



Attempt to Identify

DAYTONA BEACH POLICE DEPARTMENT CRIMINAL INVESTIGATION DIVISION

20140002190

On 02/08/2014, at approximately 1340 hours, an Armed Robbery occurred at the Showcase Jewelry, 131 South Nova Rd. The two black male suspects entered the store armed with Black Hand guns. Once inside the store, one suspect pistol whipped the clerk as the other ransacked the store.

One suspect was described as: black male, approximately 20 to 24 years old, 5'6" to 5'8", slim build wearing a dark jacket and light pants with the pockets out.



DAYTONA BEACH POLICE DEPARTMENT
Michael J Chitwood, Chief of Police
129 Valor Blvd, Daytona Beach, Florida 32114
(386) 671-5100

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS."
Tipsters remain anonymous.

The second suspect was described as: black male, approximately 20-24 years old, slim build wearing a grey jacket with dark pants and a dark beanie. The victim can positively identify both suspects.

Both weapons were recovered on scene.

The car was recovered in Jeans Street.
Anyone with information as to the identity of the suspects is asked to call Detective Bridget Hayden at 386 671-5263.

We hope to have the video posted on the web sometime today.

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DAYTONA BEACH POLICE DEPARTMENT

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 140002190															
	Agency ORI Number FL0640100		Zone # DB43	Telephone Handled 1. Yes 2. No 2														
	Reported: Day Saturday	Date 02-08-2014	Time (mil.) 1342	Time Dispatched (mil.) 1345	Time Arrived (mil.) 1356													
	Nature of Call (Report Type) 24 Armed Robbery (UCR)			Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Saturday	Date 02-08-2014	Time (mil.) 1342	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night	D			
Offense #1	Type 1	Statute Violation Number 812.13(2)(B)	Description Robbery with Weapon		A - Attempted C - Committed	C	Offense #2	Type	Statute Violation Number	Description		A - Attempted C - Committed						
Incident Location (Street, Apt. Number) 131 South Nova Road										City DAYTONA BEACH		Zip						
Business Name / Area Identifier Showcase Jewelry			# Prem. Entered 1	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	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No										
Location Type 11	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 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)			Name (Last/Business) Garey		(First) Miles		(Middle)						
Address (Street, Apt. Number) 131 South Nova Road										City DAYTONA BEACH		State FL		Zip 32114		Residence Phone 386 258-2220		
Business/School/Other Address (Street, Apt. Number) 131 South Nova Road					City DAYTONA BEACH		State FL		Zip 32114		Address Type B		Business/School/Other Phone 386 258-2220		Phone Type B			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement owner of store/ victim													
If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth 09-19-1966	Age 47	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack F	Extent of Injury 00	Domestic Violence 2	Relationship							
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 2	# 2	V. Type 3	Nature of Call (for Victim, if different from Incident)			Name (Last/Business) Nails		(First) Lois		(Middle)						
Address (Street, Apt. Number) 131 South Nova Road										City DAYTONA BEACH		State FL		Zip 32114		Residence Phone 386 258-2220		
Business/School/Other Address (Street, Apt. Number) 131 South Nova Road					City DAYTONA BEACH		State FL		Zip 32114		Address Type B		Business/School/Other Phone 386 258-2220		Phone Type B			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement victim													
If Victim Type 1, 2, or 3	Race B	Sex F	Date of Birth 07-27-1963	Age 50	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack F	Extent of Injury 00	Domestic Violence 2	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		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							
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		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							
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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							

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

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) (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 # S 2 3	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.													

1 On 02-09-14 the Daytona Beach Police Department received an emergency call with regard to an armed robbery. Officer Jacobs was at the
 2 Daytona Mall to the north when the call came out and Officer Kelley was to the south and was close as well. Other officers arrived and the
 3 business was approached after calling into the business failed to register a response and when victim Nails flagged Officer Kelley down. Officer
 4 Jacobs contacted victim Garey as he emerged from the business. Victims Nails and Garey are partners and have been so for approximately thirty
 5 years. The victim's pointed out two items that appeared to be handguns. One was outside the store near the north wall and the other was inside
 6 the store near the front door. Officer Jacobs cleared the business and others began to put crime scene tape around the scene and held the
 7 perimeter. The victims advised that they were working in their business when a male came to the front door. Victim Miles buzzed the male in and
 8 another male immediately followed him. The two males, the suspects, immediately began an assault on the store and brandished what appeared
 9 to be handguns. It should be noted that the handguns turned out to be pellet/bb guns. At least one of the suspects pulled up a mask over his face.
 10 One of the suspects jumped the counter and a fight ensued between that suspect and victim Garey. Victim Garey grappled with a suspect and it

