

VOLUSIA COUNTY SHERIFF'S OFFICE


INCIDENT REPORT

Page 1 of 3

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency ORI Number FL0640000		Zone # 35		Telephone Handled Call? (T.H.C.)		1. Yes 2. No															
Reported: Day Friday		Date 04-16-2010		Time (mil.) 1727		Time Dispatched (mil.) 1830		Time Arrived (mil.) 1853		Time Completed (mil.) 1924		Nature of Call (Report Type) 13A Suspicious Incident													
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Friday		Date 04-16-2010		Time (mil.) 1700		TO Friday 04-16-2010 1725		Occurred During: D - Day N - Night											
Offense #1		Type		Statute Violation Number		Description		A - Attempted C - Committed																	
Offense #2		Type		Statute Violation Number		Description		A - Attempted C - Committed																	
Incident Location (Street and Number)																									
Business name / Area Identifier				# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No		Alcohol Related 0. N/A 1. Yes 2. No		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		05. Convenience Store		09. Supermarket		13. Bank/Financial Inst.		17. Gov't/Public Bldg.		21. Airport											
01		02. Apartment/Condo		06. Gas Station		10. Dept/Discount Store		14. Commercial/Office Bldg.		18. School/University		22. Bus/Rail Terminal		25. Parking Lot/Garage											
		03. Residence/Other		07. Liquor Sales		11. Specialty Store		15. Industrial/Mfg.		19. Jail/Prison		23. Construction Site		27. Park/Woodlands/Field											
		04. Hotel/Motel		08. Bar/Nightclub		12. Drug Store/Hospital		16. Storage		20. Religious Bldg.		24. Other Structure		28. Lake/Waterway											
V/W Code		Victim/Subject Type		Address/Phone Type		Race		Sex		Residence Type		Residence Status													
V-Victim		0. N/A		B. Business/Work		W-White		M-Male		0. N/A		0. N/A													
W-Witness		1. Juvenile		C. Cell		O-Oriental/Asian		F-Female		1. City		1. Full Year													
R-Reporting Person		2. L.E. Officer		H. Home		I-American Indian		U-Unknown		2. County		2. Par. Year													
		3. Adult										3. Non-Resident													
Means of Attack		Extent of Injury		Domestic Violence		Victim Relationship to Offender																			
F-Firearm		00. N/A		1. Yes		S-Spouse																			
K-Knife/Cutting Inst.		01. Gunshot		2. No		P-Parent																			
		02. Stabbed				C-Child																			
		03. Laceration				H-Co-Habitant																			
		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																							
Offense Indicator 1. #1 2. #2		V/W Code R		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) JAMI		(Middle) C											
Business/School/Other Address (Street, Apt. Number)														Address Type B		Business/School/Other Phone		Phone Type							
Other Contact Info (Time Available, Interpreter, etc.)														Synopsis of Involvement WIFE OF O1											
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 12-06-1974		Age 35		Ethnicity U		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship			
Offense Indicator 1. #1 2. #2		V/W Code O		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle) R											
Business/School/Other Address (Street, Apt. Number)														City DAYTONA BEACH		State FL		Zip 32124		Address Type B		Business/School/Other Phone		Phone Type	
Other Contact Info (Time Available, Interpreter, etc.)														Synopsis of Involvement HUSBAND OF R1											
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-06-1971		Age 38		Ethnicity U		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship			
Offense Indicator 1. #1 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					
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Business/School/Other Address (Street, Apt. Number)														City		State		Zip		Address Type		Business/School/Other Phone		Phone Type	
Other																									

INCIDENT REPORT (CON)

Page 2 of 3 Pages

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity	
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name		Place of Birth - City	County	State	Employer/Other/School	Occupation		
	Last Known Address (Street, Apt. Number)		City	State	Zip	Address Type	Phone	Phon	
	Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Phone	Phon	
	Driver's License State/Number		Social Security Number		Other ID Number		ID Type		
	Clothing (Describe)		Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)				
	Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses	
	If Subject:	Demeanor	Mask	Weapon Type	If Arrested:		Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact	Date of Emancipation	Caution	Caution Reason	Personal Habits (Drugs / Alcohol)				
May Be With:	Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No 8. Unknown	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No			
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.									
SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity	
	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 On Wednesday, 04/21/10, Deputy Shirah contacted Jami Giraldo (R1) in reference to an incident she reported on 04/16/10. Giraldo met with Deputy Shirah at the VCISO District three office and completed a sworn VCISO written statement regarding medications she found while cleaning her residence.								
	2								
	3								
	4								
	5 Giraldo stated she was cleaning the house and located some medications that seemed unusual to have in the residence. Giraldo's husband, Kenneth Giraldo (O1) is a firefighter/paramedic for VCFR. J. Giraldo said he sometimes brings supplies and such home in a brown paper bag to take to Daytona State College (DSC) for their paramedic training program. J. Giraldo did not believe these particular medications were normal for him to bring home. In the garage refrigerator, J. Giraldo found a pre-filled syringe labeled morphine sulfate, a vial labeled morphine sulfate, and three ampoules labeled epinephrine. Inside the kitchen drawer, J. Giraldo found four or five vials labeled generic benedryl (diphenhydramine) and three or four vials labeled solumedrol.								
	6								
	7								
	8								
	9								
	10								
ADMINISTRATIVE	Final Case Status: 5	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	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date:	By:	
	Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____						
	Officer Reporting - Printed Shirah, Steven		Officer Reporting - Signature 			ID. Number 7116	Unit 1C33	Date 04-21-2010	
	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date	

