1 1	Juvenile Hate Crime									INCI	DENT RI	EPORT		Page 1 of 5 Pages Agency Report Number						
	Gang Elderly Abuse / Exploitation												12001		lumber					
	Domes	tic Vio	lence	VO	R		— H	Agency ORI	Number				Zone		0091	Telen	phone Handled	1. Y	'es	
	Endang	gered /	/ Other	_				L0640000					43	'	Call? (T.H.C.)				lo 2	
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	2. Traffic Fe	$\overline{}$		Misdem		.1	Frida	ay 0	<u>5-25-20</u>		945	Friday	05	-25-2012	195	0	N - Night			
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	V/W Code				Victim/Subject	Туре	Ad	ldress/Phone	Туре			Race		Sex	Res	sidence T	Гуре	Residenc		
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	INCIDENT REPORT (CONT.) Offense Indicator Subject Code S-Suspect V-Victim S-Suspect V-Victim D-Defendant (Missing Person) U-Defendant (Missing P																Page_	2	_ of	5 Pages	
	1.#	1 3. Both	S-Suspect V-V			ode #	Subj. Typ	pe Nam	ne (Last)			(First)			(Mide	dle)	Race	Sex	Ethnicity		
		te of Birth	D-Defendant (Age To Age			Height	Weight	To	Weight	Eye Col	or		Hair Color	r		Maio	iden Name				
	Nic	ckname / Street Name		Place of	Birth - C	ity	County	/	State	Er	mployer/Other				Occupation						
	La	st Known Address (Stre	et, Apt. Number)				City		5	State	Zij	р		Addres	s Type	Phone	e			Phone Type	
	Ot	her Address (Street, Apt	. Number)				City		5	State	Zij	p		Addres	s Type	Phone	е		Phone Type		
z	Dr	iver's License State/Nur	nber			Social Sec	curity Numb	per			Othe	r ID Number						1	D Type		
SECTION	Clo	othing (Describe)							Scar	s/Marks/Tat	toos (Tv	pe/Describe)			Scars/I	Marks/T	xs/Tattoos (Type/Describe)				
		ir Length /Style	/ Skin	Facia	/ al Features						Deformity						Glasses				
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SUBJECT / MISSING	If S	Subject: / Date of Last Contact	Date of Ema		/ Caut	tion	/ Caution R	logeon	/		/		If Arres	ted: in	Custody	? 1 2	. Yes . No	1. T 2. C	his Ager Other Age	ency	
15 -				·		lion			191					Habits (L	orugs / Aid	onoi)	ls con				
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	Σ	3. Involuntary	7. Volunt Adult			Yes No	1		. Yes . No		I	1. Yes 2. No	1		. Yes . No		1	1. Yes 2. No		1	
		5. Endangered	8. Unkno	wn	8.	Unknown		8	3. Unknow	n											
		person; and this age																issing			
	1.#		S-Suspect V-V			ode #	Subj. Typ	pe Nam	ne (Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity	
	2. # Da	te of Birth	D-Defendant (Age To Age	Missing Perso Height		Height	Weight	To	Weight	Eye Col	or		Hair Color	r		Maio	l den Name	<u> </u>			
	Nic	ckname / Street Name			Place of	Birth - C	City	County	/	State	Er	mployer/Other	r/School				Occupati	ion			
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	Ot	her Address (Street, Apt	. Number)				City		5	State	Ziį	р		Addres	s Type	Phone	е			Phone Type	
Z	Driver's License State/Number						Social Security Number Other ID Number											Tı	D Type		
SECTION	Clo	othing (Describe)							Scar	s/Marks/Tat	toos (Ty	pe/Describe)			Scars/l	Marks/T	Tattoos (Typ	e/Describ	oe)		
	На	ir Length /Style	/ Skin	/ Buil	<u>/</u>	Facia	/ al Features	i			Speec	:h/Voice	Deformity						Glasses		
AISSING		/ / Demeand	r Mask	Weapon Ty	/pe									ubject Wa				arrant Fro			
MIS /	IT S	Subject: / Date of Last Contact	Date of Ema	ancipation	/ Caut	/ / / ution Caution Reason							If Arrested: in Custody? 1. Yes 2. No Personal Habits (Drugs / Alcohol)					1. This Agency 2. Other Agency			
I		May Be With:	Phy	sical Condition	:	Mental Condition:					Doctor Name:			me:			Dentist Na	ame:			
SUBJECT	C N	Incident Type			Fo	Foul Play Missing Before'						Fingerprints	S	Photo Avail				Dental F	Dental Record		
S	PINCEIM	1. Runaway 2. Parents	6. Disast Victim			uspected?	•		V			Available?			. Yes			Availabl	e?		
