



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)

Re: Sunglass Hut

Location:

Date of Incident: January 31, 2016

Time:

Police Report Number:

The person depicted in the video is responsible for all of the thefts. Total Value is close to \$ 10,000. Anyone with information on the identity of the suspect is asked to contact Detective Scott Frantz at 386-671-527 or email frantz@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

<input type="checkbox"/> Juvenile <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency ORI Number FL0640100		Agency Report Number 160002096		Zone # DB53		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2	
Reported: Day Sunday		Date 01-31-2016		Time (mil.) 1617		Time Dispatched (mil.) 1619		Time Arrived (mil.) 1619		Time Completed (mil.) 1619	
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Sunday		Date 01-31-2016		Time (mil.) 1600	
TO Sunday		Date 01-31-2016		Time (mil.) 1610		Occurred During: D - Day N - Night		U - Unknown D		Nature of Call (Report Type) THEFT Theft (UCR)	
Offense #1 1		Type 812.015(8)		Statute Violation Number 812.015(8)		Description Retail Theft \$300 or More		A - Attempted C - Committed C		#2 Statute Violation Number Description A - Attempted C - Committed	
Incident Location (Street, Apt. Number) 250 N Atlantic Av #111				City DAYTONA BEACH				Zip 32118			
Business Name / Area Identifier Sunglass Hut		# 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 2		Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned 2	
Location Type 11		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub		09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital		13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage		17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.	
21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodland/Field 28. Lake/Waterway		29. Motor Vehicle 30. Other Mobile 88. Unknown 89. Other		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		Address/Phone Type B. Business/Work C. Call H. Home		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian	
V-Witness W-Other R-Reporting Person		N-Next of Kin O-Other		4. Business 5. Government 6. Church 9. Other		M. Message N. Next of Kin O. Other		P. Pager S. School V. Vacation		Sex M-Male F-Female U-Unknown	
0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed	
03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns		09. Abrasions/Bruiases 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child		B-Sibling O-Other Family H-Co-Habitant Z-Other	
Offense Indicator 1. #1 2. #2		V/W Code 1 V		# 1		V. Type 4		Nature of Call (for Victim, if different from Incident) Sunglass Hut		Name (Last/Business) (First) (Middle)	
Address (Street, Apt. Number) 250 N Atlantic Av #111				City DAYTONA BEACH FL		State FL		Zip 32118		Residence Phone (386) 947-0970	
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 of incident							
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 11-24-1993		Age 22		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack 00		Extent of Injury 00		Domestic Violence 00		Relationship	
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Defeo		Name (Last/Business) (First) (Middle)	
Address (Street, Apt. Number) 250 NORTH ATLANTIC AVE. #111				City DAYTONA BEACH FL		State FL		Zip 32118		Residence Phone (386) 947-0970	
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 witness to incident							
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 11-24-1993		Age 22		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack 00		Extent of Injury 00		Domestic Violence 00		Relationship	
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Defeo		Name (Last/Business) (First) (Middle)	
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Business/School/Other Address (Street, Apt. Number)				City		State		Zip		Address Type Business/School/Other Phone Phone Type	
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Res. Type 1		Res. Status 1		Means of Attack 00		Extent of Injury 00		Domestic Violence 00		Relationship	
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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 witness to incident							
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 11-24-1993		Age 22		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack 00		Extent of Injury 00		Domestic Violence 00		Relationship	
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Defeo		Name (Last/Business) (First) (Middle)	
Address (Street, Apt. Number) 250 NORTH ATLANTIC AVE. #111				City DAYTONA BEACH FL		State FL		Zip 32118		Residence Phone (386) 947-0970	
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 witness to incident							
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 11-24-1993		Age 22		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack 00		Extent of Injury 00		Domestic Violence 00		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?		Warrant From:		
	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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No	
3. Involuntary				8. Unknown		8. Unknown		2. No		2. No		2. No	
4. Disabled													
5. Endangered													
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?		Warrant From:		
	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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No	
3. Involuntary				8. Unknown		8. Unknown		2. No		2. No		2. No	
4. Disabled													
5. Endangered													
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 1-31-16 I was dispatched to 250 N Atlantic Ave #111 (Sunglass Hut, V-1) a merchant in reference to a shoplifting. Upon my arrival I made
 2 contact with Autumn Defeo (W-1) a sales clerk with Sunglass Hut.
 3 Autumn Defeo informed me of the following; A white male (S-1) wearing a gray short sleeve shirt with a long sleeve black shirt underneath, dark
 4 blue jean pants, black flip flops and wire frame reading glasses, with short wiry hair and some facial hair entered the store.
 5 S-1 went to the sales section of the store and then to the Gucci sunglasses section of the store. While looking at the Gucci sunglasses, S-1 selects
 6 an unknown model pair from the bottom shelf and conceals them into his right front pocket. S-1 continues and then reaches into the Gucci
 7 sunglass drawer and selects an additional pair of unknown model Gucci sunglasses and conceals them into his right front pants pocket.
 8 After concealing the sunglasses S-1 exits the store headed towards the Boardwalk / Beach area behind 250 N Atlantic Ave and flees the area.
 9 An area check was completed with aide from Beach Patrol in addition to Daytona Beach Police units, with negative results for locating S-1. I
 10 reviewed video security video footage from the incident and Autumn Defeo was unable to copy it to DVD so I recorded it with my Axon Flex Video

