

INCIDENT REPORT

Page 1 of 3 Pages

<input type="checkbox"/> Juvenile	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Gang	<input type="checkbox"/> Elderly Abuse / Exploitation
<input type="checkbox"/> Domestic Violence	VOR _____
<input type="checkbox"/> Endangered / Other	

Agency ORI Number
FL0640000

Agency Report Number
120010838

Zone # 25 Telephone Handled 1. Yes 2. No 2
Call? (T.H.C.)

Reported: Day Thursday Date 04-12-2012 Time (mil.) 1444 Time Dispatched (mil.) 1447 Time Arrived (mil.) 1452 Time Completed (mil.) 22 Nature of Call (Report Type) Disturbance

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day From Thursday Date 04-12-2012 Time (mil.) 1442 TO Thursday Date 04-12-2012 Time (mil.) 1444 Occurred During: D - Day U - Unknown N - Night D

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

Incident Location (Street, Apt. Number) 7 Oak Cir City DELAND 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 2. Unoccupied 3. Abandoned	Arson-Attempted 1. Yes 2. No
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Location Type 01	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
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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 B. Business/Work C. Cell H. Home	M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
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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
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Offense Indicator 1. #1 3. Both 2. #2	VW Code 1 V	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) 20S Mentally Ill Person/Suicidal	Name (Last/Business) Carper	(First) Mark	(Middle) A
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Address (Street, Apt. Number) 1543 E Voorhis City DELAND State FL Zip Residence Phone (386) 748-8966

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 W	Sex M	Date of Birth 06-20-1964	Age 47	Ethnicity N	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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Offense Indicator 1. #1 3. Both 2. #2	VW Code 1 R	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) Marcado	(First) Aracelis	(Middle)
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Address (Street, Apt. Number) 7 Oak Cir City DELAND State FL Zip Residence Phone (386) 215-5668

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 W	Sex F	Date of Birth	Age	Ethnicity H	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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Offense Indicator 1. #1 3. Both 2. #2	VW Code 1 O	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) Frangiamore	(First) Dominick	(Middle)
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Address (Street, Apt. Number) 10 Oak Cir City DELAND State FL 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.)

EVENT DATA

CODES

VICTIMWITNESS

VICTIMWITNESS

WITNESS

SUBJECT / MISSING SECTION

2. #2		D-Defendant (Missing Person)																									
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		6. Disaster		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?															
1. Runaway		2. Parents		3. Involuntary		4. Disabled		5. Endangered		7. Voluntary Adult		8. Unknown		1. Yes		2. No		1. Yes		2. No		1. Yes		2. No			
I, _____ (Printed)																											
person; and this agency has my permission to enter this person in a statewide alert.																											

SUBJECT / MISSING SECTION

Offense Indicator		Subject Code		Code #		Subj. Type		Name (Last)		(First)		(Middle)		Race		Sex		Ethnicity									
1. #1		3. Both		S-Suspect		V-Victim																					
2. #2				D-Defendant		(Missing Person)																					
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		6. Disaster		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?															
1. Runaway		2. Parents		3. Involuntary		4. Disabled		5. Endangered		7. Voluntary Adult		8. Unknown		1. Yes		2. No		1. Yes		2. No		1. Yes		2. No			
I, _____ (Printed)																											
person; and this agency has my permission to enter this person in a statewide alert.																											

NARRATIVE

1 Deputy Lemay and Deputy Johnson responded to 7 Oak Cir, DeLand, in response to an argument between neighbors.

2

3 Upon arriving, Deputy Lemay made contact with Aracelis Mercado (R1), who advised that several minutes earlier, her neighbor, Mark Carper (V1)

4 who lives at 1543 E Voorhis Av, stopped his car in front of her house, and started yelling at her son about an ongoing feud that he is having with

5 his neighbor at 10 Oak Cir. Carper's house was burglarized, and he believes that a person who lives at that residence, or has access to that

6 residence was responsible.

