

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 <u>www.dbpd.us</u> 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: 201400000209

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 <u>www.dbpd.us</u> 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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	Juvenile Hate Crime Gang Elderly Abuse / Exploitation					INCIDENT REPORT Page 1 of 6								6_Pages
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NARRATIVE / SUPPLEMENT

Page <u>3</u> of <u>6</u> Pages

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ADDITIONAL PERSONS REPORT

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VEHICLE / TOW REPORT

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EVNT	Report Da	ate Report T 014 0352		ig Reported Date	Nature of Call (fo	or Incident)	Agency F 1400002	Report Number					1.Original 2.Supplement	1		
CODES	Person C V-Victim S-Suspec D-Defend W-Witnes	R-Reporting Party et N-Next of Kin lant O-Other ss	Veh Involveme 1. Stolen 2. Recovered 3. Stolen and Recovered	ent 4.Recovered Agency Sto 5. Impounded 6. Abandoned	blen) 8. Seized d 9. Burglar d 10. Vandali	12.Evidence ized 13. Arson ized 14.Suspicion	9	er Type 1. Auto 2. Truck/Va 3. Motorcyo 4. Camper/ 5. Bus	cle 8. Air	ailer 1.Oc at 2.Oc craft Ho	tion Code ccupant(s) Arm ccupant(s) Arm old for Latents old for Latents	ned 0.N/A 1.Keys 2.Tow 3.Hot V	Truck 5.Ignit Vire 8.Unk	umn ition known		
0	Damage 0.N/A <u>1.Arson</u> Veh. #	2. Criminal Mischief 3. During Other Offer Veh. Involvement			er 1. Family Res 2. Apt. Completescription (Identifying Ch	idence 3. Hou ex 4. Con	ising Project nmercial/ Industrial able Damage, Interio	5. Park/Pla 6. Shoppin or Color, Etc.)		7.Woods 8.Water		Recovery Code Stolen/Recover	ed 2. Local/C 3. Other/L Estimated Val	Other Local		
		15 ode # (Owner)	Name (Last/Bu	siness)	(First			(1		Race	Sex	Date of Birth	\$	e		
-		T Street, Apt. Number)	WHITE		HE/	ATHER		A State		V ^{(ip} 32738	F	06-14-1985 Residence Pho	28 ne			
VESSEL		E WACO DR ode # (Operator)	Name (Last/Bus	iness)	(First)	DELIONA			Race	Sex	Date of Birth	A	\ge		
ΛE	Vehicle	Year 2005	Make FORD	м Е	Model SC		Style 4D		·	P	Tag C	g Туре				
щ	Vessel	Year	Make	Ν	Model	odel Vessel Name Length Hull Mate					III Material	Propulsion	Boat Type	е		
VEHICLE	Tag / Reg H586FW	/	Reg. State FL 2		VIN/Hull/FAA FMYU03105KB136	627		B	I Color (Top/B LK	Bottom) BLK		Method of The	ft Damage 0 0	Cause		
>	Compone N/A VIN	ents Stripped Tires/Wheel Plate Radio/CB	s Battery Interior	Transmission			pecify:		C	Driginal Repo	orting Agency		Report Number			
