



# BE ON THE LOOKOUT

## Attempt to Identify

### Daytona Beach Police Department

Case 20150025537

Expires When Identified

Status Active

#### Pictures:



#### Description:

The pictured individuals are wanted for a Grand Theft that occurred on December 22, 2015 at Arlequin Antiques and Art (122 South Beach Street). Anyone with information as to the identity of the individuals is asked to contact Detective Harry Oakley at 386-671-5245 or Oakleyh@dbpd.us. See next page for additional photographs.

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>150025537</b>								
	Agency ORI Number <b>FL0640100</b>		Zone # <b>DB57</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>							
	Reported: Day <b>Tuesday</b>	Date <b>12-22-2015</b>	Time (mil.) <b>1427</b>	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)	Nature of Call (Report Type) <b>THEFT Theft (UCR)</b>				
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From <b>Tuesday</b>	Date <b>12-22-2015</b>	Time (mil.) <b>1405</b>	TO	Day <b>Tuesday</b>	Date <b>12-22-2015</b>	Time (mil.) <b>1407</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>812.014(2)(A)3.B</b>	Description <b>Grand Theft</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>122 South Beach Street</b>			City <b>DAYTONA BEACH</b>			Zip <b>32114</b>				
	Business Name / Area Identifier <b>Arlequin Antiques and Art</b>		# Prem. Entered	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	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No			
	Location Type <b>11</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    5. Government 2. L.E. Officer    6. Church 3. Adult    9. Other		Address/Phone Type B. Business/Work    M. Message    P. Pager C. Cell    N. Next of Kin    S. School H. Home    O. Other    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    O-Other Dangerous K-Knife/Cutting Inst.    H-Hands, Fists, Feet, Etc.		Extent of Injury 00.N/A    03.Laceration    06.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 <b>1</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) <b>Delannoy</b>		Name (First) <b>Caroline</b>		
Address (Street, Apt. Number) <b>118 Boynton Blvd</b>		City <b>DAYTONA BEACH</b>		State <b>FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 252-5498</b>			
Business/School/Other Address (Street, Apt. Number) <b>122 South Beach Street</b>		City <b>DAYTONA BEACH</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>B</b>	Business/School/Other Phone	Phone Type	
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>Owner of Business</b>							
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06-24-1974</b>	Age <b>41</b>	Ethnicity <b>N</b>	Res. Type <b>1</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury <b>00</b>	Domestic Violence	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 # S 1	Subj. Type 3	Name (Last) Unk	(First) Unk	(Middle)	Race W	Sex M	Ethnicity U	
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color BLN	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) RED / SHIRT / BLUE / CLOTH /					Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style SHOR /		Skin RUD	Build M	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 # S 2	Subj. Type 3	Name (Last) Unk	(First) Unk	(Middle)	Race W	Sex F	Ethnicity U	
	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) BLACK / WHITE / STRIP / PINK / TANKT / BLUE					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:			
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**NARRATIVE**

1 Delannoy is the Victim and the co-owner of the "Arlequin Antiques and Art" specialty store. Delannoy stated that on 12/22/2015 at approximately  
 2 1405 hours, A white male and a white female suspect walked into her store and began to browse. While the male and female suspect were  
 3 browsing, Delannoy exited her store to speak to another patron for a moment. Delannoy stated that when she re entered her store, she observed  
 4 that the male and the female suspect were acting "suspiciously." After the male and the female exited Delannoy's store, Delannoy immediately  
 5 reviewed her store's recorded video surveillance because she suspected that the male and the female may have stolen some of her merchandise.  
 6 Upon reviewing the video surveillance footage, the male was observed standing next to an upright sliding glass jewelry cabinet. The male  
 7 produced some type of unknown object from the area of his right side and with his right hand. The male used the unknown object to unlock the  
 8 cabinet and retrieve a pair of gold diamond earrings valued at approximately \$2000. The male and the female exited the store and walked towards  
 9 an unknown destination of travel. The female was not captured by video surveillance committing any offenses. However, it is possible that the  
 10 male and the female were working in concert with each other. After reviewing the video recording, Delannoy immediately contacted the police

