	=	zuveni∗e Gang			Hate Crime	se / Exploitation				INCIE	ENT R	EPORT	•	ſ	Agency Re	port Nur		age1	of	5 Pages
	!≒	Domestic Vic	oloncu	VC.		е гехропион	L	Agency ORI N							1400037					
	ĺŪ°	Endangered	/ Other	_			I	L0641200						one# 002			Telephone Call? (T.H.		1. Yı 2. N	I -
	Repo	orted Day	Da	ale	Time (r	mil.) Tim	o Dispatche	ad (mil.)	Time	Arrived (ml) Time (Completed (mil.)) N	lature of (Call (Report	Type)				
	_	sday ent Type:		-22-20 Misdem		183 Ordinance	3 Incident: I	Dav Da	1836		2107 e (mli.)	Day	22	2A Date	Fight	Time (mil 1	Occurred	Dunne	
	1. Fe	elony affic Felony	4.	Fraffic Misden	9.	Other	From Tues	· [-22-20°	i i		то						D - Day N - Night	U Unkr	nown N
YTA		Offense #1	Type	Statut	le Violation Nu	mber			·	Description	1		•	<u> </u>			•		· Attempted	
L DAT		# 2		Statu	te Violation Nu	mber				Description	1								A - Attemple	d
EN EN	Incide	ent Location	(Street	Apt No	nuper)						City						Zip		- Committe	id]
≧	386	3 NOVA F	₹D				,				POR	T ORANGE					3212	7		
		ness Name /				# Prem.	Entered	Drug Relate 0. N/A 1.	Yes		Related 1. Yos	Forced Ent 1. Yes 3.		ı]	Arson-Inh	ed 3	3. Abandoned	-	Arson-Atte	89
		sas Mexica tion Typo	Locati	n Type	Codes			2.	No 2		2. No 2	2. No		_1	2. Unoccu	pled			2. N	0
				sidence Inment/		Convenience Si Gas Station		Supermarket Dept/Discoun	t Store		Financial Inst. iercial/Office B		/t/Public Bl pol/Univers		F.Ainport 2.Bun/Reil Te	erminal	25.Parking 26.Highway			Motor Vehicle Other Mobile
	99			el/Mote		Liquor Sales Bar/Nighteluh		Specialty Stor Drug Store/He		15.Indus 16.Stora		19.Jail/ 20 Reli	Prison ininus Bldo		Construction Construction (Construction Construction Cons		27.Park/Wo 28 Lake/Wa			Unknown Other
	V/W V-Vid	Code com N	i-Next of	- 1	Victim/Subject C. N/A	1 Type 4. Business		fress/Phone Business/Woi		Massago	P Pager	Race W-White (O-Oriental/		Sex M-Male	Resid	lence Type 3. Florid	da	Residence 0 N/A	\$tatus
တ္ထ)-Other	i	1. Juvenile 2. L.E. Officer		nt c		N.	Next of Kin Other	S. School V Vacalion	B-Black I	U-Unknowr	n	F-Female U-Unknown	1. Cit 2 Co	y 4. Qul-0		1 Full Yea 2 Par Yea	
ODE	Mean	ns of Attack			5. Adult	9. Other Extent	of Injury					Patiencali	IIIurari		Domestic	└		im Relatio	3 Non-Re	
ŏ	F₁Fire K-Kn				Dangerous i, Fists, Feet. E	00.N/A Ste. 01.Gun		3.Laceration 4.Unconsciou			s. Internal Inju s of Teath		sions/Bruis /isible Injun		1. Yes		S-Spot P-Pare		Sibling Other Fam	Z-Other
-		nse Indiçat				02,Stat # V. Type		5.Poss.Broke of Call (for Vic					r Serious I		2. No	First)	Ç-Çhild		-Co-Habitar	
ပ္တ	1.#1	3. Bot		0	01	"	22A	Fight					,		,	,				(induc)
※		eas (Stroot	Ant Nu	nheri		•					City	•	State		Zlo		R	esidenco	Phone	•
\	Busin	ness/School/	Other A	ddress	Street, Apt. N	umber)		City		S	alo	Zip			Address T	уре	Business/Sci	пооиоте	renone	Phone Type
I	Other	r Contact Inf	o (Time	Availab	le, Interpreter,	etc.)				Synor	sis of Involven	nent			<u> </u>					<u> </u>
VICTIM/W			·		·			· · · · · · · · · · · · · · · · · · ·					T			-	T		1	
	If Victi 1, 2, a	im Type or 3	Race		Sex	Date of Sirth		l Ade	Ethnicity N	У	Res Type 1	Res. Status 1	Means of	і Апаск	Extent of	injury	Domestic	Violence	Relation	nship
	Offen 1. #1	nse Indicator 3 Bot		V:V	Code 1	₩ V. Type	Nature o	f Call (for Vic	tim, if dif	fferent from	ncident)	Name (Last/	(Business)		(First)				(Middle)
l m	1. #1					- -						1			_					
ESS	2. #2	ess (Street, /	Apt. Nur	nber)	02	2 3	22A	Fight		 -	City	Hazen	State		Zip	<u>Irian</u>	R	esigence	Phone	
H	2.#2 Addre			nber)		•	22A						State FL		Zlp				_	Phone Tyrns
H	2, #2 Addre Busin	ness/School/	Other A	nber) ddress	Street, Apt. N	umber)	22A	Fight City		F	ate	<u>حال</u> ک			Zlp		Ro Business/Sch		_	Phone Type B
TIM/WITNE	2, #2 Addre Busin	ness/School/	Other A	nber) ddress		umber)	22A			F	ate	<u>حال</u> ک			Zip Aggress i				_	
H	2, #2 Addre Busin	r Contact Info	Other A	nber) ddress (Availab	Street, Apt. N	umber)		City	Ethnicity N	Synop	ate	<u>حال</u> ک		f Attack	Zip Aggress i	ype l		iool/Other	_	В
S VICTIM/WITNE	2. #2 Addre Busin Other If Victi 1, 2, o Offen 1 #1	r Contact Info	Other A fo (Time Race W	nber) ddress (Availab	Street, Apt. Ni le, Interpreler, Sex M Code	Date of Birth 07-11-1956) Nature o	City Age 54 If Call (for Vic	Ethnicity N etim, if diff	Synop y	ate sis of Involven Res. Type	Zip Res. Status Name (Lastri	FL Means of	f Attack	Zip Address i B	ype l	Business/Sch	iool/Other	Phone —	B nship (Meddle)
SS VICTIM/WITNE	2. #2 Addre Busin Other If Victi 1, 2, o Offen 1, #1 2, #2	r Contact Info	Other A	nber) ddress (Availab	(Street, Apt. No. No. No. No. No. No. No. No. No. No	Date of Birth 07-11-1956		City Age 54	Ethnicity N etim, if diff	Synop y	ate sis of Involven Res. Type	Zip Bant Res. Status	FL Means of	f Attack	Address (ype li	Business/Sch Domestic	iool/Other	Phono	B
IESS VICTIM/WITNE	Address Busin Other If Victi 1, 2, 0 Offen 1 #1 2, #2 Addres 7 Ch	ness/School/ r Contact Info im Type x 3 se Indicator 3 Bott ess (Street, /	Race W	odress (Availab V/V W	Street, Apr. Ni le, Interpreter, Sex M Code 2	oric.) Date of Birth 07-11-195 V. Type 3) Nature o	Age 54 of Call (for Vice Fight	Ethnicity N etim, if diff	Synon Synon Y Meren: from	Res. Type City Roch	Res. Status Name (Lastri Sattler	FL Means of Business)	f Attack	Extent of Extent of Zip Extent of	Injury First)	Domestic Re (5	Violence esidence 85) 613	Relation Phone -5385	B nship (Middle)
IESS VICTIM/WITNE	Address Busin Other If Victi 1, 2, 0 Offen 1 #1 2, #2 Addres 7 Ch	ness/School/ r Contact Info im Type x 3 se Indicator 3 Bott ess (Street, /	Race W	odress (Availab V/V W	Street, Apt. Ni le, Interpreler, Sex M Code	oric.) Date of Birth 07-11-195 V. Type 3) Nature o	City Age 54 If Call (for Vic	Ethnicity N etim, if diff	Synon Synon Y Meren: from	Res. Type	Applement Res. Status Name (Last/i	FL Means of Business)	f Attack	Zip Address i B Extent of (\$ Zip	Injury First)	Pusiness/Sch Domestic	Violence esidence 85) 613	Relation Phone -5385	B nship (Meddle)
IESS VICTIM/WITNE	Address Busin Other If Victi 1, 2, 0 Offen 1 #1 2, #2 Addres 7 Ch Busin	ness/School/ r Contact Info im Type x 3 ise Indicator 3 Bott ess (Street, / neviot Lan- ness/School/	Race W Apt Nurse	Availab VV W nber)	Street, Apr. Ni le, Interpreter, Sex M Code 2	ofc.) Date of Birth 07-11-1955 V. Type 3) Nature o	Age 54 of Call (for Vice Fight	Ethnicity N etim, if diff	Synon Synon Ferent from	Res. Type City Roch	Asnt Res. Status Name (Last/i Sattler ester Zip	FL Means of Business)	f Attack	Extent of Extent of Zip Extent of	Injury First)	Domestic Re (5	Violence esidence 85) 613	Relation Phone -5385	B nship (Middle)
SS VICTIM/WITNE	2.#2 Addre Busin Other If Victi 1, 2, o Offen 1 #1 2.#2 Addre 7 Ch Busin If Victi If Victi	im Type x 3 see indicator 3 Bott ess (Street, A Peviot Lan ress/School/ r Contact Info	Race W Apt Nur ie Citime Citime Race Race	Availab VV W mber) ddress (Street, Apt. No. No. No. No. No. No. No. No. No. No	ofc.) Date of Birth 07-11-1955 V. Type 3) Nature o	Age 54 of Call (for Vice Fight	Ethnicity N etim, if diff	F Synop y Si Synop	Res. Type City Roch	Asnt Res. Status Name (Last/i Sattler ester Zip	FL Means of Business)		Extent of Extent of Zip Extent of	Injury First) iuzann	Domestic Re (5	Violence esidence 85) 613	Relation Phone -5385	B (Middle) E Phone Type
IESS VICTIM/WITNE	2.#2 Addre Busin Other If Victi 1, 2, 0 Offen 1, #1 Addre 7 Ch Busin Other If Victi 1, 2, 0 Offen Other	r Contact Information Type se Indicator 3 Bott ess (Street, Americator) - Contact Information - Contact Information se Indicator se Indicator	Race W	vvv Wnber) ddress (Street, Apt. No. No. No. No. No. No. No. No. No. No	ofc.) Date of Birth 07-11-1955 V. Type 3 umber)	Nature o	Age 54 54 Fight	Ethnicity N tim, if diff	Synop Synop Synop	Res. Type City Roch ste	Applicant Res. Status Name (Lastri Sattler Ester Zip	Means of State NY Means of		Zip Address i Extent of (\$ Zip 1462 Address T	Injury First) iuzann	Domestic Re Right Street Stre	Violence esidence 85) 613	Phone Relation	B (Middle) E Phone Type
VICTIM/WITNESS VICTIM/WITNE	2. #2 Addre Busin Other If Victi 1, 2, 0 Offen Addre 7 Ch Busin If Victi 1, 2, 0 Offen Utlot 1, 2, 0 Offen	r Contact Info im Type x 3 se Indicator 3 Bott ess (Street, A neviot Lan- ness/School/ r Contact Info im Type x 3 se Indicator 3 Bott	Race W Apt Nur ee 'Other A Race W	www.ddress (Availab	Street, Apt. No. No. No. No. No. No. No. No. No. No	ofc.) Date of Birth 07-11-1959 V. Type 3 Date of Birth V. Type V. Type	Nature o	Age 54 of Call (for Vice Fight City	Ethnicity N Ethnicity N Ethnicity	Synop Synop Synop	Res. Type City Roch ste Res. Type	Res. Status Name (Lastri Sattler Ester Zip Res. Status	Means of Business) State NY Means of Business}		Zip Address i Extent of (\$ Zip 1462 Address T:	Injury First) iuzann 24 ypa	Domestic Domestic Domestic	Violence esidence 85) 613 haa/Othe	Phone Phone -5385 Phone Rolation	B (Middle) E Phone Type
VICTIM/WITNESS VICTIM/WITNE	2.#2 Addre Busin Other If Victi 1, 2, 0 Offen 1, 2, 6 Husin Other Other Addre If Victi 1, 2, 0 Offen Addre Addre Addre Addre Addre	r Contact Info im Type x 3 se Indicator 3 Bott ess (Street, / 10viol Lan- nass/School/ Contact Info im Type x 3 Bott Bot	Race W h Apt Nur Golfmer A Golfmer A Apt Nur Apt Nur Apt Nur Apt Nur Apt Nur Apt Nur	www.ddress (Availab	Street, Apr. No. No. No. No. No. No. No. No. No. No	ofc.) Date of Birth 07-11-1959 V. Type 3 Date of Birth V. Type V. Type	Nature o	Age 54 f Call (for Vic Fight City	Ethnicity N Ethnicity N Ethnicity	Synop Synop Synop	Res. Type City Roch ste	Res. Status Name (Last/i Sattler Ester Zip nent Res. Status Name (Last/i DiNITTO	Means of State NY Means of		Zip Extent of (\$2ip 1466 Address T	linjury First) Uzann Linjury Injury Injury First) Landra	Domestic Domestic Domestic	Violence esidence 85) 613	Phone Phone Relation Relation	B (Middle) E Phone Type
VICTIM/WITNESS VICTIM/WITNE	2.#2 Addres Busin Other If Victi 1, 2, 0 Offen 1 #1 2.#2 Addres If Victi 1, 2, 0 Offen 1, #1 2.#2 Addres 756	im Type x 3 se indicator 3 Bott ess (Street, Aneviot Lanness/School/ Contact info x 3 se indicator 3 Bott contact info x 3 se indicator 3 Bott ses (Street, Aneviot Lanness/School/ Flynn Rd	Race W April Num Race W April Num Race W	ddress (Availab VV W mber) Availab	Street, Apr. No. No. No. No. No. No. No. No. No. No	ofc.) Date of Birth O7-11-195 V. Type 3 Date of Birth V. Type 3	Nature o	Age 54 f Call (for Vic Fight City	Ethnicity N Ethnicity N Ethnicity	Synop Synop Synop Synop	Res. Type City Roch Res. Type ncident) City Roch Res. Type City City City City City City	Res. Status Name (Last/i Sattler Ester Zip nent Res. Status Name (Last/i DiNITTO	Means of Business) State NY Maans of Business)		Zip Address i Extent of (\$ Zip 1462 Address T	First) Uzann 24 Injury First) andra	Domestic Domestic Domestic	Violence esidence 85) 613 hoo/Othe Violence	Phone Relation Phone Relation Relation	B (Middle) E Phone Type
VICTIM/WITNESS VICTIM/WITNE	2.#2 Addre Busin Other If Victi 1, 2, 60 Offen Busin Other If Victi 1, 2, 60 Other Other Other If Victi 1, 7, 60 Other Other If Victi 1, 7, 60 Other	im Type x 3 se indicator 3 Bott ess (Street, A evict Lan mass/School Contact Info Type x 3 se indicator 3 Bott Figure Type x 3 ses indicator 3 Bott ess (Street, A greet, A greet, A ess (Street, A greet, A ess (Street, A greet, A ess (Street, A ess (Race W h Aot Nur Race W h Aot Nur Race W Other A	ddress (Availab V/V W Availab V/V W V/V W Coddress (Street, Apt. No. No. No. No. No. No. No. No. No. No	umber) atc.) Date of Birth 07-11-1955 # V. Type 3 umber) etc.) Date of Birth V. Type 3	Nature o	Age 54 1 Call (for Vic Fight Call (for Vic Fight	Ethnicity N Ethnicity N Ethnicity	Sinop	Res. Type noident) City Roch tte Res. Type city Roch tte City Res. Type noident)	Res. Status Name (Lastri Sattler Ester Zip Res. Status Name (Lastri DINITTO	Means of Business) State NY Maans of Business)		Zip Extent of (Sp 2ip 1462 Address Tr Extent of	First) Uzann 24 Injury First) andra	Domestic Domestic Domestic	Violence esidence 85) 613 hoo/Othe Violence	Phone Relation Phone Relation Relation	B (Middle) E Phone Type (Middle) (Middle)
IESS VICTIM/WITNE	2.#2 Addre Busin Other Busin Other 1, 2, 0 Offen 1, 41 2, #2 Addre 7, Ch Busin If Victi 1, 2, 0 Offen 1, #1 2, #2 Addre 7, Ch Busin Other If Victi	r Contact Info r Contact Info r S se Indicator 3 Bott ess (Street, Aneviot Landers/School r Contact Info ss (Street, Aneviot Landers/School r Contact Info contac	Race W Apt Num Race W Apt Num Race W Cother A Apt Num Cother A Race W Race Race W Race Race Race Race Race Race Race Race	ddress (Availab V/V W Availab V/V W V/V W Coddress (Street, Apt. No. Sex. M. Code i Street, Apt. No. Sex, F. Code i Street, Apt. No. Sex F. Code i Street, Apt. No. Sex. F. Sex F. Scote i Street, Apt. No. Sex. Street, Apt. No. Sex. Street, Apt. No. Sex. Sex. Sex.	umber) atc.) Date of Birth 07-11-1955 # V. Type 3 umber) etc.) Date of Birth V. Type 3	Nature o	Age 54 1 Call (for Vic Fight Call (for Vic Fight	Ethnicity N Ethnicity N Ethnicity	Synop Synop Synop Synop Synop	Res. Type City Roch Res. Type City Roch City Roch City Roch City Roch	Res. Status Name (Lastri Sattler Ester Zip Res. Status Name (Lastri DINITTO	Means of Business) State NY Maans of Business)	f Attack	Zip Extent of (Sp 2ip 1462 Address Tr Extent of	Injury First) Lagrange Lagrang	Domestic Domestic Domestic	violence esidence 85) 613 haa/Othe Violence esidence 85) 261	Phone Relation Phone Relation Relation	B (Middle) E Phone Type (Middle) L Phone Type
VICTIM/WITNESS VICTIM/WITNE	2.#2 Addre Busin Other Busin Other 1, 2, 0 Offen 1, 2, 1 Addre H Viction 1, 2, 1 Addre Add	r Contact Info r Contact Info r S se Indicator 3 Bott ess (Street, Aneviot Landers/School r Contact Info ss (Street, Aneviot Landers/School r Contact Info contac	Race W Apt Nurr Race W Apt Nurr Race W Cother A Apt Nurr Race W	Availab V/V W Availab Availab Availab Availab	Street, Apt. No. No. No. No. No. No. No. No. No. No	umber) atc.) Date of Birth 07-11-195 V. Type 3 Date of Birth V. Type 3 Lmber: etc.)	Nature of 22A	Age 54 1 Call (for Vic Fight City Age 1 Call (for Vic Fight City	Ethnicity Ethnicity N Ethnicity Ethnicity N	Sinop Synop Synop Synop Synop Synop Synop Synop y	Res. Type City Roch Res. Type City Roch Res. Type City Roch City Roch Res. Type	Res. Status Name (Last/i Sattler Ester Zip IName (Last/i DINITTO ester Zip ent	Means of Business) State NY Means of Business) Means of	f Attack	Zip Extent of	Injury First) Lagrange Lagrang	Domestic Domestic Domestic State of the s	violence esidence 85) 613 haa/Othe Violence esidence 85) 261	Phone Rolation Phone Rolation Rolation Rolation Phone Rolation	B (Middle) E Phone Type (Middle) L Phone Type
S VICTIMAVITNESS VICTIMAVITNESS VICTIMAVITNE	2. #2 Addre Busin Other If Victi 1, 2, 0 Offen 1, 21 Addre If Victi	im Type s 3 Se Indicator 3 Bottess (Street, / 16viot Lan mass/School/ Contact Info ss (Street, / Flynn Rd ress/School/ Contact Info Contact Info Contact Info Contact Info 3 Bottes Contact Info 3 Bottes Contact Info 3 Bottes 4 Bottes	Race W h h Apt Nur Race V Apt Nur Race V Cother A Apt Nur Race V Apt Nur Race V h h Apt Nur Race V	Availab V/W Whiters (Availab Availab V/W Whiter) Availab V/W W W W W W	Street, Apt. No. Street, Apt. No. Street, Apt. No. Sex F. Code 3 Street, Apt. No. Sex F. Code 3 Street, Apt. No. Sex F.	umber) atc.) Date of Birth 07-11-1959 W. Type 3 Date of Birth V. Type 3 Lmber: etc.) Date of Birth V. Type	Nature of 22A	Age 54 1 Call (for Vic Fight Call (for Vic Fight Caty Age	Ethnicity Ethnicity N Ethnicity Ethnicity N	Sinop Synop Synop Synop Synop Synop Synop Synop y	Res. Type City Roch Res. Type City Roch Res. Type City Roch City Roch Res. Type City Roch Res. Type	Res. Status Name (Last/i Sattler ester Zip ent Name (Last/i DiNITTO ester Zip ent Res. Status	Means of Business) State NY Maans of Business) Means of Business)	f Attack	Zip Extent of (Sp Zip 1462 Address Tr Extent of Extent of	Injury Injury Linjury Injury Injury Injury Injury	Domestic Domestic Domestic Domestic	Violence esidence 85) 613 hoo/Othe Violence esidence	Phone Relation Phone Relation Relation Relation	B (Middle) E Phone Type (Middle) L Phone Type
S VICTIMAVITNESS VICTIMAVITNESS VICTIMAVITNE	2.#2 Addre Busin Other If Victi 1, 2, 0 Other Other If Victi 1, 2, 0 Other If Victi	im Type x 3 se Indicator 3 Bott ess (Street, /- 104viol Lan mass/School/ Contact Info im Type x 3 se Indicator 3 Bott ess (Street, /- Ffynn Rd Ffynn Rd contact Info im Type x 3 se Indicator 3 Bott ess (Street, /- 3 Bott ess (Street, /- 3 Bott ess (Street, /- ess (Street, /- ess (Street, /-	Race W h h Apt Num Race Vy	Availab V/W Whiters (Availab V/W Whiter) Availab V/W Whiter)	Street, Apt. No. Sex F Code Street, Apt. No	umber) atc.) Date of Birth 07-11-1959 W. Type 3 Date of Birth V. Type 3 Lmber: etc.) Date of Birth V. Type	Nature of 22A	Age 54 f Call (for Vic Fight City Age f Call (for Vic Fight City	Ethnicity Ethnicity N Ethnicity Ethnicity N	Sinop Synop Synop Synop Synop Synop Synop Synop y	Res. Type City Roch City Roch Res. Type City Roch Res. Type City Roch City City Roch City City Roch City City City City City City City City	Res. Status Name (Last/i Sattler ester Zip ent Res. Status Name (Last/i DiNITTO ester Zip ent Res. Status Name (Last/i Ferreira	Means of Business) State NY Means of Business) State NY Means of Business)	f Attack	Zip Address T Extent of (Sp. Zip 1462 Address T Zip 1464 Address T Extent of	Injury First) 24 Injury Injury Injury First) andra 12 type Injury First) ater	Domestic Domestic Domestic Ref S Business/Sch	Violence esidence 85) 613 hoo/Othe Violence esidence esidence esidence	Phone Relation Relation Relation Relation	B (Middle) E Phone Type (Middle) L Phone Type (Middle)
S VICTIMAVITNESS VICTIMAVITNESS VICTIMAVITNE	2.#2 Addre Busin Other If Victor 1, 2, 0 Offen 7 Ch Busin Other If Victor 1, 2, 0 Offen 1, 41 2, 12 Addre 3852	im Type x 3 se Indicator 3 Bott ses (Street, A Peviot Lan mass/School Contact Info im Type x 3 se Indicator 3 Bott contact Info im Type x 3 se Indicator 3 Bott ses (Street, A Contact Info	Race W h Apri Num Race W h Apri Num Race W h Apri Num Race W	www.hber)	Street, Apt. No. Sex F Code Street, Apt. No	umber) ofc.) Date of Birth 07-11-1956 V. Type 3 umber) ofc.) Date of Birth V. Type 3 Umber! ofc.) Date of Birth V. Type 3 V. Type 3	Nature of 22A	Age 54 f Call (for Vic Fight City Age f Call (for Vic Fight City	Ethnicity Ethnicity N Ethnicity Ethnicity N	Synop y Synop y Synop y Synop y ferent from	Res. Type City Roch City Roch Res. Type City Roch Res. Type City Roch City City Roch City City Roch City City City City City City City City	Res. Status Name (Last/i Sattler ester Zip Res. Status Name (Last/i DiNITO ester Zip ent Res. Status	Means of Business) State NY Maans of Business) Means of Business)	f Attack	Zip Extent of (Sp Zip 1462 Address Tr Extent of Extent of	Injury First) uzann Injury First) andra 12 Injury First) First) ater 29	Domestic Domestic Domestic Ref S Business/Sch	violence esidence 85) 613 had/Othe Violence esidence 85) 261 had/Othe	Phone -5385 Phone Relation Relation	B (Middle) E Phone Type (Middle) L Phone Type (Middle)
S VICTIMAVITNESS VICTIMAVITNESS VICTIMAVITNE	2.#2 Addre Busin Other Busin Other 1, 2, 0 Offen 1, 2, 0 Other If Victi 1, 2, 0 Offen 1, #1 2, #2 Addre If Victi 1, 2, 0 Offen 1, #1 2, #2 Addre Busin	r Contact Info x 3 se Indicator 3 Bott ess (Street, / 100/iot Lan im Type x 3 se Indicator 3 Bott r Contact Info im Type x 3 se Indicator 3 Bott ess (Street, / Flynn Rd ess (Street, / Contact Info im Type x 3 se Indicator 3 Bott ess (Street, / Contact Info im Type x 3 Bott ess (Street, / 2 Esplanate	Race W h Apt Nurre	www.hber) Availab V/V Whiter) Availab V/V Whiter) Availabi V/V Whiter) Availabi V/V Whiter) Availabi V/V Whiter)	Street, Apt. No. Sex. M. Code 3 Street, Apt. No. Sex. F. Code 3 Street, Apt. No. Sex. F. Code 3 Street, Apt. No. Sex. F. Code 3 Code 3 Street, Apt. No. Sex. F. Code 3 Cod	umber) atc.) Date of Birth 07-11-1955 V. Type 3 umber) atc.) Date of Birth V. Type 2 3 umber; etc.) Date of Birth V. Type 3 umber;	Nature of 22A	Age 54 f Call (for Vic Fight City Age f Call (for Vic Fight City Age I Call (for Vic Fight	Ethnicity Ethnicity N Ethnicity Ethnicity N	Synop Synop Synop Synop Synop Synop Synop Synop Synop	Res. Type City Roch Res. Type	Res. Status Name (Last/i Sattler ester Zip rent Res. Status Name (Last/i DiNITTO ester Zip ent Res. Status Name (Last/i Ferreira T ORANGE Zip	Means of Business) State NY Means of Business) State NY Means of Business)	f Attack	Zip Address T Extent of Extent of Extent of Extent of Extent of Extent of () () () () () () () () () (Injury First) uzann Injury First) andra 12 Injury First) First) ater 29	Domestic Domestic Domestic Royal State of Sta	violence esidence 85) 613 had/Othe Violence esidence 85) 261 had/Othe	Phone -5385 Phone Relation Relation	B (Middle) E Phone Type (Middle) L Phone Type (Middle) Manuel
VICTIMAWITNESS VICTIMAWITNESS VICTIMAWITNE	2.#2 Addre Busin Other Busin Other 1, 2, 0 Offen 1, 2, 1 Other If Victi 1, 2, 0 Offen 1, #1 2, #2 Addre If Victi 1, 2, 0 Offen 1, #1 2, #2 Addre 3852 Busin Other	r Contact Info x 3 se Indicator 3 Bott ess (Street, / 100/iot Lan im Type x 3 se Indicator 3 Bott r Contact Info im Type x 3 se Indicator 3 Bott ess (Street, / Flynn Rd ess (Street, / Contact Info im Type x 3 se Indicator 3 Bott ess (Street, / Contact Info im Type x 3 Bott ess (Street, / 2 Esplanate	Race W h Apt Nurre	www.hber) Availab V/V Whiter) Availab V/V Whiter) Availabi V/V Whiter) Availabi V/V Whiter) Availabi V/V Whiter)	Street, Apt. No. Sex. M. Code i Street, Apt. No. Sex, Apt. No. Sex, Apt. No. Sex, Apt. No. Sex, Apt. No. Street, Apt. No. Sex, Apt. No.	umber) atc.) Date of Birth 07-11-1955 V. Type 3 umber) atc.) Date of Birth V. Type 2 3 umber; etc.) Date of Birth V. Type 3 umber;	Nature of 22A	Age 54 f Call (for Vic Fight City Age f Call (for Vic Fight City Age I Call (for Vic Fight	Ethnicity Ethnicity N Ethnicity Ethnicity N	Sinop Synop Synop Synop Synop Synop	Res. Type City Roch Res. Type Res. Type Res. Type City Roch C	Res. Status Name (Last/i Sattler ester Zip rent Res. Status Name (Last/i DiNITTO ester Zip ent Res. Status Name (Last/i Ferreira T ORANGE Zip	Means of Business) State NY Means of Business) State NY Means of Business)	f Attack	Zip Address T Extent of Extent of Extent of Extent of Extent of Extent of () () () () () () () () () (Injury Injury Injury Injury Injury Injury First) Injury Injury Injury Injury Injury Injury Injury	Domestic Domestic Domestic Royal State of Sta	Violence esidence 85) 613 hoo/Othe Violence esidence 85) 261 roo/Othe	Phone -5385 Phone Relation Relation	B (Middle) E Phone Type (Middle) L Phone Type (Middle) Manuel