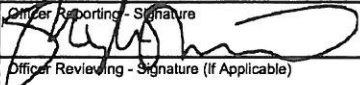
REFERENCE A

NARRATIVE / SUPPLEMENT

Page 3 of 3 F

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original 2. Supplement
04-16-2010	1727		13A	100012122	

11 On 04/16/10, Deputy Shirah contacted K. Giraldo by telephone about the medication vials. K. Giraldo responded to the scene while on duty i
 12 fire engine. K. Giraldo stated he gets expired medications as well as vials filled with saline solution to take to DSC for their paramedic training
 13 program. K. Giraldo said all medications are logged in and out for each operator on the fire engine and showed Deputy Shirah current logs fo
 14 supplies. K. Giraldo affirmed that all the vials contained inside the bag were either expired or filled with saline solution.
 15
 16 Deputy Shirah examined the medications inside the bag and saw a syringe pen labeled morphine sulfate that was leaking liquid, a non-expirec
 17 labeled morphine sulfate that had a pinhole in the cap (appeared already used), several vials labeled diphenhydramine, and several vials label
 18 solumedrol. Deputy Shirah observed the vials were either expired or had broken seals / pinholes in the caps.
 19
 20 J. Giraldo and K. Giraldo are in the process of divorce and do not currently reside together. K. Giraldo stated these medications along with a
 21 brown paper bag of supplies in the garage have been in the residence for awhile. K. Giraldo has been unable to retrieve these items because he
 22 does not go to his residence very often for fear of an incident with J. Giraldo.
 23
 24 The medications in the bag seemed to be consistent with K. Giraldo's statement and the bag was given to K. Giraldo. The brown paper bag was
 25 left inside the garage.
 26
 27 Deputy Shirah did not contact a VCFR supervisor concerning this incident.
 28
 29 Case closed.

Final Case Status: 5	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe:
Officer Reporting - Printed Shirah, Steven	Officer Reporting - Signature 	ID. Number 7116
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	Unit 1C33
		Date 04-21-2010

REFERENCE A

VOLUSIA COUNTY SHERIFF'S OFFICE
STATEMENT



10 12122
INCIDENT NUMBER
Page 1 of 1 Pages

REFERENCE A

INCIDENT TYPE <u>SUSPICIOUS INCIDENT</u>		NAME OF PERSON SIGNING <u>Jami C. Giraldo</u>	
ADDRESS 			
AGE <u>35</u>	BIRTH DATE <u>12/06/1974</u>	HOME PHONE 	EMPLOYED AT/SCHOOL ATTENDS
STATEMENT TAKEN AT <u>Dunbar 3 (CSO)</u>		DATE <u>4/21/10</u>	TIME <u>1915</u>
		READ RIGHTS () YES () NO X <u> </u> (INITIALS)	

I, Jami C. Giraldo, do hereby, freely and voluntarily, make the following statement:

While cleaning the residence I am moving out of while in the process of a divorce, at , I found several vials of medications. I found one (1) pre-filled syringe (that my 2 year old son found in the refrigerator in the garage and dropped), 1 vial of morphine sulfate. The prefilled syringe was morphine sulfate also. I also found three (3) ampules of epinephrine in the garage fridge also. In the kitchen I found 4 or 5 vials of benedryl (generic) and 3 or 4 vials of solumedrol. I was concerned when my son found the pre-filled syringe and I am unable to ask my husband Kenneth R. Giraldo Jr if they belong to him or how they got into the house. We are not speaking and are in the process of divorce.

I SWEAR AND AFFIRM THE ABOVE STATEMENTS
ARE TRUE AND CORRECT.

Jami C. Giraldo
SIGNATURE

PS-0080-0297

SWORN TO AND SUBSCRIBED BEFORE ME THIS
21 DAY OF APRIL, 2010

[Signature]
NOTARY PUBLIC/LAW ENFORCEMENT OFFICER

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Confidential:

Page 1 of 2 Page

Report Date 04-27-2010	Report Time 1800	Orig. Reported Date 04-16-2010	Nature of Call (for Incident) 13A	Agency Report Number 100012122	1. Original 2. Supplement 2
---------------------------	---------------------	-----------------------------------	--------------------------------------	-----------------------------------	-----------------------------------