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 checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>					
Officer Reporting - Printed Kelley, Dale			Officer Reporting - Signature			ID. Number D38423	Unit 3a63	Date 02-08-2014
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	02-08-2014	1342	02-08-2014	24	140002190		1

11 appeared that suspect tried to pistol whip him in the head. The suspects were buzzed out of the store by victim Garey. Victim Nails ran from the
 12 rear of the store and advised that one of the suspects ran after her. Victim Nails advised that she saw one of the suspects use a cinder block to
 13 break out a window of a silver Pontiac product and then drive away in it. That vehicle was later located unoccupied in the 500 block of S Caroline
 14 Street. Victim Nails identified the vehicle as the one used. Daytona Beach Police Department Criminal Investigation Division personnel responded
 15 along with Crime Scene Tech T. Youngman. Criminal Investigation Division and Technician Youngman processed the scene and evidence.
 16 Detective Deschamps provided photographs of the suspects to all police department personnel via e-mail. Officer Jacobs collected sworn
 17 statements from both victims. Both victims will prosecute and both advised that they can identify the subjects in question. Neither victim
 18 complained of being hurt. However, rescue was called and cleared victim Nails for a shortness of breath complaint. Victim Garey advised that he
 19 estimates \$3000 dollars in assorted jewelry was taken, but he is unable to provide an accurate assessment at this time. Garey was asked to
 20 compile a list of stolen items and their values so that he can then deliver it to the Daytona Beach Police Department. Officers and Detectives
 21 canvassed the area for video and did locate some in addition to the video from inside the business. That video evidence will be handled by the
 22 Criminal Investigation Division and was in the process of being collected at the time of this writing.

NARRATIVE / CONTINUATION

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 <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 checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>				
	Officer Reporting - Printed Kelley, Dale	Officer Reporting - Signature	ID. Number D38423	Unit 3a63	Date 02-08-2014	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVNT	Report Date 02-08-2014	Report Time 1342	Original Incident Date 02-08-2014	Nature of Call (for Incident) 24	Agency Report Number 140002190	1.Original 2.Supplement 1						
THEFT	Type Theft 02	Type Theft Codes 00. N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public 09. From Vehicle 11. By Computer 13. Bicycle 99.Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper.Machine Access Bldg. 10. Extortion 12. Fraud 14. Motor Vehicle Parts										
CODES	Person Code V-Victim N-Next of Kin S-Suspect O-Other D-Defendant R-Reporting Party W-Witness		Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other		Status Code: 1. Evidence 5.Lost 8.Found 12.Stolen And Recovered 16.Vehicle Inventory Prop. 2. Damaged Prop. 6.Recovered 9.Found/Contraband 13.Disposal 17.Baker Act 3. Arson/Burned 7.Recovered (Outside 10.Prisoner's Pers.Prop. 14.Prop. Of Deceased 18.Seized/Confiscated 4.Photo & Release Agency Recovered) 11.Stolen 15.Return to Owner 19.Abandoned							
	Category Code B. Bicycle E-Equipment/Measuring Devices/Tools I-Items of Identification V.Viewing Equip (Binoculars) C. Camera/Photo Equipment F-Furniture and Furnishings J-Special Docs/Food Stamps/Tickets M. Musical Instrument R-Radio/TV/Sound Devices W.Well-drilling Equipment D-Data Processing Equipment G-Games and Gambling Apparatus K-Keepsakes and Collectibles O. Office Equipment S-Sports/Camping/Rec.Equip. Y-All Other Items and Equipment H-Household Appliance/Housewares L. Livestock P.Personal Accessories T-Toxic Chemicals (GUNS,DRUGS,JWLRY, Etc.)											
	DRUG CODES	Activity P. Possess D. Deliver Z. Other S. Sell E. Use B. Buy K. Dispense/Distribute T. Traffic M. Manufacture/Produce/ R. Smuggle Cultivate	Type A. Amphetamine M. Marijuana U. Unknown B. Barbiturates O. Opium/Derivative Z. Other C. Cocaine P. Paraphernalia/ E. Heroin Equipment H. Hallucinogen S. Synthetic	Unit 1. Gram 6. Ton 2. Milligram 7. Liter 3. Kilogram 8. Milliliter 4. Ounce 9. Dose Unit/Term 5. Pound 99.Other								
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
		V	1	2	1	11	Y	JWLRY	Unknown list / victim will supply list soon			
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)	Value
					\$							\$ 3000
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value		
				AB						\$		
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)	Value
					\$							\$
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				
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)	Value
					\$							\$
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				
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)	Value
					\$							\$
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				
CHAIN OF CUSTODY	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:									
ADMIN.	Officer Reporting - Printed Kelley, Dale			Officer Reporting - Signature			ID. Number D38423	Unit 3a63	Date 02-08-2014			
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			