									IN	CID	ENT R	EPO	RT (CONT.)	1				Page	2	of	5 Pages
	Offe 1. # 2. #2		Subject S-Suspe D-Defer	ect V-\	hetim Missian	Person)	Coc	le #	Subj. T	ура М	lamo (Last)			(First)			(Mldd	ile)	Race	Sex	Ethr	icity
		le of Birth	Age	To Age		ight	Тон	eight	Weight		To Weight	Eye Col	lor		Hair Color		T	Mald	en Name	•		
	Nic	kname / Street Name		<u> </u>		Pla	ace of B	irth - C	ity	Co	unty	State	E	mployer/Other	/School				Occupa	tion		
	Las	st Known Address (Stre	et, Apt. N	umber)					City		9	Stato	Z	·p		Address T	уре	Phone	1			Phone Type
	Oth	er Address (Street, Apt	l. Number	1					City		Ś	tale	Z	ip		Address T	ype	Phone	ı			Phone Type
١z	Driv	ver's License State/Nur	nber				S	ocial Sec	erity Num	nber			Othe	er ID Number			i			IÇ	Э Туре	
SECTION	Clo	thing (Describe)									Scars	/Marks/Ta	100s (T)	pe/Describe)			Scare/N	// Marks/Ta	altoos (Ty	pe/Describ	e)	
	Hau	/ r Longth /Style		Skin	í	Build	- /	Facia	/ I Feature	:s			Speed	ch/Voice	Deformity					G	ilasses	
SSING	-	/ / Demeand	<u>/</u> эг Ма	ask	Wea	роп Туме			,	/				1	Ι		ect Wa	s Alreac	ly		rrant Fro	ım:
/ MIS	11.5	Date of Last Contact	\dashv	Date of Ema	ancipatio	on .	/ Cautio	n ,	Caution I	Reason	1		1		If Arresi Personal h	abits (Drug	istody? js / Alco	2.	Ýes No	2. 0	nis Agen ther Age	ncy
등		May Be With:		Phy	rsical Co	ondition:	<u> </u>			Menta	1 Condition:			Doctor	Name:				Dentist N	ame:		
SUBJECT	SSING	Incident Type					Foi	il Play			1			Fingerprints	.	Phote	o Availa	able?		Dental R	ecord	
জ	၂ဟ			6. Disaste Victim			-	pected?			Missing 8e	iore r		Available?						Available		
	Ā	3 Involuntary 4. Disabled 5. Endangered		7 Valunt Adult 8. Unkag			1. Y 2. N 8. U				1 Yes 2 No 8. Unknown	1		1. Yes 2. No		1. Ye 2 No			1	1. Yeş 2. No		
		1,						rinted)				•			'Signature') certify tha	at I havi	e report	ed the ab	ove person	ı as a mi	SSIAA
L	C⊤ffèi	person; and this ager	cy has m		eine or	r this pers		statewide	alert. Subj. Ty	una I N	lame (Last)			(First)	, criginale lo	,,	(Midd		Race	Sex	Ethn	
	1. #1 2. #2	1 3. Both	S-Suspe D-Delen	eci V-V idant (Person)								(r iiai)			(IVIIOC	,	Naco	Jex		n. n.y
		en of Birth	Age	To Age	Hei	ght		eight	Weight		To Weight	Eye Col			Hair Color	٦,		Maide	en Name			4, w
	*	kname / Street Name				Pla	ice of Bi	rth - C.	<i>-</i>	Co.		State	E	mployer/Other	/School		.s		Occupat #	tion		
	Las	(Known Address (Stree	et, Apt. Nu	ımbar)					City		5	tate	Z	ip		Address Ty	уре	Phone				Phone Type
_	COUNT	er Address (Street, Apt	. Number	·					City		Š	tale	. Zı	p		Address Ty	уре	Phone	_			Phone Type
8	Dny	ver's License State/Nur	nber .a	•	. #		Sc	cial Sec	urity Num	ber			Othe	Number						ıc	Туре	
SECTION	Clot	thing (Describe)	1		1		1		1		Scars	/Marks/Tati	toos (Ty	rpe/Describe)		s	Scars/M	larks/Ta	ittoos (Tyr	e/Describe	e)	
	Halr	Length /Style	/	Skin		Bylld		Facia	l Feature: /	s	1		Speed	:hVoice (Deformity	1		- 1		G	lasses	
MISSING	If S	ubject: Demeano	r Má	isk	Woa	роп Туре	1.		1		1		1		If Arreste		oct Was istody?		ly Yes No	1. Th 2. Ot	rrant Fro nis Agend ther Age	m. cy ncy
_		Date of Last Contact		Date of Eme	ncipatio	n	Cautio	n	Caution F	Reason					Personal H	labita (Drug	s/Alco	hol)				
SUBJEC	ပ	May Be With:		Phy	sicai Co	ndition:				Menia	Condition:			Doctor I	Name:				Dentist Na	eme:		
S	ISSING	Incident Type ! Runaway		6. Disaste)r			l Play pected?			Missing Bet	iore?		Fingerprints Available?		Photo	Avada	ible?		Dental Ri Available		
	F	2 Parents 3 Involuntary 4 Disabled		Victim 7. Volunta Adult	ıry	1	1. Y 2 N		ı		1 Yes 2. No		I	1. Yes 2. No	i	1 Ye 2 No			ı	1. Yes 2. No		ı
	=	5 Endangered		8. Unkno	MΠ		8. L	nknown			8. Unknown	1				<u> </u>						
		l,person; and this ag	ency has	s my permi:	ssion to	enter th		rinted)_ on in a s	st <u>atew</u> ide	e alert.				(Signature)	certify th	at I ha	ve rep	orled the	above pe	rson as	a missing
Γ	1	On the above on scene, I m										Vexicar	Res	taurant) ir								arriving visually
	3	upset.	aue cc	MIGOL WI		mile ie	maic	, 11110	was it	26 () () ()	EU 43				1170.	o biecaii	ng n	on n	51 10446	я пран	u waa	visually
NARRATIVE	5	At that time,		state	ed tha	at she v	vas d	riving	on No	va R	oad wher	n anoth	er dri	ver, who v	was late	r identifi	ied a	s Bria	an Haz	en, cut	her o	ff
RA.	6	land 6 began honkin											ddres	s when B.		continu azen th						ı entified
Ž	8	himself as a li	aw enf	orcemer	t offic	er. B.	Haze		retur	ned t	o his veh	icle and		cea in said	parking	g lot		1	parked	her ve	hicle a	as well
	9 10	and went into photographs						as loc						ed in the ; to verbal			appr			l vehicli t time, i		
117	Fina Stat	I Case Final Status	Case s Codes.	1.Arrest/A	dull	2 Arrest	VJev.	3.Exce	ptiona⊬ A c	dult	4.Exceptiona	1/Juv. 5	.Closed	6.Unfound	ed	Victo	m Adve	ocate	T	riad	SA	Referrat
ADMINISTRATIVE		DCF Hattine CAC Spoke	a !A/idb						Date:		Time		≕ .	/ NCIC Entry		T.7 8040	0		Date	ĸ	l By	·
ISTR	<u> </u>	necting Report Number		ency				nal Form ached:		arrative	\$A 70	7 Pe		Property		Tow Sheet		Other D	escribe:			
NE	Offic	cer Reporting - Printed		·				Officer R	Reporting						ID, Nun			Unit			Date	
AD		ch, Joshua cor Roviowing - Printed	(If Apolica	able)			\dashv	Officer R	leviewing	- Signa	iture (If Applic	able)			PO413			12A15 Unit	<u> </u>		4-22-21 Date	314
															1							