	Recovery	Loc. Recovery Co	de Recovery	Address/Geograp	bhic Indicator	City		State	Date Re	covered		Value Recover \$	ed			
	Towed By DAYTO	/: NA WRECKER	Wree	cker Driver:		ed To: /TONA WRECK	ER SERVICE		Tow Fee	Type?	Hold Y-Yes N-No	Reason/A Y DEATH	uthority INVESTIGAT	ION		
	INVENTORY										2 3 4 15 (16 14 13 12	5 6 7 6 17 8 11 10 9	18.Undercar 19.Overturn 20.Windshie 21.Trailer	n I		
Ц	Veh.	# Veh. Involvem	ent Type	Caution	Description (Identifying	Characteristics, Notic	ceable Damage, Inte	erior Color, Etc.)					Estimated Val	lue		
/ESSI	Person Co	ode # (Owner) Nam	e (Last/Business)		(First)		1)	Middle)	Race	Sex	Date of Birth	Age	e		
<u>Ч</u>	Address (S	I Street, Apt. Number)					City	State	I	Zip	<u> </u>	Residence Pho	ne			
VEHICLE / VESSEL	Person Code # (Operator) Name (Last/Busi			siness)	(First))		۸)	/liddle) R	lace	Sex	Date of Birth	A	.ge		
>	Vehicle	Year	Make	N	Model		Style			Та	ад Туре					
	Vessel	Year	Make	Ν	Model		Vessel Name		Length	Hu	III Material	Propulsion	Boat Type	Э		
	Tag / Reg	j No	Reg. State	Reg. Year 🛛 👌	VIN/Hull/FAA			C	olor (Top/B	Bottom)		Method of The	ft Damage C	Cause		
-	N/A	nts Stripped Tires/Wheel Plate Radio/CB	s Battery	Transmissic			pecify:		C	Driginal Repo	orting Agency		Report Number			
-	Recovery	Loc. Recovery Co	de Recovery	Address/Geograp	bhic Indicator	City		State	Date Re	covered		Value Recove	red			
-	Towed By	/: /:	Wree	cker Driver:	Tow	red To:			Tow Fee	Туре?	Hold Y-Yes N-No	Reason/A	uthority			
	INVENTORY				I				<u>I</u>			3 17 8	19.Overturn	n		
	∠ Veh. #	Date: T	ime:	Released By (F	Printed):	Released By (S	Signature):	Receiv	ed By (Prin		14 13 12 F	11 10 9 Received By (Sig	21.Trailer nature):			
CUSTODY	Leave B	lank:		Reason for Cha	ange:											
	Leave Blank: Time: Veh. # Date: Time: Release			Released By (F	Printed):	Released By (S	Signature):	Receiv	ed By (Prin	ted):	F	Received By (Sig	nature):			
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CHAIN	Veh. #	Date: T	ïme:	Released By (F	Printed):	Released By (S	Signature):	Receiv	ed By (Prin	ted):	F	Received By (Sig	nature):			
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ż	Officer Re	eporting - Printed		- -	Officer Reporting	I - Signature			ID. Numb	er	Unit		Date	ority 18.Undercarriage 19.Overturn 20.Windshield 21.Trailer ure): ure): ure): ate -05-2014		
		owski, Brian eviewing - Printed (If App	licable)		Officer Reviewing	g - Signature (If Appli	icable)		D05813 ID. Numb	er	3D46 Unit		01-05-2014 Date			
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VEHICLE / TOW REPORT