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"/> 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 checked="" type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet	<input checked="" type="checkbox"/> Other	Describe: <u>witness statement</u>		
	Officer Reporting - Printed				Officer Reporting - Signature				ID. Number	Unit	Date	
Shulenburg, Shawn								D54853	3X63	01-31-2016		
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date		

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement
01-31-2016	1617	01-31-2016	THEFT	160002096		1

11 Camera. Axon Video submitted into evidence.com. I additionally captured a still photo of S-1 during the incident from the security video and a
 12 BOLO was completed with the photo attached and forwarded.
 13 Autumn Defeo completed a witness statement for the incident, stating that Sunglass Hut wishes to press charges and the value for the taken
 14 sunglasses is value between \$200.00 and \$400.00 per pair. Sunglass hut has to perform an inventory for additional information on the sunglasses
 15 taken, information will be made available at a later date. Autumn Defeo was not able to provide a sales receipt as she did not know what pairs of
 16 sunglasses were taken. I provided Autumn Defeo a case card for the incident and the scene was cleared.
 17

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 checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>witness statement</u>			
	Officer Reporting - Printed Shulenburg, Shawn	Officer Reporting - Signature	ID. Number D54853	Unit 3X63	Date 01-31-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

REPORT DATE	01-31-2016	REPORT TIME	1617	ORIGINAL INCIDENT DATE	01-31-2016	NATURE OF CALL (FOR INCIDENT)	THEFT	AGENCY REPORT NUMBER	160002096	1. ORIGINAL							
										2. SUPPLEMENT	1						
THEFT EVENT	Type Theft 03	Type Theft Codes 00. N/A 01. Burglary 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		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 N. Office Equipment O. Office Equipment		P. Personal Accessories Q. Paraphernalia/Equipment 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	#	Pers. Invl.	Item #	Status	Category	Article	Description							
			V	1	2	1	11	V	EYEGLA	Gucci sunglass unknown model							
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)		Value				
					\$								\$200.00				
PROPERTY	Leave Blank:		Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description							
			V	1	2	2	11	V	EYEGLA	Gucci sunglasses unknown model							
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)		Value				
					\$								\$200.00				
PROPERTY	Leave Blank:		Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description							
			V	1	2	2	11	V	EYEGLA	Gucci sunglasses unknown model							
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)		Value				
					\$								\$				
PROPERTY	Leave Blank:		Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description							
			V	1	2	2	11	V	EYEGLA	Gucci sunglasses unknown model							
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)		Value				
					\$								\$				
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:												
ADMIN.	Officer Reporting - Printed Shulenburg, Shawn				Officer Reporting - Signature				ID. Number D54853	Unit 3X63	Date 01-31-2016						
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date						