NARRATIVE / SUPPLEMENT

					NAI	RRATIVE / S	UPPLEMEN	ſ		Page	3 0	of5	Pages
EVNT		2-2014	Report Time	Ong. Reported Date 04-22-2014	Nature of Call (for Inc	cidem)	Agency Report Number					Original Supplemer	nt 1
NARRATIVE / CONTINUATION	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 33 34 40 41 43 44 45 46 47 48 49 55 55 56 66 66 66 66 66 66 66 66 66 66	approach was face separate signed at Shortly a B. Hazer horn. At the at B. Hazer hat B. Hazer hat B. Hazer hat B. Hazer signed a struck B. Hazer signed a At that tire arguing with the structure of the structure	hed and in the face, causing the face, causing the face, causing and in the face and assistant and called him the aforement and the face and th	d began shouting Subsequently, if g a laceration on B. Hazen without it reatment. Forn written affidate equation. Identify Witness Rigiontact with B. Hazen without in approached in an "old pervert", the pulled into the real pulled into th	reaid she her lower lip. All further incident with in reference white brochure and zen, who stated barking lot of the website with and entered Say and incide. B. Hazen a walking towards shouting obscent in the back of at a control of the shoulder of the should be should	to this incident. Addison this incident.	pt for said brochur veling on Nova Roa d address, himself as a Volus zen and spat at hir testaurant. Shortly was identified as land A. Mendoza Restaurant in an a land A. Mendoza v izen was stunned a land A. Mendoza v izen was stunned a land A. Hazen then ca diditionally, B. Hazen waiting outside of Sher. A. a couple of times. a couple of times. ated B. Hazen and ied as Sandra DiN ant when they with a struck a intervened and a	ndica ndica re. ad when ollower sia County E m as she dr rafter that, I a that he wa attempt to d were walkin and respon- illed 911 an en stated th Salsa's Mex Mendoza, a B. Hazen to d iitto. S. DiNi nessed to him in his sisked B. Ha ments and th inded by strill	B. Hazen as Peter F d him close Ceputy Shove past. B. Hazen to Edeescalate g next to Eded to the did cated at he did r iitto stated /A. shoulder. Izen why hase of incoking	responded beforeira, interior	front of strike to strike the prosecution of the wife area to he wife area to hitting it. P.	horn a to horn a to horn a to horn a to honlegan shicle to son bed not so how the same and the same a be very him as Ferreir riend, very hard a him as Ferreir riend, very him as Ferreir rien	and t him. k her nouting arked put an agan stop_ t n in thout c cerbally nd a then d fazen
ADMINISTRATIVE	Conne	s: DCF Hotline IAC ecting Report N		Aude	3.Exceptional/Adult Date: tional Forms Marral		5.Closed 6.Unfounded FCIC / NCIC Entry FCIC / NCIC Cancel Persons Property	☐ T.T.	heet Othe	Date:		SA Rele	erral
MO	_	r Reporting (2)	onted		Officer Reporting - Si	gnature		ID Number	Lin 43		Dat		
4		n Joshua r Reviewing - P	Printed (If Applicable)		Officer Reviewing - Si	ignature (lf Applicable)		PO4130 ID Number	12 <i>i</i> Ur.	A15 it	Dat	22-2014 •	

