



Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

January 5, 2014

Re: Active Shooter

Location: 300 block N. Clyde Morris Blvd.

Date of Incident: January 5, 2014

Time: 0352

Police Report Number: 20140000209

UPDATE: The suspect has been identified as Jonathan G. Rodriguez-Jeff
Date of Birth: 12-10-1993, his last known address is listed in Deltona.

Units responded to the area in regards to shots being fired at a moving car traveling northbound on Clyde Morris.

Shortly thereafter another call was received about shots being fired inside of Halifax Hospital.

The investigation revealed that the suspect (unidentified male) shot the glass door entrance to the Professional Building located at Halifax Hospital, once inside the suspect made his way to the second floor of the Hospital and confronted a nurse and patient inside a room. The suspect asked them "do you guys want to die tonight". At some point, two nurses were struck with the butt of the suspect's shotgun.

The suspect exited the first room and entered a second room where he confronted another nurse and patient. Shortly thereafter while in the room the suspect committed suicide by shooting himself in the head.

No patients were hurt and the nurses suffered minor injuries after being hit with the shotgun.

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.



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During the incident the hospital was able to lock down the emergency room and other entrances to the Hospital.

An unknown number of cars were struck by shotgun blast inside the parking lot of the hospital.

The driver of the car in the initial call was not injured (Terry Maxton of Palm Coast). The blast struck the metal frame located near passenger side front windshield.

The suspect is possibly a Hispanic male.

No other information is available.

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DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Agency Report Number 140000209
Agency ORI Number FL0640100
Zone # DB46
Telephone Handled 1. Yes 2. No 2

Reported: Day Sunday Date 01-05-2014 Time (mil.) 0352 Time Dispatched (mil.) 0353 Time Arrived (mil.) 0354 Time Completed (mil.)
Nature of Call (Report Type) 7 Dead Person

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other
Incident: Day From Sunday Date 01-05-2014 Time (mil.) 0352 TO Day Date Time (mil.) Occurred During: D - Day U - Unknown N - Night N

Offense #1 Type 9 Statute Violation Number 77777777 Description DEATH INVESTIGATION
Offense #2 Statute Violation Number Description A - Attempted C - Committed C

Incident Location (Street, Apt. Number) 303 N. CLYDE MORRIS BLVD City DAYTONA BEACH Zip 32114

Business Name / Area Identifier HALIFAX HOSPITAL # Prem. Entered 1 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 1 Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned Arson-Attempted 1. Yes 2. No 2

Location Type 12 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

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other Address/Phone Type B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian Sex M-Male F-Female U-Unknown Residence Type 0. NA 1. City 2. County 3. Florida 4. Out-of-State 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other 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 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 P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant Z-Other

Offense Indicator 1. #1 3. Both 2. #2 1 0 1 3 V. Type Nature of Call (for Victim, if different from Incident) Name (Last/Business) (First) (Middle) SUGERMAN RYAN D

Address (Street, Apt. Number) 121 N PINE LAKES PARKWAY City PALM COAST State FL Zip 32137 Residence Phone (386) 456-8084

Business/School/Other Address (Street, Apt. Number) 303 N CLYDE MORRIS BLVD City DAYTONA BEACH FL State FL Zip 32114 Address Type B Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement NURSE / VICTIM

If Victim Type 1, 2, or 3 Race W Sex M Date of Birth 07-19-1985 Age 28 Ethnicity N Res. Type 3 Res. Status 1 Means of Attack F Extent of Injury 00 Domestic Violence 2 Relationship

Offense Indicator 1. #1 3. Both 2. #2 1 0 2 3 V. Type Nature of Call (for Victim, if different from Incident) Name (Last/Business) (First) (Middle) HARRISON MERLITA D

Address (Street, Apt. Number) 3426 ARABESQUE DR City DELAND State FL Zip 32724 Residence Phone (386) 279-0347

Business/School/Other Address (Street, Apt. Number) 303 N CLYDE MORRIS BLVD City DAYTONA BEACH FL State FL Zip 32114 Address Type B Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement NURSE / VICTIM

If Victim Type 1, 2, or 3 Race W Sex F Date of Birth 09-16-1970 Age 43 Ethnicity N Res. Type 2 Res. Status 1 Means of Attack F Extent of Injury 00 Domestic Violence 2 Relationship

