



BE ON THE LOOKOUT

Attempt to Identify

Daytona Beach Police
Department

Case
Expires
Status

20160011977
When Identified
Active

Pictures:



Description: IN TAG: RQF481

UPDATE the vehicle is possibly a 2001 Ford Taurus with EXPIRED IN tag: RQF481, it appears in one photo, three subjects in the vehicle. At this time, this vehicle is considered a vehicle of interest only; there is pc to stop due to the tag being expired. Anyone with information is asked to contact Det Steve Yunick at 386-671-5240 or yunicks@dbpd.us

On Sunday 6/5/2016 at approximately 1326 hrs. the above depicted vehicle (older model Ford Taurus) was observed via a home video surveillance system in the area of 113 Carnival Dr. the video surveillance system depicted the vehicle stopping and a young black male exiting the rear passenger side of the vehicle. At that point the vehicle with the driver and what appeared to be a front seat passenger continued driving westbound on Carnival Drive. The black male suspect walked up to the door of 113 Carnival Dr. where he disappeared in the vestibule area. Ten minutes later the black male suspect emerged from within the house carrying an arm full of items to include the victim's iPad which he identified as his via video surveillance. [REDACTED]

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 160011977	
Agency ORI Number FL0640100				Zone # DB48	Telephone Handled 1. Yes 2. No 2
Reported: Day Sunday	Date 06-05-2016	Time (mil.) 1659	Time Dispatched (mil.) 1752	Time Arrived (mil.) 1820	Time Completed (mil.)
Nature of Call (Report Type) BURGR Burglary - Residence(UCR class)					
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Sunday	Date 06-05-2016	Time (mil.) 1326
Offense #1 Type Statute Violation Number 810.02(2)(C)2			Description Burglary-Structure/Dwelling-Damage>\$1,000		
Offense #2 Type Statute Violation Number			Description		
Incident Location (Street, Apt. Number) 113 Carnival Dr					City DAYTONA BEACH
Business Name / Area Identifier LPGA Subdivision					Zip 32118
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 W-Witness 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	
N-Next of Kin O-Other		4. Business 5. Government 6. Church 9. Other		M. Message N. Next of Kin O. Other	
P. Pager S. School V. Vacation		Sex W-White B-Black I-American Indian		Residence Type 0. NA 1. City 2. County	
3. Florida 4. Out-of-State		U-Unknown		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 P-Parent C-Child		B-Sibling O-Other Family H-Co-Habitant Z-Other	
Offense Indicator 1. #1 2. #2		V/W Code 1 V		# 1	
3. Both		V. Type 3		Nature of Call (for Victim, if different from Incident) BURGR Burglary - Residence(UCR class)	
Name (Last/Business) Livingston		(First) Aaron		(Middle) M	
Address (Street, Apt. Number) 113 Carnival Dr					City DAYTONA BEACH FL
Business/School/Other Address (Street, Apt. Number)					State FL
Other Contact Info (Time Available, Interpreter, etc.)					Zip 32118
Synopsis of Involvement Residence was burglerized					Residence Phone (863) 255-1678
If Victim Type 1, 2, or 3		Race W		Sex M	
Date of Birth 07-12-1991		Age 24		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack	
Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 2. #2		V/W Code 1 V		# 2	
3. Both		V. Type 3		Nature of Call (for Victim, if different from Incident) BURGR Burglary - Residence(UCR class)	
Name (Last/Business) Hall		(First) Michael		(Middle) W	
Address (Street, Apt. Number) 113 Carnival Dr					City DAYTONA BEACH FL
Business/School/Other Address (Street, Apt. Number)					State FL
Other Contact Info (Time Available, Interpreter, etc.)					Zip 32118
Synopsis of Involvement					Residence Phone (386) 233-1225
If Victim Type 1, 2, or 3		Race W		Sex M	
Date of Birth 05-17-1993		Age 23		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack	
Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 2. #2		V/W Code 1 V		# 3	
3. Both		V. Type 3		Nature of Call (for Victim, if different from Incident) BURGR Burglary - Residence(UCR class)	
Name (Last/Business) Diehl		(First) Joseph		(Middle) R	
Address (Street, Apt. Number) 113 Carnival Dr					City DAYTONA BEACH FL
Business/School/Other Address (Street, Apt. Number)					State FL
Other Contact Info (Time Available, Interpreter, etc.)					Zip 32118
Synopsis of Involvement					Residence Phone (386) 882-6069
If Victim Type 1, 2, or 3		Race W		Sex M	
Date of Birth 02-12-1994		Age 22		Ethnicity H	
Res. Type 1		Res. Status 1		Means of Attack	
Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 1	
3. Both		V. Type 3		Nature of Call (for Victim, if different from Incident) BURGR Burglary - Residence(UCR class)	
Name (Last/Business) [REDACTED]		(First) [REDACTED]		(Middle) [REDACTED]	
Address (Street, Apt. Number) [REDACTED]					City [REDACTED]
Business/School/Other Address (Street, Apt. Number)					State [REDACTED]
Other Contact Info (Time Available, Interpreter, etc.)					Zip [REDACTED]
Synopsis of Involvement					Residence Phone [REDACTED]
If Victim Type 1, 2, or 3		Race W		Sex M	
Date of Birth 06-29-1959		Age 56		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack	
Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 1	
3. Both		V. Type 3		Nature of Call (for Victim, if different from Incident) BURGR Burglary - Residence(UCR class)	
Name (Last/Business) [REDACTED]		(First) [REDACTED]		(Middle) [REDACTED]	
Address (Street, Apt. Number) [REDACTED]					City [REDACTED]
Business/School/Other Address (Street, Apt. Number)					State [REDACTED]
Other Contact Info (Time Available, Interpreter, etc.)					Zip [REDACTED]
Synopsis of Involvement					Residence Phone [REDACTED]
If Victim Type 1, 2, or 3		Race W		Sex M	
Date of Birth 06-29-1959		Age 56		Ethnicity N	
Res. Type 1		Res. Status 1		Means of Attack	
Extent of Injury 00		Domestic Violence 2		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 # 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) BLACK / SHIRT / ORANG / SHORT				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.													