ADDITIONAL PERSONS REPORT

EVNT	Re	port Date	Report Time	Orig. Reporte	d Date	Nature of Call (fo:	r Incident)				Agenc	y Report N	umber	1.Original
1	_	-22-2014 W Code	1831	04-22-2014 bject Type		22A	Fight	1			140003	-, ,		2.Supplement 1
	1		xt of Kin 0 N/A	4. Busine	ss B	kddress/Phone Tyj Business/Work		Ra Pager N-I		Vmerican Indian	Sex M-Male		nce Type 3 Florida	Residence Status 0, N/A
ES	W-1	Witness 0-0th	1 juveni 2 L E.Of			Cell			While O-	Oriental/Asian	F-Female	1 City	4. Out-of-Sta	1. Full Year 2. Part Year
000	_	Reporting Person	3 Adult	9. Other		l. Home	O. Other V	Vacation B-	Black U-	Linknown	U-Unknown	2. Cour	·	Non-Resident
ŏ	1	eans of Attack Firearm	O-Other Dangerous	00. N//	of injury N 0.	3. Laceration	06 Poss. In	itemal Injury		sions/Bruises	Domestic Vic 1, Yes			ship to Offender -Sibling Z-Other
	1		H-Hands, Fists, Fee1,	01, Gu Etc. 02, Sta		4. Unconscious 5. Poss. Broken B	07. Loss of lones 08. Burns	Teeth		/isible injury r Serious injury	2. No		P-Parent C	Other Family
		fense Indicator	V/W Code				ifferent from Incident)	Name (Last/Busin	eaa)	(First)	0	<u> </u>	-Co-Habitant (Middle)
တ	1. # 2. #		W 04	3	22A	Fight		ı	- Pres	Stacia i		- 100	ca na	н
ES	Artr	rtress (Street, Apt. Nu	Imber)					,	St	ate	Zip		Residence P	hone
<u>€</u>	Oth	 her Address (Street, A	Apt. Nuni xeri			City	State	4		1.5	uuress rype	Uther Ph	none	Phone Type
≩												<u> </u>		
≧	Oth	her Contact Info (Time	2 Availat e, Interpretei	. etc.)			Synopsis of Invi	Inamevic						
VICTIM/WITNE	ΙſV	/Ictim Type Race	e jaex Da	te of Birth	Age	Ethnicity	Res. Type	Res. Statu	ıs Me	ans of Attack	Extent of Ir	njury	Damestic Viole	ence Relationship
	1, 2	2, or 3 W	f '		50	N							_	
	1.#		V/W Code #	1 1		•	ifferent from Incident)	Name (Last/Busin	BSB)	(First)			(Middle)
SS	2. #	#2 dress (Street, Apt. Nu	W 05	[3]	22A	Fight		<u> Mendo</u> City	ora Sia	ate	Adrian Zip	18	Residence P	hone N
<u>w</u>	l	007 Third Street						ORT ORAN			32129		(386) 506-	
\{	O11	her Address (Street, A	Apt Numberi			City	State	Zip		A.	ddrass Type	Other Ph	10218	Phone Type
VICTIMAVITNE	Qin	ner Contact Info (Time	Availat e, Interpretei	, etc.)			Synopsis of Inve	olvement				1		I
ᄓ	_	fiction Turns Race		te of Sinta	1	Ethnicity	Res. Type	16. 800	- Lw		T-2-1-1-		C	*I Date:
>		rictim Type Raci		12-1995	Age 18	N	Res. Type	Res. Statu	is Nie	eans of Attack	Extent of Ir	njury	Oomestic Violi	ence Relationship
	Offe 1 #	ense Indicator #1 3. Both	V/W Code #	V. Type	Nature of Ca	all (for Victim, if Di	fferent from Incident)	Name (Last/Busin	ess)	(First)			(Middle)
ဖြွ	2.#		W 06	3 3	22A	Fight		Fuit City	Sta	340	Pamel Zip	la	Residence P	<u>M</u>
買		55 Pine Forest Tr.	•					ORT ORAN			32129		(386) 290-	
=	-	ner Address (Street, A				Crty	State	Zip			ddress Type	Other Ph		Phone Type
VICTIM/WITNES	Oth	ner Contact Info (Time	Availat e, Interpreter	. etc.)			Synopsis of Invo	pivement						
5		La				1			1		1-11-11		•	
=		fictim Type Raci	1 1	te of B:rth -31-1960	Age 53	Ethnicity N	Res Type	Res. Statu	s Me	ans of Atlack	Extent of In	njury	Domestic Viole	ence Relationship
	Offer	nse Indicator	Subjuct Code	-Victim	Code		pe Name (Last)		(First)		(Mid	idle) R	ace Sex	Ethnicity
1	2. #2													
			D-Dolandant	(Missing Persor		leht Maiaht	To Mount 11	Eva Color		Haw Color	l Ma	aldon Nam		
		z [le of Birth	Age To A		то Не 	alght Weight	To Weight	Eye Color		Hair Color	Ma	alden Nami	e	
	Dati		Age To As	e Height			To Weight		mployer/S		Ma		e Occupation	
	N ₆ Cl	te of Birth kname / Street Name	Age To A	e Height	То Не	1h - City	County	State E		chool				
	N ₆ Cl	le of Birth	Age To A	e Height	То Не			State E		chool	Ma ddress Type			Р голе Туре
	Naci Naci	te of Birth kname / Street Name	Age To A	e Height	То Не	1h - City	County	State E	р	Ac				
NOI	N _c ci Las	le of Birth kname / Street Name st Known Address (St	Age To A	e Height	То Не	th - City City	County	State E	р	Ac	ddress Type	Phone		Phone Type
CTION	Naci Las	le of Birth kname / Street Name st Known Address (St	Age To Ag	e Height	To He	th - City City	County State	State E	р	Ar Ar	ddress Type	Phone		
SECTIO	Naci Las Oth	le of Birth kname / Street Name st Known Address (Street, A ver's License State/N	Age To Ag	e Height	To He	City	County State State	State E	p r ID Numbe	Ad Ad	ddress Type ddress Type	Phone	Occupation	Phone Type
SECTIO	Naci Las Oth	le of Birth kname / Street Name st Known Address (Street, A	Age To Ag	e Height	To He	City	County State State	State E	p r ID Numbe	Ad Ad	ddress Type ddress Type	Phone		Phone Type
SECTIO	Nack Nack Lass Oth	le of Birth kname / Street Name st Known Address (Street, A ver's License State/N	Age To Ag	e Height	To He	City	County State State State Scars/Ma	State El	p r ID Numbe	Ad Ad	ddress Type ddress Type	Phone	Occupation	Phone Type
/ MISSING SECTION	Nack Nack Lass Oth	te of Birth kname / Street Name st Known Address (Street, A ver's License StaterN kthing (Describe) / r Length / Style	Age To Ag	/ Height	To He Place of Birt	City City City	County State State State Scars/Ma	State El	p r ID Numbe pe/Descnb	Ac Ac	ddress Type ddress Type Scars/I	Phone Phone Marks/Tatto	Occupation Dos (Type/Desc	Phone Type ID Type ribe) Glasses
/ MISSING SECTIO	Oate Nack Lass Other Drive Clot	te of Birth kname / Street Name st Known Address (Street, A ver's License State/N kthing (Describe)	Age To Ag	e Height	To He Place of Birt Soc	City City City	County State State State Scars/Ma	State El	p r ID Numbe pe/Descnb	Ac Ac	ddress Type Scars/I	Phone Phone Marks/Tatio	Docupation Dos (Type/Desc	Phone Type ID Type ribe)
/ MISSING SECTIO	Oate Nack Lass Other Drive Clot	te of Birth kname / Street Name st Known Address (Street, A der Address (Street, A ver's License State/N thing (Describe) / / Length / Style / / Demeanor	Age To Ag	/ Height / Build Weapon Ty	To He Place of Birt Soc	City City City Facial Features	County State State State Scars/Ma	State El	p r ID Numbe pe/Descnb	Ac Ac Deformity If Arrested:	ddress Type ddress Type Scars/l Subject Wa in Custody	Phone Phone Marks/Tatto	pos (Type/Desc	Phone Type ID Type Glasses Varrant From:
/ MISSING SECTIO	Oate Nack Lass Other Drive Clot	kname / Street Name st Known Address (Street, A ver's License StaterN thing (Describe) / r Length / Style / subject: Demeanor	Age To Ag	/ Height	To He Place of Birt Soc	City City City Facial Features	County State State State Scars/Ma	State El	p r ID Numbe pe/Descnb	Ac Ac Deformity If Arrested:	ddress Type ddress Type Scars/I	Phone Phone Marks/Tatto	pos (Type/Desc	Phone Type ID Type ribe) Glasses Varrant From: This Agency
MISSING SECTIO	Oate Nack Lass Other Drive Clot	kname / Street Name st Known Address (Street, A ver's License StaterN thing (Describe) / r Length / Style / subject: Demeanor	Age To Age reet. Apt. Number) pt. Number) umber / Skin C / Mask ct. Date of E	/ Height / Build Weapon Ty	To He Place of Bir Soc / Caution	City City City City City Call Security Number / Facial Features / Caution R	County State State State Scars/Ma	State El	p r ID Numbe pe/Describ th / Voice	Ac Ac Deformity If Arrested:	ddress Type ddress Type Scars/l Subject Wa in Custody	Phone Phone Marks/Tatto	pos (Type/Desc	Phone Type ID Type ribe) Glasses Varrant From: This Agency
/ MISSING SECTIO	Nack Nack Lass Oth Driv Clot	kname / Street Name st Known Address (Street, A ver's License StaterN thing (Describe) / r Length / Style / Date of Last Conta May Be With:	Age To Age reet. Apt: Number) pt. Number) umber / Skin C / Mask ct: Date of E	/ Nor Build Weapon Ty Inancipation	To He Place of Birt Soc / Caution	City City City Call Security Numi	County State S	State El	p r ID Numbe pe/Describ h / Voice /	Deformity If Arrested: Personal Habitary Name.	ddress Type ddress Type Scars/I Subject Wa in Custody:	Phone Phone Phone Arks/Tatto f is Already 7 1. Ye 2. No	pos (Type/Desc	Phone Type ID Type ribe) Glasses Variant From: This Agency Other Agency
/ MISSING SECTIO	Nack Nack Lass Oth Driv Clot	kname / Street Name st Known Address (Street, A ver's License StaterN thing (Describe) / r Length / Style / Subject: Date of Last Conta	Age To Age reet. Apt: Number) pt. Number) umber / Skin C / Mask ct: Date of E	/ Height Notor Build Weapon Ty mancipation hysical Condition	Foul	City City City Call Security Numi	County State S	State E	p r ID Numbe pe/Describ th / Voice	ar e) Deformity If Arrested: Personal Hab	ddress Type ddress Type Scars/l Subject Wa in Custody	Phone Phone Phone Arks/Tatto f is Already 7 1. Ye 2. No	pos (Type/Desc	Phone Type ID Type ID Type Glasses Varrant From: This Agency Other Agency
/ MISSING SECTIO	Date Nacid N	kname / Street Name st Known Address (Street, A ver's License StaterN thing (Describe) / r Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents	Age To Ag	/ Build Weapon Ty mancipation	Foul	City City City Clai Security Numi Facial Features / Caution R	State State State State Mental Condition:	State E	pe/Describ h / Voice /	ar e) Deformity If Arrested: Personal Hab	ddress Type ddress Type Scars/I Subject Wa in Custody:	Phone Phone Phone Arks/Tatto f is Already 7 1. Ye 2. No	Docupation Docupation Docupation Type/Description Type/Description Dental	Phone Type ID Type ribe) Glasses Varrant From: This Agency Other Agency Other Agency
/ MISSING SECTIO	Nack Nack Lass Oth Driv Clot	kname / Street Name st Known Address (Street, A er Address (Street, A ver's License State/N thing (Describe) / tr Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled	Age To Astronomy Age To	/ Height // Weapon Ty mancipation hysical Condition ster manual :	Foul Susp 1. Ye 2 No.	City City City City Cial Security Numi / Facial Features / Caution R	County State State State Scars/Ma / J J J J J J J J J J J J	State E	p r ID Number pe/Describ	ar e) Deformity If Arrested: Personal Hab	ddress Type ddress Type Scars/I Subject Wa in Custody: At Corugs / Aid	Phone Phone Phone Arks/Tatto f is Already 7 1. Ye 2. No	Des (Type/Desc	Phone Type ID Type ribe) Glasses Varrant From: This Agency Other Agency Other Agency
/ MISSING SECTIO	Nacidate Nac	kname / Street Name st Known Address (Street, A ver's License State/N thing (Describe) / r Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary	Age To Astronomy Age To	/ Height // Weapon Ty mancipation hysical Condition ster manual :	Foul Susp 1. Ye 2 No.	City City City City Clal Security Numi Facial Features / Caution R	State State State State State Scars/Ma / / // // // // // / // // // // // /	State E	pe/Describ th / Voice / Fingerpri Available 1. Yes	ar e) Deformity If Arrested: Personal Hab	Scars/I Subject Wain Custody: Photo Avail 1. Yes	Phone Phone Phone Arks/Tatto f is Already 7 1. Ye 2. No	Docupation Docupation Type/Description Type/D	Phone Type ID Type ribe) Glasses Varrant From: This Agency Other Agency Other Agency
/ MISSING SECTIO	Nacidate Nac	kname / Street Name st Known Address (Street, A er Address (Street, A ver's License State/N thing (Describe) / tr Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled	Age To Astronomy Age To	/ Height // Weapon Ty mancipation hysical Condition ster manual :	Foul Sus; 1. Ye 2 No 8 Ur	City City City City Caty Caty Catal Security Number Caution R Play Petay Peta	County State State State Scars/Ma / J J J J J J J J J J J J	State E	pe/Describ th / Voice / Fingerpri Available 1. Yes	Personal Habor Name.	Scars/I Subject Wain Custody Photo Avail 1. Yes 2. No	Phone Phone Phone Marks/Tatto I ye 2. Ng phohol) Di	Docupation Docupation Type/Description Type/Description Denta Availa 1 Yes 2 No	Phone Type ID Type ID Type Glasses Varrant From: This Agency Other Agency Record bia?
/ MISSING SECTIO	Nacidate Nac	kname / Street Name st Known Address (Street, A ver's License State/N thing (Describe) // r Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangere	Age To Astronomy Age To	/ Height / Weapon Ty mancipation hysical Condition ster m ntary hown	Foul Sus; 1. Ye 2. No. 8. Ur.	City City City City Call Security Numb / Facial Features / Caution 6 Play pected? as a management of the common	County State State State Scars/Ma / J J J J J J J J J J J J	State E	pe/Describ th / Voice / Fingerpri Available 1. Yes	Personal Habor Name.	Scars/I Subject Wain Custody Photo Avail 1. Yes 2. No	Phone Phone Phone Marks/Tatto I ye 2. Ng phohol) Di	Docupation Docupation Type/Description Type/Description Denta Availa 1 Yes 2 No	Phone Type ID Type ribe) Glasses Varrant From: This Agency Other Agency Other Agency
SUBJECT / MISSING SECTIO	Nacidal Nacida Nacidal Nacidal Nacidal Nacida Nacida Nacida Nacida Nacida Naci	kname / Street Name st Known Address (Street, A ver's License State/N thing (Describe) // r Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangere	Age To Ag	/ Height / Weapon Ty mancipation hysical Condition ster m ntary hown	Foul Sustantian Process in a state of the Pr	City City City City Call Security Numb / Facial Features / Caution 6 Play pected? as a management of the common	County State State State Sta	State E	pe/Describ th / Voice / Fingerpri Available 1. Yes	Personal Habor Name.	Scars/I Subject Wain Custody Photo Avail 1. Yes 2. No	Phone Phone Phone Marks/Tatto I ye 2. Ng phohol) Di	Docupation Docupation Type/Description Type/Description Denta Availa 1 Yes 2 No	Phone Type ID Type ID Type Glasses Varrant From: This Agency Other Agency Record bia?
SUBJECT / MISSING SECTIO	Date Nacial Naci	kname / Street Name st Known Address (Street, A ver's License State/N thing (Describe) / r Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangere I, person; and this age eer Roporting - Ponte ch, Joshua	Age To Astreet. Apt. Number) pt. Number) umber / Skin C / Mask ct: Date of E 5 Disa Vict 7 Volu Adu 8. Unki	/ Height / Weapon Ty mancipation hysical Condition ster m ntary hown	Foul Sus; 1. Ye 2. No. 8. Ur Orson in a st. (Caption in a st. (Ca	City City City City City Call Security Numb / Facial Features / Caution R Play pected? as a control of the c	County State State State Sta	State E	pe/Describ th / Voice / Fingerpri Available 1. Yes	Personal Habor Name. (Signature) © ID. Numbe PO4130	Scars/I Subject Wain Custody Photo Avail 1. Yes 2. No	Phone Phone Phone Phone Arks/Tatto Is Already 1. Ye 2. Ng Sohol) Di Table?	Docupation Docupation Type/Description Type/Description Denta Availa 1 Yes 2 No	Phone Type ID Type ID Type Glasses Varrant From: This Agency Other Agency Other Agency on as a missing Date 04-22-2014
/ MISSING SECTIO	Date Nacial Naci	kname / Street Name kname / Street Name st Known Address (Street, A ver's License StaterN thing (Describe) / r Length / Style / Date of Last Conta May Be With: Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangere I, person; and this ag cer Reporting - Printe	Age To Astreet. Apt. Number) pt. Number) umber / Skin C / Mask ct: Date of E 5 Disa Vict 7 Volu Adu 8. Unki	/ Height / Weapon Ty mancipation hysical Condition ster m ntary hown	Foul Sus; 1. Ye 2. No. 8. Ur Orson in a st. (Caption in a st. (Ca	City City City City City Call Security Numb / Facial Features / Caution R Play pected? as a control of the c	County State State State Sta	State E	pe/Describ th / Voice / Fingerpri Available 1. Yes	Personal Habor Name. (Signature)	Scars/I Subject Wain Custody Photo Avail 1. Yes 2. No	Phone Phone Phone Marks/Tatte / as Already ? 1. Ye 2. No sohol) Defined Unit	Docupation Docupation Type/Description Type/Description Denta Availa 1 Yes 2 No	Phone Type ID Type riba) Glasses Varrant From: This Agency Other Agency Other Agency on as a missing Date

