



# **ATTEMPT TO IDENTIFY**

## **DAYTONA BEACH POLICE DEPARTMENT**

**Case** 160005047

**Expires:** Until Identified

**Status:** Active

### **Pictures:**



### **Description:**

On 3/10/2016, at approximately 6:30PM, the above pictured male committed a Strong Armed Robbery at 1560 S. Nova Road, Office Depot.

The suspect is a white male, approximately 5'9" and 130 pounds, with brown hair.

If you have any information about this person, please notify Detective David Dinardi at 386-671-5219 or [dinardid@dbpd.us](mailto:dinardid@dbpd.us). Video is not available.

## **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](http://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"/> 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 <b>160005047</b>	
Agency ORI Number <b>FL0640100</b>				Zone # <b>DB44</b>	
Telephone Handled Call? (T.H.C.)				1. Yes 2. No <b>2</b>	
Reported: Day <b>Thursday</b>		Date <b>03-10-2016</b>		Time (mil.) <b>1830</b>	
Time Dispatched (mil.)		Time Arrived (mil.)		Time Completed (mil.)	
Nature of Call (Report Type) <b>ROBBERY Robbery (UCR class)</b>					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From <b>Thursday</b>		Date <b>03-10-2016</b>		Time (mil.) <b>1817</b>	
TO		Day <b>Thursday</b>		Date <b>03-10-2016</b>	
Time (mil.) <b>1827</b>		Occurred During: D - Day U - Unknown N - Night		<b>D</b>	
Offense #1 <b>1</b>		Type <b>1</b>		Statute Violation Number <b>812.131(2)(B)</b>	
#2		Statute Violation Number		Description <b>Robbery-Sudden Snatching w/o F/arm/Weapon</b>	
A - Attempted C - Committed		A - Attempted C - Committed		<b>C</b>	
Incident Location (Street, Apt. Number) <b>1560 S NOVA RD</b>					
City <b>DAYTONA BEACH</b>			Zip <b>32114</b>		
Business Name / Area Identifier <b>OFFICE DEPOT</b>		# Prem. Entered <b>0</b>		Drug Related 0. N/A 1. Yes 2. No <b>0</b>	
Alcohol Related 0. N/A 1. Yes 2. No <b>0</b>		Forced Entry 1. Yes 3. Attempted 2. No <b>2</b>		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	
Arson-Attempted 1. Yes 2. No		Location Type <b>10</b>			
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		Address/Phone Type B. Business/Work C. Cell H. Home	
M. Message N. Next of Kin O. Other		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 1. City 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 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 # <b>1 V 1 4</b>		V. Type <b>4</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>OFFICE DEPOT</b>			
Address (Street, Apt. Number) <b>1560 S NOVA RD</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>	
Zip <b>32114</b>		Residence Phone <b>(386) 258-2100</b>		Business/School/Other Address (Street, Apt. Number) <b>154 WOODBRIDGE CIRCLE S</b>	
City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>	
Address Type <b>H</b>		Business/School/Other Phone <b>(386) 258-2100</b>		Phone Type	
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>BUSINESS</b>					
If Victim Type 1, 2, or 3		Race <b>B</b>		Sex <b>F</b>	
Date of Birth <b>06-09-1996</b>		Age <b>19</b>		Ethnicity <b>N</b>	
Res. Type <b>1</b>		Res. Status <b>1</b>		Means of Attack <b>00</b>	
Extent of Injury <b>2</b>		Domestic Violence <b>2</b>			
Relationship		Relationship			
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 W 1 3</b>		V. Type <b>3</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>THOMPSON ASHLEY</b>			
Address (Street, Apt. Number) <b>1560 S NOVA RD</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>	
Zip <b>32114</b>		Residence Phone <b>(386) 258-2100</b>		Business/School/Other Address (Street, Apt. Number) <b>154 WOODBRIDGE CIRCLE S</b>	
City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>	
Address Type <b>H</b>		Business/School/Other Phone <b>(386) 258-2100</b>		Phone Type	
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>EMPLOYEE AT REGISTER</b>					
If Victim Type 1, 2, or 3		Race <b>B</b>		Sex <b>F</b>	
Date of Birth <b>06-09-1996</b>		Age <b>19</b>		Ethnicity <b>N</b>	
Res. Type <b>1</b>		Res. Status <b>1</b>		Means of Attack <b>00</b>	
Extent of Injury <b>2</b>		Domestic Violence <b>2</b>			
Relationship		Relationship			
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 O 1 3</b>		V. Type <b>3</b>	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) <b>RODRIGUEZ JOSEPH R</b>			
Address (Street, Apt. Number) <b>1560 S NOVA RD</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>	
Zip <b>32114</b>		Residence Phone <b>(386) 258-2100</b>		Business/School/Other Address (Street, Apt. Number) <b>154 WOODBRIDGE CIRCLE S</b>	
City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>	
Address Type <b>H</b>		Business/School/Other Phone <b>(386) 258-2100</b>		Phone Type	
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>MANAGER</b>					
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>	
Date of Birth <b>12-15-1981</b>		Age <b>34</b>		Ethnicity <b>N</b>	
Res. Type <b>1</b>		Res. Status <b>1</b>		Means of Attack <b>00</b>	
Extent of Injury <b>00</b>		Domestic Violence <b>00</b>			
Relationship		Relationship			
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	
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		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 # <b>S</b> <b>1</b> <b>3</b>	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) <b>BLACK / TSHRT / BLACK / LONGP / BBCAP / TENNI</b>				Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style <b>SHOR / / /</b>		Skin <b>FAR</b>	Build <b>A</b>	Facial Features <b>GOAT / / /</b>	Speech/Voice <b>/ / /</b>	Deformity <b>/ / /</b>	Glasses		
	If Subject:	Demeanor <b>/ / /</b>	Mask <b>/ / /</b>	Weapon Type <b>/ / /</b>	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 March 10, 2016, at 1838 hours. I was dispatched to 1560 S. Nova Rd (Office Depot) in reference to a Robbery. Upon arrival, I met with the manager Mr. Joseph Rodriguez and the employee that was involved in the transaction, Ms. Ashley Thompson, who advised me of the following:

2 The suspect walked into the store at approximately 1820 hours. The suspect requested to get a pair of Beats headphones which were locked up.