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 Sunday 6/5/2016 at approximately 1659 hrs. I was dispatched to 113 Carnival Dr. in reference to a burglary that occurred earlier. Upon my
2 arrival I made contact with and interviewed V-1 Levinson, my investigation revealed the following: V-1 Levinson rents the residence at 113
3 Carnival Dr. with three other roommates: [REDACTED]
4 [REDACTED] he discovered that unknown
5 suspects had gained entry into his residence by smashing a small window on the right side of his front door (see photos) V-1 walked through his
6 house and further noticed that the residence had been ransacked. The victim advised that the couch was moved out from the wall, kitchen drawers
7 had been opened and gone through and the bedrooms of all three victims had been ransacked dumping out bureau drawers and tipping over
8 mattresses. The victim advised that the only thing missing was his white iPad air. The victim had an expensive gaming system and several TVs
9 that remained untouched.
10 [REDACTED]

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 type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date	
Mersereau, Joshua				D41043		06-05-2016	
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	2.Supplement
	06-05-2016	1659	06-05-2016	BURGR	160011977		1

NARRATIVE / CONTINUATION

11 [REDACTED]

12 [REDACTED] in the street and let a young black male exit the passenger

13 side rear of the vehicle at 1326 hrs. At that point the vehicle continued in a westbound direction on Carnival Drive leaving the black male suspect

14 behind. The suspect walked casually to the front door of 113 Carnival Dr. where he disappeared in the vestibule area of the residence. (out of sight

15 from the camera) at 1336 hrs. the surveillance footage caught the same black male suspect exiting the front of the residence at 113 Carnival Dr.

