



BE ON THE LOOKOUT

Attempt to Identify

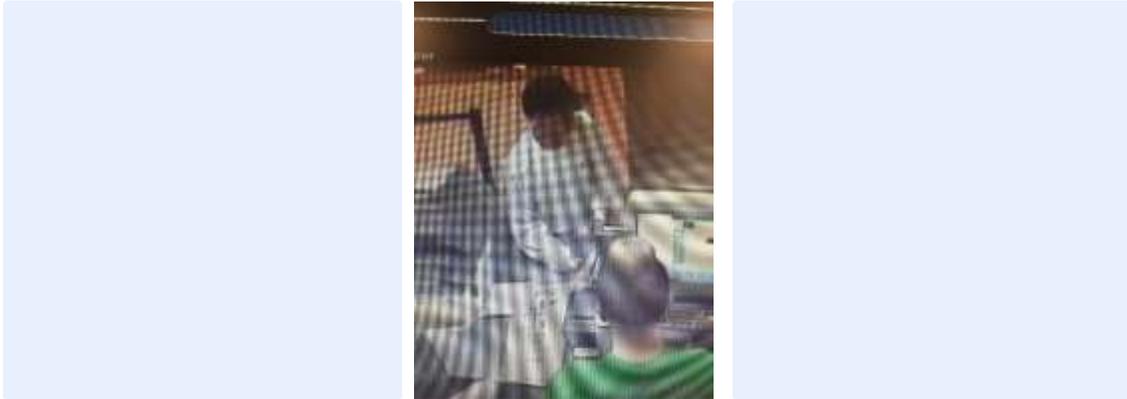
Daytona Beach Police Department

Case **160000422**

Expires [Expires]

Status Active

Pictures:



Description:

The above pictured subject is wanted in reference to a robbery attempt at 213 Mason Ave (Subway). The subject implied that he had a firearm under his sleeve and demanded that the cashier give him all the money in the register. The male is described as a white male in his late 30's, average weight, approximately 5' 8" with missing teeth and had slurred speech when he spoke. Subject last seen wearing a white long sleeve shirt, light brown pant and a black baseball hat. Anyone with information is asked to contact Det. Grant Karcher at 386-671- 5211 or karcherg@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 160000422			
	Agency ORI Number FL0640100			Zone # DB56	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2	
	Reported: Day Thursday	Date 01-07-2016	Time (mil.) 0100	Time Dispatched (mil.) 0102	Time Arrived (mil.) 0102	Time Completed (mil.) 0200
	Nature of Call (Report Type) ROBBERY Robbery (UCR class)					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		
Incident: Day From Thursday		Date 01-07-2016		Time (mil.) 0055		
TO		Day Thursday		Date 01-07-2016		
Time (mil.) 0102		Time (mil.) 0102		Time (mil.) 0102		
Occurred During: D - Day N - Night		U - Unknown		N		
Offense #1	Type 1	Statute Violation Number 812.13(2)(A)		Description Robbery with Firearm/Deadly Weapon (Attempt)		
Offense #2		Statute Violation Number		Description		
A - Attempted		C - Committed		C		
A - Attempted		C - Committed				
Incident Location (Street, Apt. Number) 213 Mason Ave			City DAYTONA BEACH		Zip 32114	
Business Name / Area Identifier Subway		# 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 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 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 1	# 1	V. Type 4	Nature of Call (for Victim, if different from Incident) Subway	
Name (Last/Business) Subway		(First)		(Middle)		
Address (Street, Apt. Number) 213 Mason Ave			City DAYTONA BEACH FL		State FL	
Business/School/Other Address (Street, Apt. Number)			City		State	
Zip 32114			Address Type		Business/School/Other Phone	
Phone Type			Other Contact Info (Time Available, Interpreter, etc.)			
Synopsis of Involvement Victim of Robbery Attempt						
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type
1	W	F	05-30-1996	19	N	1
Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
1	O	00	2	Z		
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 2	V. Type 3	Nature of Call (for Victim, if different from Incident) SKINKLE	
Name (Last/Business) SKINKLE		(First) HOPE		(Middle) M		
Address (Street, Apt. Number) 213 Mason Ave			City DAYTONA BEACH FL		State FL	
Business/School/Other Address (Street, Apt. Number)			City		State	
Zip 32114			Address Type		Business/School/Other Phone	
Phone Type			Other Contact Info (Time Available, Interpreter, etc.)			
Synopsis of Involvement Victim / Witness						
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type
1	W	M	08-31-1991	24	N	1
Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
1	O	00	2	Z		
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 3	V. Type 3	Nature of Call (for Victim, if different from Incident) JOHNSON	
Name (Last/Business) JOHNSON		(First) TRAVIS		(Middle) L		
Address (Street, Apt. Number) 213 Mason Ave			City DAYTONA BEACH FL		State FL	
Business/School/Other Address (Street, Apt. Number)			City		State	
Zip 32114			Address Type		Business/School/Other Phone	
Phone Type			Other Contact Info (Time Available, Interpreter, etc.)			
Synopsis of Involvement Victim / Witness						
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type
1	W	M	08-31-1991	24	N	1
Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
1	O	00	2	Z		
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	
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
1	W	M	08-31-1991	24	N	1
Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
1	O	00	2	Z		