1 ON THE ABOVE DATE AND TIME SGT SHANK RESPONDED TO
2 FINDING ADDITIONAL MEDICAL EQUIPMENT AND MEDICATIONS IN HER RESIDENCE. UPON ARRIVAL SGT. SHANK CONTACTED
3 GIRLARDO (R1) AND CAPT. R. RAWLINS OF V.C.F.S. GIRLARDO (R1) ADVISED THAT WHILE SHE WAS LOADING BOXES INTO HER CAR
4 SHE LOCATED A BOX THAT CONTAINED MISC. MEDICAL EQUIPMENT AND MEDICATIONS (SEE ITEMIZED LIST BELOW.) GIRLARDO
5 (R1) ADVISED THAT THE ITEMS WERE NOT HERS AND SHE BELIEVED THAT THEY POSSIBLY BELONGED TO HER HUSBAND
6 GIRLARDO (O1) WHO WOULD HAVE ACCESS TO THE ITEMS AS A RESULT OF HIS EMPLOYMENT WITH V.C.F.S.
7
8 GIRLARDO (R1) COMPLETED A SWORN STATEMENT ADVISING HOW SHE CAME IN CONTACT WITH THE ITEMS
9
10 IN THE PRESENCE OF GIRLARDO (R1) SGT SHANK AND CAPT RAWLINS INVENTORIED THE CONTENTS OF THE BOX THE CONTENTS
11 ARE AS FOLLOWS:
12
13 1. 1 ML VIAL OF 10 MG MORPHINE LOT# 036104 EXP. 3/2008
14 2. QTY 3 - 2 ML VIALS OF 125 MG SOLUMEDROL LOT# OAPWH EXP. 01/2011, LOT # OADD7 EXP. 5/2010, LOT# OATXP EXP. 6/2011
15 3. QTY 2 - 2ML SYRINGES OF 6MG ADENOCARD LOT# 56-400-EV EXP. 02-01-2010
16 4. QTY 2 - 5ML BOXES OF 2% LIDOCAINE HCl LOT # 61-128-DK EXP 01-01-2010, AND LOT# DE014E7 EXP 04-2009
17 5. QTY 5 - 10ML SYRINGES CONTAINING .9% SODIUM CHLORIDE INJECTIONS LOT# 66-022-9D EXP. 06-01-2010 AND LOT # 73-047-9D
18 EXP. 01-01-2011
19 6. QTY 2 - BOXES CONTAINING 1ML DIPHENHYDRAMINE HYDROCHLORIDE INJECTIONS 50MG LOT# BE032G7 EXP 06-2010
20 7. QTY 2 - 1ML VIALS OF EPINEPHRINE 1MG LOT# 58085DD EXP. 10-01-2009 AND LOT# 51210DD EXP 03-01-2009
21
22 (ITEMS 1-7 LISTED ABOVE WERE SIGNED OVER TO SGT. SHANK BY GIRLARDO (R1). THE ITEMS WERE THEN SUBMITTED INTO THE
23 DISTRICT 3 CID LOCKER FOR POSSIBLE ANALYSIS/PROCESSING.)
24
25 8. QTY 3 - 500 ML BAGS .9% SODIUM CHLORIDE
26 9. QTY 2 - 1000 ML BAGS .9% SODIUM CHLORIDE
27 10. QTY 2 - 20 G X 1.25 ANGIO CATHS
28 11. QTY 2 - 18 G X 1.25 PROTECT PLUS I.V.
29 12. QTY 2 - 24 G X 3/4 PROTECT PLUS I.V.
30 13. QTY 3 - 22 G X 1 PROTECT PLUS I.V.
31 14. QTY 2 - 23 G X 1 NEEDLES
32 15. QTY 2 - 27X1/2 1CC AND 3 CC SYRINGES
33 16. QTY 3 - 8 IN MICROBORE EXTENSION SET
34 17. QTY 2 - VITAL CARE I.V. DRIP SET W/ EXTENSION
35 18. QTY 4 - AMSINO I.V. DRIP SETS
36
37 (ITEMS 8-18 WERE TAKEN BY CAPT. RAWLINS FOR ANALYSIS AGAINST LOT NUMBERS USED BY V.C.F.S.)
38
39 WHILE ONSCENE SGT SHANK ASKED GIRLARDO (R1) IF SHE BELIEVED THERE WERE ANY OTHER ITEMS OF THE ABOVE NATURE IN
40 HER RESIDENCE AND SHE ADVISED SHE DID NOT THINK SO. SGT SHANK WAS GIVEN PERMISSION BY GIRLARDO (R1) TO CHECK
41 HER ATTIC FOR ADDITIONAL ITEMS AND UPON DOING SO SGT SHANK LOCATED AN EMPTY V.C.F.S. SERVICES BAG AND A BAG
42 CONTAINING BUNKER GEAR. CAPT. RAWLINS WAS MADE AWARE OF THESE ITEMS. THE BUNKER GEAR AND BAG WERE NOT TAKEN
43 AND WERE LEFT IN THE ATTIC.
44
45 WHILE ONSCENE GIRLARDO (R1) PROVIDED CAPT. RAWLINS WITH SOME ITEMS THAT WERE PART OF HOSPICE CARE PACK THAT
46 HAD BELONGED TO A DECEASED FAMILY MEMBER. CAPT. RAWLINS ADVISED THAT HE WOULD PROPERLY DISPOSE OF THESE
47 ITEMS.
48
49 NO FURTHER ACTION WAS TAKEN BY SGT. SHANK IN REFERENCE TO THIS CASE.
50

CONTINUATION
NAT

ACTIVE	Final Case Status: 5	Final Case Status Codes: 1. Arrest/Adul 2. Arrest/Juv 3. Exceptional/Adul 4. Exceptional/Juv 5. Closed 6. Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Tried <input type="checkbox"/> SA Refers
	<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.Y. BOLD Date: By:
ADMIN	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 717 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow/Sheet <input type="checkbox"/> Other Describe:
	Officer Reporting - Printed Shank, Anthony	Officer Reporting - Signature	ID Number 1434
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID Number Unit Date 04-27-2010