	Щ		7. Volunt Adult 8. Unkno	· 1	2.	Yes No Unknown		2	. Yes !. No !. Unknow	n		2. No			. No			2. No			
		I,		·		(Printed)	•					•	(Signature	e) certif	v that I h	ave re	norted the	above n	erson a	s a missing	
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	2	Deputy Coch	date and time ran ran to the r	ear of the	reside																
ш	3	his aunt, Eve	lyn Dorothy Pa	rker (W2)																	
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RR	6 7		m. Parker was Cochran remov																		
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III	Of	ficer Reporting - Printed				Officer	Na Reporting	rrative Signature	<u> </u>		usons	Property	ID. Nu		ieet 🔼	Unit	Describe:	SIAI	Date		
AD	Со	chran, Cody	LUCA III				P)		/CF	m			7964			1D94			05-25-2	2012	
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	05-25	5-2012	1950	05-25-2012	26			120015591				:	2.Supplemen	t 1
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1			Printed (If Applicable)		646	Areviewing - Signi	ature (If Applicable)		ID. Numbe	r	Unit	_	Date	

ADDITIONAL PERSONS REPORT

																						Page	3	of <u>5</u>	Pages		
F	Report Date Report Time Orig. Reported Date										Nature of Call (for Incident)										y Report	Number		1.Origina	al I		
EVNT	05-2	25-2012		195	50		0	5-25	-2012		26		Dro	owning						12001	5591			2.Supple	ement 1		
	V/W	Code					/Subjec				Address/Phone Type Race								Sex	Resid	lence Typ	е		lence Status			
	V-Vi			ext of	Kin	0. N/A 1. Juv			Business Governm	ent		iness/Wor	k M. N	-	P. Pager				an Indian	M-Male		3. Flo		0. N//	A I Year		
Ш		Vitness	0-0	ther		2. L.E.	.Officer		Church	- 1	C. Cell				S. School W-White O-Orient				F-Female 1. City 4. U-Unknown 2. County			ut-of-State	2. Pa	rt Year			
CODES		eporting P				3. Adu	ılt		Other		H. Hon	ne	0.0	ther	V. Vacati	ion B-B	lack U	J-Unkno	wn	3. Non-Resid							
ပြ		ins of Attai rearm	CK	0.0	ther Dai	ngorou			Extent of 00. N/A	injury	03. Lad	ceration		06. Poss	. Internal	Injury	09. Abr	rasions/	Bruises	0.0			Relationship to Offender use B-Sibling Z-Other				
		nife/Cutting	n Inst		ands, Fi	-			01. Guns 02. Stab			conscious ss. Broken		07. Loss 08. Burn		ı		Visible	Injury us Injury	2. No P-Parent O-Other Family							
		nse Indica			V/W Co		#	V. Ty						from Incident		Name (I	ast/Busi		us injury	(First)		C-Child	H-C	o-Habita	nt (Middle)		
	1. #		oth 1	Ι,	Ν		5	3										HEAT	UED				BRIANNE				
S		ress (Stree	et, Apt. N				5	3							City	OLIFF	S	State		Zip	HER	Residence Phone			DRIAMME		
쀵	13	5 EAST	FERN	STR	EET										DELT	ONA	F	FL		32764		(386) 216-9718				
틹	Othe	er Address	(Street,	, Apt. I	Number	.)						City		State		Zip			Ac	ldress Type	Other I	Phone			Phone Type		
≥		EAK AN er Contact			nilabla	Intorne	otor ot	2)				DELTO	NA I	FL Synopsis of I	nu salusa m	327	'64		В								
F	10N		11110 (111	ne Ava	allable,	merpre	eter, et	ن.)						WITNESS	nvoiveni	eni											
