

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

EVENT DATA	<input type="checkbox"/> Juvenile <input type="checkbox"/> Hate Crime <input type="checkbox"/> Gang <input type="checkbox"/> Elderly Abuse / Exploitation <input type="checkbox"/> Domestic Violence      VOR _____ <input type="checkbox"/> Endangered / Other _____		Agency Report Number <b>180018036</b>		
	Agency ORI Number <b>FL0640000</b>		Zone # <b>21</b>	Telephone Handled 1. Yes 2. No <b>2</b>	
	Reported: Day <b>Friday</b>	Date <b>08-03-2018</b>	Time (mil.) <b>1913</b>	Time Dispatched (mil.) <b>1922</b>	Time Arrived (mil.) <b>1929</b>
	Nature of Call (Report Type) <b>DEAD    Dead Person</b>				
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From <b>Friday</b>	
Date <b>08-03-2018</b>		Time (mil.) <b>1913</b>	TO <b>Friday</b>	Date <b>08-03-2018</b>	
Time (mil.) <b>1913</b>		Occurred During: D - Day    U - Unknown N - Night <b>D</b>			
Offense #1	Type	Statute Violation Number	Description		
#2		Statute Violation Number	Description		
Incident Location (Street, Apt. Number) <b>1600 N US Highway 17</b>			City <b>SEVILLE</b>	Zip <b>32190</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>2</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>01</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 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Address/Phone Type B. Business/Work C. Cell H. Home	
		M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	Race W-White    O-Oriental/Asian B-Black    U-Unknown I-American Indian	
		Sex M-Male F-Female U-Unknown	Residence Type 0. NA    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>R</b>	# <b>1</b>	V. Type <b>2</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>Sgt Hattaway</b>			
Address (Street, Apt. Number) <b>123 W. Indiana Ave.</b>		City <b>DELAND</b>	State <b>FL</b>	Zip <b>32721</b>	
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 <b>W</b>	Sex <b>M</b>	Date of Birth <b>11-23-1988</b>	Age <b>29</b>	
	Ethnicity <b>H</b>	Res. Type <b>2</b>	Res. Status <b>3</b>	Means of Attack	
	Extent of Injury	Domestic Violence	Relationship		
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>V</b>	# <b>1</b>	V. Type <b>3</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>Alquisiras Emmanuel</b>			
Address (Street, Apt. Number) <b>1600 N US Highway 17</b>		City <b>SEVILLE</b>	State <b>FL</b>	Zip <b>32190</b>	
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 <b>W</b>	Sex <b>M</b>	Date of Birth <b>11-23-1988</b>	Age <b>29</b>	
	Ethnicity <b>H</b>	Res. Type <b>2</b>	Res. Status <b>3</b>	Means of Attack	
	Extent of Injury	Domestic Violence	Relationship		
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>O</b>	# <b>1</b>	V. Type <b>2</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>Deputy Watson</b>			
Address (Street, Apt. Number) <b>123 W Indiana Ave.</b>		City <b>DELAND</b>	State <b>FL</b>	Zip <b>32721</b>	
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 <b>W</b>	Sex <b>M</b>	Date of Birth <b>11-23-1988</b>	Age <b>29</b>	
	Ethnicity <b>H</b>	Res. Type <b>2</b>	Res. Status <b>3</b>	Means of Attack	
	Extent of Injury	Domestic Violence	Relationship		
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>O</b>	# <b>2</b>	V. Type <b>3</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>Escobar Elianet</b>			
Address (Street, Apt. Number) <b>1600 N US Highway 17</b>		City <b>SEVILLE</b>	State <b>FL</b>	Zip <b>32190</b>	
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 <b>W</b>	Sex <b>F</b>	Date of Birth <b>07-15-1994</b>	Age <b>24</b>	
	Ethnicity <b>H</b>	Res. Type <b>2</b>	Res. Status <b>3</b>	Means of Attack	
	Extent of Injury	Domestic Violence	Relationship		
Offense Indicator 1. #1    3. Both 2. #2		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	
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		
	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 08-02-18 at 1913 hours, deputies were dispatched to 1600 N US Highway 17, Seville in reference to a domestic disturbance. The information was called in from the Victim's Center and advised Elianet Escobar (O2) was actively being beaten by the father of her children, Emmanuel Alquisiras (V1).

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5 After Deputy Watson (O1) arrived on scene he radioed that he had a Taser deployment and requested his back up units expedite their response. Approximately three minutes later, Deputy Watson advised that shots were fired.

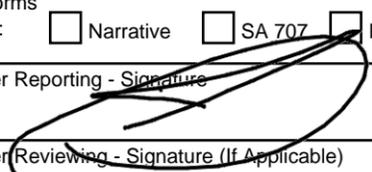
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7

8 Prior to Sgt. Hattaway's arrival, Alquisiras was pronounced deceased by rescue. Deputy Watson advised he was uninjured.

9

10 When Sgt. Hattaway arrived on scene, other deputies were starting to erect crime scene tape.

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult    2.Arrest/Juv.    3.Exceptional/Adult    4.Exceptional/Juv.    5.Closed    6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline	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	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		
Hattaway, Jason			1643	1B20	08-03-2018		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	08-03-2018	1913	08-03-2018	DEAD	180018036		1

11

12 Sgt. Hattaway was informed that Escobar, her four small children, and another adult male were still in the residence. Sgt. Hattaway facilitated all

13 parties being removed from the residence.

14

15 Sgt. Hattaway contacted Deputy Watson who advised when he arrived at the location he contacted Alquisiras at the top of the stairs leading to the

16 apartment. Deputy Watson advised he observed Alquisiras grab Escobar by the arm in a violent manner. Deputy Watson feared Alquisiras would

17 throw Escobar down the stairs so he deployed his issued Taser to prevent harm to Escobar. Deputy Watson stated a physical confrontation

18 occurred between he and Alquisiras, in which his Taser was knocked out of his hand. Alquisiras then armed himself with the Taser and pointed it

19 at Deputy Watson. Deputy Watson advised he was in fear that Alquisiras would use the Taser to incapacitate him and he was in fear for his life.

20 Deputy Watson advised he then used his duty pistol and fired three to five shots at Alquisiras until the threat was neutralize. Deputy Watson

21 confirmed his BWC was active during the incident.

22

23 Sgt. Hattaway provided Deputy Watson with his deputy involved shooting pamphlet.

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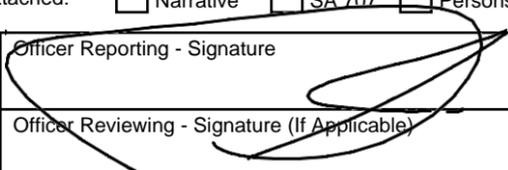
25 Sgt. Hattaway made all proper notifications.

26

27 Detectives, Crime Scene units, FDLE, and several members of command staff responded to the scene to further the investigation.

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NARRATIVE / CONTINUATION

<b>ADMINISTRATIVE</b>	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	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	Date	
Hattaway, Jason			1643	1B20	08-03-2018	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	