weight: <u>135</u>	Hair: <u>BRO</u> Eyes: <u>BRO</u>	POB: <u>GERMANY</u>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos:		Business & Occupation: <u>NO ME</u>	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Blind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent: <u>1828 W PARHAY</u>		(STREET, APT. NUMBER)	(CITY)	(STATE) <u>FL</u> ZIP CODE: <u>32724</u> RESIDENCE PHONE:
Address - Local:		(STREET, APT. NUMBER)	(CITY)	(STATE) <u>FL</u> ZIP CODE: RESIDENCE PHONE:
Address - Other (Employer/School):		(STREET, APT. NUMBER)	(CITY)	(STATE) <u>FL</u> ZIP CODE: BUS/SCHOOL PHONE:

CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	NFA Schedule <input type="checkbox"/>	Repeat <input checked="" type="checkbox"/> Traffic Infraction(s) <input checked="" type="checkbox"/>	DUI <input checked="" type="checkbox"/>	Total Charges: <u>6</u>
#1 Charge: <u>Marijuana offense Poss prescription for sale</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	F SHORD: <u>883.13</u>	Class No.:	Bond: <u>NONE</u>				
#2 Charge: <u>Marijuana Poss controlled sub no prescription</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	F SHORD: <u>883.13</u>	Class No.:	Bond: <u>NONE</u>				
#3 Charge: <u>Resist Officer with Viol.</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	F SHORD: <u>843.01</u>	Class No.:	Bond: <u>NONE</u>				

CO-DEFENDANT		Co-Def #1: Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Mis. <input type="checkbox"/> Fel. <input type="checkbox"/> Ord. <input type="checkbox"/> NFA <input type="checkbox"/>	Co-Def #2: Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Mis. <input type="checkbox"/> Fel. <input type="checkbox"/> Ord. <input type="checkbox"/> NFA <input type="checkbox"/>
#1 NAME (Last):	(First):	(Middle):	Race: Sex: DOB: Age:
#2 NAME (Last):	(First):	(Middle):	Race: Sex: DOB: Age:

NARRATIVE The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 03 day of November, 2010, at approximately 0505 a.m. p.m. at Sams Ave @ Julia St NEWSMYRNA within Volusia County, violated the law and did the and there:

1 ON THE ABOVE DATE AND TIME SGT PECK WAS NOTIFIED BY VCSO STAFF THAT A ORIENTAL FBMALE HAD JUST LEFT THE VCSO
 2 DISTRICT OFFICE AND APPEARED TO BE IMPAIRED, AS SHE WAS UNSTEADY ON HER FEET AND HER SPEECH WAS SLURRED. SGT
 3 PECK LEFT THE VCSO DISTRICT OFFICE AND PULLED ONTO CANAL ST. IN AN ATTEMPT TO LOCATE THE SUBJECT. AS SGT PECK
 4 PULLED ONTO CANAL ST PECK OBSERVED A SILVER CHEV/4DR FL 578-0UQ ST STOPPED IN THE MIDDLE OF THE ROAD AT THE
 5 INTERSECTION OF SAMS AND CANAL. THERE IS NO TRAFFIC CONTROL AT THIS LOCATION AND NO REASON FOR THE DRIVER TO
 6 STOP. THE VEHICLE FINALLY MADE A RIGHT TURN ONTO SAMS WITHOUT A SIGNAL AT THE INTERSECTION AS THE VEHICLE TURNED,
 7 IT CROSSED THE CENTER DOUBLE YELLOW LINE 1-2 FT INTO THE ONCOMING TRAFFIC LANE. THE VEHICLE CONTINUED N/B ON SAMS
 8 AS IT CAME TO THE INTERSECTION OF JULIA ST THE VEHICLE FAILED TO STOP AT THE STOP SIGN AND MADE A RIGHT TURN ON JULIA
 9 ST. THE VEHICLE CONTINUED E/B ON JULIA ST AND CAME TO THE INTERSECTION OF RIVERSIDE DR. AGAIN THE VEHICLE FAILED TO
 10 STOP AT THE STOP SIGN AND MADE A RIGHT TURN S/B ON RIVERSIDE DR. THE VEHICLE THEN TURNED INTO THE NORTH PARKING
 11 LOT OF THE VOLUSIA COUNTY COURTHOUSE AT 124 RIVERSIDE DR. SGT PECK TURNED ON HIS BLUE LIGHTS AND THE VEHICLE
 12 TURNED INTO A PARKING SPACE.
 13
 14 SGT PECK MADE CONTACT WITH THE DRIVER AND ADVISED HER WHY SHE WAS STOPPED. SGT PECK ASKED HER FOR HER
 15 DL, REGISTRATION AND INS. THE DRIVER WAS NOT ABLE TO PROVIDE ANY OF THESE ITEMS. SHE FINALLY GAVE SGT PECK A PERMIT

