

# 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>150033570</b>									
	Agency ORI Number <b>FL0640000</b>		Zone # <b>46</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>								
	Reported: Day <b>Monday</b>	Date <b>12-21-2015</b>	Time (mil.) <b>1830</b>	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)	Nature of Call (Report Type) <b>CIVIL    Civil Complaint</b>					
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From <b>Monday</b>	Date <b>12-21-2015</b>	Time (mil.) <b>1830</b>	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night	<b>N</b>
	Offense #1	Type <b>1</b>	Statute Violation Number <b>817.52(2)</b>	Description <b>Hire Veh. WIT Defraud</b>				A - Attempted C - Committed		<b>C</b>		
	Offense #2	Type	Statute Violation Number	Description				A - Attempted C - Committed				
	Incident Location (Street, Apt. Number) <b>2761 MALDIVA CT</b>					City <b>DELTONA</b>			Zip			
	Business Name / Area Identifier		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No <b>1</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>1</b>	Forced Entry 1. Yes 3. Attempted 2. No <b>2</b>	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No			
	Location Type	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    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>V</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) <b>Bozarth</b>		(First) <b>Mitchell</b>		(Middle)	
Address (Street, Apt. Number) <b>ECO TAXI: 1585 MAXWELL LN</b>		City <b>DELTONA</b>		State <b>FL</b>	Zip <b>32738</b>	Residence Phone <b>(386) 202-6000</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 <b>Cab Driver</b>								
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01-31-1989</b>	Age <b>26</b>	Ethnicity <b>N</b>	Res. Type <b>1</b>	Res. Status <b>1</b>	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 # S    1    3	Subj. Type	Name (Last) <b>Teter</b>	(First) <b>Robert</b>	(Middle) <b>L</b>	Race <b>W</b>	Sex <b>M</b>	Ethnicity <b>N</b>	
	Date of Birth <b>03-13-1976</b>	Age <b>39</b>	To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name			
	Nickname / Street Name		Place of Birth - City <b>DELTONA</b>			County	State <b>FL</b>	Zip <b>32738</b>	Employer/Other/School		Occupation
	Last Known Address (Street, Apt. Number) <b>2761 MALDIVE CT</b>				City	State <b>FL</b>	Zip <b>32738</b>	Address Type <b>H</b>	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	Zip	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	
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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.									

**1** On December 21, 2015, at 1923 hours, Sergeant Hughes responded to 2761 Maldive Court in Deltona after deputies notified the Communications Center they were involved in a shooting.

**2**

**3**

**4** At 1928 hours, Sergeant Hughes arrived on scene and approached the front of the residence. Sergeant Hughes noted yellow crime scene tape was already surrounding the residence, and that Deputy Escobar was initiating a Crime Scene Log. As Sergeant Hughes approached the front door, he observed Sergeant Rahn standing just inside the doorway, as well as several deputies attempting to restrain a male, later identified as Robert Teter, [REDACTED]. Sergeant Hughes summoned assistance from deputies who were outside and directed them to assist in restraining Teter and preserve the scene.

**5**

**6**

**7**

**8**

**9**

**10** Sergeant Hughes then contacted Sergeant Rahn and had him step outside onto the front porch. Sergeant Hughes then asked Sergeant Rahn to

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
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:
	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 <b>Hughes, Brodie</b>	Officer Reporting - Signature		ID. Number <b>1413</b>	Unit	Date <b>12-22-2015</b>
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
	12-21-2015	1830	12-21-2015	CIVIL	150033570		1

11 provide as much basic information as possible to assist personnel responding to the scene. According to Sergeant Rahn, deputies were  
 12 dispatched to 2761 Maldiva Court in reference to a civil complaint. Once on scene, deputies contacted Mitchell Bozarth, a driver for Eco Taxi.  
 13 Bozarth advised deputies that Teter hired Eco Taxi for a ride and was failing to pay for the cab fare.  
 14  
 15 [REDACTED]  
 16 [REDACTED]. At some point during the encounter, Teter brandished a firearm, [REDACTED] and was shot by  
 17 Deputy Cowger.  
 18  
 19 [REDACTED]  
 20 [REDACTED]  
 21 [REDACTED]  
 22 [REDACTED].  
 23  
 24 Sergeant Bainbridge, who was on scene, conducted a protective sweep of the residence along with Deputy Anthony Zimmerer. Once the  
 25 protective sweep was completed, Deltona Fire Rescue and EVAC personnel entered the residence and treated Teter. Teter, who was flown to  
 26 Central Florida Regional Hospital by Air-1, later succumbed to his injuries.  
 27  
 28 Sergeant Hughes then had the remaining emergency workers and deputies exit the residence, at which time the crime scene preserved for  
 29 responding investigative personnel.  
 30

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 <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	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 <b>Hughes, Brodie</b>	Officer Reporting - Signature	ID. Number <b>1413</b>	Unit	Date <b>12-22-2015</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		