7

8 Mercado advised that while yelling to Mercado's son, Carper appeared drunk, and that he was saying that he was going to get them (the objects

9 of his ire) and that he has guns.

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		<input type="checkbox"/> CAC		Spoke With:		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry		<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		Officer Reporting - Signature		ID. Number		Unit		Date													
Lemay, Cordell				7748		1B25		04-12-2012													
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number		Unit		Date													

NARRATIVE / SUPPLEMENT

Page 3 of 3 Pages

EVT	Report Date 04-12-2012	Report Time 1444	Orig. Reported Date 04-12-2012	Nature of Call (for Incident) 22	Agency Report Number 120010838	1. Original 2. Supplement 1
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11 Deputy Lemay and Deputy Johnson attempted to make contact with Carper at his residence. Due to a previous encounter with Carper, Deputy

12 Lemay knew Carper was in possession of firearms.

13

14 (Incidentally, Deputy Lemay was called to the area earlier at 0926 hours, in reference to possible shots heard in the area. After canvassing the

15 area, Deputy Lemay made contact with Dominick Frangiamore (O1), who advised that as he was returning home this morning, Carper came out of

16 his house yelling at him, over an issue that he had with one of Frangiamore's family members. Frangiamore advised that he paid Carper no heed,

17 and went inside of his house, and then he heard what sounded either like gunshots, or firecrackers. Deputy Lemay attempted to contact Carper at

18 that point, with no success.)

19

20 When Carper answered the door, located at the rear of his house, he had trouble opening it, but smiled at Deputy Lemay through the window and

21 showed his hands, appearing unarmed. When Carper finally got the door open, he opened it partially, and Deputy Lemay asked him if he was

22 armed. Carper advised no, no, I don't have any for you. Deputy Lemay asked Carper to come outside so that they could speak. At that point,

23 Carper became agitated and said no, I'm not coming out, I've been lied to before by you guys, and shut the door, attempting to lock it. Carper

24 then began to walk away. Deputy Lemay tried the door handle, and found that the door was not completely closed so he pushed it open. Carper

25 was walking through the threshold into his living room, muttering about how he had been lied to before.

26

27 Deputies hesitated for a moment as Carper turned the corner and disappeared out of sight, Deputy Lemay was wary because of the fact he knew

28 Carper had access to weapons, and drew his firearm. Several seconds later, Carper came back out into view, holding a silver in color,

29 semi-automatic handgun in his right hand. The gun was pressed up against his right temple.

30

31 Both deputies leveled their weapons on Carper, while backing up, and ordered him to drop his gun. Carper advanced to the threshold of his door,

32 muttering about being lied to, and closed and locked the door.

33

34 Deputies took cover behind some nearby trees and called for backup. After being behind cover for several moments, both deputies retrieved their

35 long guns, and took more advantageous positions.

36

37 Other units began to arrive within 3 to 5 minutes afterward. Sergeant Mejias took command of the operation upon his arrival.

38

39 After several hours of attempting to make contact with Carper unsuccessfully, the decision was made for all deputies involved to go back

40 in-service.

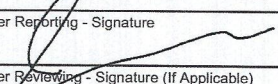
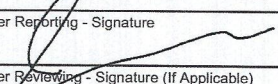
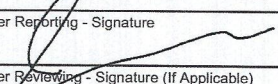
Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> 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 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 Lemay, Cordell	Officer Reporting - Signature		ID. Number 7748	Unit 1B25
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit
				Date 04-12-2012

