

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		<b>INCIDENT REPORT</b>		Agency Report Number <b>150028103</b>																	
Agency ORI Number <b>FL0640000</b>				Zone # <b>OB1</b>		Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>																	
Reported: Day <b>Tuesday</b>		Date <b>10-20-2015</b>		Time (mil.) <b>2039</b>		Time Dispatched (mil.) <b>2039</b>		Time Arrived (mil.) <b>2039</b>		Time Completed (mil.) <b>2155</b>		Nature of Call (Report Type) <b>MV MVA</b>											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From <b>Tuesday</b>		Date <b>10-20-2015</b>		Time (mil.) <b>2039</b>		TO Day <b>Tuesday</b>		Date <b>10-20-2015</b>		Time (mil.) <b>2039</b>		Occurred During: D - Day U - Unknown N - Night <b>N</b>					
Offense #1 <b>9</b>		Type <b>77777777</b>		Statute Violation Number <b>77777777</b>				Description <b>Death/Missing Person/All other non-crimes</b>				A - Attempted C - Committed <b>C</b>											
#2		Type		Statute Violation Number				Description				A - Attempted C - Committed											
Incident Location (Street, Apt. Number) <b>200 BLK E. GRANADA BLVD</b>								City <b>ORMOND BEACH</b>				Zip <b>32176</b>											
Business Name / Area Identifier				# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No <b>2</b>		Alcohol Related 0. N/A 1. Yes 2. No <b>1</b>		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No									
Location Type <b>26</b>		Location Type Codes 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg. 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence/Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway 99. Other																					
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation				Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident									
Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.				Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury				Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant													
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 0 1</b>		V. Type <b>2</b>		Nature of Call (for Victim, if different from Incident) <b>DEPUTY TIPPIE</b>				Name (Last/Business) (First) (Middle) <b>DEPUTY TIPPIE</b>													
Address (Street, Apt. Number) <b>1435 N US HWY 1 SUITE D-3</b>								City <b>ORMOND BEACH FL</b>		State <b>FL</b>		Zip <b>32174</b>		Residence Phone <b>(386) 248-1777</b>									
Business/School/Other Address (Street, Apt. Number)								City <b>ORMOND BEACH</b>		State <b>FL</b>		Zip <b>32174</b>		Address Type <b>Business/School/Other Phone</b>		Phone Type							
Other Contact Info (Time Available, Interpreter, etc.)								Synopsis of Involvement <b>INVOLVED IN ACCIDENT STRUCK O2</b>															
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>08-06-1967</b>		Age <b>48</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 0 2</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>BELL STEVEN K</b>				Name (Last/Business) (First) (Middle) <b>BELL STEVEN K</b>													
Address (Street, Apt. Number) <b>350 N. BEACH ST</b>								City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Residence Phone									
Business/School/Other Address (Street, Apt. Number)								City <b>DAYTONA BEACH</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>Business/School/Other Phone</b>		Phone Type							
Other Contact Info (Time Available, Interpreter, etc.)								Synopsis of Involvement <b>HIT BY VEHICLE</b>															
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>08-06-1967</b>		Age <b>48</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 W 1</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>GARVIN HOWARD</b>				Name (Last/Business) (First) (Middle) <b>GARVIN HOWARD</b>													
Address (Street, Apt. Number) <b>2119 S. ATLANTIC AVE</b>								City <b>NEW SMYRNA FL</b>		State <b>FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 523-4980</b>									
Business/School/Other Address (Street, Apt. Number)								City <b>NEW SMYRNA</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>Business/School/Other Phone</b>		Phone Type							
Other Contact Info (Time Available, Interpreter, etc.)								Synopsis of Involvement <b>WITNESSED INCIDENT</b>															
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>01-31-1967</b>		Age <b>48</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 W 2</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>ODELL THOMAS B</b>				Name (Last/Business) (First) (Middle) <b>ODELL THOMAS B</b>													
Address (Street, Apt. Number) <b>340 N. BEACH ST</b>								City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 379-9031</b>									
Business/School/Other Address (Street, Apt. Number)								City <b>DAYTONA BEACH</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>Business/School/Other Phone</b>		Phone Type							
Other Contact Info (Time Available, Interpreter, etc.)								Synopsis of Involvement <b>FRIEND OF O2 WITNESSED INCIDENT</b>															
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>07-10-1957</b>		Age <b>58</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 O 3</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>COUNTY OF VOLUSIA</b>				Name (Last/Business) (First) (Middle) <b>COUNTY OF VOLUSIA</b>													
Address (Street, Apt. Number) <b>1435 N. US HWY 1 SUITE D-3</b>								City <b>ORMOND BEACH FL</b>		State <b>FL</b>		Zip <b>32174</b>		Residence Phone <b>(386) 248-1777</b>									
Business/School/Other Address (Street, Apt. Number)								City <b>ORMOND BEACH</b>		State <b>FL</b>		Zip <b>32174</b>		Address Type <b>Business/School/Other Phone</b>		Phone Type							
Other Contact Info (Time Available, Interpreter, etc.)								Synopsis of Involvement <b>OWNER OF PATROL VEHICLE USED BY O1</b>															
If Victim Type 1, 2, or 3		Race		Sex		Date of Birth		Age		Ethnicity		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship	

# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name			
	Nickname / Street Name			Place of Birth - City	County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Driver's License State/Number			Social Security Number		Other ID Number		ID Type		
	Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency		
	Date of Last Contact		Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.										

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name			
	Nickname / Street Name			Place of Birth - City	County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Driver's License State/Number			Social Security Number		Other ID Number		ID Type		
	Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency		
	Date of Last Contact		Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.										

NARRATIVE

1 On 10/20/15 at approximately 2030 hours Deputy Tippie was responding to 3803 Islamorada Dr., Ormond Beach in reference to an occupied  
 2 burglary in progress. While en route Deputy Tippie had his emergency blue lights and siren engaged as he traveled east at 40-45 miles per hours  
 3 on E. Granada Blvd approaching Ocean Shore Blvd. While in the 200 Blk. of E. Granada Blvd., Ormond Beach Deputy Tippie noticed vehicles  
 4 yielding to his emergency response which included a Votran bus that pulled to the south side of the roadway.  
 5  
 6 Deputy Tippie also noticed two male pedestrians in the neatly manicured center median preparing to cross E. Granada Blvd. in the 200 Blk.  
 7 from the north. Deputy Tippie noticed both subjects, who were later identified as Steven K. Bell(O2) and Thomas B. Odell(W2), appear to look in  
 8 his direction and then stop in the median. Deputy Tippie observed Bell walk out into traffic in Deputy Tippie's lane of travel. Deputy Tippie applied  
 9 his brakes and turned slightly to the left but was unable to avoid striking Bell with the passenger side windshield area of his patrol vehicle. Deputy  
 10 Tippie's patrol vehicle came to a stop in the median where Bell was coming from just prior to entering the roadway.

ADMINISTRATIVE	Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:	By:
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
15-10-00400	ORMOND BEACH	Officer Reporting - Printed Tippie, Sean	Officer Reporting - Signature 	ID. Number 7286	Unit 1D33	Date 10-20-2015
		Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVENT	Report Date 10-20-2015	Report Time 2039	Orig. Reported Date 10-20-2015	Nature of Call (for Incident) <b>MV</b>	Agency Report Number 150028103	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11

12 Deputy Tippie notified central dispatch about the accident and requested an emergency response from medical personnel. Deputy Tippie

13 exited his patrol vehicle and asked Bell if he was okay. Bell said his neck, back and right leg were in pain. Deputy Tippie noticed Bell had blood

14 above his right eye. While speaking with Bell Deputy Tippie noticed an odor emanating from his breath and the odor was consistent with that of

15 someone who had been consuming alcoholic beverages. Deputy Tippie asked Bell how much he had to drink and Bell said maybe four or five

16 beers but he was unsure. Deputy Tippie stabilized Bell's neck until the arrival of emergency medical personnel. Bell was later transported non

17 emergency to Halifax Hospital.