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EVNT	Report Da	ate Report T 014 0352		rig Reported Date	e Nature of 7	f Call (for Inc	ident)	Agency Rep 14000020						1.Original 2.Supplement 1			
CODES	Person C V-Victim S-Suspec D-Defend W-Witnes	R-Reporting Party t N-Next of Kin lant O-Other	Veh Involvem 1. Stolen 2. Recovered 3. Stolen and Recovered	4.Recovered	olen) 8. d 9.	Fail Return Seized Burglarized Vandalized	11.Return to 12.Evidence 13. Arson 14.Suspiciou		Type 1. Auto 2. Truck/Va 3. Motorcyc 4. Camper/ 5. Bus	cle 8. Ai	railer 1. Dat 2. rcraft	aution Code Occupant(s) Arn Occupant(s) Arn Hold for Latents Hold for Latents	ned 0.N/A ned/ 1.Keys s 2.Tow	Truck 5.Ignition			
U U	Damage 0.N/A 1.Arson	Cause 2. Criminal Mischief 3. During Other Offer			ner 1. Fan 2. Apt	very Location nily Residend . Complex	ce 3. Hou: 4. Com	sing Project mercial/ Industrial	5. Park/Pla 6. Shopping	yground g Mall	7.Woods 8.Water		Recovery Code Stolen/Recover	ed 2. Local/Other 3. Other/Local			
	Veh. # 2	Veh. Involvement	Type 1	Caution De	escription (Identi	fying Charac	teristics, Noticea	ble Damage, Interior (Color, Etc.)					Estimated Value \$			
	0	ode # (Owner) 1	Name (Last/Bu	usiness)		(First) THOM/	AS		J		Race W	Sex M	Date of Birth 03-26-1982	Age 31			
.	150 H	Street, Apt. Number) HOLLAND DR ode # (Operator)		· · · · ·		(Firet)		CityORMOND BE			^{Zip} 32114		Residence Pho				
VESSEL	Feison CC	Year	Name (Last/Bu		Model	(First)		Style	(1	viluule)	Race	Sex	Date of Birth	Age			
\sim	Vehicle	1999 Year	MAZD		Model			4D Vessel Name		Length		PC Hull Material	Type Propulsion	Boat Type			
				VIN/Hull/FAA					Color (Top/l			Method of The					
VEHICLE	Tag / Reg No Reg. State Reg. Year VIN BGBI87 FL 2014 JM Components Stripped Data Data				IM1BJ2224X				G	RN				2			
	N/A	Plate Radio/CB	s Battery	Transmiss Engine Pa		Body Parts Decal Stolen	Other-Sp				Original Re	porting Agency		Report Number			
	Recovery	Loc. Recovery Co	de Recovery	Address/Geogra	phic Indicator		City		State	Date R	ecovered		Value Recove \$	red			
	Towed By	/:	Wre	ecker Driver:		Towed T	o:			Tow Fee	Type?	Hold Y-Yes N-No	Reason/A	uthority			
	ОКУ											2 3 4	567	18.Undercarriage			
	INVENTORY											1 15 10	6 17 8	19.Overturn 20.Windshield			
	N											14 13 12	11 10 9	21.Trailer			
SEL	Veh. 3	10	1		Description (Ide		acteristics, Notic	eable Damage, Interio	or Color, Etc.)					Estimated Value \$			
VESSEL	Person C		e (Last/Business) NDREWS)	т	(First) MOTHY			۱) ل		Race W	Sex M	Date of Birth 11-09-1965	9-1965 48			
_		Street, Apt. Number) 4 HAND AVE						City ORMOND BEACH	State H FL	3	Zip 2174		Residence Pho	ne			
VEHICLE	Person Co	de # (Operator)	isiness)		(First)			(٨	/liddle)	Race	Sex	Date of Birth	Age				
	Vehicle	Year 2013	Make TOYT		lodel			Style 2D		-	F	Tag Type C					
	Vessel	Year	Make		Model	odel Vessel Name				Length		Hull Material	Propulsion	Boat Type			
	Tag / Reg 3045HG	i			VIN/Hull/FAA 5TFTX4CN9[l/Hull/FAA FTX4CN9DX031929				Color (Top/Bottom) SIL			Method of The	eft Damage Cause 2			
	N/A	nts Stripped									Original Reporting Agency			Report Number			
-	Recovery	Plate Radio/CB	de Recovery	Engine Pa		Decal Stolen	City	ecify:	State	 Date Re	ecovered		Value Recove	red			
-	Towed By	<i>.</i>		ecker Driver:		Towed T	·			Tow Fee	Turne 2		\$ Reason/A	uthority			
							0.			100100	- iype: I	Hold Y-Yes N-No	Treason/F				
	INVENTORY											1 15 (10		18.Undercarriage 19.Overturn 20.Windshield			
~	Veh. #	Date: T	ïme:	Released By ((Printed):		Released By (S	Signature):	Receiv	ed By (Prir	nted):	14 13 12	11 10 9 Received By (Sig	21.Trailer gnature):			
CUSTODY	Leave B	lank:		Reason for Ch	nange:												
	Veh. #	I IIII	ïme:	Released By ((Printed):		Released By (S	Signature):	Receiv	ed By (Prir	nted):		Received By (Sig	gnature):			
N OF	Leave B	I lank:		Reason for Ch	nange:				<u> </u>								
CHAIN	Veh. #		ïme:	Released By ((Printed):		Released By (S	Signature):	Receiv	ed By (Prir	nted):		Received By (Sig	gnature):			
	Leave B	lank:		Reason for C	hange:				<u> I </u>			I					
ż		eporting - Printed		1	Officer R	eporting - Sig	gnature			ID. Num		Unit		Date			
		owski, Brian eviewing - Printed (If App	licable)		Officer R	eviewing - Si	ignature (If Appli	cable)		D05813 ID. Numb		3D46 Unit		01-05-2014 Date			
\triangleleft		J	,			5.5	- \ "FF"	*									