Offense Indicator 1. #1 3. Both 2. #2 1 0 3 3 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) 303 N CLYDE MORRIS BLVD City DAYTONA BEACH FL State FL Zip 32114 Address Type B Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement NURSE / VICTIM

If Victim Type 1, 2, or 3 Race W Sex F Date of Birth Date of Birth Age Ethnicity N Res. Type 2 Res. Status 1 Means of Attack F Extent of Injury 00 Domestic Violence 2 Relationship

Offense Indicator 1. #1 3. Both 2. #2 1 0 4 3 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 PATIENT / VICTIM

If Victim Type 1, 2, or 3 Race W Sex F Date of Birth Date of Birth Age Ethnicity N Res. Type 1 Res. Status 1 Means of Attack F Extent of Injury 00 Domestic Violence 2 Relationship

Offense Indicator 1. #1 3. Both 2. #2 1 0 5 3 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) 303 N CLYDE MORRIS BLVD City DAYTONA BEACH FL State FL Zip 32114 Address Type B Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement NURSE / VICTIM

If Victim Type 1, 2, or 3 Race W Sex F Date of Birth Date of Birth Age Ethnicity H Res. Type 3 Res. Status 1 Means of Attack F Extent of Injury 00 Domestic Violence 2 Relationship

INCIDENT REPORT (CONT.)

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 <u>2</u>		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.													

1 ON 01/05/2014 AT 0354 HOURS UNITS RESPONDED TO 303 N. CLYDE MORRIS BLVD, HALIFAX HOSPITAL, IN REFERENCE TO A MALE
 2 IN FRONT OF THE HOSPITAL SHOOTING AT CARS. SEVERAL UNITS RESPONDED TO THE AREA AND A PERIMETER WAS
 3 ESTABLISHED. SEVERAL SURROUNDING AGENCIES AND MEMBERS OF SWAT ALSO RESPONDED TO THE SCENE TO ASSIST. AT
 4 APPROXIMATELY 0408 HOURS WE RECEIVED A PHONE CALL STATING THAT THE SHOOTER WAS IN ROOM [REDACTED] AND THEN WE WERE
 5 TOLD HE WAS IN ROOM [REDACTED] WITH A SHOTGUN. UNITS CONVERGED ON THE HOSPITAL AND ON THE SECOND FLOOR OF THE
 6 HOSPITAL. AS UNITS WERE ON THE SECOND FLOOR A SHOT WAS HEARD COMING FROM THE AREA OF ROOM [REDACTED] UNITS
 7 CONVERGED ON THE ROOM AND FOUND THE SUSPECTED SHOOTER WITH A SELF INFLICTED GUN SHOT WOUND TO THE HEAD.
 8 OFFICER MARLETT FROM THE VOLUSIA COUNTY BEACH PATROL WAS ON SCENE AND PRONOUNCED THE SUBJECT DEAD. A CRIME
 9 SCENE LOG WAS STARTED AT THIS TIME. CID WAS NOTIFIED OF THE INCIDENT AND RESPONDED TO THE SCENE.
 10

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:
	<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel				
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date	
<u>Lewandowski, Brian</u>				<u>D05813</u>	<u>3D46</u>	<u>01-05-2014</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date	

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
	01-05-2014	0352	01-05-2014	7	140000209	1