18

19 Deputy Tippie noticed there were small dents on the passenger side of his hood and a small spider type crack in the lower passenger side of

20 his windshield from the impact. Deputy Tippie was informed by Officer Warmington with the Ormond Beach Police Department that Howard E.

21 Garvin(W1) was riding the Votran at the time of the incident. Deputy Tippie was informed Garvin said he saw Deputy Tippie's patrol vehicle with

22 his lights and he heard the siren. Garvin said he saw Deputy Tippie swerve but did not see him strike Bell. Garvin completed a written statement

23 for Ormond Beach Police Department's traffic investigation.

24

25 Deputy Tippie spoke with Odell. Odell said when the incident occurred he was angry but later realized Bell was wrong for stepping out into

26 traffic. Odell completed a written statement for Ormond Beach Police Departments traffic crash investigation.

27

28 Additionally Officer Warmington stated Odell told him the Bell was attempting to "beat" the squad car across the road.

29

30 Several hours later Deputy Tippie was informed by Halifax Hospital staff that Bell was in stable condition and suffered non life threatening

31 injuries. Bell was issued a pedestrian citation for failure to yield to emergency vehicle by Ormond Beach Police Officer Warmington (see OBPD

32 case number 15-10-00400). Deputy Tippie was not injured as a result of this traffic crash.

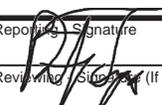
33

34 Case status: Closed.

ADMINISTRATIVE	Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	<input type="checkbox"/> CAC	Spoke With: _____	<input type="checkbox"/> FCIC / NCIC Cancel			
	Connecting Report Number <b>15-10-00400</b>	Agency <b>ORMOND BEACH</b>	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed <b>Tippie, Sean</b>	Officer Reporting - Signature 	ID. Number <b>7286</b>	Unit <b>1D33</b>	Date <b>10-20-2015</b>		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## PROPERTY REPORT

<b>THEFT EVENT</b>	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original					
	10-20-2015	2039	10-20-2015	MV	150028103	2. Supplement <u>1</u>					
<b>THEFT</b>	Type Theft	Type Theft Codes									
	00	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer			
<b>CODES</b>	Person Code	Person Involvement Code	Status Code:								
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned			
<b>DRUG CODES</b>	Category Code	E-Equipment/Measuring Devices/Tools I-Items of Identification V-Viewing Equip (Binoculars)									
	B. Bicycle C. Camera/Photo Equipment D-Data Processing Equipment	F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals	W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)					
<b>PROPERTY</b>	Activity	Type	Unit								
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other			
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
		O	3	2	1	2	Y	OTHER	WINDSHIELD		
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
					\$				\$150		
<b>PROPERTY</b>	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
	1										\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
		O	3	2	2	2	Y	OTHER	DENTS IN HOOD		
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
					\$				\$100		
<b>PROPERTY</b>	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
					\$				\$		
<b>PROPERTY</b>	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>CHAIN OF CUSTODY</b>	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:				Reason for Change:						
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:				Reason for Change:						
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:				Reason for Change:						
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:				Reason for Change:						
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:				Reason for Change:						
Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):					
Leave Blank:				Reason for Change:							
<b>ADMIN.</b>	Officer Reporting - Printed	Officer Reporting Signature			ID. Number	Unit	Date				
	Tipple, Sean				7286	1D33	10-20-2015				
Officer Reviewing - Printed (If Applicable)	Officer Reviewing Signature (If Applicable)			ID. Number	Unit	Date					