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

THREAT	Report Date 01-19-2016	Report Time 1733	Original Incident Date 01-19-2016	Nature of Call (for Incident) SHOP	Agency Report Number 160001289	1. Original 2. Supplement 1						
THEFT	Type Theft 03	Type Theft Codes 01. Burglary 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 15. Stolen 16. Stolen And Recovered 17. Disposal 18. Seized/Confiscated 19. Abandoned 20. Seizekeeping 21. Digital Evidence 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. Seizekeeping 21. Digital Evidence 99. Other					
	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.Weil-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)					
	DRUG	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 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 # 5	Status 11	Category Y	Article OTHER	Description Gucci sun glasses			
	Serial Number		Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$425.00	
	If Article	Qty. 1	Brand Gucci	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 # 6	Status 11	Category Y	Article OTHER	Description Gucci sun glasses			
	Serial Number		Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$395.00	
	If Article	Qty. 1	Brand Gucci	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 # 7	Status 11	Category Y	Article OTHER	Description Gucci sun glasses			
	Serial Number		Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$485.00	
	If Article	Qty. 1	Brand Gucci	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:							
ADMIN.	Officer Reporting - Printed Greene, Barbara				Officer Reporting - Signature				ID. Number D81713	Unit 3c46	Date 01-19-2016	
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date	

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Page 1 of 5 Pages

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		INCIDENT REPORT		Agency Report Number 160001289	
Agency ORI Number FL0640100		Zone # DB46		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2			
Reported: Day Tuesday Date 01-19-2016 Time (mil.) 1733		Time Dispatched (mil.) 1815		Time Arrived (mil.) 1820		Time Completed (mil.) _____	
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Tuesday Date 01-19-2016 Time (mil.) 1733 TO Tuesday Date 01-19-2016 Time (mil.) 1930	
Offense #1 Type 1 Statute Violation Number 812.014(2)(C)1		Description Grand Theft - \$300 - < \$5,000		Occurred During: D - Day U - Unknown N - Night		A - Attempted C - Committed C	
Offense #2 Type _____ Statute Violation Number _____		Description _____		Occurred During: D - Day U - Unknown N - Night		A - Attempted C - Committed _____	
Incident Location (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH		Zip 32114		Nature of Call (Report Type) SHOP Shoplifting (UCR)	
Business Name / Area Identifier Sunglass Hut		# Prem. Entered 10		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 2	
Location Type 10		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub		09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital		13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage	
17. Gov/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway		29. Motor Vehicle 30. Other Mobile 88. Unknown 89. Other	
VVW 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		Address/Phone Type B. Business/Work C. Cell H. Home		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian	
Means of Attack F-Firearm K-Knife/Cutting Inst.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns	
09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital		13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage		17. Gov/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure	
25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway		29. Motor Vehicle 30. Other Mobile 88. Unknown 89. Other		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County	
3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Per. Year 3. Non-Resident		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		VVW Code # 1 V 1 4		Nature of Call (for Victim, if different from incident) Sunglass Hut		Name (Last/Business) (First) _____ (Middle) _____	
Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Business/School/Other Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Address Type B		Business/School/Other Phone (386) 252-5801		Phone Type B		Synopsis of Involvement	
Other Contact Info (Time Available, Interpreter, etc.)		Race W		Sex F		Date of Birth 09-26-1996	
Age 19		Ethnicity N		Res. Type 1		Res. Status 1	
Means of Attack 00		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VVW Code # 1 R 1 3		Nature of Call (for Victim, if different from incident) Ehastenay		Name (Last/Business) (First) _____ (Middle) _____	
Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Business/School/Other Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Address Type B		Business/School/Other Phone (802) 673-0625		Phone Type B		Synopsis of Involvement	
Other Contact Info (Time Available, Interpreter, etc.)		Race W		Sex F		Date of Birth 09-26-1996	
Age 19		Ethnicity N		Res. Type 1		Res. Status 1	
Means of Attack 00		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VVW Code # 1 R 1 3		Nature of Call (for Victim, if different from incident) Ehastenay		Name (Last/Business) (First) _____ (Middle) _____	
Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Business/School/Other Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Address Type B		Business/School/Other Phone (802) 673-0625		Phone Type B		Synopsis of Involvement	
Other Contact Info (Time Available, Interpreter, etc.)		Race W		Sex F		Date of Birth 09-26-1996	
Age 19		Ethnicity N		Res. Type 1		Res. Status 1	
Means of Attack 00		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VVW Code # 1 R 1 3		Nature of Call (for Victim, if different from incident) Ehastenay		Name (Last/Business) (First) _____ (Middle) _____	
Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Business/School/Other Address (Street, Apt. Number) 1700 W International Speedway Blvd		City DAYTONA BEACH FL		State FL		Zip 32114	
Address Type B		Business/School/Other Phone (802) 673-0625		Phone Type B		Synopsis of Involvement	
Other Contact Info (Time Available, Interpreter, etc.)		Race W		Sex F		Date of Birth 09-26-1996	
Age 19		Ethnicity N		Res. Type 1		Res. Status 1	
Means of Attack 00		Extent of Injury 00		Domestic Violence 2		Relationship 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	Name (Last) (First) (Middle)	Race	Sex	Ethnicity					
	Date of Birth	Age To Age	Height 5' 11"	To Height 6' 02"	Weight 170	To Weight 185	Eye Color BRO	Hair Color BRO	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.													