NARRATIVE / CONTINUATION

11 MYSELF AND A HALIFAX SECURITY STAFF MEMBER TRACKED THE MALES ROUTE BY BLOOD ON THE GROUND. THE BLOOD LED US
 12 TO THE ENTRANCE OF THE HOSPITAL AT THE PROFESSIONAL BUILDING. THERE I NOTICED SEVERAL SHOTGUN SHELLS AND THE
 13 GLASS TO THE DOOR SEEMED TO HAVE BEEN SHOT OUT. IT APPEARS THAT THE MALE THEN STARTED TO WALK AROUND THE
 14 HOSPITAL. WE FOUND SEVERAL DIFFERENT LOCATIONS WITH BLOOD DROPS AS WELL AS A DOOR THAT APPEARED TO HAVE
 15 BEEN SHOT AT. WE ALSO FOUND A BOX OF SHOTGUN SHELLS BY A DOOR THAT COULD NOT BE ACCESSED UNLESS THE MALE
 16 HAD A ACCESS CARD. NONE OF THE EVIDENCE WAS TOUCHED BY MYSELF AND THE AREA WAS MARKED OFF WITH CRIME SCENE
 17 TAPE. THE CRIME SCENE UNIT WAS NOTIFIED OF THE INCIDENT AND RESPONDED TO THE SCENE. WHILE I WAS WALKING THE
 18 PARKING LOT I LOCATED TWO VEHICLE THAT HAD BEEN SHOT.
 19
 20 I THEN MADE CONTACT WITH [REDACTED], A PATIENT AT HALIFAX HOSPITAL. ACCORDING TO [REDACTED] SHE WAS
 21 SLEEPING IN ROOM [REDACTED] WHEN SHE WOKE UP TO A BLACK MAN APPROXIMATELY 25 TO 30 YEARS OF AGE HOLDING A SAWED OFF
 22 SHOT GUN TO HER NURSES HEAD. [REDACTED] THEN STATED THAT THE MALE THEN POINTED THE GUN AT HER AND STATED "DO
 23 YOU WANT TO DIE TONIGHT?" [REDACTED] THEN STATED THAT SHE RIPPED ALL THE CORDS THAT WERE HOOKED UP TO HER
 24 AND BY THE TIME SHE REACHED THE NURSE IN THE ROOM THE NURSE WAS HOLDING THE DOOR SHOOT AND SCREAMING GET
 25 YOUR PHONE. [REDACTED] COMPLETED A SWORN STATEMENT.
 26
 27 I THEN MADE CONTACT WITH [REDACTED], A HALIFAX STAFF MEMBER THAT WAS IN ROOM [REDACTED]. [REDACTED] STATED THAT SHE
 28 WAS IN THE ROOM WHEN A BLACK MALE CAME INTO THE ROOM AND POINTED A SHOTGUN AT HER. [REDACTED] WAS VERY SHOOK
 29 UP AT THIS TIME AND WAS UNABLE TO COMPLETE A STATEMENT.
 30
 31 I THEN MADE CONTACT WITH [REDACTED], A PATIENT THAT WAS IN ROOM [REDACTED] WHERE THE DECEASED WAS FOUND. I ASKED
 32 [REDACTED] IF SHE REMEMBERED ANYTHING OR KNEW WHAT WAS GOING ON AND [REDACTED] STATED THAT SHE DID NOT. THE
 33 NURSE THAT WAS NOW CARING FOR [REDACTED] STATED THAT SHE DOES NOT REMEMBER THINGS AND IS UNABLE TO
 34 UNDERSTAND WHAT IS HAPPENING DUE TO HER MEDICAL CONDITIONS. [REDACTED] WAS UNABLE TO COMPLETE A STATEMENT.
 35
 36 CONTACT WAS THEN MADE WITH [REDACTED], A HALIFAX STAFF MEMBER. [REDACTED] STATED THAT SHE WAS IN ROOM [REDACTED] WITH
 37 HER PATIENT [REDACTED] WHEN A BLACK MALE WITH A RED SHIRT CARRYING A LONG GUN ENTERED HER ROOM. [REDACTED]
 38 STATED THAT THE MALE STOOD NEAR THE ENTRANCE OF THE ROOM LOOKING AT HER FOR A WHILE THEN LEFT. [REDACTED] STATED
 39 THAT A FEW MINUTES LATER THE MALE CAME BACK INTO THE ROOM AND HELD THE GUN UP TO HER FACE AND ASKED IF SHE
 40 WANTED TO LIVE OR DIE AND IF SHE WANTED THE PATIENT TO LIVE OR DIE. [REDACTED] STATED THAT SHE WANTED TO LIVE AND THE
 41 MALE TOLD HER TO PERFORM ORAL SEX ON HIM. [REDACTED] STATED "PLEASE NO" AND THAT IS WHEN THE MALE STRUCK HER ON THE
 42 TOP OF THE HEAD. [REDACTED] THEN STATED THAT THE MALE TOLD HER TO GET ON HER KNEES AND SHE DID. [REDACTED] STATED THAT THE
 43 MALE THEN OPENED HIS PANTS AND SHE BEGAN TO TOUCH HIS PENIS. [REDACTED] STATED THAT SHE HAD A DISEASE AND HE SAID HE
 44 DID NOT CARE. [REDACTED] STATED THAT SHE THEN REACHED UP AND GRABBED THE MALES GUN AND BEGAN SHOUTING FOR HELP.
 45 [REDACTED] STATED THAT SHE GOT THE GUN AWAY FROM BEING POINTED AT HER AND SHE THEN HEARD THE GUN GO OFF. [REDACTED]
 46 LOOKED AT THE MALE AND REALIZED THAT THE MALE HAD SHOT HIMSELF AND [REDACTED] STATED THAT SHE FROZE. [REDACTED] STATED
 47 THAT IS WHEN THE UNITS ON SCENE CAME INTO THE ROOM AND TOOK HER OUT OF THE ROOM. OFFICER SELLIX COMPLETED THE
 48 STATEMENT FOR [REDACTED] DUE TO HER PRIMARY LANGUAGE BEING [REDACTED] AND SHE WAS VERY SHAKEN UP. [REDACTED] DID SIGN THE
 49 STATEMENT.
 50
 51 CONTACT WAS THEN MADE WITH MERLITA HARRISON, A HALIFAX STAFF MEMBER. MERLITA STATED THAT SHE HEARD A PATIENT'S
 52 CALL BELL, ROOM [REDACTED], GOING OFF AND HER AND RYAN DECIDED TO CHECK ON THE PATIENT. MERLITA STATED THAT WHEN SHE
 53 OPENED THE DOOR TO THE ROOM SHE SAW A BLACK MAN WITH A RED SHIRT ON AND JEANS POINTING A GUN AT THEM. MERLITA
 54 STATED THAT SHE RAN IN THE OTHER DIRECTION. MERLITA COMPLETED A SWORN STATEMENT.
 55
 56 CONTACT WAS THEN MADE CONTACT RYAN SUGERMAN, A HALIFAX STAFF MEMBER. RYAN STATED THAT HE WENT TO ROOM [REDACTED]
 57 BECAUSE THE LIGHT WA SON. RYAN STATED THAT WHEN HE OPENED THE DOOR THERE WAS A BLACK MALE WITH A RED SHIRT
 58 ON IN THE FAR RIGHT CORNER. RYAN STATED THAT THE MALE POINTED THE GUN TOWARDS HIM AND HE RAN OUT OF THE ROOM.
 59 RYAN STATED THAT HE RAN IN A DIFFERENT DIRECTION THEN MERLITA. RYAN COMPLETED A SWORN STATEMENT.
 60
 61 THE MEDICAL EXAMINERS OFFICE WAS CONTACTED AND RESPONDED TO THE SCENE AND TOOK CUSTODY OF THE BODY. PLEASE
 62 SEE OTHER OFFICERS SUPPLEMENTS FOR FURTHER INFORMATION.