NOTICE TO APPEAR	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			
SIGNATURE OF DEFENDANT		DATE	
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		RELATIONSHIP TO JUVENILE	

Sworn to and subscribed before me, the undersigned this _____ day of _____, _____, Name: _____	I believe from the above statements are correct and true	RI Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/>		OFFICER/COMPLAINTANT'S SIGNATURE:
Personally Known <input type="checkbox"/> Reduced Identification <input type="checkbox"/>	<u>PECK, KEITH D</u>	<u>2368</u>
Type of Identification: _____	NAME (PRINTED)	ID NUMBER
OFFICIAL USE ONLY		Home Number & Family:

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 2 of 3

Defendant (Last) Name: PRINZ	First GLO RIA	(Middle) MIRYON	Agency Case Number: 100034314
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CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	MTA Schedule <input type="checkbox"/>	Report <input type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	Total Charges:
#	Charge: DUI Alcohol or Drugs	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	F 30RD .	316.153	Citation No..	1421-24WD	Bond.	NO ME
#	Charge: Refuse to Submit to DUI Testing	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	F 30RD .	316.153B(1)(E)	Citation No..	2D46-GHL	Bond.	NO ME
#	Charge: Drive W/ Lic. Suspended/Revoked 2nd Off	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	F 30RD .	322.34(2)(B)	Citation No..	2D47- GHL	Bond.	NO ME

16 FROM DHS/MV TO DRIVE FOR BUSINESS PURPOSES ONLY. SHE ADMISED HER DL WAS SUSPENDED FOR DUI. SHE THEN ADMISED THE
 17 VEHICLE WAS A RENTAL TO HER FRIEND AND SHE HAD NO PAPERWORK. AS SHE SPOKE SGT PECK OBSERVED HER SPEECH TO BE
 18 VERY SLOW AND SLURRED. SGT PECK INQUIRED IF SHE WAS CURRENTLY ON MEDICATION. D-1 ADMISED SHE TAKES OXYCODONE,
 19 BUT DENIED SHE HAD TAKEN ANY TODAY. SGT PECK ASKED THE DEF TO EXIT THE VEHICLE AND PERFORM FIELD SOBRIETY
 20 EXERCISES. AS SHE EXITED THE VEHICLE SHE WAS OBSERVED TO BE UNSTEADY ON HER FEET AND SWAYING.

21
 22 THE NORTH SIDEWALK OF THE COURTHOUSE WAS USED AS IT WAS FLAT AND EVEN. ALL EXERCISES WERE EXPLAINED AND
 23 DEMONSTRATED BY SGT PECK. THE DEF ADMISED SHE HAD NUMEROUS MEDICAL PROBLEMS.

24
 25 ON THE HGN, THE DEF ONLY SHOWED LACK OF SMOOTH PURSUIT IN EACH EYE AS A CLUE. WHILE CHECKING HER EYES THE DEF
 26 WOULD CLOSE THEM AS IF SHE WAS GOING TO SLEEP. SGT PECK WOULD HAVE TO GET HER ATTENTION TO WAKE HER UP.

27
 28 SECOND WAS THE WALK AND TURN. WHILE IN THE STARTING POSITION, THE DEF LOST HER BALANCE 2 TIMES FALLING TO HER
 29 RIGHT. ON THE WALK SHE WAS UNSTEADY ON HER FEET AND SHE LOST HER BALANCE AND FELL TO THE RIGHT ON STEPS 5,6,7. SHE
 30 USED HER ARMS OUT TO THE SIDE TO BALANCE HERSELF. ON THE TURN SHE FAILED TO TURN AS INSTRUCTED. SHE STOPPED AT
 31 THE END OF THE WALK LOOKED AT SGT PECK, THEN MADE A QUICK TURN TO THE RIGHT AND LOST HER BALANCE AND ALMOST
 32 FELL. ON THE RETURN SHE WAS UNSTEADY WALKING AGAIN USING HER ARMS OUT FOR BALANCE. ON STEPS 6,7 THE DEF AGAIN
 33 LOST HER BALANCE AND FELL TO THE RIGHT.

