

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 _____		INCIDENT REPORT		Agency Report Number 110031709																	
Agency ORI Number FL0640000				Zone # 47		Telephone Handled 1. Yes 2. No 2																	
Reported: Day Sunday		Date 10-23-2011		Time (mil.) 1602		Time Dispatched (mil.) 1622		Time Arrived (mil.) 1629		Time Completed (mil.) _____		Nature of Call (Report Type) 43 Theft (UCR)											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Sunday		Date 10-23-2011		Time (mil.) 1602		TO Day Date Time (mil.) _____		Occurred During: D - Day U - Unknown N - Night D									
Offense #1 1		Type 1		Statute Violation Number 812.014(2)(C)1		Description Grand Theft - \$300 - < \$5,000		A - Attempted C - Committed C		Offense #2 3		Type 3		Statute Violation Number 784.07(2)(B)		Description Battery on LEO/Firefighter/EMT/etc		A - Attempted C - Committed C					
Incident Location (Street, Apt. Number) 1942 Kirkwood Street				City DELTONA				Zip 32738															
Business Name / Area Identifier _____		# Prem. Entered 0		Drug Related 0. N/A 1. Yes 2. No 0		Alcohol Related 0. N/A 1. Yes 2. No 0		Forced Entry 1. Yes 3. Attempted 2. No 2		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied 2		Arson-Attempted 1. Yes 2. No 2											
Location Type 01		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other																					
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident											
Means of Attack F-Firearm K-Knife/Cutting Inst. O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No 2		Victim Relationship to Offender S-Spouse P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant Z-Other																	
Offense Indicator 1. #1 2. #2 3. Both 1		V/W Code R		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Wigle		Name (Last/Business) (First) (Middle) Jacqueline													
Address (Street, Apt. Number) 1942 Kirkwood Street				City DELTONA		State FL		Zip 32738		Residence Phone (386) 717-8046													
Business/School/Other Address (Street, Apt. Number) _____				City DELTONA		State FL		Zip 32738		Address Type B		Business/School/Other Phone _____		Phone Type _____									
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement victim of the theft																			
If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 11-20-1980		Age 30		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both 1		V/W Code W		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Rivera		Name (Last/Business) (First) (Middle) Aida													
Address (Street, Apt. Number) 1921 Kirkwood Street				City DELTONA		State FL		Zip 32738		Residence Phone (386) 860-7217													
Business/School/Other Address (Street, Apt. Number) _____				City DELTONA		State FL		Zip 32738		Address Type B		Business/School/Other Phone _____		Phone Type _____									
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement witness to the theft																			
If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 08-19-1936		Age 75		Ethnicity H		Res. Type 1		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both 2		V/W Code W		# 2		V. Type 3		Nature of Call (for Victim, if different from Incident) Hogan		Name (Last/Business) (First) (Middle) Shanna													
Address (Street, Apt. Number) 2345 Providence Boulevard				City DELTONA		State FL		Zip 32738		Residence Phone (407) 668-1486													
Business/School/Other Address (Street, Apt. Number) Deltona Animal Control				City DELTONA		State FL		Zip 32738		Address Type B		Business/School/Other Phone _____		Phone Type _____									
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement witness to the incident																			
If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 10-26-1980		Age 30		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both 2		V/W Code W		# 3		V. Type 3		Nature of Call (for Victim, if different from Incident) Hughes		Name (Last/Business) (First) (Middle) Julie													
Address (Street, Apt. Number) 2345 Providence Bouelavrd				City DELTONA		State FL		Zip 32738		Residence Phone (386) 265-7039													
Business/School/Other Address (Street, Apt. Number) Deltona Animal Control				City DELTONA		State FL		Zip 32738		Address Type B		Business/School/Other Phone _____		Phone Type _____									
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement witness to the incident																			
If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 07-21-1969		Age 42		Ethnicity H		Res. Type 1		Res. Status 1		Means of Attack _____		Extent of Injury 00		Domestic Violence 2		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both _____		V/W Code _____		# _____		V. Type _____		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) _____													
Address (Street, Apt. Number) _____				City _____		State _____		Zip _____		Residence Phone _____													
Business/School/Other Address (Street, Apt. Number) _____				City _____		State _____		Zip _____		Address Type _____		Business/School/Other Phone _____		Phone Type _____									
Other Contact Info (Time Available, Interpreter, etc.) _____				Synopsis of Involvement _____																			
If Victim Type 1, 2, or 3 _____		Race _____		Sex _____		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
	3		D 1 3		Ensminger Jeffrey P	W	M	N
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
	03-14-1967	44	5' 10	190	BRO	BRO		
	Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	
						VA		
	Last Known Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone
	1941 Kirkwood Street			DELTONA	FL	32738	H	(386) 860-3905
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone
	Driver's License State/Number			Social Security Number		Other ID Number		ID Type
	FL E525435670940			XXXXXXXXXX				
	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?	Warrant From:
							1. Yes 2. No	1. This Agency 2. Other Agency
	Date of Last Contact	Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)		
	May Be With:		Physical Condition:		Mental Condition:	Doctor Name:		Dentist Name:
	Incident Type	6. Disaster Victim		Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered			1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No	1. Yes 2. No	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	
	Last Known Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone
	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?	Warrant From:
							1. Yes 2. No	1. This Agency 2. Other Agency
	Date of Last Contact	Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)		
	May Be With:		Physical Condition:		Mental Condition:	Doctor Name:		Dentist Name:
	Incident Type	6. Disaster Victim		Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered			1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No	1. Yes 2. No	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.							