NARRATIVE / CONTINUATION

ADMINISTRATIVE

NARRATIVE / SUPPLEMENT

Page 1 of 1 Pages

EVNT	Report Date 04-12-2012	Report Time 1755	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number 120010838	1.Original 2.Supplement <u>2</u>																														
NARRATIVE / CONTINUATION	<p>1 On 4-12-12 at approximately 1444 hours, Deputy G. Johnson responded to 7 Oak Circle, DeLand, in reference to a suspicious incident. Upon</p> <p>2 arrival, Deputy Lemay was already on scene and had spoken with the reporting party: Aracelis Mercado (R1). Deputy Lemay relayed the</p> <p>3 information to Deputy G. Johnson that a neighbor had made some threatening remarks to the reporting party's son and upset him.</p> <p>4</p> <p>5 Deputy G. Johnson and Deputy Lemay responded to 1543 East Voorhis Avenue, address of (later identified) Mark Alen Carper (V1), who has</p> <p>6 known to possess firearms in his residence. Contact was made with Carper at the rear door of his residence, Carper was instructed to exit from</p> <p>7 the doorway by Deputy Lemay to speak with the deputies. Carper verbally refused while standing in the doorway and appeared to be intoxicated.</p> <p>8 Carper was instructed a second time by deputies to exit his residence, he verbally refused and stated " I know what that means and you lie to me",</p> <p>9 them shut the door to the residence. The door to the residence is part wood on the bottom and clear glass squares on the top. Deputy Lemay</p> <p>10 immediately opened the door behind Carper who had already made his way to another room to the resident (possibly the living room). Both</p> <p>11 deputies were aware of the hazard on the house concerning the ownership of weapons, so at this time both deputies drew there VCSO issued</p> <p>12 firearms from their holsters. Deputy Lemay then gave the command for Carper to come out of the house (this all happened in a matter of</p> <p>13 seconds), Carper came out from around a wall of the other room with a semi automatic stainless steal handgun to his head.</p> <p>14</p> <p>15 Both deputies instructed Carper to drop the weapon, Carper did not listen to commands given to him. Both deputies started walking backwards</p> <p>16 with guns still on Carper as he continued toward the door. Deputies continued to command Carper to stop and drop the weapon as they backed</p> <p>17 from the residence, still giving commands to stop and drop the weapon. During this exchange at no time did Carper present the weapon at the</p> <p>18 deputies in a threatening way. Carper kept the weapon to his head and when reached the door of the residence he slammed the door and</p> <p>19 retreated back into the residence.</p> <p>20</p> <p>21 Deputy Lemay advised VCSO central dispatch of the incident and requested backup. Deputy G. Johnson and Deputy Lemay positioned behind</p> <p>22 hard cover and with a view of the back door of the residence and waited for backup to arrive. Once backup units arrived, Deputy G. Johnson</p> <p>23 retrieved his AR-15 .223 caliber rifle while Deputy Lemay covered the back door of the residence. Deputy G. Johnson set up on the north east</p> <p>24 side of the residence behind cover to make sure the subject did not try to exit the residence with the firearm.</p> <p>25</p> <p>26 Deputy G. Johnson remained at his position until he was instructed to go back in service after approximately two hours forty five minutes of</p> <p>27 attempts to get Carper from the residence, which were met with negative results.</p> <p>28</p> <p>29 Case Status: Closed/Closed</p>																																			
ADMINISTRATIVE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Final Case Status:</td> <td style="width: 50%;">Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded</td> <td style="width: 10%;"><input type="checkbox"/> Victim Advocate</td> <td style="width: 10%;"><input type="checkbox"/> Triad</td> <td style="width: 10%;"><input type="checkbox"/> SA Referral</td> </tr> <tr> <td><input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC</td> <td>Date: _____ Time: _____</td> <td><input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel</td> <td><input type="checkbox"/> T.T. BOLO</td> <td>Date: _____ By: _____</td> </tr> <tr> <td>Connecting Report Number _____</td> <td>Agency _____</td> <td colspan="3">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: _____</td> </tr> <tr> <td colspan="2">Officer Reporting - Printed Johnson, Gerald</td> <td colspan="2">Officer Reporting - Signature </td> <td>ID. Number 7831</td> </tr> <tr> <td colspan="2">Officer Reviewing - Printed (If Applicable)</td> <td colspan="2">Officer Reviewing - Signature (If Applicable)</td> <td>Unit 1B23</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>Date 04-12-2012</td> </tr> </table>						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 Johnson, Gerald		Officer Reporting - Signature 		ID. Number 7831	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		Unit 1B23					Date 04-12-2012
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