

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

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<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		INCIDENT REPORT		Agency Report Number 150015140	
Agency ORI Number FL0640000				Zone # 35		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2	
Reported: Day Tuesday		Date 06-02-2015		Time (mil.) 1729		Time Dispatched (mil.) 1729	
Time Arrived (mil.) 1729		Time Completed (mil.) 1729		Nature of Call (Report Type) 4 Accident			
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident Day From Tuesday	
Date 06-02-2015		Time (mil.) 1729		TO Tuesday		Date 06-02-2015	
Time (mil.) 1729		Time (mil.) 1729		Occurred During: D - Day N - Night D			
Offense #1 9		Type 77777777		Statute Violation Number		Description Death/Missing Person/All other non-crimes	
Offense #2		Type		Statute Violation Number		Description	
A - Attempted C - Committed C		A - Attempted C - Committed					
Incident Location (Street, Apt. Number) LPGA BLVD / W INTL SPEEDWAY BLVD							
City DAYTONA BEACH				Zip 32124			
Business Name / Area Identifier		# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 2	
Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No			
Location Type 26							
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 89. Other							
VW 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 A. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian C-Oriental/Asian U-Unknown 20. Religious Bldg.	
Sex M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident			
Means of Attack F-Firearm 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. Pass. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruses 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 2. #2 3. Both 1		VW Code # 0 1		V. Type 3		Nature of Call (for Victim, if different from incident)	
Name (Last/Business) NICHOLS		Name (First) DAWN		Name (Middle) D			
Address (Street, Apt. Number) 101 N. ALABAMA AVE		City DELAND		State FL		Zip 32720	
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 REAR ENDED			
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 49	
Age 49		Ethnicity N		Res. Type		Res. Status	
Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2 3. Both 1		VW Code # 0 2		V. Type 2		Nature of Call (for Victim, if different from incident)	
Name (Last/Business) DEPUTY TIPPIE		Name (First)		Name (Middle)			
Address (Street, Apt. Number) 123 W. INDIANA AVE		City DELAND		State FL		Zip 32129	
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 INVOLVED IN ACCIDENT			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth	
Age		Ethnicity N		Res. Type		Res. Status	
Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2 3. Both 1		VW Code # 0 3		V. Type 4		Nature of Call (for Victim, if different from incident)	
Name (Last/Business) COUNTY OF VOLUSIA		Name (First)		Name (Middle)			
Address (Street, Apt. Number) 1270 INDIAN LAKE RD		City DAYTONA BEACH FL		State		Zip 32124	
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 OWNER OF PATROL VEHICLE			
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	
Offense Indicator 1. #1 2. #2 3. Both		VW Code #		V. Type		Nature of Call (for Victim, if different from incident)	
Name (Last/Business)		Name (First)		Name (Middle)			
Address (Street, Apt. Number)		City		State		Zip	
Business/School/Other Address (Street, Apt. Number)		City		State		Zip	
Address Type		Business/School/Other Phone		Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement			
If Victim Type 1, 2, or 3		Race		Sex		Date of Birth	
Age		Ethnicity		Res. Type		Res. Status	
Means of Attack		Extent of Injury		Domestic Violence		Relationship	

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			
	# 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	
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	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)			
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NARRATIVE

1 On 06/02/15 at approximately 1729 Hours Deputy Tippie was traveling east on W. Intl. Speedway Blvd. and entered the left turn lane for LPGA Blvd. Deputy Tippie was traveling approximately 10 miles per hour and was gradually apply his brakes as he was approaching stopped traffic.

2 Deputy Tippie noticed his patrol vehicle's ABS start to engage as the distance between his vehicle and the other began to decrease. Deputy

3 Tippie was unable to enter back onto east bound traffic outside his turn lane due to the lanes being occupied. Deputy Tippie maintained his

4 direction of travel and the front drivers side of his vehicle struck the rear passenger side of the vehicle in front of him.

5

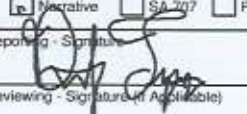
6

7 Deputy Tippie notified central and spoke with the other driver, Dawn D. Nichols(O1), who was driving the other vehicle. _____

8 _____ Nichols advised she was not injured and asked if Deputy Tippie was okay. Both vehicles were moved off to the side of the roadway.

9 Officer K. Connelly with the Daytona Beach Police Department arrived on scene and conducted the traffic crash investigation. Both vehicles were

10 operational and sustained only minor damages.

ADMINISTRATIVE	Final Case Status: <u>5</u>	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: <u>DB150010787</u>	Agency: <u>DBPD</u>	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: <u>Tippie, Sean</u>	Officer Reporting - Signature: 	ID. Number: <u>7286</u>	Unit: <u>1D33</u>	Date: <u>06-02-2015</u>	
Officer Reviewing - Printed (If Applicable): _____	Officer Reviewing - Signature (If Applicable): _____	ID. Number: _____	Unit: _____	Date: _____		