NARRATIVE	1	On Tuesday, 01/19/2016 at approximately 1820 hours I responded to The Sunglass hut in reference to a shoplifting. Upon arrival contact was made with the R-1 and employee, Mariena Ehasteny. Upon making contact the following discovered:
	2	
	3	
	4	R-1 observed the suspect, who is a white male about 6 ft tall weighing about 175 pounds, walk into the store. R-1 stated she noticed the suspect because her manager described a male matching the description of the suspect as person of interest for shoplifting in their store. R-1 stated the suspect tried on multiple pairs of sunglasses and was in the store for an extended period of time. During this time R-1 had costumers and was unable watch him the entire time. After the suspect left the store she noted multiple pairs of glasses were missing from the shelves. R-1 then replayed the security surveillance and observed the suspect put multiple pairs of sunglasses into his pocket. The sunglasses stolen are as follows:
	5	
	6	
	7	
	8	
	9	
	10	

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	<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 checked="" type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet	<input checked="" type="checkbox"/> Other Describe: <u>Statements</u>
	Officer Reporting - Printed			Officer Reporting - Signature			ID. Number	Unit	Date	
	Greene, Barbara						D81713	3c46	01-19-2016	
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	1
	01-19-2016	1733	01-19-2016	SHOP	160001289			

11 1- Prada sunglasses- \$ 250.00
 12 2- Prada sunglasses- \$ 250.00
 13 3- Rayban Sunglasses- \$ 199.00
 14 4- Gucci Sunglasses- \$ 425.00
 15 5- Gucci Sunglasses- \$ 395.00
 16 6- Gucci Sunglasses- \$ 485.00
 17 7- Total = \$2004.00
 18
 19 I received a sworn written statement from R-1. R-1 stated Sunglass Hut wishes to press charges. I obtained a copy of the video surveillance and submitted it into property and evidence. R-1 was unable to provide me with a copy of the receipt listing the items stolen but stated her manager could obtain one and bring it to the police department on the following day.
 21