PROPERTY REPORT

EVNT	Report 04-22-	-2014		Report 1		1 1	al Incide: 2-2014	nt Date	Nati	ure of Call (for Ir	ncident)			Agency 140003	Report Nur 3721	nber					Page 4	1.Original	Pages
THEFT	Type T	helt	7ype 7 00 N// 01 Bu		ies 02. Robi 03. Shor			ket Pickir se Snatch	•	06. Embe: 07. From (ine	08. From	Public ss Bidg.). From Ve). Extortion		11. By 12. Fra	Compute	-	√ehige Parts	99.Other
copes	Person V-Victii S-Susp O-Defe W-War Catego B. Bicy C. Can	m sect indent ness ory Code role	N-Next O-Otho R-Repi	Lof Kin or orting Part	E-Equipr F-Furnitu G-Game	Person Invi 1. Finder 2. Owner 3. Suspect 4. Other nent/Measure and Fursiand Gam	unng Dev nishings bling App	Code ices/Tool	9 1 2 3 4	Status Code; Evidance Damaged Prop Arson/Burned Photo & Releas I-tiems of Ide J-Special Do K-Keepsakes	p. se entifications	5.Losi 6.Recov 7.Recov Agend on Stamps	vere vere cy R	ed (Outside Recovered) ckets M. M.	8.Found 9.Found/C 10.Prisone 11.Stolen usical Instru	ontrat r's Pe	pand rs.Prop. R-R S-S;	adio/	12.Stolen An 13.Disposal 14.Prop. Of (15.Return to TV/Sound Di /Camping/Re	d Recove Deceased Owner	nred 16.Vel 17.Bal 18.Sei 19.Abi V.Viewing E W.Well-dnili	ilcie inventor	ry Prop. afed lars)
	DRUG CODES	Activity P. Posi S. Seli B. Buy T. Traff R. Smi	sess Sc	ipment	D. I E. I K. S M	noid Applia Deliver Use Dispense: D Manufactur Cultivate):sinbute		z	L. Livestock	B. Bart C. Coc E. Hard			M. M. O. Op P. Pa Ec	srijuana srijuana siunyDeriva raphemaka suipment sothetic	ilive	Ü.	Unkr		Unit 1 Gran 2 Millin 3 Kilov 4 Oun 5 Pour	m 6 gram 8 gram 8 ce 9	RUGS,JWLF Ton Liter Milliter Dose Unit/1	•
~	Leave	Blank:		Person	Code	# Pe	rs. Invl.	Item#	Sta	itus		egory		Article CDISC		ı	cription				***************************************		,
RT	Serial I	vumber			Owner	Applled Nu	mber	U		Value Recover	red:		_	te Recovered:			containi feiture Y / I		F.W.T.C. ((Y/N)	Value		
PROPERTY	If Artic	Qty.		Brand	1	Mode	l		J	\$ ewelry Type		If Dru	10	Activity	Туре	J	Quantity		Unit		\$1.00 Estimated Stre- \$	et Value	
	If Gun	Mak	e		Model		Calibe	· [Туре/	Cat		Action			Finish			Вапе	el Length		Barrel Type		
∠	Leave i			Person			rs. Invi.	Rem#	Sta	itus		gory		Article		<u> </u>	coption						
ERJ	Serial N	Number			Owner	Applied Nu	mper			Value Recover	red:		Dat	te Recovered:		Forf	feiture Y / I	N:	F.W.T.C. (Y/N)	Value \$		
PROPERTY	If Artic			Brand	- 	Model				oweiry Type		If Dru	9	Activity	Туре		Quantity		Unit		Estimated Stree S	et Value	
-	# Gun	Mak	n		Model		Calibe	·	Type/	Ca1	1	Action			Finish			Вачтв	el Length		Barrel Type		
	Leave I	Blank:		Person	Code	e Per	rs. Invl.	ltem #	Sta	itus	Cate	gory		Article		Des	criplion						
PROPERTY	Serial N	lumber			Owner	Applied Nui	mber			Value Recover	red:		Dat	te Recovered:		Forf	eiture Y / t	1 :	F.W.T.C. (Y/N)	Value \$		
S P P	If Artic	. —		Brand		Model				owelry Type		If Dru	٥	Activity	Туре		Quantity		Unit		Estimated Stree \$	at Value	
	if Gun Leave (Mak		Person	Model	# Per	Calibe s. Invf.		Type/			Action	_	Aurists.	Finish	D		Barre	il Langth		Валгеі Туре		
>				Person				liem#	318	ius	Cate	gory	╛	Article		Ces	cription						
ERI	Senal N	lumber			Owner /	Applied Nur	mbe <i>r</i>			Value Recover \$	ed:	1	Dat	te Recovered:		Forf	eiture Y / F	4:	F.W.T.C. (Y/N)	Value \$		
PROPERTY	If Artic			Brand		Model	,			wolry Type		If Dru	•	Activity	Туре		Quantity		Unit	·	Estimated Street	eulsV to	
	lf Gun	Mak	0		Model		Calibe		Туре/			Action			Finish			Загте	i Lengih		Barrel Type		
	Item#		ate		Time			ed by (Pr):	Re	leased t	у (5	Signature):	Ī	Rece	rived by (P	rinted	1):		Received by (S	gnature):	
	Leave f	dank:						n for Cha															
	ltem #		alo.		Time	:	Releas	ed by (Pr	intod	:	Re	Heased b	y (S	Signature):		Rece	ived by (P	rintec	1):		Received by (S	gnature):	
λdc	Leave E	3lank:					Reaso	n for Char	าอูย:														
CHAIN OF CUSTODY	Item #		ale		Time	:	Releas	ed by (Pr	inted)):	Re	leased b	у (8	Signature):		Rece	iived by (P	rinted	i):		Received by (S	gnature):	
OF C	Leaws E	Blank:					Reaso	n for Chai	nge:		-												
AN	l¦em#		lato:		Time		Releas	ed by (Pr	inted)	:	Rel	leased b	ry (5	Signature):		Rece	ived by (P	rintec	i):		Received by (S.	gnature):	
핑	Leave 6	lank:			-		Reaso	n for Chai	ige:	***													
	liem#		late:		Time	:		ediby (Pr			Rei	leased b	y (S	Signature):		Rece	ived by (P	rintec	1):		Received by (S	gristure):	
	Leave E	Blank:					Reaso	n for Chai	nge:														
İ	lte-r: #	2	ato		Time		Releas	ed by (Pr	n:ed)	l.	Re	leased b	y (S	Signalure);		Rece	ived by (P	ntec	i).		Received by (S	gnature):	
	Leave 6	Blank;					Reason	n for Chai	ıça:											 '		-	
ż			-	м		•			Offic	er Reporting - S	ignature			-			ID. Numb			Unit		Date	
ADMIN.		ficer Reporting - Printed rch , Joshua ficer Reviewing - Printed (If Applicable)							Offic	er Reviewing - S	Signature	e (II Appl	lical	bie)			PO4130 ID. Numb			12A15 Unil		04-22-201 Date	4

NARRATIVE / SUPPLEMENT

							,	7474741	,,,,,,			1			Page	_ or	_Pages
EVNT	Repor	rt Date	Report	ime	Orig. Reported I	Date	Nature	of Call (for Inciden	4)	Agenc	y Report Number					1.Original	1
ш	04-23	3-2014	1052		04-22-2014		22A			14000	3721					2.Supplement	2
	1	The follo	wing sup	olement v	vas completi	ed by	Office	er B. Johnso	h;								
NARRATIVE / CONTINUATION	2 3 4 5 6 7	On 04/20 Hazen fr Battery of of Prose	3/2014 at om the V on a Law cution.	approxim blusia Cor Enforcem	ately 1052 h unty Sheriffs	nrs, Li s Offic	respo ce (V¢	nded to 4545 CSO). Deput	n: 5 Clyde Morris y Hazen advis azen complete	ed he	wished to f	ile crimir	nal charge	s again:	st⊦	for	-
NARRATIVE																	
	F:nal 0	_{Саво} Т	Final Case	····													
111	Status		Status Code	s: 1.Arrest/	Adult 2.Arres	stJuv.	3.Exo	eptional/Adult 4	I.Excoptional/Juv.	5.Close	ed 6.Unfounded	1	Victim Adv	vocate	Tnad	SA Refer	ral
ADMINISTRATIVE		CF Hotline ₁						Date:	1 Time:	FC	IC / NCIC Entry		T.T. BOLO		t Date:	, By:	
Æ		AC AC	Spoke With							<u></u>	IC / NCIC Cancel						
3TF	_	scting Report I		Agency			onal For			Bor		Uak #	Sh!	Other De-	emba:		
ž.						At	tached:	Narrative		Persons	Property			Other Des	icnbé:		
Ξ	Officer	r Reporting - F	rinted				Officer	Reporting - Signate	ıre			ID. Numbe	or .	Unit		Date	
AC		son, Brian					O#	6				PO3949		I lait		04-23-2014	
	Officer	r Reviewing - I	rmled (if Ap)	olicable)			Officer	Reviewing - Signat	ure (ii Applicable)			ID Numbe	п	Unit		Date	1

Page __1 ___ of __1 ___ Pages

PROPERTY REPORT

۲N	Report 5		Report '	'ime	*	al Inciden	t Date		ture of Call (for In	scident)				Report Nurr	nber					1.Original
THEFT EVNT	04-26-2 Type The		2230 Theft Cod			2-2014		22A	1				140003	3721				· · · · · · · · · · · · · · · · · · ·		2 Supplement 2
문	00	00 01.	N/A Burolary	02. Robbe 03. Shool			ket Pickir se Snatch	•	06. Embe; 07. From (08. From Acce	Public ss Bida.		From Veh Extortion	icle 11 By 12, Fra	Computer		o 99.Other Vehicle Parts
	Person C			Р	arson Invi				Status Code:											
	V-Victim S-Suspe		ext of Kin ther	I .	. Finder . Owner				i. Evidence 2. Damaged Prop	э.	5.Lost 6.Recove	ered		8.Found 9.Found/Co	ontraba	ind	12.Stolen Al 13.Disposal	nd Recove		hicle Inventory Prop. ker Act
	D-Defend W-Witne		porting Par		. Suspect . Other				3. Arson/Burned 4.Photo & Releas	in.		ered (Out: y Recover		10.Prisoner 11.Stolen	r's Pers	s.Prop.	14,Prop. Of 15,Return to			ized/Confiscated andoned
	Category			E-Equipm		rino Dovi	ione/Tool		i-items of Ide							_				
CODES	B. Bicyci			F-Furnitur	e and Fun	nishings		3	J-Special Do	cs/Food	Stamps/		М. М	usical Instru	ment		dio/TV/Sound C			iquip (Binoculars) ing Equipment
ၓ		era/Photo Eq. Processing E		G-Games H-Househ					K-Keepsakes L. Livestock	s and Co	llectibles			fice Equipm rsonal Acce:			xts/Camping/R ic Chemicals	ec.Equip.		Nems and Equipment PRUGS.JWERY, Etc.)
	T,	Activity								Туре								Unit		-
		Possess			elwer			2	2. Other		shetamine	,		arijuana			nknown	1. Gran	m 6	5 Ton
		S. Sell 3. Buy		E. U K . D	se ispense/D)istribute				B. Bart C. Coc	aiturates aine			orum/Deriva Iraphemalia		Z. O	ther	2. Millio		7 Liter 3. Milifiler
	1	T. Traffic R. Smuocle			fanufactur Cultivate	re/Produc	e/			E. Here	oin ucinocán			quipment Inthetic				4. Qun- 5. Pour		9. Dose Unit/Term 19.Other
Ţ	Leave Bl		Persor			rs. lavt.	Item#		atus	Çatı	ngary	Article	•	112.000		ription				J. 441.10
꽃	Sezial Nu	umbor		Owner A	pplied Nu	mber	<u> </u>	1	Value Recover	D red:		DISK Date Reco				iture Y / N	F.W.T.C.		Value	
١Ã		Qty.	Brand		Mode	1		IJ	s lawelry Type		T	4-22-20 Acti		Туре	Щ	Quantity	Unit		\$ Estimated Stro	ot Value
PROPERTY	If Article	1	verbat		cd-r						If Drug	·	,						5	
	If Gun	Make		Model		Çaliber		Туре	rC8t		Action			Flaish		P	arrel Length		Barrol Type	
~	Leave BI	lank:	Persor	Code 6	Pe	rs. Invl.	Item#	Sta	atus	Cate	agory	Article)		Desc	ription				
F.	Şeria, Nı	ımber		Owner A	pplied Nu	mber	•		Value Recover	red:	T	Date Reco	overed:		Forte	iture Y / N	F.W.T.C.	(Y/N)	Value 5	
PROPERTY		Oty.	Brand		Mode	·I		J	5 lewelry Type		ا ا	Acti	vity	Туре	<u> </u>	Quantity	Unit		a Estimated Stre	et Value
PR	If Article	Make	<u> </u>	Model	Т.	Caliber	, т	Турел	/Cat		Action	<u> </u>		Finish		! B	arrel Length		Samel Type	
	if Gun					<u> </u>														
>	Leave 8	anic	Persor	Code	Pe	rs. Invf.	Item#	Su	арта	Cate	egory	Article	•		Desc	ription				
PROPERTY	Senal Nu	mber		Owner A	pplied Nu	mber			Value Recover	red:		Oste Reco	overed:		Forfe	iture Y / N	F.W.T.C.	(Y/N)	Value \$	
OP	If Article	Qty.	Brand		Mode	I		J	leweiry Type		If Drug	Acti	vity	Туре		Quantity	Unit		Estimated Stro	et Valuo
H.		Make		Model		Caliber		Type	/Cat	·Ţ	Action			Finish		В	arrel Length		Barrel Type	
\vdash	If Gun Leave Bl	ank:	Person	Code #	t Po	rs. Invl.	Item#	TSt	atus	T Cate	egory	Article	,		Desc	ription				
	Serial Nu	unah o r		T Owner A	uN beilgg.	mbar			Value Recover			Date Reco	nuasad:		Forfei	iture Y / N	F.W.T.C.	(V/N)	Value	
PROPERTY	aciiai Nu			OWING A					\$		<u>`</u>				Щ.			,	\$	
8	If Article	Qty.	Brand		Mode			ľ	leweiry Type		If Drug	Acti	vity	Туре		Quantity	Unit		Estimated Stre \$	at Atline
۵	lf Gun	Make		Model		Caliber	,	Турс	/Cat		Action			Finish		[B	arrel Length		Barrel Type	
	Hem#	Date:		Time.		Releas	ed by (P	rinted	l):	Re	leased b	y (Signatı	ire}:		Recei	ved by (Pr	nted):		Received by (S	iignature):
	Leave Bl	ank:				Reaso	n for Cha	nge:												
	Item #	Date:		1/me		Releas	ed by (Pa	rinted	1):	Re	leased b	y (Signali	ire]:	ī	Receiv	ved by (Pri	nted):		Received by (S	ignature)
	Leave Bl					Paren	n for Cha	000				-								
O)	Leave Bi	ank:																		
CUSTOD	Item #	Date		Time		Re:eas	ed by (Pa	nn!ed	t):	Re	Heased b	y (Signati	ire):		Receiv	ved by (Pn	nled):		Received by (S	ignature):
OF CI	Leave Bl	ank:		1		Reason	n for Cha	nge:		_ •									•	
	ltern ≠	Date.		Timo:		Releas	ed by (Pr	rinted	1):	Re	leased b	y (Signati	ire):		Receiv	ved by (Pri	nted):		Received by (S	iignature):
CHAIN	Leave Bl	ank:		_ {		Reason	n for Cha	nge:						l.						
				T ===			ed by (Pi		11.	I n.	leased b	. 10:			Passi	ved by (Pri	ntod):		Received by (S	Non-dura!
	Item #	Date:		Tima:					14.	RE		y (arginalic			Mecan				Knebived by (a	igitatore <i>j.</i>
	Leave Bl	ank:				Reason	n for Cha	nge:												
	Item#	Date:		Tima:		Releas	ed by (Pi	rinted	():	Re	leased b	y (Signatu	ine):		Recai	ved by (Pri	nted):		Received by (S	ignature):
	Leave Bl	ank:		1		Reaso	n for Cha	nga:											<u></u>	
<u> </u>	Officer R	eporting - Pr	ntođ					Offic	cer Reporting - S	ignature)					ID. Numb	ж 	Unit	-	Date
ADMIN	Marotte Officer R	Barry eviewing - P	inted (if An	olicable)				Offic	cer Reviewing - S	Signatur	e (If Appl	icable)			-	PO3653 ID. Numb	ж	Unit		04-26-2014 Date
AC.	ψσ: A		and the cabi								- T-P'									1