# VOLUSIA COUNTY SHERIFF'S OFFICE

## VEHICLE / TOW REPORT

<b>EVNT</b>	Report Date	Report Time	Orig Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original						
	10-20-2015	2039	10-20-2015	MV	150028103	2. Supplement <u>1</u>						
<b>CODES</b>	Person Code V-Victim S-Suspect D-Defendant W-Witness	R-Reporting Party N-Next of Kin O-Other	Veh Involvement 1. Stolen 2. Recovered 3. Stolen and Recovered	4. Recovered (Outside Agency Stolen) 5. Impounded 6. Abandoned	7. Fail Return 8. Seized 9. Burglarized 10. Vandalized	11. Return to Owner 12. Evidence 13. Arson 14. Suspicious	15. Other	Type 1. Auto 2. Truck/Van 3. Motorcycle 4. Camper/RV 5. Bus	6. Trailer 7. Boat 8. Aircraft 9. Other	Cautions 1. Occupant(s) Armed 2. Occupant(s) Armed/ Hold for Latents 3. Hold for Latents	Method of Theft 0. N/A 1. Keys 2. Tow Truck 3. Hot Wire	4. Steering Column 5. Ignition 8. Unknown
	Damage Cause 0. N/A 1. Arson			2. Criminal Mischief 3. During Other Offense	4. Stripped/Theft From	9. Other	Recovery Location 1. Family Residence 2. Apt. Complex	3. Housing Project 4. Commercial/ Industrial	5. Park/Playground 6. Shopping Mall	7. Woods 8. Water	9. Other	Recovery Code 1. Local/Local Stolen/Recovered 2. Local/Other 3. Other/Local
<b>VEHICLE / VESSEL</b>	Veh. #	Veh. Involvement	Type	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)					Estimated Value		
	1	15	1							\$15000		
	Person Code # (Owner)	Name (Last/Business)		(First)	(Middle)	Race	Sex	Date of Birth	Age			
	0	3		COUNTY OF VOLUSIA								
	Address (Street, Apt. Number)			City	State	Zip	Residence Phone					
	1435 N. US HWY 1 SUITE D-3			ORMOND BEACH	FL	32174	(386) 248-1777					
	Person Code # (Operator)	Name (Last/Business)		(First)	(Middle)	Race	Sex	Date of Birth	Age			
	0	3		COUNTY OF VOLUSIA								
	Vehicle	Year	Make	Model	Style	Tag Type						
		2010	FORD	CRO	4D	CU						
Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type				
Tag / Reg No	Reg. State	Reg. Year	VIN/Hull/FAA	Color (Top/Bottom)	Method of Theft	Damage Cause						
SHERF41151	FL		2FABP7BV0AX112571	WHI		9						
Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts			Original Reporting Agency			Report Number						
<input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____												
Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$				
Towed By:	Wrecker Driver:	Towed To:	Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority							
<b>INVENTORY</b>												
								<p>18. Undercarriage 19. Overturn 20. Windshield 21. Trailer</p>				
<b>VEHICLE / VESSEL</b>	Veh. #	Veh. Involvement	Type	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)					Estimated Value		
										\$		
	Person Code # (Owner)	Name (Last/Business)		(First)	(Middle)	Race	Sex	Date of Birth	Age			
	Address (Street, Apt. Number)			City	State	Zip	Residence Phone					
	Person Code # (Operator)	Name (Last/Business)		(First)	(Middle)	Race	Sex	Date of Birth	Age			
	Vehicle	Year	Make	Model	Style	Tag Type						
Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type				
Tag / Reg No	Reg. State	Reg. Year	VIN/Hull/FAA	Color (Top/Bottom)	Method of Theft	Damage Cause						
Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts			Original Reporting Agency			Report Number						
<input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____												
Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$				
Towed By:	Wrecker Driver:	Towed To:	Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority							
<b>INVENTORY</b>												
								<p>18. Undercarriage 19. Overturn 20. Windshield 21. Trailer</p>				
<b>CHAIN OF CUSTODY</b>	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):					
	Leave Blank:			Reason for Change:								
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):					
	Leave Blank:			Reason for Change:								
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):					
	Leave Blank:			Reason for Change:								
<b>ADMIN.</b>	Officer Reporting - Printed			Officer Reporting - Signature		ID. Number	Unit	Date				
	Tippie, Sean					7286	1D33	10-20-2015				
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date				