VICTIM/WITNESS		ctim Type	Ra	ace	Sex	·	Date o	of Birth	ļ	Age	Т	Ethnicity		Res. Type	1	Res. Status	s N	/leans o	f Attack	Extent of I	njury	Domes	stic Violen	ce F	telationship		
		or 3	W		F		12-20	-198	7	24		N		1	1												
	Offense Indicator V/W Code # V. Type Natur 1. #1 3. Both V/W Code # V. Type Natur						ature of	Call (fo	r Victim, if	Different	from Incident)	Name (I	.ast/Busi	iness)		(First)					(Middle)					
က္က	2. #2	2																									
띫	Add	ress (Stree	et, Apt. N	Numbe	er)										City		S	State		Zip		Resid	dence Pho	ne			
VICTIM/WITNESS	Othe	er Address	(Street.	, Apt. I	Number	·)						City		State		Zip			Ac	Idress Type	Other I	Phone			Phone Type		
≥																											
	Othe	er Contact	Info (Tir	ne Ava	ailable,	Interpre	eter, et	c.)						Synopsis of Involvement													
(2)	If Vi	ctim Type	Ra	асе	Sex	< T	Date o	of Birth	ı	Age		Ethnicity		Res. Type Res. State			is Means of Attack			Extent of I	njury Domes		estic Violence		telationship		
A		or 3	4==	- 1,	V/00/ C-		ш Т	\/ T.	IN		0-11/5-	- \ /: -4: :f	D:#	from Incident				:\		(F:+)					/M 41 - I - II - \		
	1. #	1 3. Bo			V/W Co	ide	#	V. Ty	pe IN	ature or	Call (10	r vicum, ii	Dillerent	i irom incident)	Name (L	.ast/Busi	iness)		(First)					(Middle)		
SS															City		S	State		Zip		Resid	dence Pho	ne			
ᄬ	Audress (Streat, Apr. Number)														-												
ş	Other Address (Street, Apt. Number)											City		State		Zip			Ac	ldress Type	Other I	Phone			Phone Type		
Ž	Other Contact Info (Time Available, Interpreter, etc.)													Synopsis of I	nvolvem	ent											
VICTIM/WITNESS	If Victim Type Race Sex Date of Birth																										
>		ctim Type or 3	Ra	ace	Sex	`	Date o	of Birth		Age		Ethnicity		Res. Type		Res. Status	5 N	Aeans o	f Attack	Extent of I	njury	Domes	stic Violen	ce F	Relationship		
	Offer	nse Indicat			Subject					Co	de #	# Subj.	Type N	Name (Last)			(First)			(Mi	ddle)	Race	Sex	Ethr	nicity		
	1. #1 2. #2		oth		S-Suspe D-Defer		V-Vid (N		Person)																		
						To H	leight	Weigh	nt	To Weight	Eye C	olor		Н	air Color	M	laiden Na	me									
	Nickname / Street Name Place of							lace of F	Rirth -	City	Col	unty	State	. Fr	nployer /	School				Occupa	tion						
												Oity	1		1		,										
	Last Known Address (Street, Apt. Number)											City		State Zip						Idress Type	Phone			Phone Type			
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z	Other Address (Street, Apt. Number)										City		State Z			Zip			Idress Type	Phone				Phone Type			
	Driv	er's Licens	se State	/Numb	er					Ιs	ocial S	ecurity Nu	mber	Othe			ner ID Number							ID Type			
SECTION										Social Security Number				Culci			TID Number				["			ір туре			
	Clot	hing (Desc	ribe)											Scars/Marks/Tattoos (Ty			oe/Descr	ribe)		Scars	/Marks/Ta	attoos (Ty	pe/Describ	e)			
NS I			/		/			/		/		1															
/ MISSING	Hair	Length / \$	Style ,		,	Ski	n Color		Build		Fa	cial Featu	res			Speec	n / Voice	De	formity	,	,		6	Blasses			
