



ATTEMPT TO IDENTIFY

DAYTONA BEACH POLICE DEPARTMENT

CASE 160005808

Expires: Until Identified

Status: Active

Pictures:



Description:

On 3/18/2016 at approximately 1952 hours, the above captioned suspect approached a 14 year old female in the 1200 block of Hillcrest Drive attempting to lure her into his vehicle. V-1 stated that the unknown male subject stated to her "If you don't come to me, I'll come to you". V-1 began to scream and the suspect drove away. S-1 was driving a blue Jaguar (Possible 2004 model). S-1 was a black male, dark skinned between the ages of 30-40 years old, approximately 5'6/180.

If you have any information on the identity of the subject please notify Detective Nate Williams at 386-671-5209 or williamsn@dbpd.us.

DAYTONA BEACH POLICE DEPARTMENT

Michael J Chitwood, Chief of Police

129 Valor Blvd, Daytona Beach, Florida 32114

(386) 671-5100

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Agency Report Number: 160005808
Agency ORI Number: FL0640100
Zone #: DB46
Telephone Handled: 1. Yes, 2. No

Reported: Day: Friday, Date: 03-18-2016, Time (mil.): 1952, Time Dispatched (mil.): 0754, Time Arrived (mil.): 0800, Time Completed (mil.): 2030
Nature of Call (Report Type): SINC Suspicious Incident

Incident Type: 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 9. Other
Incident: Day From: Friday, Date: 03-18-2016, Time (mil.): 1952, TO: Friday, Date: 03-18-2016, Time (mil.): 2000
Occurred During: D - Day, U - Unknown, N - Night

Offense #1: Type 9, Statute Violation Number 7777777777, Description Suspicious Incident
Offense #2: Statute Violation Number, Description

Incident Location (Street, Apt. Number): 1200 blk Hillcrest, City: DAYTONA BEACH, Zip: 32114

Business Name / Area Identifier, # Prem. Entered, Drug Related, Alcohol Related, Forced Entry, Arson-Inhabited, Arson-Attempted

Location Type: 01, 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, Address/Phone Type, Race, Sex, Residence Type, Residence Status

Means of Attack, Extent of Injury, Domestic Violence, Victim Relationship to Offender

Offense Indicator, 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: Victim of attempted abduction

If Victim Type, Race, Sex, Date of Birth, Age, Ethnicity, Res. Type, Res. Status, Means of Attack, Extent of Injury, Domestic Violence, Relationship

Offense Indicator, 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: Mother of victim

If Victim Type, Race, Sex, Date of Birth, Age, Ethnicity, Res. Type, Res. Status, Means of Attack, Extent of Injury, Domestic Violence, Relationship

Offense Indicator, V/W Code, #, V. Type, Nature of Call (for Victim, if different from Incident), Name (Last/Business), (First), (Middle)

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Other Contact Info (Time Available, Interpreter, etc.), Synopsis of Involvement

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 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	
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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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NARRATIVE

1 On 03/18/2016, at approximately 2000 hours, I responded to [REDACTED] in reference to a suspicious incident. Upon arrival contact was made with the reporting person, [REDACTED]. The following was discovered at this time:

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4 V1 was walking in the 1200 blk of Hillcrest towards her friend's house when a blue 2004 Jaguar with a black male driver pulled up next to her. V1 stated S1, a dark skinned male about 30 to 40 years of age with an average build was driving the Jaguar. S1 then stopped the vehicle and popped the driver's side door open. S1 told V1 four times to tell him where she is going. V1 froze and did not tell S1 where she was going. When V1 did not respond S1 asked if she was going to answer him. V1 shook her head stating she was not going to answer him. S1 then leaned out of the vehicle towards V1 as if he were going to get out of the vehicle and stated "If you don't come to me, ill come to you". V1 screamed when S1 stated this. S1 then said "oh shit" and sped off North on Berkshire Rd.

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ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral			
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO			
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:	By:		
	Connecting Report Number	Agency	Additional Forms Attached:	<input checked="" type="checkbox"/> Narrative	<input type="checkbox"/> SA 707	<input type="checkbox"/> Persons	<input type="checkbox"/> Property	<input checked="" type="checkbox"/> Veh./Tow Sheet
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date			
<u>Greene, Barbara</u>			<u>D81713</u>	<u>3C41</u>	<u>03-18-2016</u>			
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date			

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 03-18-2016	Report Time 1952	Orig. Reported Date 03-18-2016	Nature of Call (for Incident) SINC	Agency Report Number 160005808	1.Original 2.Supplement	1
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11 The RP stated that she has seen the vehicle in the neighborhood multiple times, but she does not know who owns the vehicle. The RP states that
 12 the vehicle frequents [REDACTED].
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 14 CID was notified in reference to this incident. V1 completed a sworn written statement in reference to the incident. V1 stated that she would be
 15 able to identify S1 again if she saw him.

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statement</u>				
	Officer Reporting - Printed Greene, Barbara	Officer Reporting - Signature	ID. Number D81713	Unit 3C41	Date 03-18-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		