PROPERTY REPORT

		<u>-</u>									KUr	EKI	1 1	REPORT						Page 1	of1Pages
EVNT	Re	port Da	le	Report	lime .	I -	al Incider	nt Date	Na	ature of Call (for to	ncident)			Agency	Report Nur	nber					1.Original
1	04 Tu	-27-20 pe Thefi		0600 Theft Co	ıfês	04-22	2-2014		22	A				140003	3721						2.Supplement 2
THEFT	,,		00.1		02. Robbe	ery	04. Pod	ket Pickir	ng	06. Embe				Q8. From	Public	09.	From Vehic	,	Compute	r 13. Bloyde	99.Other
F				Burglary	03, Shool			se Snatcl	hina		Coin Or	er.Mac	pine	Acce	ss Bldq.	10.	Extortion	12. Fr	ud	14. Motor	Vehicle Parts
		rson Co Victim		nxt of Kin		erson Invo . Finder	olvement	Code		Status Code: 1. Evidence		5.Lost			8.Found			12.Stolen A	nd Recove	ered 16 Val	hicle Inventory Prop.
1		Suspect				. Owner				2. Damaged Prop	p.	6.Reco	ver		9.Found/C			13.Disposal		17 Bai	ker Act
		Defenda Witness		sporting Par		Suspect . Other				 Arson/Burned Photo & Releas 	sa .			ed (Outside Recovered)	10.Prisone 11.Stolen	r's Pers	s.Prop.	14.Prop. Of 15.Return to			ized/Confiscated andoned
	\vdash	tegory (,	,	***********						
CODES	1	Bicycle	,,,,,,		E-Equipm F-Fumitur		-	rices/Tool	5	I-Items of Ide J-Special Do			s/Ta	inkets M.M.	usicat Instr	ment	R-Radi	o/TV/Sound (2enive(_	quip (Binoculars) ing Equipment
3	C	Camera	/Photo Eq		G-Games		_	paratus		K-Keepsake:				0.0	ffice Equipm	nent	\$-Spor	ts/Camping/R			Items and Equipment
	D-1	Data Pro	xcessing É	quipment	H-Houset	old Applia	ince/Hou	sewares		L. Livestock				P.Pe	rsonal Acce	ssones	T-Toxic	Chemicals		(GUNS,D	RUGS,JWLRY, Etc.)
	Г		tivity								Туре								Unit		
	9	SE C	Possess Self		D. D E. U	eliver				Z. Other		phétami biturate			arijuane pium/Deriva	dine	U. Un Z. Oth	known	1. Gra 2. Milli		5. Ton 7. Liler
	la E	S B	Buy		K. 0	ispense/D					C. Cod	aine	•		raphernalia		2. 00	101	3. Kilo	-	3. Militer
		- 1	Traffic Smuodle			lanufactur Juliivale	e/Produc	e/			E. Her	oin lucinpae	en.		quipment viithetic				4. Our 5. Pou		9. Dose Unit/Term 19.Other
	Le	ave Blar		Person			rs. Inyl.	ltem #	S	Status		egory		Artide			ription				AND INC.
È	Se	rial Nurr	iher		Owner A	.pplied Nu	mher	01	1	Value Recover	R red:		n	CDISC ste Recovered;			ontaining iture Y / N:	audio of F.W.T.C.		ents Value	
Įμ	L					,pp://dc.110/				\$				att (1960) and (1961)		1 0110		11111110	(1//4)	\$1.00	
PROPERTY	ır.	Arlicte .	Qfy 1	Brand		Model	l			Jewelry Type		If Dr	цg	Activity	Type		Quantity	Unit		Estimated Stro	ot Value
=	۳	_	Make	.	Model		Calibe	r T	Тур	e/Cat		Action			Finish		Ва	rrel Length		Barrel Type	
┝	_	Gun ava Blar	ık.	Poren	Code #	ı Ipa	rs. Invl.	Item #	Ts	Status	Low	ogory		Article		Dasc	ription				
≻								, morning	Ĺ			,		7111000		5030	-ip u oii				
PROPERTY	Se	rial Num	IDB!		Owner A	pplied Nu	mber			Value Recover	red:		Da	ale Re∞vered:		Forfe	iture Y / N:	F.W.T.C.	(Y/N)	Value S	
팅	٦	Article	Qty.	Brand		Model	ı		Т	Jewelry Type		H Dr	L	Activity	Турв	Т	Quantity	Unit		Estimated Stre	et Value
K	ļ."		Make	ــــــــــــــــــــــــــــــــــــــ	Model	1	Calibe	, T	Tvo	e/Cal		Action	<u> </u>	<u>i</u>	Finish		Ba	rrel Langth		S Barrel Type	
		Gun			ļ													-			
>	Le	ave Blan	łk:	Parso	Code /	Per	rs. invi.	Item #	S	status	Cat	egory		Article		Desci	ription				
PROPERTY	Se	rial Num	ber		Owner A	polied Nui	mber		_	Value Recover	red:		Da	ate Recovered:		Forfe	iture Y / N;	F.W.T.C.	(Y/N)	Value \$	
ᄩ	-		City.	Brand		Model	1		1	Jewelry Type			_	Activity	Туре		Quantity	Unit		Estimated Stre	el Value
N. N.	177	Article		<u> </u>			Lau		ᆚ	10.		If Or	υg		,			rei Length		S Barrel Type	
	If	Gun	Make		Model		Calibe	r	турс	e/Cat		Action			Finish		Ва	rei Lengin		Barrel Type	
Ţ	Lei	ave Blar	ık:	Persor	1 Code f	Per	rs. Invl.	Item#	S	Status	Cat	egory		Artide		Desci	ription				
OPERTY	Şe	rial Num	ber		Owner A	pplied Nu	niber		_	Value Recover	red:		ρa	ata Racovarad:		Forfei	iture Y / N:	F.W.T.C.	(Y/N)	Válue	
Ⅱ	_		Qty.	Brand		Model	ı		_	\$ Jewelry Type		┰┙		Activity	Туре	Ц,	Quantity	Unit		\$ Estimated Stre	nt Value
PRO	lf /	Anlote		Liens		Middel			\perp			H Dr	ug	Party	1,750			ļ		\$	
-	16 (Gun	Make		Model		Calibe	r	Тур	e/Cat		Action			Finish		Ba	rel Length		Barrel Type	
	lter	ካ#	Date:		Time	· · - · ·	Relea	sed by (P	rinte	ed):	R	eleased	by ((Signature):		Receiv	ed by (Prin	ted):		Received by (S	iignature).
	Lea	ave Blan	<u> </u> .k;				Reaso	n for Cha	nge	:	l_									<u> </u>	
					<u> </u>						1 -									In	
	Iţe	T) #	Date		T:me.		Releas	sed by (P	ante	re j:	R	eleased	Dy ((Signature):		recen	red by (Prin	Je0).		Received by (S	ngnature):
Δ	Lea	eve Blan	k:				Reaso	n for Cha	nge	:	•										
STO	Iter	T1 #	Date		Time		Releas	sed by (P	rinte	ed):	Ř	Heased	by ((Signature):		Receiv	red by (Prini	ed):		Received by (S	ignature):
CUSTODY	<u>. </u>	^·	1				P	o fee CL													-
9 F	Lea	ive Blan	K:				Reaso	n for Cha	inge												
	Iter	π#	Date		Time:		Refeas	sed by (P	rinte	:d}:	Re	eleased	by ((Signature):		Receiv	red by (Prin	ed):		Received by (S	ignature):
CHAIN	Lea	ve Blan	k:				Reaso	n for Cha	nge	:										J	
	l+~		Date:		Time:		Roles	sed by (P	rinte	id):	I D.	alogues*	ho. '	(Signature):		Receiv	red by (Print	ed):		Received by (S	ignature):
					T I I I I I I			<u>.</u>		·	, , ,	, oa 311D		(coldinatora):		. 100614	Carry (FIIII)			- received by (5	rgi ratai e j.
	Lea	eve Blan	k:				Reaso	n for Cha	nge												
	Iter	η #	Date.		Tline:		Releas	ed by (P	rinto	id):	Re	oloased	by ((Signature):		Receiv	ed by (Prin	ed):		Received by (S	ignature):
	Les	eve Blan	k:				Reaso	n for Cha	nge	l.										i	
<u> </u>																	(D. N		. Inc		Date
ADMIN.		icer Rep 'ch, Jo	orling - Pr shua	r100					L	ficer Reporting - S	nutangıc					1	ID. Number PO4130		Unit 12A15		Date 04-27-2014
ğ				inted (If Ap:	olicable)				QĦ	ficer Reviewing - (Signatur	e (if Ap	plica	able)			(D Numper		Unif		Date
									L_												1

NARRATIVE / SUPPLEMENT

Ε.	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Inciden	D	Agency Report Number			<u>'</u>		1 Original	
\ <u>\$</u>	Report Date 04-26-2014	2230	04-22-2014	22A		•					2.Supplement	,
ш	1 On 4-22-20 2 arrival I mar 3 vehicle whil 4 his bumper 5 war 6 vehicle and 7 aggressive 8 extremely fi 9 dinner gues 10 Hazen state 11 who was war 12 his finger th 13 Magee arriv 14 that there was reveale	14 at approximate contact with decentract with the getting into the beeping the hors laying on her fill walked back to behavior. Depuilled up. Depuilled up. Depuilled up. Depuilled up. Betti had given to ed that words wealking beside him at he said was deed on-scene duras evidence for ed that.	ately 1830 hours off-duty VCSO Do to turn lane to pulm the entire way norn the entire way norn the entire way the vehicle drive Hazen stated that Regina. When Does exchanged am. Dep. Hazen staused by uring this time. Leboth parties to pwas the aggresso	Ofc Burch and I reseputy B. Hazen and I into the parking lot into the parking lot ay into the parking lot ay into the parking in by and set he parked his veloe and Regina wall bep. Hazen approach as he was walking tated that he strucket.	sponded to Sa d his wife, Reg at for the restau until Dep. Haz lot until Dep. Haz lot until Dep. Hax hicle on the so ked into the reched his vehicle g back to the company of the sound on scene lowed on scene lowed at the sound in the scene lowed are mother was	ina Gresham. Do irant. The vehicle ten stopped in the lazen stopped his VCSO badge an uth side of Space staurant and ther te he observed restaurant, he was ther away from I was interviewing and stated that s s mother to sign	ep. Hazer e, driven l e roadway s vehicle. d credent e Coast C n he return an as struck him, hittin ine wisher an intent	n stated to by y. An ind Dep. Hatials atterized to the deciral deciral the ship generated to prosent to prosent opens.	ependen azen stat mpting to on as the e vehicle Mendoz oulder se the lip. I doza abe ue charg cute. Up	ad inadve ollow the witness and he got be parking to a near his everal time open. Haze but the inclusion further	ery. Upon retently cut of cowed close verified that out of his costop the lot was lem that the exchicte. Despire had a cut ident. Sgt ving at the envestigati	off a ly on t
NARRATIVE / CONTINUATION												
ADMINISTRATIVE	Status State DCF Hotline CAC Spo	al Casé tus Codes; 1. Arrest/ oke With per Agency		3.Exceptional/Adult 4 Date: onal Forms	Exceptional/Juv	5.Closed 6.Unfounded FCIC / NCIC Entry FCIC / NCIC Cancel		Victim Ad	vocate	Triad	SA Refer	ra)
ST	Connucting Report Numb	per Agency		onal Forms Hached: Narretive	\$A 707P	ersons Property	Veh./Tow	Sheet	Other Desc	ribe:		
¥	Officer Reporting - Pente	<u> </u>	1	Officer Reporting - Signatu			IO. Number		Unit		Oale	
ğ	Marotte, Barry						PO3653				04-27-2014	ļ
*	Officer Reviewing - Prints	ed (If Apolicable)		Officer Reviewing - Signatu	ure (If Applicable)		ID. Number		Unit	•	Date	

Port Orange Police Department

O/1001.022 REV. 7/02

WAIVERS & AFFIDAVITS

lame of Person Signing:		Case Number:		
DOMENSIQUE LA	ALSON FOR	14000		
ype of Incident: BATILAY	Officer: MAROTY	Unit ID #	J653 Page 1.	2.KØ
	CONSENT TO SEA	ARCH		
consent and agree t	o allow the Port Orange Police Officers t	to search my	, lo	ocated at
			ort Orange Police Officers to	
l areas located within, and all building search is freely and voluntarily giver	s, structures, and vehicles adjacent, inclu I understand that I may refuse to allow	Iding all containers located Port Orange Police Office	therein. My consent and ag	reement
	FORCED CHECK SIGNATU			
	uly swom according to law deposes and		•	
, drawn o	on the, dated	, and made payab	le to the order of	
signature which appears on said checat he/she never received any benefit for a gotiation or payment.	ck is not his/her signature nor did his/she from said check or any part thereof, and f	authorize said signature to further states that he/she di) be made. The affiant furthed not present this check for	er states
*	VEHICLE CONSENT IX	D'SEARCH		
T appliant	T		informed of the following:	
Location:1, T	here are no promises of anything in retur			. '
2. I	have the right to refuse to consent to a se	earch.	•	
	nything found in the search may be used by consent to search is freely and volunta			
sereby authorize Officers of the Port	Orange Police Department to conduct a cone passenger compartment, the trunk, glo	complete search of every p	art of my vehicle and the corea, and sealed containers or	ntents
Vehicle:	Tag: State:	Year: Vir	l'	
Registered Owner:		ess:	<u> </u>	
Registates owner.				
[Telling	A REIDAVEL OF PROS			
being duly sworn, o	depose and say that on	, 20 <u>1 7</u> , in th	e State of Florida and the Co	
dusia, one BALAN HA EEN	, who resides at		, did the fo	Howing:
	owthery And welifully	STRIKE HNOTE	441 ALATNST	
THEIR WILL.				
	(Include property taken or er	ntered, etc.)	• .	
I, the undersigned, certify that I am t there will be no dismissal of said	he victim in the above case and do wish charges. I agree to appear at trial and oth	to prosecute. I understand	that if criminal charages are er to bring this matter to co	filed, urt.
		7		
o swear or affirm that the above state /orn to and subscribed before me, the	ement(s) is/are true and correct	YOU APR	s	ignature
Q m	1	nature of Notary Public / L	aw Enforcement Officer)	
OPI MAROT		Name of Notary / Law En	forcement Officer - ID #)	
Above Person Personally Known	Above Person Produced Identificati	ion 🔀 Type ID <u>F</u> L	106	ر

