



Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

Sergeant James Chirco
386-671-5121

Re: Distraction Theft

Location: Hobby Lobby, 2455 W. Speedway Blvd.

Date of Incident: November 27, 2015

Time: 1400

Police Report Number: 20150023840

On 11/27/2015 a distraction, wallet theft occurred at the Hobby Lobby store located at 2455 W. Speedway Blvd. The four African-American, female suspects, working as a team, distracted the 69 year old female victim as they removed her wallet from her purse. The suspects then utilized the victim's credit cards to make fraudulent charges at Stein Mart, Sears, Victoria Secret, Charmed 11 and JC Penny, all in Daytona Beach. The suspects also utilized the victim's credit card to obtain cash advances at Gate Way Bank in Daytona Beach for a total of \$1806.11.

The involved suspects have also been identified as suspects in a similar type distraction theft in the Gainesville, FL area.

Anyone with any information that may lead to any of the suspect's identity is asked to contact:

Detective Scott Frantz
Daytona Beach Police Department
Criminal Investigations Division
386-671-5247
FRANTZS@DBPD.US

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 150023840									
	Agency ORI Number FL0640100		Zone # DB48	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2								
	Reported: Day Saturday	Date 11-28-2015	Time (mil.) 1415	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)	Nature of Call (Report Type) FRAUD Fraud					
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Friday	Date 11-27-2015	Time (mil.) 1400	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night	D
	Offense #1 1	Type 1	Statute Violation Number 817.481(1)	Description Illegal Use Credit Cards to Obtain Goods \$				A - Attempted	C - Committed C			
	Offense #2 3	Type 3	Statute Violation Number 812.014(2)(E)	Description Petit Theft 1st Degree \$100 - \$300				A - Attempted	C - Committed C			
	Incident Location (Street, Apt. Number) 1950 W International Speedway Blvd			City DAYTONA BEACH			Zip 32114					
	Business Name / Area Identifier		# Prem. Entered	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	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 3	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) Poulin		(First) Barbara		(Middle)	
Address (Street, Apt. Number) 11 Porter Ln			City Palm Coast		State FL	Zip 32164	Residence Phone (386) 313-5654					
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 Victim								
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 05-09-1946	Age 69	Ethnicity N	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 # S 1 0	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.													

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	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			
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NARRATIVE

1 On 11/28/2015 I was approached at the front desk by Barbara Poulin (V1). V1 was at Hobby Lobby around 1400 hours. V1 states that her wallet was stolen from her purse. She saw three B/F walking with her around the store. V1 states that one of the B/F distracted her while one took the wallet out of her purse, but isn't positive it was them. V1 states that she went home and canceled her cards, when she was told her card was used at the ATM in the amount of \$146.00. V1 wishes to press charges. V1 signed a sworn victim statement at 129 Valor Blvd.

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 Ousterman, Michael			Officer Reporting - Signature			ID. Number D48223	Unit	Date 11-28-2015
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVTN	Report Date 11-28-2015	Report Time 1415	Original Incident Date	Nature of Call (for Incident) FRAUD	Agency Report Number 150023840	1. Original 2. Supplement 1					
THEFT	Type Theft 00. N/A 01. Burglary	Type Theft Codes 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper. Machine 08. From Public Access Bldg. 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 13. Bicycle 14. Motor Vehicle Parts 99. Other									
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release			5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned	20. Safekeeping 21. Digital Evidence
	Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment		E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares		I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock		M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)		
	DRUG CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other		
PROPERTY	Leave Blank:	Person Code # V 1	Pers. Invl. 2	Item # 1	Status 11	Category Y	Article OTHER	Description Visa, Discover, Khols, Bealls, Jcpenny, Sears, Cards			
	Serial Number	Owner Applied Number	Value Recovered: \$	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$25.00				
	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 # V 1	Pers. Invl. 2	Item # 2	Status 11	Category Y	Article OTHER	Description Bealls Outlet Card, License, Wallet, Prayer Cards			
	Serial Number	Owner Applied Number	Value Recovered: \$	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$25.00				
	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 # V 1	Pers. Invl. 2	Item # 3	Status 11	Category Y	Article CURREN	Description 3 \$2 bills			
	Serial Number	Owner Applied Number	Value Recovered: \$	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$6.00				
	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):				
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Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):					
Leave Blank:				Reason for Change:							
ADMIN.	Officer Reporting - Printed Ousterman, Michael	Officer Reporting - Signature			ID. Number D48223	Unit	Date 11-28-2015				
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				