REFERENCE 1

OLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

Page 2 of 2 Pa

REFERENCE J

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)			Agency Report Number			1. Original		
	04-27-2010	1600	04-16-2010	13A Suspicious Incident			100012122			2. Supplement		
CODES	V/W Code	N-Next of Kin	Victim/Subject Type		Address/Phone Type		Race		Sex		Residence Type	
	V-Victim	N-Next of Kin	0. N/A		B. Business/Work		N-WA		M-Male		0. N/A	
VICTIM/WITNESS	W-Witness	O-Other	1. Juvenile		C. Cell		W-White		F-Female		1. City	
	R-Reporting Person		2. L.E. Officer		H. Home		O-Oriental/Asian		U-Unknown		2. County	
VICTIM/WITNESS	Means of Attack		Extent of Injury		Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		Domestic Violence		Victim Relationship to Offender	
	F-Firearm		00. N/A		03. Laceration		RAWLINS		1. Yes		B-Spouse	
VICTIM/WITNESS	O-Other Dangerous		01. Gunshot		04. Unconscious		ROY		2. No		B-Sibling	
	H-Hands, Feet, Etc.		02. Stabbed		05. Poss. Broken Bones						B-Parent	
VICTIM/WITNESS	K-Knife/Cutting Inst.		06. Poss. Internal Injury		07. Loss of Teeth						C-Child	
			08. Abrasions/Bruises		08. Burns						H-Co-Habitant	
VICTIM/WITNESS	Offense Indicator		V/W Code		V. Type		Name (Last/Business)		Address Type		Other Phone	
	1. #1		O		9							
VICTIM/WITNESS	3. Both											
	2. #2											
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone		Phone Type	
	380 A NORTH DELAWARE AVE		DELAND		FL		32720					
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone	
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		Res. Type		Res. Status		Means of Attack		Extent of Injury	
	VOLUSIA COUNTY FIRE SERVICES		CAPTAIN V.C.F.S.									
VICTIM/WITNESS	Race		Sex		Date of Birth		Age		Ethnicity		Relationship	
VICTIM/WITNESS	Offense Indicator		V/W Code		V. Type		Name (Last/Business)		Address Type		Other Phone	
	1. #1											
VICTIM/WITNESS	3. Both											
	2. #2											
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone		Phone Type	
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone	
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		Res. Type		Res. Status		Means of Attack		Extent of Injury	
VICTIM/WITNESS	Race		Sex		Date of Birth		Age		Ethnicity		Relationship	
VICTIM/WITNESS	Offense Indicator		V/W Code		V. Type		Name (Last/Business)		Address Type		Other Phone	
	1. #1											
VICTIM/WITNESS	3. Both											
	2. #2											
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone		Phone Type	
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone	
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		Res. Type		Res. Status		Means of Attack		Extent of Injury	
VICTIM/WITNESS	Race		Sex		Date of Birth		Age		Ethnicity		Relationship	
VICTIM/WITNESS	Offense Indicator		Subject Code		Code #		Subj. Type		Name (Last)		Race	
	1. #1		B-Suspect									
VICTIM/WITNESS	3. Both		V-Victim									
	2. #2		D-Defendant									
VICTIM/WITNESS	Date of Birth		Age		To Age		Height		Weight		Eye Color	
VICTIM/WITNESS	Hair Color		Maiden Name		Place of Birth - City		County		State		Employer / School	
VICTIM/WITNESS	Nickname / Street Name		Last Known Address (Street, Apt. Number)		City		State		Zip		Address Type	
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Phone	
VICTIM/WITNESS	Driver's License State/Number		Social Security Number		Other ID Number		ID Type		Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)	
VICTIM/WITNESS	Clothing (Describe)		Hair Length / Style		Skin Color		Build		Facial Features		Speech / Voice	
VICTIM/WITNESS	Deformity		Glasses		Weapon Type		Subject Was Already in Custody?		Warrant From:		Personal Habits (Drugs / Alcohol)	
VICTIM/WITNESS	Date of Last Contact		Date of Emancipation		Caution		Caution Reason		Physical Condition:		Mental Condition:	
VICTIM/WITNESS	May Be With:		Doctor Name:		Dental Name:		Incident Type		Foul Play Suspected?		Missing Before?	
VICTIM/WITNESS	1. Runaway		6. Disaster		1. Yes		1. Yes		1. Yes		1. Yes	
	2. Parents		7. Voluntary		2. No		2. No		2. No		2. No	
VICTIM/WITNESS	3. Involuntary		8. Unknown		3. Unknown		3. Unknown		3. Unknown		3. Unknown	
	4. Disabled											
VICTIM/WITNESS	5. Endangered											
VICTIM/WITNESS	Fingerprints Available?		Photo Available?		Dental Record Available?		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			
	Shank, Anthony				1434				04-27-2010			
ADMIN.	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number		Unit		Date			