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input 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 Lewandowski, Brian	Officer Reporting - Signature	ID. Number D05813	Unit 3D46	Date 01-05-2014	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

DAYTONA BEACH POLICE DEPARTMENT

ADDITIONAL PERSONS REPORT

EVNT	Report Date 01-05-2014	Report Time 0352	Orig. Reported Date 01-05-2014	Nature of Call (for Incident) 7 Dead Person				Agency Report Number 140000209		1. Original	2. Supplement	1	
CODES	V/W 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 N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	
VICTIM/WITNESS	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)		Residence Phone			
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone	Phone Type	
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement PATIENT / VICTIM								
VICTIM/WITNESS	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)		Residence Phone			
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone	Phone Type	
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement								
VICTIM/WITNESS	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)		Residence Phone			
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone				
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Other Phone	Phone Type	
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement								
VICTIM/WITNESS	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	
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		
SUBJECT / MISSING SECTION	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
SUBJECT / MISSING SECTION	Nickname / Street Name				Place of Birth - City		County	State	Employer / School		Occupation		
SUBJECT / MISSING SECTION	Last Known Address (Street, Apt. Number)		City		State		Zip		Address Type		Phone	Phone Type	
SUBJECT / MISSING SECTION	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Phone	Phone Type	
SUBJECT / MISSING SECTION	Driver's License State/Number				Social Security Number				Other ID Number		ID Type		
SUBJECT / MISSING SECTION	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)				
SUBJECT / MISSING SECTION	Hair Length / Style		Skin Color		Build	Facial Features		Speech / Voice	Deformity		Glasses		
SUBJECT / MISSING SECTION	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:		Subject Was Already in Custody?		Warrant From:			
SUBJECT / MISSING SECTION	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)					
SUBJECT / MISSING SECTION	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
SUBJECT / MISSING SECTION	Incident Type 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		
SUBJECT / MISSING SECTION	Dental Record Available? 1. Yes 2. No												
SUBJECT / MISSING SECTION	I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												
ADMIN.	Officer Reporting - Printed Lewandowski, Brian				Officer Reporting - Signature				ID. Number D05813		Unit 3D46		Date 01-05-2014
ADMIN.	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date