1 On 10-23-2011 Deputy Wood responded to 1942 Kirkwood Street, Deltona in reference to a disturbance complaint. Upon arrival Deputy Wood
 2 made contact with Jacqueline Wigle(v1). Wigle advised her friend, Aida Rivera(w1), was visiting the residence when Wigle's dog got out of the
 3 residence and ran across the street. Wigle stated Jeffrey Ensminger(d1) came out of the front door of his residence and grabbed her dog then
 4 returned to his residence. Wigle said Ensminger then exited the residence and began "screaming" at Wigle and Rivera but refused to return the
 5 dog. Wigle stated she estimated the approximate value of her dog at approximately \$300 dollars and wanted to pursue charges for the theft of her
 6 dog. Wigle completed and signed a sworn statement detailing what had occurred.
 7
 8 Deputy Wood contacted Rivera who confirmed Wigle's account of what had occurred. Rivera advised she was leaving Wigle's residence when
 9 Wigle's dog got out of the residence and ran across the street and into Ensminger's yard. Rivera stated Ensminger came out of the residence,
 10 grabbed Wigle's dog, then carried it back into the residence. Rivera completed and signed a sworn statement detailing what occurred.

ADMINISTRATIVE	Final Case Status: 1	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:		
	Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit
	Wood, Matthew			7553	1A92
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit

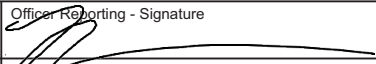
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 10-23-2011	Report Time 1602	Orig. Reported Date	Nature of Call (for Incident) 43	Agency Report Number 110031709	1.Original 2.Supplement 1
--------------	---------------------------	---------------------	---------------------	--	-----------------------------------	--------------------------------

NARRATIVE / CONTINUATION

11 Deputy Wood contacted Ensminger, on the front porch of his residence, who confirmed he had Wigle's dog. Ensminger stated the dog has gotten
 12 out of Wigle's residence multiple times in the past and he would not return it until Deltona Animal Control came to his residence. Deputy Wood told
 13 Ensminger he would contact Animal Control but Ensminger needed to return Wigle's dog. Ensminger returned to his residence and locked the
 14 door behind him.
 15
 16 Deputy Wood contacted Deltona Animal Control who advised they would have ACO Officer's enroute to the residence. Deputy Wood repeatedly
 17 knocked on Ensminger's door and rang his door bell but Ensminger refused to come out of the residence. While inside the residence Ensminger
 18 contacted the Volusia County Sheriff's Office dispatch and spoke to Deputy Keith Dalton. Deputy Dalton told Ensminger to exit the residence and
 19 return the dog to avoid further complications. Ensminger refused to comply with Deputy Dalton's instructions and told him he would only turn the
 20 dog over to Animal Control, then hung up the phone. Deputy Wood asked them to have Ensminger come to the door so they could speak, but
 21 Ensminger refused.
 22
 23 Animal Control Officers Shanna Hogan(w2) and Julie Hughes(w3) responded to the residence to contact Ensminger. Ensminger exited the
 24 residence to speak with Hogan and Hughes but refused to bring the dog out. Deputy Wood told Ensminger he needed to get the dog immediately
 25 because his depriving Wigle of her dog would be constituted as theft and was a violation of state statute. Ensminger said he did not want to talk
 26 and attempted to walk away from Deputy Wood. Deputy Wood followed Ensminger to the front door of his residence repeatedly telling him "stop".
 27 Ensminger entered the front door of the residence and attempted to shut the door on Deputy Wood when Deputy Wood grabbed his wrist. Deputy
 28 Wood repeatedly told Ensminger to exit the residence and put his hands behind his back because he was under arrest. Ensminger refused to
 29 comply with Deputy Wood's instructions and began to actively resist, pushing against Deputy Wood in an attempt to get away. While attempting to
 30 get Ensminger to exit the residence Deputy Wood was struck several times by Ensminger's elbow while he was attempting to pull away. Deputy
 31 Wood gained control of Ensminger's left arm and head, then had to physically pull Ensminger to an area where he could be set down in a prone
 32 position. Deputy Wood repeatedly told Ensminger to get on the get on the ground and put his hands behind his back but Ensminger refused and
 33 had to be redirected to the ground. Hogan had to assist Deputy Wood in subduing Ensminger so that he could be properly hand cuffed and placed
 34 in Deputy Wood's patrol vehicle.
 35
 36 Deputy Wood sustained no visible injures in the incident and Ensminger appeared to have only sustained a small laceration on his left knee.
 37 Deputy Wood transported Ensminger to the District 4 Office where he began to complain of shortness of breath and had to be transported to
 38 Saxon Hospital for treatment.