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

Page 2 of 2 Pages

REFERENCE J

Report Date		Report Time		Orig. Reported Date		Nature of Call (for Incident)		Agency Report Number		1. Original		2. Supplement	
04/27/10		1500				SUSPICIOUS INCIDENT		10/12/22				2	
Type Theft		Type Theft Codes		02. Robbery		04. Pocket Picking		08. From Public Access Bldg.		11. By Computer		13. Bicycle	
00. N/A		01. Burglary		03. Shoplifting		05. Purse Snatching		07. From Coin Oper. Machine		12. Fraud		14. Motor Vehicle Parts	
Person Code		Person Involvement Code:		Status Code:		5. Lost		8. Found		12. Stolen and Recovered		16. Vehicle Inventory Prop.	
V - Victim		N - Next of Kin		1. Finder		5. Recovered		9. Found / Contraband		13. Disposal		17. Baker Act	
S - Suspect		O - Other		2. Damaged Prop.		7. Recovered (Outside Agency Recovered)		10. Prisoner's Per. Prop.		14. Prop. of Deceased		18. Seized / Confiscated	
D - Defendant		R - Reporting Party		3. Suspect				11. Stolen		15. Return to Owner		19. Abandoned	
W - Witness				4. Other									
Category Code:		E. Equipment / Measuring Devices / Tools		I. Items of Identification		M. Musical Instrument		R. Radio / TV / Sound Devices		V. Viewing Equip (Binoculars)			
8. Bicycle		F. Furniture and Furnishings		J. Special Docs. / Food Stamps / Tickets		O. Office Equipment		S. Sports / Camping / Rec. Equip.		W. Well-drilling Equipment			
C. Camera/Photo Equipment		G. Games and Gambling Apparatus		K. Keepsakes and Collectables		P. Personal Accessories		T. Toxic Chemicals		Y. All Other Items and Equipment (Guns, Drugs, Currency, Etc.)			
D. Data Processing Equipment		H. Household Appliances / Housewares		L. Livestock									
Activity		D. Deliver		Z. Other		Type		U. Unknown		Unit			
P. Possess		E. Use				A. Amphetamines		Z. Other		1. Gram		6. Ton	
S. Sell		K. Dispense/Distribute				B. Barbiturates				2. Milligram		7. Liter	
B. Buy		M. Manufacture/Produce/Cultivate				C. Cocaine				3. Kilogram		8. Milliliter	
T. Traffic						E. Heroin				4. Duncas		9. Dose Unit/Term	
R. Smuggle						H. Hallucinogen				5. Pound		99. Other	
Serial Number		Person Code #		Pers. Inv.		Item #		Status		Category		Article	
		R1		1		5		1		20X		-	
												Sodium chloride (5 syringes)	
Value Recovered		Date Recovered		Forfeiture (Y/N)		F.W.T.C. (Y/N)		Value					
\$		04/27/10		N		N		\$					
Qty.		Brand		Model		Jewelry Type		Activity		Type		Quantity	
								Z		Z		5	
Make		Model		Caliber		Type / Cat		Action		Finish		Barrel Length	
Serial Number		Person Code #		Pers. Inv.		Item #		Status		Category		Article	
		R1		1		6		1		20X		-	
												Diphenhydramine (2 boxes)	
Value Recovered		Date Recovered		Forfeiture (Y/N)		F.W.T.C. (Y/N)		Value					
\$		04/27/10		N		N		\$					
Qty.		Brand		Model		Jewelry Type		Activity		Type		Quantity	
								Z		Z		1	
Make		Model		Caliber		Type / Cat		Action		Finish		Barrel Length	
Serial Number		Person Code #		Pers. Inv.		Item #		Status		Category		Article	
		R1		1		7		1		20X		-	
												Vials of Epinephrine	
Value Recovered		Date Recovered		Forfeiture (Y/N)		F.W.T.C. (Y/N)		Value					
\$		04/27/10		N		N		\$					
Qty.		Brand		Model		Jewelry Type		Activity		Type		Quantity	
								Z		Z		2	
Make		Model		Caliber		Type / Cat		Action		Finish		Barrel Length	
Serial Number		Person Code #		Pers. Inv.		Item #		Status		Category		Article	
Value Recovered		Date Recovered		Forfeiture (Y/N)		F.W.T.C. (Y/N)		Value					
\$								\$					
Qty.		Brand		Model		Jewelry Type		Activity		Type		Quantity	
Make		Model		Caliber		Type / Cat		Action		Finish		Barrel Length	
Serial Number		Person Code #		Pers. Inv.		Item #		Status		Category		Article	
Value Recovered		Date Recovered		Forfeiture (Y/N)		F.W.T.C. (Y/N)		Value					
\$								\$					
Qty.		Brand		Model		Jewelry Type		Activity		Type		Quantity	
Make		Model		Caliber		Type / Cat		Action		Finish		Barrel Length	
Item #		Date:		Time:		Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
5-7		04/27/10		1630		K JAMIC GIRLANDO		K JAMIC GIRLANDO		Sgt A. Shank			
Reason for Change:													
5-7		04/27/10		1830		Sgt A. Shank				D3 CID CORA			
Reason for Change:													
5-7		4-28-10		1100		D3 CID CORA				DRIV. R. FORTIN			
Reason for Change:													
5-7		4-28-10		1130		R. FORTIN				D3 EVIDENCE			
Reason for Change:													
Item #		Date:		Time:		Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
Reason for Change:													
Item #		Date:		Time:		Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
Reason for Change:													
Reporting - Printed		Officer Reporting - Signature		ID Number		Unit		Date					
Sgt Anthony Shank		Sgt A. Shank		1431		1030		04/27/10					
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID Number		Unit		Date					