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 checked="" 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>Statements</u>			
	Officer Reporting - Printed Greene, Barbara	Officer Reporting - Signature		ID. Number D81713	Unit 3c46	Date 01-19-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVENT	Report Date 01-19-2016	Report Time 1733	Original Incident Date 01-19-2016	Nature of Call (for Incident) SHOP	Agency Report Number 160001289	1. Original 2. Supplement 1					
THEFT	Type Theft 03	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 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		
DRUG	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.)					
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
		V 1	2	1	1	C	PHOTCD	Video Surveillance			
	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
		1	prada								\$
	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			
		V 1	2	2	11	Y	OTHER	Prada sun glasses			
	Serial Number	Owner Applied Number	Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value				
			\$				\$250.00				
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
		1	prada								\$
	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			
		V 1	2	4	11	Y	OTHER	Rayband sun glasses			
	Serial Number	Owner Applied Number	Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value				
			\$				\$199.00				
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
		1	rayban								\$
	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:									
ADMIN.	Officer Reporting - Printed Greene, Barbara	Officer Reporting - Signature	ID. Number D81713	Unit 3c46	Date 01-19-2016						
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date						

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 01-29-2016	Report Time 1000	Orig. Reported Date 01-19-2016	Nature of Call (for Incident) SHOP	Agency Report Number 160001289	1.Original 2.Supplement	2
-------------	---------------------------	---------------------	-----------------------------------	--	-----------------------------------	----------------------------	---

1
2 Upon review of this case, it is clear that the unidentified suspect is the same individual who has committed similar thefts at this location, and
3 possibly the 250 N. Atlantic Ave. location as well. An attempt to identify BOLO has been completed, but as of this time, has not resulted in any
4 further leads or information as to the identity of the suspect. Management of Sunglass Hut has made all employees aware of this suspect and they
5 have all been shown his photo with instructions to contact the Police Department if he enters the store again. No further investigative leads to
6 pursue at this time. Related cases 150025806, 150025921, 150025929, and 16000137. Case pending.

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"/> T.T. BOLO Date: _____ By: _____ <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 Dorman, Wayne	Officer Reporting - Signature	ID. Number D35823	Unit _____ Date 01-29-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit _____ Date	

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number 160001961	
Agency ORI Number FL0640100		Zone # DB46	Telephone Handled Call? (T.H.C.)	1. Yes 2. No 2	
Reported: Day Friday	Date 01-29-2016	Time (mil.) 1507	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)
Nature of Call (Report Type) SHOP Shoplifting (UCR)					
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Friday	Date 01-29-2016	Time (mil.) 1432
Offense #1 Type 1		Statute Violation Number 812.015(8)	Description Retail Theft \$300 or More		A - Attempted C - Committed C
Offense #2		Statute Violation Number	Description		A - Attempted C - Committed
Incident Location (Street, Apt. Number) City Zip 1700 W SPEEDWAY BLVD DAYTONA BEACH 32114					
Business Name / Area Identifier SUNGLASS HUT		# Prem. Entered 0	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 2. Unoccupied		Arson-Abandoned 3. Abandoned		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/ 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 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 K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 05. 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 V	# 1	V. Type 4	Nature of Call (for Victim, if different from Incident) SUNGLASS HUT
Address (Street, Apt. Number) City State Zip Residence Phone 1700 W SPEEDWAY BLVD DAYTONA BEACH FL 32114 (386) 252-5801					
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	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 1 W	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) THEOHARIS MARIS
Address (Street, Apt. Number) City State Zip Residence Phone 1700 W SPEEDWAY BLVD DAYTONA BEACH FL 32114 (386) 252-5801					
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 WITNESS					
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 07-17-1994	Age 21	Ethnicity N
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)
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)
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 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (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?		Warrant From:	
	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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No	
3. Involuntary				3. Yes		3. Yes		3. Yes		3. Yes		3. Yes	
4. Disabled				4. No		4. No		4. No		4. No		4. No	
5. Endangered				5. No		5. No		5. No		5. No		5. 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 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (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?		Warrant From:	
	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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No	
3. Involuntary				3. Yes		3. Yes		3. Yes		3. Yes		3. Yes	
4. Disabled				4. No		4. No		4. No		4. No		4. No	
5. Endangered				5. No		5. No		5. No		5. No		5. 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.													