DAYTONA BEACH POLICE DEPARTMENT

VEHICLE / TOW REPORT

EVNT	Report Date 01-05-2014	Report Time 0352	Orig Reported Date 01-05-2014	Nature of Call (for Incident) 7	Agency Report Number 140000209	1.Original 2.Supplement 1					
CODES	Person Code V-Victim R-Reporting Party S-Suspect N-Next of Kin D-Defendant O-Other W-Witness	Veh Involvement 1. Stolen 4.Recovered (Outside Agency Stolen) 2. Recovered 5. Impounded 3. Stolen and Recovered 6. Abandoned	7. Fail Return 11.Return to Owner 15.Other 8. Seized 12.Evidence 9. Burglarized 13. Arson 10. Vandalized 14.Suspicious	Type 1. Auto 6. Trailer 2. Truck/Van 7. Boat 3. Motorcycle 8. Aircraft 4. Camper/RV 9. Other 5. Bus	Caution Code 1.Occupant(s) Armed 2.Occupant(s) Armed/ Hold for Latents 3.Hold for Latents	Method of Theft 0.N/A 4.Steering Column 1.Keys 5.Ignition 2.Tow Truck 8.Unknown 3.Hot Wire					
	Damage Cause 0.N/A 2. Criminal Mischief 1.Arson 3. During Other Offense	4. Stripped/Theft From 9. Other	Recovery Location 1. Family Residence 3. Housing Project 2. Apt. Complex 4. Commercial/ Industrial 5. Park/Playground 7.Woods 9. Other 6. Shopping Mall 8.Water	Recovery Code 1. Local/Local Stolen/Recovered 2. Local/Other 3. Other/Local							
	Veh. # 1	Veh. Involvement 15	Type 1	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)		Estimated Value \$				
VEHICLE / VESSEL	Person Code # (Owner) O 1	Name (Last/Business) WHITE	(First) HEATHER	(Middle) A	Race W	Sex F	Date of Birth 06-14-1985	Age 28			
	Address (Street, Apt. Number) 2951 E WACO DR							City DELTONA	State FL	Zip 32738	Residence Phone
	Person Code # (Operator)	Name (Last/Business)	(First)	(Middle)	Race	Sex	Date of Birth	Age			
	Vehicle	Year 2005	Make FORD	Model ESC	Style 4D	Tag Type PC					
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type		
	Tag / Reg No H586FW	Reg. State FL	Reg. Year 2014	VIN/Hull/FAA 1FMYU03105KB13627	Color (Top/Bottom) BLK BLK	Method of Theft	Damage Cause 0				
	Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____							Original Reporting Agency	Report Number		
	Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$		
	Towed By: DAYTONA WRECKER	Wrecker Driver:	Towed To: DAYTONA WRECKER SERVICE			Tow Fee Type?	Hold Y-Yes N-No Y	Reason/Authority DEATH INVESTIGATION			
	INVENTORY									18.Undercarriage	
19.Overturn											
								20.Windshield			
								21.Trailer			
VEHICLE / VESSEL	Veh. #	Veh. Involvement	Type	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)			Estimated Value \$			
	Person Code # (Owner)	Name (Last/Business)	(First)	(Middle)	Race	Sex	Date of Birth	Age			
	Address (Street, Apt. Number)							City	State	Zip	Residence Phone
	Person Code # (Operator)	Name (Last/Business)	(First)	(Middle)	Race	Sex	Date of Birth	Age			
	Vehicle	Year	Make	Model	Style	Tag Type					
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type		
	Tag / Reg No	Reg. State	Reg. Year	VIN/Hull/FAA	Color (Top/Bottom)	Method of Theft	Damage Cause				
	Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____							Original Reporting Agency	Report Number		
	Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$		
	Towed By:	Wrecker Driver:	Towed To:			Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority			
INVENTORY									18.Undercarriage		
								19.Overturn			
								20.Windshield			
								21.Trailer			
CHAIN OF CUSTODY	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):				
	Leave Blank:				Reason for Change:						
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):				
	Leave Blank:				Reason for Change:						
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):				
Leave Blank:				Reason for Change:							
ADMIN.	Officer Reporting - Printed Lewandowski, Brian			Officer Reporting - Signature		ID. Number D05813	Unit 3D46	Date 01-05-2014			
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date			