VOLUSIA COUNTY SHERIFF'S OFFICE
NARRATIVE / SUPPLEMENT

Page 1 of 1 Pages

REFERENCE L

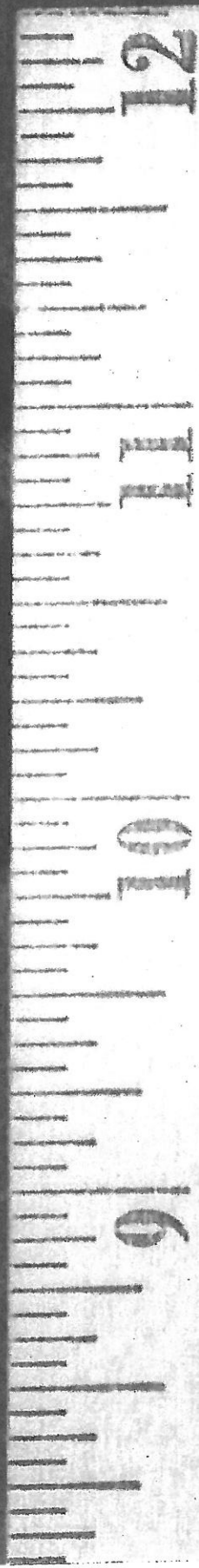
Report Date 04-28-2010	Report Time 1200	Orig. Reported Date 04-16-2010	Nature of Call (per Incident) 13A Suspicious Incident	Agency Report Number 100012122	1. Original 2. Supplement
----------------------------------	----------------------------	--	---	--	------------------------------

On Tuesday April 27, 2010, Sgt. Shank responded to in reference to a suspicious incident. Sgt. Shank recovered numerous vials of drugs from the residence to include a vial labeled as Morphine. Sgt. Shank submitted the drugs to the D3 CID locker for safekeeping and field testing.

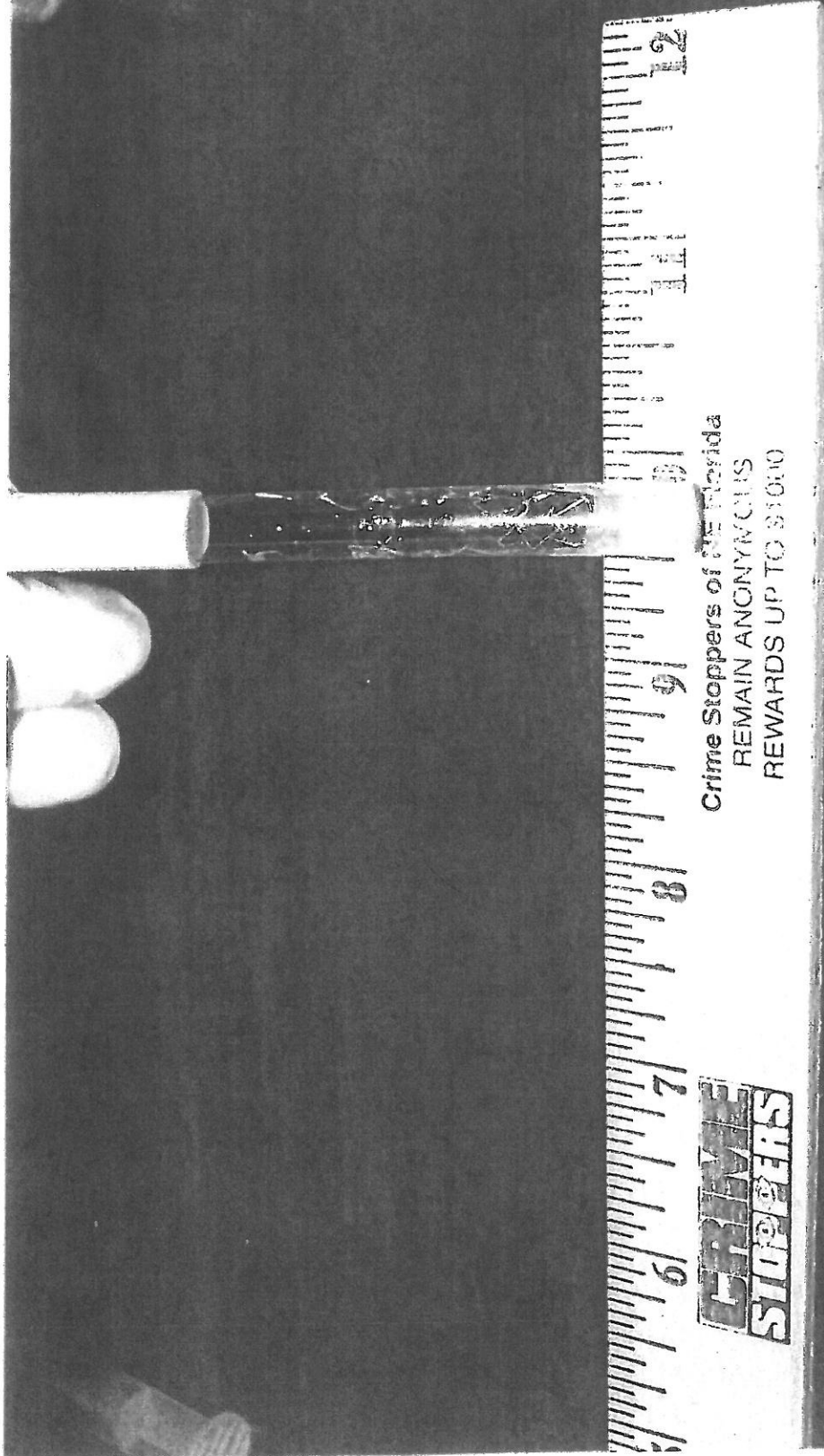
On Wednesday April 28, 2010, Capt. White had the above mentioned drugs retrieved from the CID locker by Inv. R. Fortin. Capt. White broke the seal on a 1ml vial labeled Morphine. Capt. White then drew up 0.1 cc of the clear liquid from the vial into an unused/sealed 1cc/ml syringe. The clear liquid was then put into a "NARK #3 HEROIN-MORPHINE TEST" tubette. The clear liquid tested positive presumptive as Morphine. All of the drugs and test kit were photographed by Inv. Fortin and submitted into the D3 evidence locker for safekeeping.

