



BE ON THE LOOKOUT

Attempt to Identify

Daytona Beach Police Department

Case 1521429

Expires [Expires]

Status Active



Description:

On 10/24/2015 at 0426 hours the above depicted individual committed several larceny car breaks in (LPGA). Anyone with information to the identity of the suspect is ask notify Det. Steve Yunick at 386-671-5240 or email: yunicks@dbpd.us.

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.

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 150021429									
	Agency ORI Number FL0640100		Zone # DB48	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2								
	Reported: Day Saturday	Date 10-24-2015	Time (mil.) 1021	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)	Nature of Call (Report Type) CB CarBreak (UCR)					
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Friday	Date 10-23-2015	Time (mil.) 2230	TO	Day Saturday	Date 10-24-2015	Time (mil.) 0900	Occurred During: D - Day N - Night	U - Unknown N
	Offense #1 1	Type 1	Statute Violation Number 810.02(4)	Description Unarmed Burglary-Unoccupied Structure/Conv				A - Attempted C - Committed C				
	Offense #2	Type	Statute Violation Number	Description				A - Attempted C - Committed				
	Incident Location (Street, Apt. Number)			City DAYTONA BEACH			Zip 32124					
	Business Name / Area Identifier		# Prem. Entered 1	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No 2	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No				
	Location Type 01	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						
VICTIM/WITNESS												
Offense Indicator 1. #1 3. Both 2. #2		V/W Code V	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) CB CarBreak (UCR)			Name (Last/Business) DRISCOLL		Name (First) STEVEN		
Address (Street, Apt. Number)			City DAYTONA BEACH FL			State		Zip 32124		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 OWNER OF VEHICLE							
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth	Age 55	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
VICTIM/WITNESS												
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)		Name (First)		
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	
VICTIM/WITNESS												
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)		Name (First)		
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	
VICTIM/WITNESS												
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)		Name (First)		
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		
	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.												

1 ON SATURDAY OCTOBER 24, 2015 AT APPROXIMATELY 1102 HOURS, I RESPONDED TO [REDACTED], IN REFERENCE TO A
2 CAR BREAK. UPON ARRIVAL, I WAS CONTACTED BY V-1 (STEVEN DRISCOLL) WHO ADVISED HE PARKED HIS 2005 GMC PICKUP,
3 BEARING FL TAG [REDACTED] IN HIS DRIVEWAY AT APPROXIMATELY 2230 HOURS THE PREVIOUS NIGHT. AT THAT TIME THERE WAS
4 APPROXIMATELY \$3.50 WORTH OF CHANGE, IN US COINS, IN THE ASHTRAY TO THE VEHICLE. UPON RETURNING TO THE VEHICLE
5 AT APPROXIMATELY 0900 HOURS THIS DATE, V-1 (S. DRISCOLL) NOTICED HIS DRIVER'S DOOR WAS AJAR AND THAT AN UNKNOWN
6 PERSON HAD ENTERED THE VEHICLE AND REMOVED THE CHANGE. V-1 (S. DRISCOLL) INVENTORIED THE REST OF THE VEHICLE
7 AND FOUND NOTHING ELSE MISSING. THE VEHICLE CONTAINED SUNGLASSES, FLASHLIGHT AND EXPENSIVE GOLF CLUBS. ALL
8 THOSE ITEMS REMAINED. THE VEHICLE WAS NOT PROCESSED, FOR LATENT PRINTS, AT THE REQUEST OF THE OWNER. V-1 (S.
9 DRISCOLL) ADVISED HIS NEIGHBOR HAS AN EXTERIOR SECURITY CAMERA SYSTEM THAT ACTIVATED AT APPROXIMATELY 0300
10 HOURS THIS DATE. THE NEIGHBOR WAS UNAVAILABLE AT THE TIME OF THIS REPORT. V-1 (S. DRISCOLL) ADVISED HE WILL

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	
<u>Monde, Anthony</u>				<u>D44073</u>	<u>3B48</u>	<u>10-24-2015</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date	

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 10-24-2015	Report Time 1021	Orig. Reported Date	Nature of Call (for Incident) CB	Agency Report Number 150021429	1.Original 2.Supplement	1																											
ADMINISTRATIVE	<p>11 CONTACT THE NEIGHBOR WHEN HE RETURNS HOME TO REVIEW THE SECURITY FOOTAGE AND ADVISE IF THERE IS ANY</p> <p>12 EVIDENTIARY FOOTAGE. V-1 (S. DRISCOLL) IS A RETIRED FEDERAL LAW ENFORCEMENT OFFICER AND IS HOME MOST OF THE</p> <p>13 TIME. V-1 (S. DRISCOLL) COMPLETED AND SIGNED A SWORN STATEMENT ADVISING HE DOES WISH TO PROSECUTE.</p>																																	
ADMINISTRATIVE	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Final Case Status:</td> <td style="width: 50%;">Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded</td> <td style="width: 10%;"><input type="checkbox"/> Victim Advocate</td> <td style="width: 10%;"><input type="checkbox"/> Triad</td> <td style="width: 10%;"><input type="checkbox"/> SA Referral</td> </tr> <tr> <td><input type="checkbox"/> DCF Hotline</td> <td>Date:</td> <td>Time:</td> <td><input type="checkbox"/> FCIC / NCIC Entry</td> <td><input type="checkbox"/> T.T. BOLO</td> <td>Date:</td> <td>By:</td> </tr> <tr> <td><input type="checkbox"/> CAC</td> <td colspan="2">Spoke With:</td> <td><input type="checkbox"/> FCIC / NCIC Cancel</td> <td colspan="3"></td> </tr> </table>							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											
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																															
ADMINISTRATIVE	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Connecting Report Number</td> <td style="width: 10%;">Agency</td> <td style="width: 10%;">Additional Forms Attached:</td> <td style="width: 10%;"><input type="checkbox"/> Narrative</td> <td style="width: 10%;"><input type="checkbox"/> SA 707</td> <td style="width: 10%;"><input type="checkbox"/> Persons</td> <td style="width: 10%;"><input type="checkbox"/> Property</td> <td style="width: 10%;"><input type="checkbox"/> Veh./Tow Sheet</td> <td style="width: 10%;"><input type="checkbox"/> Other Describe: _____</td> </tr> <tr> <td colspan="2">Officer Reporting - Printed Monde, Anthony</td> <td colspan="3">Officer Reporting - Signature</td> <td>ID. Number D44073</td> <td>Unit 3B48</td> <td colspan="2">Date 10-24-2015</td> </tr> <tr> <td colspan="2">Officer Reviewing - Printed (If Applicable)</td> <td colspan="3">Officer Reviewing - Signature (If Applicable)</td> <td>ID. Number</td> <td>Unit</td> <td colspan="2">Date</td> </tr> </table>							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 Monde, Anthony		Officer Reporting - Signature			ID. Number D44073	Unit 3B48	Date 10-24-2015		Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	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 Monde, Anthony		Officer Reporting - Signature			ID. Number D44073	Unit 3B48	Date 10-24-2015																											
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date																											

NARRATIVE / CONTINUATION