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 Unknown	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) WHITE / LSLEV / TAN / LONGP / BLACK / BBCAP			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	

IF MISSING	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	

NARRATIVE	1	On 1/7/2016 at approximately 0102 hours I was dispatched to 213 Mason Ave (Subway) in reference to an attempted robbery. Upon my arrival I
	2	made contact with V-2 and V-3 and the following was discovered:
	3	
	4	V-2, and employee of Subway, stated the following:
	5	
	6	S-1 walked into the Subway and acted like a regular customer and ordered six cookies. When V-2 was about to process S-1's transaction, S-1
	7	leaned over the counter with his sleeve over his hand, implying a firearm, and had his hand pointed at V-2 in a way that if S-1 had a firearm it
	8	would have been pointed directly at V-2. V-2 was in fear that S-1 was pointing a firearm at her. S-1 then told V-2 to give him all of the money in the
	9	cash register. V-2 then activated the silent alarm for the business and called her manager over, who was in another part of the business. V-3 then
	10	came over to the register where V-2 was at. S-1 then pointed his concealed hand, implying a firearm, to V-3 and demanded that V-3 give him all

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:	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>Statements / latents</u>		
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date	
Pignataro, Steven			D73823	3D57	01-07-2016	
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
	01-07-2016	0100	01-07-2016	ROBBERY	160000422		1

11 the money in the cash register and the safe. V-3 then told S-1 to leave the property and S-1 walked out of the business. V-2 stated that he object
 12 that was concealed under S-1's shirt sleeve was black and looked like the barrel of a firearm to her. V-2 can identify S-1. V-2 completed a sworn
 13 written statement and wishes to prosecute. V-2 described S-1 as a white male in his late 30's with a white long sleeve shirt. S-1 had missing teeth
 14 and had slurred speech when he spoke. S-1 also appeared to have a "droopy" face to V-2. S-1 appeared to be average weight for his height.
 15
 16 I then interviewed V-3 and the following was discovered:
 17
 18 V-2 called V-3 to the cash register for assistance. When V-3 got to the cash register he observed S-1 leaning over the counter with his hand
 19 concealed by his shirt sleeve (implying a firearm) , pointing his hand in a manor that made V-3 believe he had a firearm. S-1 then demanded that
 20 V-3 give him all of the money in the register. V-3 then activated the silent alarm for the business. V-3 then stated that he believes that S-1 had a
 21 curled up piece of paper in his hand to make it look like a firearm. V-3 then told S-1 to leave the property, which S-1 did. V-3 completed a sworn
 22 written statement and wishes to prosecute. V-3 described S-1 as an older white male that was short and skinny and looked "homeless". S-1 was
 23 wearing a black hat, white long sleeve shirt with orange letters on it.
 24
 25 Video footage can be obtained at a later date as V-2 and V-3 do not know how to save video footage.
 26
 27 The scene was processed for latent fingerprints, which six (6) latent prints were obtained. Latent fingerprints were obtained from the metal counter
 28 area, as well as a plastic cookie display case where S-1 touched when he showed V-2 what cookies he wanted originally.

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>Statements / latents</u>				
	Officer Reporting - Printed Pignataro, Steven	Officer Reporting - Signature	ID. Number D73823	Unit 3D57	Date 01-07-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		