



# ATTEMPT TO IDENTIFY DAYTONA BEACH POLICE DEPARTMENT CRIMINAL INVESTIGATION DIVISION

**LAW ENFORCEMENT ONLY**  
**CASE** 20160008113

Description: We are attempting to identify the suspect captured in the surveillance photos below. The suspect entered the J C Penny's located at 1700 W. Speedway Blvd. on 04/17/16 @ 11:55 AM, and requested to see a diamond ring valued at \$13,000.00. The suspect then ran from the store with the ring.

Anyone with any information as to the identity and/or current location of the suspect should contact Detective Scott Frantz at 386-671-5247 or [FRANTZS@DBPD.US](mailto:FRANTZS@DBPD.US)

Click here to enter text.



**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.  
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# 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 <b>160008113</b>												
	Agency ORI Number <b>FL0640100</b>		Zone # <b>DB43</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>											
	Reported: Day <b>Sunday</b>	Date <b>04-17-2016</b>	Time (mil.) <b>1226</b>	Time Dispatched (mil.) <b>1251</b>	Time Arrived (mil.) <b>1251</b>	Time Completed (mil.) <b>1400</b>	Nature of Call (Report Type) <b>SHOP Shoplifting (UCR)</b>								
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From <b>Sunday</b>	Date <b>04-17-2016</b>	Time (mil.) <b>1226</b>	TO <b>Sunday</b>	Date <b>04-17-2016</b>	Time (mil.) <b>1400</b>	Occurred During: D - Day U - Unknown N - Night <b>D</b>					
Offense #1	Type <b>1</b>	Statute Violation Number <b>812.014(2)(C)3</b>	Description <b>Grand Theft - \$10,000 - &lt; \$20,000</b>			A - Attempted C - Committed <b>C</b>									
Offense #2	Type	Statute Violation Number	Description			A - Attempted C - Committed									
Incident Location (Street, Apt. Number) <b>1700 WEST INTERNATIONAL SPEEDWAY</b>				City <b>DAYTONA BEACH</b>		Zip <b>32114</b>									
Business Name / Area Identifier <b>J.C PENNYS</b>		# Prem. Entered <b>1</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		Race W-White    O-Oriental/Asian B-Black    U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA    3. Florida 1. City    4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident			
Means of Attack F-Firearm    O-Other Dangerous K-Knife/Cutting Inst.    H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 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</b>	# <b>1</b>	V. Type <b>4</b>	Nature of Call (for Victim, if different from Incident) <b>JC PENNYS</b>			Name (Last/Business) <b>JC PENNYS</b>		(First) <b>JC</b>		(Middle) <b>PENNYS</b>			
Address (Street, Apt. Number) <b>1700 WEST INTERNATIONAL SPEEDWAY</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32214</b>		Address Type <b>B</b>		Business/School/Other Phone <b>(386) 253-6783</b>		Phone Type <b>B</b>	
Business/School/Other Address (Street, Apt. Number) <b>1700 WEST INTERNATIONAL SPEEDWAY</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32214</b>		Address Type <b>B</b>		Business/School/Other Phone <b>(386) 253-6783</b>		Phone Type <b>B</b>	
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>VICTIM OF GRAND THEFT</b>											
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				
<b>1</b>	<b>W</b>	<b>M</b>	<b>08-06-1946</b>	<b>69</b>	<b>N</b>	<b>1</b>	<b>1</b>	<b>00</b>	<b>2</b>	<b>2</b>	<b>Z</b>				
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>1</b>	# <b>2</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>SLOAN</b>			Name (Last/Business) <b>SLOAN</b>		(First) <b>WILLIAM</b>		(Middle)			
Address (Street, Apt. Number) <b>1408 SUNLAND ROAD</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>B</b>		Business/School/Other Phone <b>(386) 255-0971</b>		Phone Type <b>B</b>	
Business/School/Other Address (Street, Apt. Number) <b>1408 SUNLAND ROAD</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>B</b>		Business/School/Other Phone <b>(386) 255-0971</b>		Phone Type <b>B</b>	
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>JC PENNY EMPLOYEE / REPORTING PARTY</b>											
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				
<b>1</b>	<b>W</b>	<b>F</b>	<b>02-03-1964</b>	<b>52</b>	<b>N</b>	<b>1</b>	<b>1</b>	<b>00</b>	<b>2</b>	<b>2</b>	<b>Z</b>				
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>1</b>	# <b>2</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>KRAMNICK</b>			Name (Last/Business) <b>KRAMNICK</b>		(First) <b>MARLENA</b>		(Middle)			
Address (Street, Apt. Number) <b>540 MARK AVENUE</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>B</b>		Business/School/Other Phone <b>(386) 255-0971</b>		Phone Type <b>B</b>	
Business/School/Other Address (Street, Apt. Number) <b>540 MARK AVENUE</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>B</b>		Business/School/Other Phone <b>(386) 255-0971</b>		Phone Type <b>B</b>	
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>JC PENNY MANAGER</b>											
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				
<b>1</b>	<b>W</b>	<b>F</b>	<b>02-03-1964</b>	<b>52</b>	<b>N</b>	<b>1</b>	<b>1</b>	<b>00</b>	<b>2</b>	<b>2</b>	<b>Z</b>				
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		Address Type		Business/School/Other Phone		Phone Type	
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				
<b>1</b>	<b>W</b>	<b>F</b>	<b>02-03-1964</b>	<b>52</b>	<b>N</b>	<b>1</b>	<b>1</b>	<b>00</b>	<b>2</b>	<b>2</b>	<b>Z</b>				