DAYTONA BEACH POLICE DEPARTMENT

VEHICLE / TOW REPORT

EVNT	Report Date 01-05-2014	Report Time 0352	Orig Reported Date 01-05-2014	Nature of Call (for Incident) 7	Agency Report Number 140000209	1.Original 2.Supplement 1		
CODES	Person Code V-Victim R-Reporting Party S-Suspect N-Next of Kin D-Defendant O-Other W-Witness	Veh Involvement 1. Stolen 4.Recovered (Outside Agency Stolen) 2. Recovered 5. Impounded 3. Stolen and Recovered 6. Abandoned	7. Fail Return 11.Return to Owner 8. Seized 12.Evidence 9. Burglarized 13. Arson 10. Vandalized 14.Suspicious	15.Other 1. Auto 6. Trailer 2. Truck/Van 7. Boat 3. Motorcycle 8. Aircraft 4. Camper/RV 9. Other 5. Bus	Caution Code 1.Occupant(s) Armed 2.Occupant(s) Armed/ Hold for Latents 3.Hold for Latents	Method of Theft 0.N/A 4.Steering Column 1.Keys 5.Ignition 2.Tow Truck 8.Unknown 3.Hot Wire		
	Damage Cause 0.N/A 2. Criminal Mischief 1.Arson 3. During Other Offense	4. Stripped/Theft From 9. Other	Recovery Location 1. Family Residence 3. Housing Project 2. Apt. Complex 4. Commercial/ Industrial	5. Park/Playground 7.Woods 6. Shopping Mall 8.Water	9. Other	Recovery Code Stolen/Recovered 1. Local/Local 2. Local/Other 3. Other/Local		
VEHICLE / VESSEL	Veh. # 2	Veh. Involvement 10	Type 1	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)		Estimated Value \$	
	Person Code # (Owner) O 1	Name (Last/Business) RABITOR		(First) THOMAS	(Middle) J	Race W	Sex M	
	Address (Street, Apt. Number) 150 HOLLAND DR		City ORMOND BEACH	State FL	Zip 32114	Residence Phone		Age 31
	Person Code # (Operator)	Name (Last/Business)		(First)	(Middle)	Race	Sex	Date of Birth
	Vehicle	Year 1999	Make MAZD	Model	Style 4D	Tag Type PC		
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion
	Tag / Reg No BGBI87	Reg. State FL	Reg. Year 2014	VIN/Hull/FAA JM1BJ2224X0128946	Color (Top/Bottom) GRN	Method of Theft	Damage Cause 2	
	Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____		Original Reporting Agency		Report Number			
	Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator		City	State	Date Recovered	Value Recovered \$
	Towed By:	Wrecker Driver:	Towed To:	Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority		
INVENTORY							18.Undercarriage	
							19.Overturn	
							20.Windshield	
							21.Trailer	
VEHICLE / VESSEL	Veh. # 3	Veh. Involvement 10	Type 1	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)		Estimated Value \$	
	Person Code # (Owner) O 1	Name (Last/Business) ANDREWS		(First) TIMOTHY	(Middle) J	Race W	Sex M	
	Address (Street, Apt. Number) 424 HAND AVE		City ORMOND BEACH	State FL	Zip 32174	Residence Phone		Age 48
	Person Code # (Operator)	Name (Last/Business)		(First)	(Middle)	Race	Sex	Date of Birth
	Vehicle	Year 2013	Make TOYT	Model	Style 2D	Tag Type PC		
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion
	Tag / Reg No 3045HG	Reg. State FL	Reg. Year 2014	VIN/Hull/FAA 5TFTX4CN9DX031929	Color (Top/Bottom) SIL	Method of Theft	Damage Cause 2	
	Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____		Original Reporting Agency		Report Number			
	Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator		City	State	Date Recovered	Value Recovered \$
	Towed By:	Wrecker Driver:	Towed To:	Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority		
INVENTORY							18.Undercarriage	
							19.Overturn	
							20.Windshield	
							21.Trailer	
CHAIN OF CUSTODY	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):	
	Leave Blank:			Reason for Change:				
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):	
	Leave Blank:			Reason for Change:				
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):	
Leave Blank:			Reason for Change:					
ADMIN.	Officer Reporting - Printed Lewandowski, Brian			Officer Reporting - Signature		ID. Number D05813	Unit 3D46	Date 01-05-2014
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
	01-05-2014	1200	01-05-2014	36	140000209	2