34
 35 THIRD WAS THE ONE LEG STAND. THE DEF ATTEMPTED THIS 3 TIMES. SHE PUT HER FOOT DOWN ON 1003, 1009 AND 1018. ON 1010
 36 SHE BEGAN TO HOP AND CONTINUED TILL 1018 WHEN SHE FELL TO THE RIGHT AND AGAIN PUT HER FOOT DOWN. AT THIS TIME SGT
 37 PECK ASKED THE DEF TO STEP NEXT TO HER CAR, AT WHICH TIME THE DEF GRABBED THE CAR KEYS OFF THE CAR TRUNK. SGT
 38 PECK ADMISED HER TO PUT THEM DOWN AND SHE REFUSED. SGT PECK AGAIN ORDERED THE DEF TO PUT THE KEYS DOWN AND
 39 AGAIN SHE REFUSED. SGT PECK ADMISED D-1 SHE WAS UNDER ARREST AND TO DROP THE KEYS AND PUT HER HANDS BEHIND HER
 40 BACK. AGAIN SHE REFUSED AND SGT PECK ATTEMPTED TO TAKE THE KEYS AND THE DEF PULLED AWAY. SGT PECK ATTEMPTED TO
 41 CUFF THE DEF AND SHE REFUSED TO BE CUFFED. THE DEF ATTEMPTED TURN AROUND AND PULL AWAY FROM SGT PECK. SGT PECK
 42 ADMISED THE DEF TO STOP RESISTING AND SHE KEPT YELLING "I AM NOT GOING TO JAIL AGAIN". SGT PECK WAS ABLE TO CUFF 1
 43 HAND AND THE DEF CONTINUED TO RESIST EVEN MORE AND WAS ABLE TO PULL THE CUFFED HAND AWAY. SGT PECK WAS THEN
 44 ABLE TO GRAB THE LEFT NON CUFFED ARM AND ATTEMPTED TO USE A ARM BAR TO GET THE DEF TO COMPLY. AGAIN SHE
 45 CONTINUED TO RESIST AND PULL AWAY. AT THIS POINT SGT PECK TOOK THE DEF TO THE GROUND AND ATTEMPTED TO HOLD HER
 46 THERE. WHILE CALLING FOR BACK UP, THE DEF WAS ABLE TO GET LOOSE FROM SGT PECK AND ATTEMPTED GET UP AND GET
 47 AWAY. SGT PECK WAS ABLE TO AGAIN ATTEMPT TO CUFF THE DEF BUT SHE CONTINUED TO RESIST. FINALLY BACK UP UNIT DEPUTY
 48 HURST ARRIVED ON SCENE AND IT TOOK BOTH DEPUTIES TO GET THE DEF CUFFED AND PLACED IN A PATROL UNIT.

49
 50 A INVENTORY OF THE VEHICLE WAS COMPLETED. SGT PECK OBSERVED A GOLD PILL CONTAINER IN THE CENTER CONSOLE. INSIDE
 51 WERE 4 DIFFERENT TYPES OF PILLS THE DRUG ID BIBLE WAS LATER USED TO IDENTIFY THE 4 PILLS AS XANAX, OXYCODONE,
 52 SOMA AND MELOXICAM. NUMEROUS BOTTLES OF PILLS WERE FOUND IN THE TRUNK. 40 BOTTLES IN THE NAME OF D-1. THE PILLS
 53 WERE FROM 16 DIFFERENT DOCTORS WITH 7 UNFILLED PRESCRIPTIONS BY 2 OTHER DOCTORS. OVERALL ALMOST 1000 PILLS WERE
 54 FOUND. MOST WERE SOMA, DIAZEPAM, METHADONE, OXYCODONE, KLONOPIN AND ALPRAZOLAM. ALL WERE PLACED IN EVIDENCE.
 55 ALSO IN ONE UN LABELED BOTTLE IN THE TRUNK, 5 DIFFERENT TYPES OF PILLS WERE LOCATED. 2 DIFFERENT STRENGTHS XANAX,
 56 VALIUM, HYDRALAZINE AND MELOXICAM AS IDENTIFIED BY THE DRUG ID BIBLE. ALL WERE PLACED IN EVIDENCE AT VCSO DIST FIVE
 57 IN THE DEF'S PURSE AND WALLET ALONG WITH SEVERAL BOTTLES OF OXYCODONE, WAS \$1,207.00 IN CASH IN SMALL BILLS. THE
 58 MONEY WAS SEIZED AND ALSO PLACED INTO EVIDENCE.