ADMINISTRATIVE	Final Case Status: 1	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:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
Wood, Matthew			7553	1A92	10-23-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____ Pg # 1 of 3

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: _____	
(ORI) FL: <u>FL0640000</u>		Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>		Agency Case Number: <u>110031709</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS # _____		U.C.R. _____	
ADDRESS OF ARREST (Street, City, State, Zip): <u>1942 Kirkwood Street DELTONA FL 32738</u>				Arrested: By: <u>Wood, Matthew</u>	
DEFENDANT				ID Number: <u>7553</u>	
NAME (Last): <u>Ensminger</u>		(First): <u>Jeffrey</u>		(Middle): <u>P</u>	
DOB: <u>03-14-1967</u>		Age: <u>44</u>		Driver's Lic./ ID No.: <u>E525435670940</u>	
Height: <u>5' 10</u>		Weight: <u>190</u>		Hair: <u>BRO</u>	
Eyes: <u>BRO</u>		P.O.B. (City, State, Country): <u>VA</u>		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos: _____		Business & Occupation: _____		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		State: <u>FL</u>		Year Expires: _____	
S.S.# - <u>XXXXXXXX</u>		Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE		<u>1941 Kirkwood Street DELTONA FL 32738 (386) 860-3905</u>	
Address - Local (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE		Address - Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE BUS/SCHOOL PHONE			

CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/>		Statement(s) <input type="checkbox"/>		NTA Schedule <input type="checkbox"/>		Report <input type="checkbox"/>		Traffic Infraction(s) <input type="checkbox"/>		DUI <input type="checkbox"/>		Total Charges: <u>2</u>	
#1	Charge: <u>Battery on LEO/Firefighter/EMT/etc</u>	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: <u>784.07(2)(B)</u>	Citation No.: _____		Bond: <u>2000</u>									
#2	Charge: <u>Grand Theft - \$300 - < \$5,000</u>	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: <u>812.014(2)(C)1</u>	Citation No.: _____		Bond: <u>1000</u>									
#3	Charge: _____	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____		Bond: _____									


CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/>		Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/>		Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		
#1	NAME (Last) (First) (Middle)	Race:	Sex:	DOB:	Age:					
#2	NAME (Last) (First) (Middle)	Race:	Sex:	DOB:	Age:					

NARRATIVE

The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 23 day of October, 2011, at approximately 0445 a.m. p.m. at 1942 Kirkwood Street DELTONA within Volusia County, violated the law and did then and there:

