



# BE ON THE LOOKOUT

## Attempt to Identify

### Daytona Beach Police Department

Case 20150006022

Expires When Identified

Status Active

#### Pictures:



#### Description:

The above individuals are wanted for a Burglary at the Comfort Inn Hotel (730 North Atlantic Avenue) on March 29, 2015. If in contact with anyone matching this description, please contact Detective Trisha Loomis at 386-671-5216.

See attached page for additional photographs!

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](http://www.dbpd.us) and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.



DAYIDNA BEACHPOLICE 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](http://www.dbpd.us) and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.



# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

NARRATIVE

ADMINISTRATIVE

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.											

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.											

1 On March 29, 2015 at approximately 2313 hours I was dispatched to the Comfort Inn #315 located at 730 N Atlantic Ave in reference to a burglary.

2 Upon arrival I met with Britt Lawson (V1) and James Lawson (O1). V1 stated that at approximately 1915 hours on March 29, 2015 her son left the

3 room to join the family for dinner. V1 stated that when O2 returned to the room he noticed that the door the room was ajar. Upon entering the room

4 O2 noticed that the Apple Mac Pro Retina laptop was missing from the living room area of their unit. V1 told me that the value of the laptop was

5 \$1800.00 and purchased approximately a year ago. V1 also said that O2 attempted to track the laptop through the Apple site but was not

6 successful because the laptop was already turned off.

7 V1 told me that the model and serial numbers were not known at the current time. V1 informed me that upon her return home she would call to

8 update the report with the model and serial numbers.

9 Upon inspection of the door I saw that the weight of the door alone isn't enough for it to close and lock. You have to pull the door to successfully

10 secure the door before leaving.

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 checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statement</u>		
Officer Reporting - Printed <b>Thomas, Alvario</b>	Officer Reporting - Signature		ID. Number <b>D48623</b>	Unit <b>3D53</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit Date <b>03-30-2015</b>

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 03-29-2015	Report Time 2240	Orig. Reported Date 03-29-2015	Nature of Call (for Incident) 21	Agency Report Number 150006022	1.Original 2.Supplement   1
------	---------------------------	---------------------	-----------------------------------	-------------------------------------	-----------------------------------	--------------------------------

11 The hotel front desk informed me that the surveillance footage could be viewed and burned to disk by Angela Hearn who is the general manager.  
 12 Ms. Hearn can be contacted at Comfort Inn and is available weekday starting at approximately 0900 hours  
 13 RP completed a sworn written statement saying that she wishes to prosecute. The statement was submitted into records.  
 14

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	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <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 checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statement</u>			
	Officer Reporting - Printed <b>Thomas, Alvario</b>	Officer Reporting - Signature		ID. Number <b>D48623</b>	Unit <b>3D53</b>	Date <b>03-30-2015</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	