# 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    To Height	Weight    To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name		Place of Birth - City    County    State		Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone    Phone Type
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone    Phone Type
	Driver's License State/Number			Social Security Number		Other ID Number		ID Type	
	Clothing (Describe) WHITE / SHIRT / WHITE / CSUAL / RED / BBCAP				Scars/Marks/Tattoos (Type/Describe) RTAT R CHK BOX WITH UNK WRITING		Scars/Marks/Tattoos (Type/Describe) TAT L CHK BOX WITH UNKNOWN WRI		
	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    6. Disaster Victim 2. Parents    7. Voluntary Adult 3. Involuntary    8. Unknown 4. Disabled 5. Endangered		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    6. Disaster Victim 2. Parents    7. Voluntary Adult 3. Involuntary    8. Unknown 4. Disabled 5. Endangered		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 Sunday 04/17/2016 at approximately 1251 hours, I was dispatched to 1700 West International Speedway Blvd (JC Penny) in reference to a theft.

2

3

4 Upon arrival, I made contact with (RP-2) Marlana Kramnick. RP-2 advised that while working the counter in the jewelry department she noticed a black male browsing in the rings section with another employee (RP-1) William Sloan. RP-2 then stated that she walked into a small room behind the counter to check on the status of a repair when she heard RP-1 yell "security". RP-2 then stated that she saw the black male who is described as; 5'7-5'9, wearing all white with a red baseball cap run towards the westside exit of JC Penny (kids clothing section) with a ring and enter an orange in color 4 door older model vehicle with matching large orange in color rims. RP-2 also stated that the vehicle had dark tinted windows and was unaware of the occupants. RP-2 advised that the vehicle was traveling west at a high rate of speed and exited the mall parking lot making a right hand turn heading north on Bill France Boulevard.

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	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 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			
<u>Lima, Jovanny</u>			<u>D97313</u>		<u>04-17-2016</u>			
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date			

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	04-17-2016	1226	04-17-2016	SHOP	160008113		1

11

12 I then spoke to RP-1, RP-1 advised that while working the jewelry counter, he observed a customer sitting and waiting for assistance at a nearby

13 chair. RP-1 stated that the suspect pointed to a ring in the display case and asked to see it. RP-1 then stated that he handed the suspect the ring

14 and after a few seconds the suspect ran around the counter toward the west exit passing all points of sell making no attempt to pay for the

15 merchandise. RP-1 advised that the males description is as follows; he was a black male, brown skin, approximately 5'10, gold grill work (teeth),

16 tattoos under both eyes and wearing all white clothing with a red baseball hat.

17

18 The ring was described as; 14 kt white gold and have a 1/4 kt diamond cluster, worth \$13,333.90.

19 RP-2 advised that she had a hand written statement from a customer prior to our arrival. The statement reads that she observed a black male run

20 out of the store and get into a gold in color Honda, but was unsure of the email. She did advise that the suspect had a red baseball cap and was

21 dressed in white.

22

23 I processed the jewelry counter and was able to recover two latent prints. There was no loss prevention employees working and the manger was

24 unable to access the video. A supervisor was able to email pictures from the surveillance video via the JC Pennys district office. The pictures show

25 a black male with the aforementioned description.

26

27 I distributed a BOLO of the suspect via Daytona Beach police email. I advised RP-2 to contact the criminal investigation unit when she obtained

28 the video surveillance of the incident. RP-2 stated that they did not know the sku/inventory number for the ring and was unable to provide the

29 receipt for the merchandise.

30

NARRATIVE / CONTINUATION

<b>ADMINISTRATIVE</b>	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 type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>statement</u>				
	Officer Reporting - Printed <u>Lima, Jovanny</u>	Officer Reporting - Signature	ID. Number <u>D97313</u>	Unit	Date <u>04-17-2016</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		