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 <input checked="" type="checkbox"/> Other Describe: <u>statement</u>		
Officer Reporting - Printed Knight, Eric	Officer Reporting - Signature		ID. Number D79023	Unit 3a76	Date 12-22-2015	
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
	12-22-2015	1427	12-22-2015	<b>THEFT</b>	150025537	1

11 department. Delannoy completed a sworn written statement and did wish to pursue criminal charges against the male and the female if they were  
 12 identified and apprehended.  
 13 Due to not being proficient with the usage of her video surveillance system, Delannoy was unable to provide me with a copy of the recorded video  
 14 footage right away. Delannoy said that she would provide a copy of the recorded video surveillance for evidence submission as soon as possible. I  
 15 was able to view the video of the offense being committed. I took a few snapshot photos of the video screen display which showed the suspects  
 16 as they exited the store. I disseminated the photos via department- wide email for "BOLO" purposes. I submitted the photos to the DBPD property  
 17 and evidence division.  
 18 I processed the jewelry cabinet for latent fingerprints. However, my efforts were unsuccessful.  
 19

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 <b>Knight, Eric</b>	Officer Reporting - Signature	ID. Number <b>D79023</b>	Unit <b>3a76</b>	Date <b>12-22-2015</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

# DAYTONA BEACH POLICE DEPARTMENT

## PROPERTY REPORT

EVNT	Report Date <b>12-22-2015</b>	Report Time <b>1427</b>	Original Incident Date <b>12-22-2015</b>	Nature of Call (for Incident) <b>THEFT</b>	Agency Report Number <b>150025537</b>	1.Original 2.Supplement <b>1</b>						
THEFT	Type Theft <b>99</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    10.Prisoner's Pers.Prop.    14.Prop. Of Deceased    18.Seized/Confiscated 4.Photo & Release    Agency Recovered)    11.Stolen    15.Return to Owner    19.Abandoned									
	Category Code B. Bicycle    E-Equipment/Measuring Devices/Tools    I-Items of Identification    V.Viewing Equip (Binoculars) C. Camera/Photo Equipment    F-Furniture and Furnishings    J-Special Docs/Food Stamps/Tickets    M. Musical Instrument    R-Radio/TV/Sound Devices    W.Well-drilling Equipment D-Data Processing Equipment    G-Games and Gambling Apparatus    K-Keepsakes and Collectibles    O. Office Equipment    S-Sports/Camping/Rec.Equip.    Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.) H-Household Appliance/Housewares    L. Livestock    P.Personal Accessories    T-Toxic Chemicals											
	DRUG CODES	Activity P. Possess    D. Deliver    Z. Other S. Sell    E. Use B. Buy    K. Dispense/Distribute T. Traffic    M. Manufacture/Produce/ R. Smuggle    Cultivate	Type A. Amphetamine    M. Marijuana    U. Unknown B. Barbiturates    O. Opium/Derivative    Z. Other C. Cocaine    P. Paraphernalia/ E. Heroin    Equipment H. Hallucinogen    S. Synthetic	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>2</b>	Item # <b>1</b>	Status <b>11</b>	Category <b>Y</b>	Article <b>JWLRY</b>	Description <b>Gold Diamond Earrings</b>				
	Serial Number	Owner Applied Number	Value Recovered: \$		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value <b>\$2000</b>				
	If Article	Qty.	Brand	Model	Jewelry Type <b>ER</b>	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>2</b>	Status <b>21</b>	Category <b>Y</b>	Article <b>OTHER</b>	Description <b>digital photographs</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 #	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):		
	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>Knight, Eric</b>			Officer Reporting - Signature			ID. Number <b>D79023</b>	Unit <b>3a76</b>	Date <b>12-22-2015</b>			
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			