3 Mr. Rodriguez stated that a floor employee assisted the suspect in getting the earphones. The suspect then went to the register and started the process of purchasing the item. Ms. Thompson who was at the register tending to the suspect stated that while ringing up the suspect for the item,

4 the suspect reached over the counter and snatched the item from her hands and ran from the store. The suspect ran south across the front of the mall and around the corner on the south side where he was last seen. K-9 Officer Besse responded and tracked from the south side of the mall to

5

6

7

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 checked="" type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date			
<b>Forrest, Ryan</b>			<b>D24983</b>	<b>3C64</b>	<b>03-10-2016</b>			
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
	03-10-2016	1830	03-10-2016	<b>ROBBERY</b>	160005047		1

NARRATIVE / CONTINUATION

8 the Checkers/Countryside Apartments area at the 1200 block of Beville Rd. K-9 Officer Besse stated that the track ended there and the K-9 was

9 unable to reacquire a scent. I responded to Cricket and Steve's Diner in an effort to obtain video. Steve's Diner was able to provide video from an

10 exterior camera showing the suspect at 1817 hours walk north along the walkway in front of the diner and approximately 10 minutes later run

11 south.

12 Ms. Thompson stated that she would be able to identify the suspect if she saw him again.

13 I printed a six pack line up for Ms. Thompson but she was unable to identify any persons in the line up. The line up was submitted to Property and

14 Evidence.

15 Office Depot will prosecute for the robbery.

16 Ms. Thompson was not injured during the incident.

17 Ms. Thompson completed a Victim/Witness Statement Form which was submitted to Records.

18 The investigation was captured on my department issued Axon camera and submitted to Property and Evidence

19 Mr. Rodriguez provided me with a receipt for the stolen property which was valued at \$149.99

20 [REDACTED]

21 [REDACTED]

22

23 The suspect was described as a white male 5'9" 135 to 165 pounds. black shirt with a colored circle (red white and blue) on the front wearing a

24 dark hat, running pants and black and white tennis shoes.

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>STATEMENT</u>	
	Officer Reporting - Printed <b>Forrest, Ryan</b>	Officer Reporting - Signature		ID. Number <b>D24983</b>	Unit <b>3C64</b>	Date <b>03-10-2016</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

# DAYTONA BEACH POLICE DEPARTMENT

## PROPERTY REPORT

EVTN	Report Date <b>03-10-2016</b>	Report Time <b>1830</b>	Original Incident Date <b>03-10-2016</b>	Nature of Call (for Incident) <b>ROBBERY</b>	Agency Report Number <b>160005047</b>	1.Original 2.Supplement <b>1</b>					
THEFT	Type Theft <b>02</b>	Type Theft 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    N-Next of Kin S-Suspect    O-Other D-Defendant    R-Reporting Party W-Witness	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence    5. Lost    8. Found    12. Stolen And Recovered    16. Vehicle Inventory Prop.    20. Safekeeping 2. Damaged Prop.    6. Recovered    9. Found/Contraband    13. Disposal    17. Baker Act    21. Digital Evidence 3. Arson/Burned    7. Recovered (Outside Agency Recovered)    10. Prisoner's Pers. Prop.    14. Prop. Of Deceased    18. Seized/Confiscated 4. Photo & Release								
	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 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    6. Ton 2. Milligram    7. Liter 3. Kilogram    8. Milliliter 4. Ounce    9. Dose Unit/Term 5. Pound    99. Other				
PROPERTY	Leave Blank:	Person Code # <b>V</b> <b>1</b>	Pers. Invl. <b>4</b>	Item # <b>1</b>	Status <b>11</b>	Category <b>Y</b>	Article <b>OTHER</b>	Description <b>BEATS HEADPHONES</b>			
	Serial Number	Owner Applied Number	Value Recovered: \$	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$ <b>149.99</b>				
	If Article <b>1</b>	Qty. <b>1</b>	Brand <b>BEATS</b>	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 # <b>V</b> <b>1</b>	Pers. Invl. <b>4</b>	Item # <b>2</b>	Status <b>1</b>	Category <b>Y</b>	Article <b>OTHER</b>	Description <b>RECEIPT FROM OFFICE DEPOT</b>			
	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 # <b>V</b> <b>1</b>	Pers. Invl. <b>4</b>	Item # <b>3</b>	Status <b>1</b>	Category <b>Y</b>	Article <b>OTHER</b>	Description <b>SURVEILLANCE VIDEO</b>			
	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 # <b>S</b> <b>1</b>	Pers. Invl. <b>3</b>	Item # <b>4</b>	Status <b>1</b>	Category <b>Y</b>	Article <b>OTHER</b>	Description <b>6 PACK LINE UP</b>			
	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 <b>Forrest, Ryan</b>	Officer Reporting - Signature			ID. Number <b>D24983</b>	Unit <b>3C64</b>	Date <b>03-10-2016</b>				
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				