NARRATIVE / SUPPLEMENT

1 Pages

Page _

1

_of _

NT	Repo	ort Date 5-2014	Report Time	Orig. Reported Date	Nature of	Call (for Incident	t)	Agency Report Number			1.Original
<u>></u>	01-0	5-2014	1200	01-05-2014	36			140000209			2.Supplement 2
	1	On 01/05/14	at about 0500	hours I respond	ed to the	front desk	at 129 Valor	Blvd in reference t	to a person that re	ported he was sh	ot at while
	2	passing Hali	ifax Hospital on	Clyde Morris B	vd. Upor	n arrival I m	et with the vic	tim, Terry Maxton	of Palm Coast, F	I. He advised me	that he had just
	3	dropped his	wife off at a sh	uttle service are	a near B	eville Rd ar	nd Clvde Morr	is Blvd. He was or	n his way to get fu	el for his car at G	ranada and
							-		Morris and the Ha		
	4			0				<u> </u>			
	5							-	ne center lane to c		
	6	closer he no	ticed the subject	ct walking towar	ds his ca	r and had s	shouldered so	me type of rifle an	nd aimed it at his c	ar. Mr. Maxton ac	celerated trying
	7	to get throug	gh the intersecti	ion without incid	ent. As N	Ir. Maxton	got close to th	e subject he hear	d a gunshot and f	elt that his vehicle	was hit and then
	8	he heard an	other shot. Mr.	Maxton drove to	the 7-11	I at 1400 M	lason Ave and	d called the police	. He was directed	to go to the Police	e Department. I
	9	checked Mr.	Maxton's vehic	cle which was a	2014 Gra	ay Mazda 3	bearing FL ta	ag AKDQ60. The v	vehicle had damag	ge to the passeng	er side A-pillar
	10	consistent w	vith a gunshot. I	took seven pho	tos of the	e gunshot a	and vehicle. T	hese photos were	submitted as evid	lence. Mr. Maxton	completed a
	11	statement.									
	12										
		I then respo	nded to Halifax	Hospital specif	ically to t	he area wh	ere Mr. Maxte	n was shot at I d	iscovered 3 spent	shotaun cartridae	es on the ground
	13				-				-		-
	14								pital. I also located		J
	15	-			-	-		-	the shooters path		-
	16	Located to the	he west is an o	verflow parking	ot for the	hospital. I	located anoth	er live shotgun ca	artridge on the side	ewalk leading to the	ne parking lot. As
Z	17	I continued t	towards the par	king lot, I obser	ed a bla	ck SUV cra	ashed into a re	etention ditch. I rar	n the tag which wa	as FI Tag H586FV	I. This tag came
ATIC	18	back to a 20	05 Ford Escap	e to a Heather A	nn White	e out of Del	tona, FL. This	vehicle was trave	eling southbound t	hrough the parkin	g lot when it
	19	crashed thro	ough a metal fei	nce and into the	retentior	n ditch.					
ONTINUATION	20										
Ö		I continued t	to check the pa	rking lot and fou	nd a 201	4 Silver To	yota Corolla v	vith a broken drive	er's window. The d	lriver's door was p	artially ajar and
	22	there were s	several live shot	toun cartridges of	on the gro	ound by the	e vehicle. I als	o found a rifle bac	g on the ground ne	ear the driver's do	or. I teletype
Ľ	22			•	•				ater determined th		
RA			-	ctions with the sl	-						
≤	24	nospitar and									
	25	Officor K Str	ock responded	to the scope as	a crimo	scono toch	and photogra	phod and collecto	ed all the evidence	I found Lassista	d him in this task
	26							-			
	27			•	ection of	another ch	me scene in t	ne nospital parking	g lot on the east s	Ide of Ciyde Morri	s biva. There
	28	were 2 other	r venicie that ha	ad been shot at.							
	Final	Case Fina	al Case								
ш	Statu		tus Codes: 1.Arrest	Adult 2.Arrest/Juv	. 3.Excep	tional/Adult 4	4.Exceptional/Juv.	5.Closed 6.Unfounded	d Victim Ad	dvocate Triad	SA Referral
		DCF Hotline			۱C	Date:	Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	By:
RA		CAC Spo necting Report Numb	oke With:		litional Forms			FCIC / NCIC Cancel			
ADMINISTRATIV	Conn		ber Agency		Attached:	Narrative	SA 707	Persons Property	Veh./Tow Sheet	Other Describe:	
MIN	Office	er Reporting - Printe	d		Officer Re	eporting - Signatu	ure		ID. Number	Unit	Date
ADI		, Daniel							D27193	3B63	01-05-2014
Officer Reviewing - Printed (If Applicable)					Officer Re	eviewing - Signat	ture (If Applicable)		ID. Number	Unit	Date