16 carrying an arm full of various unknown things. As I watched the video surveillance with the victim he advised that the suspect was carrying his

17 Ipad. The black male suspect walked westbound toward Tournament Dr. out of camera view. At 1337 the same black male suspect returned to the

18 residence at 113 Carnival Dr. at which point he reentered the house. The black male suspect exits the residence at 1345 and walks eastbound on

19 Carnival Drive toward Gala Circle. Approximately 20 seconds after the suspect walks east the same gold Ford Taurus passes in front of the

20 surveillance camera in an eastbound direction. It is unknown if the black male suspect got into the vehicle at that time as it was out of camera

21 range.

22

23 After looking around the his residence the victim could not identify anything else that was missing other than his iPad air. V-2 Hall and V-3

24 Diehl were notified of the incident via phone and advised that all of their major belongings were present, however; could not be sure if anything

25 small was missing.

26

27 I immediately put a bolo out Department wide depicting the older Ford Taurus as a suspect vehicle in a burglary.

28

29 The inside of the victim's front door was processed for latent prints. I recovered to latent prints from around the door knob. These print cards

30 were dropped in the evidence room for processing. Two photos were taken of the broken glass at the front door and tag and evidence at the

31 Daytona Beach Police Department

32

33 The victim completed a witness statement, however; he did not have any details on his missing iPad air other than the fact it was white in

34 color. The victim advised that he did want to press charges for burglary if the offenders are caught.

35

36 [REDACTED]

37 [REDACTED] t.

38

39 Note: there did appear to be other suspects within the gold passenger car, however: I could not determine any sort of identity.

40

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 type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
Mersereau, Joshua			D41043		06-05-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVNT	Report Date 06-05-2016	Report Time 1659	Original Incident Date 06-05-2016	Nature of Call (for Incident) BURGR	Agency Report Number 160011977	1.Original 2.Supplement 1						
THEFT	Type Theft 01	Type Theft Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper.Machine 08. From Public 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 13. Bicycle 14. Motor Vehicle Parts 99.Other										
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 2. Damaged Prop. 6.Recovered 9.Found/Contraband 3. Arson/Burned 7.Recovered (Outside Agency Recovered) 10.Prisoner's Pers.Prop. 11.Stolen 4.Photo & Release		12.Stolen And Recovered 16.Vehicle Inventory Prop. 20.Safekeeping 13.Disposal 17.Baker Act 21.Digital Evidence 14.Prop. Of Deceased 18.Seized/Confiscated 15.Return to Owner 19.Abandoned					
	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 R-Radio/TV/Sound Devices O. Office Equipment S-Sports/Camping/Rec.Equip. P.Personal Accessories T-Toxic Chemicals					
	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)											
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 # V 1	Pers. Invl. 2	Item # 1	Status 11	Category D	Article COMPUT	Description Ipad Air			
	Serial Number		Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$800	
	If Article 1	Qty.	Brand Ioad	Model Air	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 # 4 2	Pers. Invl. 1	Item # 1	Status 1	Category Y	Article OTHER	Description 1 thumb drive with the suspect on it			
	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 # 4 3	Pers. Invl. 1	Item # 1	Status 1	Category Y	Article PRINTS	Description 2 finger print cards			
	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 # 4 5	Pers. Invl. 1	Item # 1	Status 1	Category Y	Article OTHER	Description 2 photos			
	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 Mersereau, Joshua			Officer Reporting - Signature				ID. Number D41043	Unit	Date 06-05-2016		
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date		

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVNT	Report Date 06-05-2016	Report Time 1659	Original Incident Date 06-05-2016	Nature of Call (for Incident) BURGR	Agency Report Number 160011977	1.Original 2.Supplement 1						
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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 # V 1	Pers. Invl. 2	Item # 6	Status 2	Category Y	Article OTHER	Description 1 side door window				
	Serial Number	Owner Applied Number	Value Recovered: \$		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$400				
	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			
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 Mersereau, Joshua			Officer Reporting - Signature			ID. Number D41043	Unit	Date 06-05-2016			
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			