		/	/ Demean	nor	/	ask		Wes	apon Typ	e			1	/			/			/ Subject W	as Alread	ly	W:	arrant Fro	om:		
SUBJECT	If St	ubject:		/	""				, 13P	1		/		/		/			If Arrested:	in Custody		Yes	1. T	his Agen ther Age	су		
BJI		Date of L	ast Con	ntact		Date o	of Emar	ncipati	on	Cauti	on	Caution	n Reason	1				P	ersonal Hab	its (Drugs / Al		140 [1 Z. U	arer Age	поу 1		
SU																											
		May Be	Nith:				Phys	ical C	ondition:				Menta	l Condition:			Do	octor Na	me:			Dentist N	lame:				
	Ö	Inc	ident Ty	pe						Fo	ul Play			T			Finger	prints		Photo Ava	ilable?		Dental F	Record			
	5	1. [Runawa				Disaste	r			spect			Missing Bet	fore?		Availab			1 Hoto Ava	ilable:		Available				
	MISSING	3. I	Parents nvolunta			7. \	Victim ∕olunta	ry		- 1	Yes		1	1. Yes		1	1. Yes		1	1. Yes			1. Yes		,		
	Ē		Disabled Endange				Adult Jnknow	/n		- 1	No Unknov	wn		2. No 8. Unknowr	n		2. No			2. No			2. No				
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		l,								(1	Printed)						(Si	anature) o	ertify that I ha	ve report	ed the ah	ove person	n as a m	ssing		
		person; a	and this	agenc	y has m	ny perm	nission	to ente	er this per					_				(5)	J	,			F 3.001		5		
z	Offic	L cer Report	ng - Prir	nted							Office	er Beportin	ıg - Signa	ature					ID. Numbe	r	Unit		Date				
ADMIN		hran, Co										M			M				7964		1D94)5-25-2	2012		
¥	Officer Reviewing - Printed (If Applicable)										RAVIDAVI	79 - Sign	arg y print	cable)	1			ID. Numbe	r	Unit			Date				

					NARI	RATIVE / S	UPPLEMEN [®]	Г		Page _	1	of1	_Pages
EVNT	Report Date	Report Time	Orig. Reported D	ate	Nature of Call (for Incide	ent)	Agency Report Number					1.Original	ı
Ш	05-25-2012 1 On 0	1950 5-24-2012 at 1951	05-25-2012		26	210 Francet D	120015591	ronce to	o drownin	a Dianatah	o dui o	2.Supplement	
	2 was com34 Dep.5 Vedder r6 until the	Vedder was the se naintained security child was transpor	econd unit to y of the scene	nd at arrive whil	the bottom of the e on the scene. \ le medical person	e pool and was When Dep. Ved	eathing and	respo	onding. De	ep.			
	7 8 No fu	rther action was ta	aken by Dep.	Vedd	ler.								
NARRATIVE / CONTINUATION	Final Case	Final Case Status Codes: 1 Arres	st/Adult 2.Arres	tt/Juy	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfound	ad ad	□ Victim Ad	vocate □T:	tiad tiad	□ SA Refe	erral
삥	Status:	Status Codes: 1.Arres	st/Adult 2.Arres	t/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounde		Victim Adv	vocateTr	iad	SA Refe	erral
ADMINISTRATIVE	DCF Hotline	Spoke With:			Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cance		T.T. BOLO	Date	:	By:	
LS LS	Connecting Report				onal Forms tached: Narrative	e SA 707	Persons Property		w Sheet	Other Describe:			
<u>ا</u>	Officer Reporting - I	Printed			Officer Reporting - Sig/			ID. Numbe		Unit		Date	
Ā	Vedder, John				\lum fle	WIA D		2444		1K942		05-26-2012	
	Officer Reviewing -	Printed (If Applicable)			Officer Reviewing - Sig	hature (If Applicable)		ID. Numbe	er	Unit		Date	