NARRATIVE / CONTINUATION

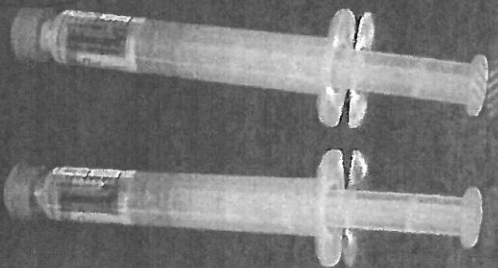
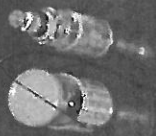
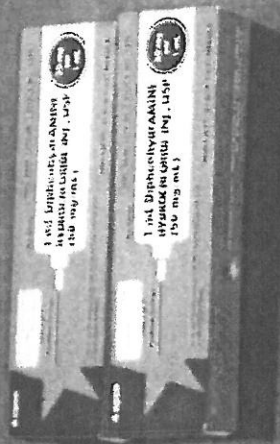
Final Case Status: <input checked="" type="checkbox"/> S	Final Case Status Codes: 1. Arrest / Adult 2. Arrest / Juv. 3. Exceptional / Adult 4. Exceptional / Juv. 5. Closed 6. Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Titled <input type="checkbox"/> SA Referral
DCF Hotline <input checked="" type="checkbox"/> CAC	Date: _____ Time: _____	PCIC / NCIC Entry <input type="checkbox"/> T.T. BOLD <input type="checkbox"/> PCIC / NCIC Cancel Date: _____ By: _____
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 Capt. D.J. White	Officer Reporting - Signature <i>Capt. D.J. White</i>	ID. Number 2227 Unit 130 Date 04/28/2010
Officer Reviewing - Printed (if Applicable)	Officer Reviewing - Signature (if Applicable)	ID. Number Unit Date



Crime Stoppers of NE Florida
REMAIN ANONYMOUS
REWARDS UP TO \$1000



REFERENCE L



VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Page 1 of 3 Pages

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency ORI Number FL0640000		Zone # 35		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2															
Reported: Day Wednesday		Date 03-03-2010		Time (mil.) 0919		Time Dispatched (mil.) 0934		Time Arrived (mil.) 0934		Time Completed (mil.) 1000		Nature of Call (Report Type) 22B Family Disturbance											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Wednesday		Date 03-03-2010		Time (mil.) 0900		TO Day Date Time (mil.) Occurred During: D - Day U - Unknown N - Night											
Offense #1 9		Type 77777777		Statute Violation Number		Description Death/Missing Person/All other non-crimes		A - Attempted C - Committed															
Offense #2				Statute Violation Number		Description		A - Attempted C - Committed															
Incident Location (Street And Number) _____ Zip _____																							
Business Name / Area Identifier				# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 0		Alcohol Related 0. N/A 1. Yes 2. No 0		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No									
Location Type 01		Location Type Codes 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg. 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence/Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway 99. Other																					
VW Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 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 W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident											
Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 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															
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 R 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) JAMI		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Address Type H		Business/School/Other Phone Phone Type									
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement REPORTING PARTY																			
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 12-06-1974		Age 35		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Zip 32116				Address Type H		Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OTHER																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-06-1971		Age 38		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Zip 32116				Address Type H		Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OTHER																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-06-1971		Age 38		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Zip 32116				Address Type H		Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OTHER																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-06-1971		Age 38		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Zip 32116				Address Type H		Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OTHER																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-06-1971		Age 38		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Zip 32116				Address Type H		Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OTHER																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-06-1971		Age 38		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) GIRLARDO		(First) KENNETH		(Middle)											
Business/School/Other Address (Street, Apt. Number)				City				State				Zip 32116				Address Type H		Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OTHER																			

626-6618

INCIDENT REPORT (CONT.)