1 On 10-23-2011 Deputy Wood responded to 1942 Kirkwood Street, Deltona in reference to a disturbance complaint. Upon arrival Deputy Wood made
 2 contact with Jacqueline Wigle(v1). Wigle advised her friend, Aida Rivera(w1), was visiting the residence when Wigle's dog got out of the residence
 3 and ran across the street. Wigle stated Jeffrey Ensminger(d1) came out of the front door of his residence and grabbed her dog then returned to his
 4 residence. Wigle said Ensminger then exited the residence and began "screaming" at Wigle and Rivera but refused to return the dog. Wigle stated
 5 she estimated the approximate value of her dog at approximately \$300 dollars and wanted to pursue charges for the theft of her dog. Wigle
 6 completed and signed a sworn statement detailing what had occurred.
 7
 8 Deputy Wood contacted Rivera who confirmed Wigle's account of what had occurred. Rivera advised she was leaving Wigle's residence when
 9 Wigle's dog got out of the residence and ran across the street and into Ensminger's yard. Rivera stated Ensminger came out of the residence,
 10 grabbed Wigle's dog, then carried it back into the residence. Rivera completed and signed a sworn statement detailing what occurred.
 11
 12 Deputy Wood contacted Ensminger, on the front porch of his residence, who confirmed he had Wigle's dog. Ensminger stated the dog has gotten out
 13 of Wigle's residence multiple times in the past and he would not return it until Deltona Animal Control came to his residence. Deputy Wood told
 14 Ensminger he would contact Animal Control but Ensminger needed to return Wigle's dog. Ensminger returned to his residence and locked the door
 15 behind him.

NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>		FINE, AND COSTS AMOUNT: _____	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.							
SIGNATURE OF DEFENDANT _____				Date _____		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____	
						RELATIONSHIP TO JUVENILE _____	
						JUVE DISP. CITATION No. _____	

Sworn to and subscribed before me, the undersigned this <u>23</u> day of <u>October</u> , <u>2011</u> , Name: _____		I swear/affirm the above statements are correct and true 		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		WOOD, MATTHEW		7553	
Type of Identification: _____		NAME (PRINTED)		ID NUMBER	

OFFICIAL USE ONLY		Inmate Number & Facility: _____	
--------------------------	--	---------------------------------	--

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) Name: Ensminger	(First) Jeffrey	(Middle) P	Agency Case Number: 110031709
CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/> Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> Total Charges:	
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No.: Bond:

16 Deputy Wood contacted Deltona Animal Control who advised they would have ACO Officer's enroute to the residence. Deputy Wood repeatedly
 17 knocked on Ensminger's door and rang his door bell but Ensminger refused to come out of the residence. While inside the residence Ensminger
 18 contacted the Volusia County Sheriff's Office dispatch and spoke to Deputy Keith Dalton. Deputy Dalton told Ensminger to exit the residence and
 19 return the dog to avoid further complications. Ensminger refused to comply with Deputy Dalton's instructions and told him he would only turn the dog
 20 over to Animal Control, then hung up the phone. Deputy Wood asked them to have Ensminger come to the door so they could speak, but Ensminger
 21 refused.
 22
 23 Animal Control Officers Shanna Hogan(w2) and Julie Hughes(w3) responded to the residence to contact Ensminger. Ensminger exited the residence
 24 to speak with Hogan and Hughes but refused to bring the dog out. Deputy Wood told Ensminger he needed to get the dog immediately because his
 25 depriving Wagle of her dog would be constituted as theft and was a violation of state statute. Ensminger said he did not want to talk and attempted to
 26 walk away from Deputy Wood. Deputy Wood followed Ensminger to the front door of his residence repeatedly telling him "stop". Ensminger entered
 27 the front door of the residence and attempted to shut the door on Deputy Wood when Deputy Wood grabbed his wrist. Deputy Wood repeatedly told
 28 Ensminger to exit the residence and put his hands behind his back because he was under arrest. Ensminger refused to comply with Deputy Wood's
 29 instructions and began to actively resist, pushing against Deputy Wood in an attempt to get away. While attempting to get Ensminger to exit the
 30 residence Deputy Wood was struck several times by Ensminger's elbow while he was attempting to pull away. Deputy Wood gained control of
 31 Ensminger's left arm and head, then had to physically pull Ensminger to an area where he could be set down in a prone position. Deputy Wood
 32 repeatedly told Ensminger to get on the get on the ground and put his hands behind his back but Ensminger refused and had to be redirected to the
 33 ground. Hogan had to assist Deputy Wood in subduing Ensminger so that he could be properly hand cuffed and placed in Deputy Wood's patrol
 34 vehicle.
 35
 36 Deputy Wood sustained no visible injures in the incident and Ensminger appeared to have only sustained a small laceration on his left knee. Deputy
 37 Wood transported Ensminger to the District 4 Office where he began to complain of shortness of breath and had to be transported to Saxon Hospital
 38 for treatment.

Sworn to and subscribed before me, the undersigned this <u>23</u> day of <u>October</u> , 2011, Name:	I swear/affirm the above statements are correct and true	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	OFFICER'S/COMPLAINANT'S SIGNATURE WOOD, MATTHEW 7553 NAME (PRINTED) ID NUMBER	