AOPOMITYKI MITHERS :	111
STATE OF FLORIDA COUNTY OF VOLUSIA CITY OF PORT ORANGE	DATE 22 1 2000 } 7 + 1 PAGE NUMBER 1 2000 } 7 + 1
(PLEASE ON ING)	
NAME	
HOME ADDRESS	· ··-
(STREEL)	(SIATE) (Zil GODE)
EMPLOYMENT ADDRESS (CITY)	(STATE) (ZIP CODE)
OCCUPATION	
PHONE NUMBERS (WORK)	(CELL)
(ROME)	(CELL)
EMAIL	
DRIVER'S LICENSE NUMBER (ST	DATE OF BIRTH
COT OD HAIR	_COLOR EYES
HEIGHT TOWNDS)	-
CITIZETONAL CONDITENT	(CITYINTATE/COLINTRY)
RACIMARITAL	STATUS (MARRIED/DIVORCED/SEPARATED/SINGLE)
(MALE/FEMALE)	
BEFORE ME, THE UNDERSIGNED AUTHORITY, PE LISTED ABOVE), WHO BEING DULY SWORN, DEPO	RSONALLY APPEARED (NAME SES AND SAYS:
LISTED ABOVE), WHO BEILD DOZ A CHO	-1 away aused a
The man cut the control	and the to
Wick Op Dow On Will	of course by and
STOD, We word I TO	TO THE SOUTH OF THE SECOND OF
TO SOMMILLON	THE COURT
Monday Dom Page	NOT IT WAS CALLOT
the court on mident t	to Darrod Distill
The hot and and	JH: HE OPPICIONAL
milion srowing	SIM OF COSTIONATE
The solution of the	IMMUN HE FRISHED
William In The Control of the Contro	Strent H was
The state of the s	TIMOVOJOVO TO
EFFE WAS THE TOTAL	OLDOBER HE LUAS
OCT IN IKEIDS TO	ON PACK YE NECESSARY
TO I MIS TOCK OF YO SCHOOL	CONTINUE ON BACK IF NECESSARY
SWORN TO AND SUBSCRIBED BEFORME DE MANOTO	SAC I SWEAR ALL INFORMATION PROVIDED
SWORN TO AND SUBSCRIBED BEFOR MIL OF COMMENT	IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY
THE UNDERSIGNED AUTHORITY, THIS JAND	KNOWLEDGE AND BELIEF.
· \(\Delta \text{ an } \text{ \text{ an } \text{ an } \text{ \(\Delta \text{ an }	<u> </u>
NOTARY PUBLIC O	R SIGNATURE OF AFFIANT
L.E. OFFICER	
L.E. OPPICEN	

STATE OF FLORIDA COUNTY OF VOLUSIA CITY OF PORT ORANGE DATE 4 22 14 CASE NUMBER /400172/ PAGE NUMBER 01

-(Please-print)-			7
NAME HAZEN	PRIAN	AMDDLE	
HOME ADDRESS	PINE	(STATE)	(ZIF CODE)
EMPLOYMENT ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
OCCUPATION DEPUTY		a=0	:
PHONE NUMBERS (· (WORK)	878 () (CELL)	
EMAIL	Property of the second	AND THE RESERVE OF TH	Control of the Contro
HEIGHT /EIGHT_ (FEET/INCHES) (POUNDS	COLOR HAIR	DATE OF BIRTH (CLASS) COLOR EYES_	(M/D(Y)
	ACE OF BIRTH	(CITY/\$TATE/COUNTR	<u>Y)</u>
SEX N RACE W	MARITAL ST	ATUS(MARRIED/DIVORCED/SEPA	RATED/SINGLE)
BEFORE ME, THE UNDERSIGNED A LISTED ABOVE), WHO BEING DUL	A 2MOKM, DELOSE	S WILL DATE.	
MYSER AND DR GIA	NOVA MER	WERE ER ON) DUNDANDON AV. DE LANE TO
TURNISTO GO SBON	1000 700	por Han GO	<u>PAGD SO</u> / BRAKED
GET INTO L-TURN	LATUE TRA	17/C 11/10 3/-	Parkers A. C.
TO AVOID TRAFFICE	W/F DRI	USE /A VEH	BEHIND STREETED
Drowing in			MOULUG SE IN
DID AS WELL TEND			O SALERS PEST
W/F FOLLEDWED IN		EN MANE. I TURNED I	LIGHT WAS NTO PLASA
RED. LIGHT TURNE			
W/K STARTED BLOWIN	UG-140RN.	1 ZOURED 110	THE MIRROR AND
COULD NOT SEE HE	R USHICLE O	SECRUSE IT W	IAS SO CLOSE TO
THE REAR OF MY CA	e STE	PPED AND I	DED MYSELF WITH
My BADGE + Veso 10		CONTINUE ON BACK IF	NECESSARY
SWORN TO AND SUBSCRIBED BEFOR ME THE UNDERSIGNED AUTHORITY, THIS DAY OF	PKC. J. SLR 22 14 OR 4,30	I SWEAR ALL INFORMATIN THE ABOVE AFFIDAY CORRECT TO THE BEST KNOWN BELLING BEL	IT IS TRUE AND OF MY
LE OFFICER OFC	4(30		

GET HIS PICTURE AND CAMING ME SOME SORT OF
OLD MERUSED: 1 TOLD THEM TO CHILL OUT AND COT
BACK IN TO MY VEHICLE, THEY DROVE AROUND ME
FIND AS THEY DID THEY CAUS WE MIS ELLING AND IN
THE AS TARY WENT BY / DROVE TO MY PILLE
THE VEHICLE AT THE
SULTEND OF THE PLAZA AND WENT IN TO CHIED
5 MIN LATER I SKITED SALSA'S WITH A RAY GOSSUSON
THE TURNED. I WALKED TO MU I/CH ALLA DUM
LATE IN MY VEH WHEN I CLOSED THE DOOD
TOURS WESTER WHANKING TOURS AND AND AND
PICTURES OF ME + MY VEHICLE I TOLD THEM I
WOULD CALL 9-1-1 IF THEY DIDN'T LEAVE ME ALONE
AND THEN WALKED TO THE NORTH TO GET AWAY
FROM THEM. AS I WALKED NB ON THE PLAZA BREEZE
WAY THE THIS OF THEM TOURS TO THE PLAZA BREEZE
DRSENITIES + 90 ME THEM FOLLOWED ME CAHWL ME
ORSENITIES + 90 GE OLD PSEVERT" I CONTINUED TO
THE DOCK TO SEE AND COME AND AND AND AND A
MY LEFT SIDE. THE BROW LANDED ON THE
DRISK OF MILL SKULL ON THE LEET CLASS () LOS
1110 C-1041 Market F157 / C-TPured Urb
- TOD SAT WALL QUINA, France - To -
L SAT THERE UNTIL POPB ARRIVED NOT HAVING
ANY OTHER CONTROL
SWORN TO AND SUBSCRIBED BEFOR ME OF (Buch 4130 I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFRIDAVIT IS TOUR AND
DAY OF 120 14 CORRECT TO TRY EST OF MY
NOTARY BURLIC
LE OFFICER (FC) > Y(3)

VOLUNTARY WITNESS STATEMENT

AOPOHIWE	, / ,
STATE OF FLORIDA COUNTY OF VOLUSIA CITY OF PORT ORANGE	DATE 4/02/14/CASE NUMBER 3721 PAGE NUMBER 01
(PLEASE-PRINT)	Poter Monvel
HOME ADDRESS 3650 CSPlan ask	(CITY)
PHONE NUMBERS (486) 290-90 (HOME) 1-0	(WORK) (CELL)
DRIVER'S LICENSE NUMBER HEIGHT 5/10 WEIGHT 305 (FEET/INCHES) U.S (POUNDS) CITIZENSHIP PLACE	DATE OF BIRTH 7/8/84 (STATE) (CLASS) COLOR EYES STATUS (CITY/STATE/COUNTRY) (MARRIED/DIVORCED/SEPARATED SINGLE)
San both female and both partie glapped male times. Male ther turned m. the mon- and she insta ran over yell got in between	s were arguing. Teller female in the shoulder a couple in the shoulder a couple elled don't hit me" and and punched. Taller female th. The punch split her lip atly started bleeding. I ling of the male and en both parties and then
stated he place	chel femole because Continue on BACK IF NECESSARY
SWORN TO AND SUBSCRIBED BEFOR ME_C THE UNDERSIGNED AUTHORITY, THIS	I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE APPROAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. OR SIGNATURE OF AFFIANT

4132

 _	+le	male	wec	<u>a11</u>		of ua,	then on	walk:
		both	fema	105	walk	175	<u>b</u> 1	nis right
			· · · · · · · · · · · · · · · · · · ·			<u> </u>		
		· · · · · · · · · · · · · · · · · · ·			 			
								
								
		·	-			 -		
				 .	-		·	
					<u> </u>	-		
			<u> </u>	 _	<u>-</u>	-	 _	
			<u> </u>			 -		
				<u> </u>				
								
			·	·				
		·			 -			
								
						.	· ·	
	<u> </u>				· , ·			
					···			
			,	<u>-</u>	 -		· - · · · · · · · · · · · · · · · · · · ·	
				-	<u> </u>			
		,						
							-	
					_ <u></u>		<u> </u>	 -
<u></u>					 			
WORN	TO AND SU	BSCRIBED BEFO	DR ME DEC			.		
		AUTHORITY, T		Direc	li		A POLITICIO A VI	ION PROVIDED T IS TRUBAND
AYOF						. (.) I (K. 12.4 1 . / 1	O THE BEST	N 17 N 18 18 18 18 18 18 18 18 18 18 18 18 18
-	PUBLIC	·-	,20(4					\

4 ODOMETIME TO SECTION	ulaalul
STATE OF FLORIDA	DATE 1/12/14
COUNTY OF VOLUSIA	CASE NUMBER 140003 74
CITY OF PORT ORANGE	PAGE NUMBER
CITT OF TORT ORDINGS	•
(PLEASE PRINT)	
NAME DINITO Sanara	(MIDDLE)
(LAST) MELLING 1978" CHYONEST A	r · NUDULE) 1462
HOME ADDRESS STREET) ALA (GTA)	(STATE) (ZIP CODE)
EMPLOYMENT ADDRESS / () (CITY)	(STATE) (ZIP CODE)
OCCUPATION	
PHONE NUMBERS 585 392-3307 (WORK)	<i>5</i> 85) 261-8953
(HOME)	(CELL)
EMAIL	
DRIVER'S LICENSE NUMBER	DATE OF BIRTH
	COLOR EYES
HEIGHT WEIGHT COLOR HAIR (FEET/INCHES) (POUNDS)	
CITIZENSHIP PLACE OF BIRTH (COUNTRY)	(CITY/STATE/COUNTRY)
	PTIS 217
(MALE/FEMALE) (MACE	ARRIED/DIVORCED/SEPARATED/SINGLE)
BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSON LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES A	ally appeared (name ND Says:
in . I wind and A was walking the	unatho Jostalla ant when
THE THOUGHT OF THE SCOOL OF US	TIMO AIRK AMA MAN
We will come voices of the the	thought her ware list
Will diguin addition they we	he nahn was in the
tooling around, paromagour solon contra	THE MALL CARLO FOR
aus lace foling some works works	and a could have talle if all over
of voice. The gui swatted rum and so	on something we ge wy
of my laco, He ammodiately Sugged he	i (n the Multin an equal,
"und slorit het ma, you don't hat ma,"	at that point, another
Oman appropriated from any asked who	i he did what he just alg,
A. Manh angumintativa am again	Tuen loud. The au who
THE LATE WAS SKINGWING ON MINOR M	a mality as blood should not
The chan act and the Metalina of Chili	5 CIO-DACYAC!
We then arrived the residentially gives	TINUE ON BACK IF NECESSARY
CON	TINUE ON BACK IF NECESSARI
SWORN TO AND SUBSCRIBED BEFOR ME OF MANTY W	I SWEAR ALL INFORMATION PROVIDED
X X . 4	IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY
THE UNDERSIGNED AUTHORITY, THIS JAME	KNOWLEDGE AND BELIEF.
DAY OF AIR 20 14	SamaDullto
NOTARY PUBLICOR	SIGNATURE OF AFFIANT
L.E. OFFICER	

Port Orange Police Department Voluntary Witness Statement

State of Florida County of Volusia City of Port Orange		Date: Case#:_ Page:	4/23/14 14000373		
(Please Print)					
Name: Sattler S	UZZNNE (First)	_ _ _	(Middle)		
Home Address: 7 Cheviot (Street)	Lane R	ernes	ter, Ny.	14604 Zip)	
Employment Address: (Street)	(City)	(S	itate) (Z	Zip)	
Occupation: Retired					
Phone Numbers: ((Work)		(585) 643 - (Mobile)	<u>. 53</u> 85	
Driver License#:	I	Date of B	irth:/	/	Il the
Height: Weight:	Hair Color:		Eye Color	wi-	
Citizenship: (Country)	Place of Birth:_	(Ci	ty-State-Country)	$\frac{2}{2}$	de.
Sex:Race:	Marital Status:			ונדטוע]	. U Coo A
a Girls of Gentleman Wa	nen man	वी गिर एक्ट	arking lo	<u> Llosest</u> to	ver "
onto place walking. They	D	1 ' 11'	ex daug	1 1 1 1	Sassy their
voices got louder the gen	Heman	raise	ed his vi	dice to h	er
she should him saying	" (<u>let</u> 0	Ut Of	mutace	e "ana (then
he side punched Aexoli	with his		stevenic	A COULE	alle val
to screen and tull of	The MAI	Lh	AUGUA	a Bont	eMan
TOUR TOPS CAT THE DEACH	Outsic	le n	ollares	Down	- to
The gentleman payi	mgo" hin	at-th	e hell a	reyouo	loing
isandon't punch descr	After Ga	MHY) ONTINUE C	MOW DO IN BACK IF NECES	SICY We	11 SKQ. ->
SWORN TO AND SUBSCRIBED BEFORE ME DH MAND TT			FORMATION PROVIDED		•
THE UNDERSIGNED AUTHORITY, THIS WAY DAY OF APA	_ 		/IT IS TRUE AND CORRE Y KNOWLEDGE AND BEL		
NOTARY PUBLIC	_ORT	42 1	11 110 / 40	TO SA	
LAW ENFORCEMENT OFFICER	<u> </u>	T OSIC	NATURE OF APPIANT)		

CASE# 140003741 PAGE:) OF	
(AFFIDAVIT CONTINUATION)	•
and I was Circle 11	222 21 21 1 1 1 1 1 1
sunched me orrest the 1	aing gentlemon told the
Cher Gentleman there is	notreboon that gives war.
, whereon to not her are	2 younger gentlemon soid
"I am calling the cope" the	(Dider hendleman said"
" Jam calling them too"	
•	
	<u> </u>
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	,
	My r
SWORN TO AND SUBSCRIBED BEFORE ME DEC MANOTTY 2600	ISWEAR ALL INFORMATION PROVIDED IN THE
THE UNDERSIGNED AUTHORITY, THIS DEVO DAY OF APA 20 14	ABOYE AFFIDAVIT IS TRUE AND CORRECT TO
NOTARY PUBLICOR	THE SEST OF MY KNOWLEGGE AND BELIEF
LAW ENFORCEMENT OFFICER	(SIGNATURE OF AFFIANT)

