



BE ON THE LOOKOUT

Attempt to Identify

Daytona Beach Police Department

Case 160004317

Expires N/A

Status Active



Description:

The female pictured in the photograph above is a suspect in a vandalism. On 3/1/2016, an off-duty law enforcement officer parked his personal vehicle at South Turn restaurant, 1450 S. Nova Rd. When he returned to his vehicle, all sides of the car were keyed. Anyone with information on the female or male pictured above please contact Detective E. Hinkson at 671-5220 or HinksonE@DBPD.US. There is a reward of \$500.00 for information leading to the identity of the female.

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 160004317												
	Agency ORI Number FL0640100		Zone # DB44	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2											
	Reported: Day Wednesday	Date 03-02-2016	Time (mil.) 1717	Nature of Call (Report Type) VAND Vandalism											
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Tuesday	Date 03-01-2016										
Offense #1		Type	Statute Violation Number 806.13(1)(B)3	Description Crim. Mischief Damage Prop.\$1000/More	A - Attempted C - Committed C										
Offense #2		Type	Statute Violation Number	Description	A - Attempted C - Committed										
Incident Location (Street, Apt. Number) 1540 S Nova Rd			City DAYTONA BEACH	Zip 32114											
Business Name / Area Identifier South Turn Lounge and Restaura		# Prem. Entered	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 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No								
Location Type 99	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/Woodlands/Field 28. Lake/Waterway	29. Motor Vehicle 30. Other Mobile 88. Unknown 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		Address/Phone Type B. Business/Work C. Cell H. Home		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		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. 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/Bruises 10.No Visible Injury 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 3	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) Malensek		(First) Nate		(Middle)				
Address (Street, Apt. Number)				City	State	Zip 4	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 W	Sex M	Date of Birth	Age 33	Ethnicity N	Res. Type 2	Res. Status 1	Means of Attack	Extent of Injury 00	Domestic Violence	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 #	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)		
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1 On 03/02/16 Nate Malensek responded to the front desk (129 Valor) to to report vandalism to his vehicle. Malensek reported the following: On
2 03/01/16 at approximately 1915 hours, he parked his 2001 Mercedes - Benz ([REDACTED]) in the parking lot of 1450 S. Nova Rd. (South
3 Turn Lounge and Restaurant) . At approximately 2030 hours, Malensek exited the business and returned to his vehicle and left the parking lot.
4 On today's date, Malensek observed that an unknown person or persons had keyed the vehicle paint. All sides of the paint (except for the
5 passenger side) had long various depths of scratched paint . Malensek, who is a VCSO deputy, responded to the South Turn and contacted the
6 manager. The manager reviewed the business video surveillance along with Malensek. Observed on the video surveillance was an unknown male
7 and female exiting the business at approximately 2020 hours on 03/01/16. At that time the female walked towards Malensek's vehicle and began

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 checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>					
Officer Reporting - Printed Eriksson, Lisa			Officer Reporting - Signature			ID. Number D28832	Unit 3V81	Date 03-02-2016
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
	03-02-2016	1717	03-02-2016	VAND	160004317	2.Supplement 1

8 keying the vehicle paint. The male grabbed the female away from the vehicle at which point they left the area. My investigation revealed the
 9 following: Malensek drove his vehicle to 129 Valor Blvd. where I observed the damage and took six photos of the damaged paint. Said photos
 10 were submitted electronically to property and evidence. Malensek completed a written statement and advised that he wishes to prosecute. South
 11 Turn does have the video surveillance which will be available for evidentiary proposes at a later date.

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 type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>				
	Officer Reporting - Printed Eriksson, Lisa	Officer Reporting - Signature	ID. Number D28832	Unit 3V81	Date 03-02-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		