NARRATIVE / CONTINUATION

1 On 01/05/14 at about 0500 hours I responded to the front desk at 129 Valor Blvd in reference to a person that reported he was shot at while

2 passing Halifax Hospital on Clyde Morris Blvd. Upon arrival I met with the victim, Terry Maxton of Palm Coast, FL. He advised me that he had just

3 dropped his wife off at a shuttle service area near Beville Rd and Clyde Morris Blvd. He was on his way to get fuel for his car at Granada and

4 Clyde Morris before heading home to Palm Coast. As he approached the intersection of Clyde Morris and the Halifax Hospital's main entrance, he

5 observed a subject crossing Clyde Morris eastbound towards the hospital. Mr. Maxton got in the center lane to drive around the subject. As he got

6 closer he noticed the subject walking towards his car and had shouldered some type of rifle and aimed it at his car. Mr. Maxton accelerated trying

7 to get through the intersection without incident. As Mr. Maxton got close to the subject he heard a gunshot and felt that his vehicle was hit and then

8 he heard another shot. Mr. Maxton drove to the 7-11 at 1400 Mason Ave and called the police. He was directed to go to the Police Department. I

9 checked Mr. Maxton's vehicle which was a 2014 Gray Mazda 3 bearing FL tag AKDQ60. The vehicle had damage to the passenger side A-pillar

10 consistent with a gunshot. I took seven photos of the gunshot and vehicle. These photos were submitted as evidence. Mr. Maxton completed a

11 statement.

12

13 I then responded to Halifax Hospital, specifically to the area where Mr. Maxton was shot at. I discovered 3 spent shotgun cartridges on the ground

14 in the middle of the intersection located at Clyde Morris Blvd and the main entrance to the hospital. I also located a live shotgun cartridge in the

15 roadway. Mr. Maxton indicated that the subject was walking eastbound. I began to back track the shooters path towards a parking lot to the west.

16 Located to the west is an overflow parking lot for the hospital. I located another live shotgun cartridge on the sidewalk leading to the parking lot. As

17 I continued towards the parking lot, I observed a black SUV crashed into a retention ditch. I ran the tag which was FI Tag H586FW. This tag came

18 back to a 2005 Ford Escape to a Heather Ann White out of Deltona, FL. This vehicle was traveling southbound through the parking lot when it

19 crashed through a metal fence and into the retention ditch.

20

21 I continued to check the parking lot and found a 2014 Silver Toyota Corolla with a broken driver's window. The driver's door was partially ajar and

22 there were several live shotgun cartridges on the ground by the vehicle. I also found a rifle bag on the ground near the driver's door. I teletype

23 check of the tag revealed that the vehicle belongs to a Elitania Perez from Deland, FL. It was later determined that she is an employee at the

24 hospital and has no connections with the shooter.

25

26 Officer K Strock responded to the scene as a crime scene tech and photographed and collected all the evidence I found. I assisted him in this task.

27 I also assisted with the processing and collection of another crime scene in the hospital parking lot on the east side of Clyde Morris Blvd. There

28 were 2 other vehicle that had been shot at.

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input 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 Diaz, Daniel	Officer Reporting - Signature	ID. Number D27193	Unit 3B63	Date 01-05-2014	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		