NARRATIVE	1	I arrived at the listed business in response to a theft of sunglasses. W-1, a store employee, advised that the suspect entered the store, and while
	2	she was busy assisting another customer, S-1 removed three pair of sunglasses from the display and concealed them in his pants. The suspect
	3	then exits the store without making any attempt to pay for the concealed items. The glasses are valued at a total of \$1105. They were, a pair of
	4	Tiffany's, a pair of Gucci's and a pair of Prada's.
	5	W-1 completed a sworn statement and advised that V-1 would press charges. Surveillance video is in use, however, they are not certain how to
	6	retrieve a copy. They will notify us as soon as its' available for pick up.
	7	The suspect appears to be the same individual that stole sunglasses from the store on 01-18 and 01-19. (160001289)

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 Advocats	<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:	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 type="checkbox"/> Other	Describe:	
	Connecting Report Number	Agency	Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date					
	Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date							

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVNT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)			Agency Report Number			1.Original	2.Supplement											
	01-29-2016	1507	01-29-2016	SHOP			160001961				1											
THEFT	Type Theft	Type Theft Codes																				
	03	00. N/A	01. Burglary	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	Person Involvement Code		Status Code:																		
	V-Victim	N-Next of Kin		1. Finder	1. Evidence			5. Lost			8. Found			12. Stolen And Recovered			16. Vehicle Inventory Prop.			20. Safekeping		
	S-Suspect	O-Other		2. Owner	2. Damaged Prop.			6. Recovered			9. Found/Contraband			13. Disposal			17. Baker Act			21. Digital Evidence		
	O-Defendant	R-Reporting Party		3. Suspect	3. Arson/Burned			7. Recovered (Outside Agency Recovered)			10. Prisoner's Pers. Prop.			14. Prop. Of Deceased			18. Seized/Confiscated					
W-Witness			4. Other	4. Photo & Release						11. Stolen			15. Return to Owner			19. Abandoned						
Category Code		E-Equipment/Measuring Devices/Tools				I-Items of Identification				M. Musical Instrument				R-Radio/TV/Sound Devices				V.Viewing Equip (Binoculars)				
B. Bicycle		F-Furniture and Furnishings				J-Special Docs/Food Stamps/Tickets				O. Office Equipment				S-Sports/Camping/Rec.Equip.				W.Well-drilling Equipment				
C. Camera/Photo Equipment		G-Games and Gambling Apparatus				K-Keepsakes and Collectibles				P. Personal Accessories				T-Toxic Chemicals				Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)				
D-Data Processing Equipment		H-Household Appliance/Housewares				L. Livestock																
DRUG CODES	Activity	D. Deliver			Z. Other			Type			Unit											
	P. Possess	E. Use						A. Amphetamine			M. Marijuana			U. Unknown			1. Gram			6. Ton		
S. Sell	K. Dispense/Distribute						B. Barbituretes			O. Opium/Derivative			Z. Other			2. Milligram			7. Liter			
B. Buy	M. Manufacture/Produce/Cultivate						C. Cocaine			P. Peraphernalia/Equipment						3. Kilogram			8. Milliliter			
T. Traffic							E. Heroin			S. Synthetic						4. Ounce			9. Dose Unit/Term			
R. Smuggle							H. Hallucinogen									5. Pound			99. Other			
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article			Description											
				2	1	11	Y	OTHER			TIFFANY, PRADA, AND GUCCI GLASSES											
	Serial Number		Owner Applied Number			Value Recovered:		Date Recovered:		Forfeiture Y / N:		F.W.T.C. (Y/N)		Value								
						\$								\$1105								
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):											
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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):											
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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				Officer Reporting - Signature				ID. Number	Unit	Date											
	Jessmer, Steven								D44223	3B66	01-29-2016											
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date												