59
 60 THE VEHICLE CHECKED TO ENTERPRISE RENTALS OUT OF DELAND AND WAS TOWED TO UNIVERAL. ENTERPRISE WAS NOTIFIED OF
 61 THE LOCATION OF THE VEHICLE.

62
 63 A CHECK OF THE DEF'S DL SHOWED IT TO BE SUSPENDED 10-5-10 FOR 1 YEAR FOR A DUI REFUSAL AND ON 10-19-10 CANCELLED
 64 FOR VIOLATION OF SS 322.08 (6). THE DEF ALSO SHOWS A PRIOR REFUSAL TO SUBMIT FOR BREATH, URINE OR BLOOD TESTING.
 65 ALSO IN CHECKING THE DEF IN NCIC SHE SHOWED TO BE ON PROBATION FOR COCAINE POSSESSION. A ON MBW ARREST FOR
 66 VIOLATION WAS COMPLETED BY DEPUTY WOEEL. SEE VCSO 10-34323.

I swear and subscribed before me, the undersigned		I swear that the above statements are correct and true		Right Thumb
This _____ day of _____, _____				
Name:		OFFICER/COMPLAINANT'S SIGNATURE		
Notary Public <input type="checkbox"/>	Law Enforcement Officer <input type="checkbox"/>	PEDK, KEITH D		Z368
Personally Known <input type="checkbox"/>	Produced Identification <input type="checkbox"/>	NAME (PRINTED)		D NUMBER
Type of Identification:				

Narrative Supplement 707-B

Arrest
 Arraignment
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) Name: PRINZ		First: GLO RIA	(Middle): MIRYOM	Agency Case Number: 100034314
CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input type="checkbox"/> MTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>		Total Charges:
	# Charge: DUI Alcohol or Drugs	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	F FORD: 316.153	Citation No.: 1421-DWV Bond: NO ME
	# Charge: Refuse to Submit to DUI Testing	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	F FORD: 316.153(1)(E)	Citation No.: 2046-GHL Bond: NO ME
	# Charge: Drive W/ Lic. Suspended/Revoked 2nd Off	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	F FORD: 322.34(2)(B)	Citation No.: 2047-GHL Bond: NO ME

67 UPON ARRIVAL AT THE VCSO DIST 5 OFFICE D-1 WAS GIVEN HER IMPLIED CONSENT AND ASKED FOR A URINE TEST. AT THIS TIME
 68 THE DEF ADVISED SHE WISHED TO REMAIN SILENT AND WANTED HER ATTORNEY. THE DEF WAS READ THE COMPLETE IMPLIED
 69 CONSENT AT THIS TIME AND STILL REFUSED. THE DEF WAS PROCESSED AT DIST. 5 AND LATER TRANSPORTED TO THE VC BJ.
 70
 71

I swear and subscribed before me, the undersigned this _____ day of _____, _____ Name: _____		I swear that the above statement is correct and true		Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> (Type of Identification)		OFFICER/COMPLAINANT'S SIGNATURE PEDK, KEITH D Z368 NAME (PRINTED) ID NUMBER		

Witness/Victim/Evidence Form 707-A

Arrest
 Admitted
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 4 of 2

Undersent (Last) Name: PRINZ	(First) GLORIA	(Middle) MIRYOM	Agency Case Number 100034314
Name (Last) DEPUTY HURST	(First)	(Middle)	Agency Case Number
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	
Name (Last) (First) (Middle)	Age	DOB	SSN
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	
Name (Last) (First) (Middle)	Age	DOB	SSN
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	
Name (Last) (First) (Middle)	Age	DOB	SSN
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	
Name (Last) (First) (Middle)	Age	DOB	SSN
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	
Name (Last) (First) (Middle)	Age	DOB	SSN
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	
Name (Last) (First) (Middle)	Age	DOB	SSN
Address (R, Street, City, State)	Age	DOB	SSN
Relative Contact Name	Relative Contact Address	Phone	

EVIDENCE COLLECTED

Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
NUMEROUS BOTTLES OF PILLS AND LOOSE P	11-03-2010		
Giver Name (Last) (First) (Address)	(Phone)	Value	
SEE VCSO EVIDENCE REPORT			
Giver Name (Last) (First) (Address)	(Phone)	Value	
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount
Description of Evidence	Date Received	Model Serial ID, Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

PECK, KETH D
 Investigating Officer

2358
 ID Number

VCSO
 Agency