	UD2 NU
STATE OF FLORIDA	CASE NUMBER 12000 371
COUNTY OF VOLUSIA	PAGE NUMBER
CITY OF PORT ORANGE	
(PLEASE PRINT)	
NAME: MCCOCO HONG	(WIDDLE)
HOME ADDRESS 1007 Third Street F	20 EL 32124
(STREET)	(STATE) (ZIP CODE)
EMPLOYMENT ADDRESS O DWON STORES	(STATE) (ZIP CODE)
OCCUPATION Sandwhich artist	
PHONE NUMBER(S) (384 866-8140 ()	386)500-766
(HOME) (WO	Durhour C6 m
EMAIL COVIGNOMENCOCIONE	(11)7105
DRIVERS LICENSE NUMBER (NUMBER) (STATE) (DATE OF BIRTH (M/D/Y)
HEIGHT 5 5 WEIGHT 110 HAIR COLO	RECOLOR haze
CITIZENSHIP PLACE OF BI	RTHDEOIG, IL IUS A
(COUNTRY)	(CITY/STATE/COUNTRY)
SEX FRACE White MARITAL STAT	US SINCIPE (MARRIED/DIVORCED/SEPARATED/SINGLE)
BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY A	
BEING DULY SWORN, DEPOSES AND SAYS:	1/20 000
CHARLADOU LOCK ALOW	TIE MOIN
went to act this like	OSE PICK #
He on mad cused "di	a followed is
after the oot the in M	Onroh's tag
So naman noaged	him Of The
man cocked his nor	D ADCK ODG
proceeded to build t	lannah 111 the
scare. He busted cope	h her lip una
and tryed to collow.	Hannah W
anos and main per	one calcation
CODS & TONS OF PLODE S	Caw This and
can provide the same	information.
Cont. P.	
	CONTINUE ON BACK IF NECESSARY
	I SWEAR ALL INFORMATION
SWORN TO AND SUBSCRIBED BEFORE ME OF MHOTH	PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND
THE UNDERSIGNED AUTHORITY, THIS 120	CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
DAY OF Y LL APA ,20 Y	- odugra mondosa
NOTARY PUBLICO	R SIGNATURE OF AFFIANT
L.E. OFFICER	

AOPOIATWEL HITTIE	
	DATE 4-22-14
wr Chin A	
STATE OF FLORIDA	CASE NUMBER 14 0003 711
COUNTY OF VOLUSIA	PAGE NUMBER/
CITY OF PORT ORANGE	
CITY OF TORK	
(PLEASE PRINT)	Na H
NAME ORPSham 11891	AUDIT O
(LAST) \$	
TOME ADDRESS	(STATE) (ZIP CODE)
(SIREDI)	(STATE) (ZIP CODE)
EMPLOYMENT ADDRESS	(STATE) (ZIP CODE)
OCCUPATION	
	(
PHONE NUMBERS ((W	ORK) (CELL)
EMAII-	
THE TOTAL STREET AND THE PROPERTY OF THE PROPE	DATE OF BIRTH
DRIVER'S LICENSE NUMBER (MUMBER)	OLOR EYES
COLOR H	AIR OLOR ELES
HELGHI (POUNDS)	
(Leginiones) by You Us bib	TH (CITY/STATE/COUNTRY)
CITIZENSMI	CHAMA
- DACE MAK	TAL STATUS_ (MARRIED/DIVORCED/SEPARATED/SINGLE)
MAN EIPEMALE)	
BEFORE ME, THE UNDERSIGNED AUTHORITY	PERCONALLY APPEARED (NAME
PREORE ME. THE UNDERSIGNED AUTHORIT	PROOFE AND SAVS:
BEFORE ME, THE UNDERSIGNED AUTHORIT LISTED ABOVE), WHO BEING DULY SWORN, I	JEPOSES ALLO SIZZA
11/2 turned noto Nova from Delantor \$0	behind us started blowing her how and tartigating. as
To A h In to 49 was offer The carl	holing us oration blooms her their and attached.
Although the to be If I have the second	OLD A STORY OF THE PROPERTY OF A DUMPNIES
1 the let with Pulling Dan she tollare	15 ordenuch light Burn Burn out & Should his badge
We two with the sing of the si	on attold ward Buak got out & Shakes
HEILD ROUTERLY HE NAME AND ALKE THE	or still was arranging @ Brian calling him an "old mother
6.6 All to the Cara Extra horn & Cull-	nt. She was arraming a towar caring my are
and the state of the other and in	the 20 sounce rest (gray sunt long have) was also servancing
1 C THAT STREET CAME A CONTRACT OF THE STREET	as buren centired the refice she dione accurding
The thing of soince of soit heute	as buren rentired the refuce she are will gran
VOID TITLE OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER	1. In Co Did was shappen up da 7 places
AN atill orning it. The are shuted	The state of the s
we are supplied to the state of the state of the	Have and The gove primited on the order
Chillian to the control of the contr	In aliance on the next watched as the girls
Joseph Ciff & Stight Day Red to the one of	A strain and all and a strain a
Cally Various A. Marie	The restaurant as michie with suraning,
Duties the named	The all the current as stuted our among
I a so the mother trule that the	MOHITA CA MAD TOO TOO
The same of the contraction	LA CONTINUE ON BACK IF NECESSARY
that Truck was a worker was	no de a mos son asinos, unaturales
and let the always with	473 LO ISWEAR ALL INFORMATION PROVIDED
SWORN TO AND SUBSCRIBED BEFOR ME OF MA	TO THE ABOVE APPIDAVITED TRUE ARE
SHOWLE CAME TO THE STATE	CORRECT TO THE BEST OF MY
THE UNDERSIGNED AUTHORITY, THIS DANG	KNOWLEDGE AND BELIEF
· A() \ 20 7	PROGRAMA Y SILIXILAN
DAY OF	OR SIGNATURA OF AFFIANT
NOTARY PUBLIC	OR SIGNA PONTION
NUINNI DE LA PARENTE DE LA PAR	
L.E. OFFICER	
0	

AFFIDAVIT CONTINUATION CASE NUMBER 14 600 3711 PAGE NUMBER 1 OF 1

<u> </u>				es vuoc	<u> </u>		
	<u> </u>					 _	
	· · · · · · · · · · · · · · · · · · ·				- **		
							
	 -	 _				- 3	
					-		
				<u> </u>			
				 -			
						:	
		 					
			···	<u> </u>		·	
		· ·		 -	*		
							
						· · · · · · · · · · · · · · · · · · ·	
							
			 -				
			 - <u></u> -	·	<u> </u>		
	 -			· 			
WORN TO AND SUBSCRI HE UNDERSIGNED AUTI							

AOTOMIAWE MILLE	. /
STATE OF FLORIDA COUNTY OF VOLUSIA CITY OF PORT ORANGE	DATE 4.11.14 CASE NUMBER 400137H PAGE NUMBER 1
(PLEASE-PRINT)	00 m
NAME (LAST) HOME ADDRESS 855 INC. (FIRST) EMPLOYMENT ADDRESS OCCUPATION Self Employed (CITY)	(STATE) (ZIP CODE)
PHONE NUMBERS ON OFFICE OF THE PROPERTY OF THE	(CELL)
EMAIL ASTROPAL 37 (January	DATE OF BIRTH 12/31/60
DRIVER'S LICENSE NUMBER	(STATE) (CLASS)
HEIGHT 5 WEIGHT 5 COLOR H (FEET/INCHES) (FOUNDS) CITIZENSHIP PLACE OF BIR	AIR OF COLOR LYBEST STATE
(COUNTRY) / /	The same of the sa
CEA /	(MARRIED/DIVORCED/SEPARATED/SINGLE)
BEFORE ME, THE UNDERSIGNED AUTHORITY LISTED ABOVE), WHO BEING DULY SWORN, I So Pat a black off wick Car that was "laying young girls were inthe down and I heart the thing I know, the avy track, holding someth something I ke "gaw ass" or oyou stoll in The next thing I	the restayrant (SALSA'S) L WAS INFRONT OF R SMOTI PON' THE HOVEN AND CON-WITH THE WINDUM NEM PARTY THE NEXT PACK OF HER DAY POTO (9 BADGE ? a Cell HOTHER AND YELLS WANT TO GET OFF MY JANT TO SET HE BUY CONTINUE ON BACK IF NECESSARY
SWORN TO AND SUBSCRIBED BEFOR MEDEL MA THE UNDERSIGNED AUTHORITY, THIS 12 NJ DAY OF ALL 20 1 4	OR SIGNATURE OF AFFIANT
L.E. OFFICER	
L.E. UPPICER	

APPIDAVIT CONTINUATION CASE NUMBER 17000371

10	the black truck den per
DAS	Strange had be gropped off hus la
ZZ	and gas over for partie
1-15	STREET BISTERES OF Abo Entre
TAR	16 tarrant Waiting to Tropt of
Wen	tinthe restaurable toratable to
Olle	table / sale to check on
25.	11 19 minutes oftor
2700	then when I came out
9177	WAS CUPPING IVA
4011	ing you hit niver the right
G/DO.	Dox on 11 19 SAM AND INGW
not	soul a With a bloody ho Did
120/	see anything of the of the
	1
	·
-	
 -	
<u> </u>	
. -	
	
	
SWORN TO AND	SUBSCRIBED BEFOR MED FO MANTE SUS ISWEAR ALL INFORMATION PROVIDEN
THE UNDERSIGN	VED AUTHODITY TITLE 1 A /A IN THE ABOVE ASSETS
DAY OF_	CORRECT TO THE BEST OF MY
	CNOWLEDGE AND JELIEF.
NOTARY PUBLIC	OR SIGNATURE OF THE FAX
L.E. OFFICER	OR SIGNATURE OF AFFIANT

Port Orange ölice Department

WAIVERS & AFFIDAVITS

the of Person Signing:		Case Number: 4000 37	21
e of Incident:	Officer: Dhulton	Unit ID# 3949	Date 4/25/14
consent and agree to allow the I	Port Orange Police Officers to search		, located at
reas located within, and all buildings, structures earch is freely and voluntarily given. I understan	s, and vehicles adjacent, including a	l containers located therein. M	ly consent and agreement
FORGE	D CHECKSIGNATURBA	FFIDAVIT	
, being duly sworn ac, drawn on the gnature which appears on said check is not his/	cording to law deposes and says the deted	_, and made payable to the or	der of
he/she never received any benefit from said che stiation or payment.	eck or any part thereof, and further	states that he/she did not prese	nt this check for
.VIG	HIGHE CONSENDE TO SEA	RCE	
2. I have the right 3. Anything four	compartment, the trunk, glove com	t me in court. en, e search of every part of my v	led containers or
Registered Owner:	Address:		
N. China	ay that on AFRIL 22 who resides at	, 2014_, in the State of I	Torida and the County of
the undersigned, certify that I am the victim in there will be no dismissal of said charges. I ag	(Include property taken or entered, of the above case and do wish to prose tree to appear at trial and other time.	cute. I understand that if crim	inal charages are filed, this matter to court.
the undersigned, certify that I am the victim in	the above case and do wish to prose ree to appear at trial and other time re true and correct	cute. I understand that if crim	inal charages are filed, this matter to court. FF 744/ Signature , 20 4
the undersigned, certify that I am the victim in there will be no dismissal of said charges. I ag swear or affirm that the above statement(s) is/as	the above case and do wish to prose tree to appear at trial and other times tree true and correct d authority, this 23 (Signature of	cute. I understand that if crim	this matter to court. FF 7441 Signature , 20 4 ment Officer)

		- 10010	2018
STATE OF FLORIDA	DATE <u>04 23 20 4</u> CASE NUMBER <u>1400 372 </u>		
COUNTY OF VOLUSIA CITY OF PORT ORANGE		GE NUMBER	1 F 2
	IA		
(PLEASE PRINT)	Do - 1	/	·/
NAME: HAZEN		MIDI)LEO
TOME ADDRESS	(LIMI)		· — ,
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
EMPLOYMENT ADDRESS			
STRE	(C(T))	(STATE)	(ZIP CODE)
OCCUPATION A			
PHONE NUMBER(S) ()	(WORK)	(CE(T)	. <u></u>
EMAIL	•,		
DRIVERS LICENSE NUMBER		DATE OF BIRTH	
DRIVERS LICENSE NUMBER	MBER) (STATE) (CLASS)		(M/D/Y)
HEIGHT WEIGHT	HAIR COLOR 1	EYE COLO	R
(,	POUNDS)	•	7
CITIZENSHIP (COUNTRY)	PLACE OF BIRTH _	(CITY/STATE/CO	UNTRY)
SEXRACE	MARITAL STATUS		
(MALEPEMALE)	(MARRI	ED/DJVORCED/SEPARA	
BEFORE ME, THE UNDERSIGNED AUTI BEING DULY SWORN, DEPOSES AND S	Hority, Personally Appear Ays:	ED (NAME LISTED A	BOVE), WHO
ON 4-22-14 AT A	<u> PPROX. 1815-183</u>	O HOURS	WAS INVOLUED
IN A "ROAD PAGE" T	YPE INCIDENT.	THIS OCORR	ED IN THE
3800 BLOCK OF NOW	UA ROL 17 CON	TINUEDIN	TO THE
PARKING FOT OF S	ALSA'S REST W	HERE I AS	THE VICTIM
GOT OUT OF MY	VEHICLE.	APPROACH	ED THE DEWER
WM MU DEPT 15	SUED IDENTIE	TCATION CI	BED AND
RADGE IN MUL	PIGHT HAND	/ VERRALL	U ADVISED
THE NAMED PROP	M THE DAIUSE	S. SIDE OF	En LLINDON
THAT I WAS A	DEDITTLE AND	TO CAL	M DOWN)
/ /NCTEN	THE MCCIPA	15 70	JUST LET
1. 210 E1160 1110	= 11) And 6 111	THE THEW	70 JUST
10 1 / 20 / 2	7101150 1.1/721	OUT FURT	HER TANKING
TO 71540 00 10	POTUBLEA -	TO MU	SALCIS
10 THEN HOU	A COURT CO DA	IN SATER	12 /N/TO
1 PARKED ING	DAHOW AND	1) UCA	7 _ 720 / 0
SALSH'S REST	10 JOIN CO.	NTINUE ON BACK IF	
	man Dar B. Darrich	I SWEAR ALL INF PROVIDED IN T	HE ABOVE
SWORN TO AND SUBSCRIBED BEFORE		AFFIDAVIT IS TO CORRECT TO THE	
THE UNDERSIGNED AUTHORITY, THE		KNOWLEDGEAND	
DAY OF APE		1700	N/S 7441
NOTARY PUBLIC	OR de la constant de	SIGNATURE OF AF	
L.E. OFFICER	7 50947		PO/0801.011

AFFIDAVIT CONTINUATION CASE NUMBER 14000 3721 PAGE NUMBER 2 OF 2

AL MINUTES BRING SOMETHING TO WITH THE WAITED FOR ARR2115

THE UNDERSIGNED AUTHORITY, THIS 23	I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY
DAY OF ASPECL . 20 14	THE THIN
NOTARY PUBLIC OR LE OFFICER #3449	SIGNATURE OF AFFIANT

CAMMA MOOSILA	
ACIONIO CONTOI ACIONIO SILLE UN ACIONIO SILLE UN ACIONIO SILLE UN TONO CONTO MA TONO CONTO	D. HE CIVED ME and INTE-TRASH MES MORE CHECK WAY IN A CHECK CONNING HE LEAS IN SE CONTROL TO LA MIN SP MUTTUS TO THE HE IN PROCESSOR AND
Chal-fred called 91 My lip was anppli whose left slac of	I for help because My blood and my My face was
SWORN TO AND SUBSCRIBED BEFOR ME OF MARY THE UNDERSIGNED AUTHORITY, THIS DAVID DAY OF APA 20 14 NOTARY PUBLIC LE. OFFICER	I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY PROVIDED RELIEF. OR SIGNATURE OF AFFIANT