Page 2 of 3 Pages

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity	
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name			
	Nickname / Street Name				Place of Birth - City			County	State	Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type		
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type		
	Driver's License State/Number				Social Security Number			Other ID Number			ID Type			
	Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)				
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses					
	If Subject:		Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody?		Warrant From:		
	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:					
	Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Dental Record Available?			
	1. Runaway				1. Yes		1. Yes		1. Yes		1. Yes			
	2. Parents				2. No		2. No		2. No		2. No			
	3. Involuntary		7. Voluntary Adult		3. Yes		3. Yes		3. Yes		3. Yes			
	4. Disabled				4. No		4. No		4. No		4. No			
	5. Endangered		8. Unknown		5. Yes		5. Yes		5. Yes		5. Yes			
					6. No		6. No		6. No		6. No			
					7. No		7. No		7. No		7. No			
					8. Unknown		8. Unknown		8. No		8. No			
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.														
SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity	
	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?		Warrant From:		
	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:					
	Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Dental Record Available?			
	1. Runaway				1. Yes		1. Yes		1. Yes		1. Yes			
	2. Parents				2. No		2. No		2. No		2. No			
	3. Involuntary		7. Voluntary Adult		3. Yes		3. Yes		3. Yes		3. Yes			
	4. Disabled				4. No		4. No		4. No		4. No			
	5. Endangered		8. Unknown		5. Yes		5. Yes		5. Yes		5. Yes			
					6. No		6. No		6. No		6. No			
					7. No		7. No		7. No		7. No			
					8. Unknown		8. Unknown		8. No		8. 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 ON 03/03/10, DEPUTY JEFFRIES WAS DISPATCHED AND RESPONDED TO IN REFERENCE TO 2 A FAMILY DISTURBANCE. 3 4 ON ARRIVAL, DEPUTY JEFFRIES MADE CONTACT WITH GIRLARDO, JAMI (R1) WHO STATED SHE AND HER HUSBAND, GIRLARDO, 5 KENNETH HAVE BEEN ARGUING AND ARE HAVING MARITAL ISSUES. MRS. GIRLARDO STATED MR. GIRLARDO HAS BEEN HAVING 6 PROBLEMS CONTROLLING HIS ANGER AND BECOMES ENRAGED OVER FAMILY ISSUES. MRS. GIRLARDO STATED MR. GIRLARDO 7 HAS NOT HARMED HER ON THIS DATE, HOWEVER, SHE DID NOT WANT ANYTHING TO HAPPEN AND WANTED TO CONTACT THE 8 SHERIFF'S OFFICE. MRS. GIRLARDO STATED MR. GIRLARDO WORKS PART TIME AT A GUN STORE AND OWNS SEVERAL FIREARMS. 9 MRS. GIRLARDO STATED SHE BELIEVES MR. GIRLARDO IS SUFFERING FROM SOME TYPE OF PSYCHOLOGICAL ISSUES AND SHE IS 10 AFRAID HE MAY HARM HER WITH A FIREARM. MRS. GIRLARDO STATED SHE WILL ATTEMPT TO OBTAIN AN INJUNCTION AGAINST													
	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"/> Trial		<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:		By:	
	<input type="checkbox"/> CAC		Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel									
	Connecting Report Number		Agency		Additional Forms Attached:		<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____							
	Officer Reporting - Printed				Officer Reporting - Signature				ID. Number		Unit		Date	
	Jeffries, Chaz								7273		1833		03-03-2010	
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date	

NARRATIVE / SUPPLEMENT

Page 3 of 3 Pages

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	03-03-2010	0919		22B	100006521		1

11 MR. GIRLARDO.
 12
 13 AFTER SPEAKING WITH MRS. GIRLARDO, DEPUTY JEFFRIES MADE CONTACT WITH MR. GIRLARDO.
 14
 15 MR. GIRLARDO STATED HE AND MRS. GIRLARDO ARE HAVING MARITAL PROBLEMS AND SHE IS TRYING TO GET HIM FIRED FROM
 16 HIS JOB. MR. GIRLARDO STATED HE WORKS IN A GUN STORE AND HAS SEVERAL FIREARMS. MR. GIRLARDO STATED MRS.
 17 GIRLARDO HAS HER OWN GUN AND HE IS NOT SURE WHY SHE IS SO CONCERNED THAT HE HAS FIREARMS. MR. GIRLARDO
 18 STATED HE AND MRS. GIRLARDO WERE NOT IN ANY PHYSICAL ALTERCATION AND THAT HE JUST WANTED TO LEAVE THE
 19 RESIDENCE. MR. GIRLARDO STATED MRS. GIRLARDO CONTINUES TO THREATEN HIM THAT SHE WILL GET HIM FIRED FROM HIS JOB
 20 AND TELL THE POLICE THAT HE THREATENS HER WITH HIS FIREARMS.
 21
 22 WHILE ON SCENE, DEPUTY JEFFRIES DID NOT OBSERVE ANY INDICATION OF VIOLENCE FROM EITHER PARTY. DEPUTY JEFFRIES
 23 PROVIDED MRS. GIRLARDO WITH A DOMESTIC VIOLENCE RIGHTS AND REMEDIES PAMPHLET ON HOW TO OBTAIN AN INJUNCTION
 24 FOR PROTECTION.
 25
 26 MR. GIRLARDO LEFT THE RESIDENCE WITHOUT INCIDENT.
 27
 28 NO FURTHER ACTION WAS TAKEN.
 29
 30 CASE STATUS: CLOSED.

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"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:	Date:	Time:	By:
	Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO
	Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
	Jeffries, Chaz		7273	1833	03-03-2010
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date