



# BE ON THE LOOKOUT

## Attempt to Identify

### Daytona Beach Police Department

Case 160014883

Expires When Identified

Status Active

#### Pictures:



#### Description:

The Criminal Investigation Division is attempting to identify the above pictured person in reference to a Suspicious Incident that occurred at the Sunoco, 780 South Nova Road, at 03:07AM on 07/14/16.

The male was driving a black extended cab pick-up truck, possibly a Dodge Ram. The vehicle has chrome running boards and chrome wheels.

The vehicle was last observed headed south on Nova Road into South Daytona.

If you have any information about this incident, please contact Detective David Dinardi at 386-671-5219 or [dinardid@dbpd.us](mailto:dinardid@dbpd.us) the victim injuries is not considered to be life-threatening

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>160014883</b>															
	Agency ORI Number <b>FL0640100</b>		Zone # <b>DB44</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>														
	Reported: Day <b>Thursday</b>	Date <b>07-14-2016</b>	Time (mil.) <b>0307</b>	Time Dispatched (mil.) <b>0308</b>	Time Arrived (mil.) <b>0311</b>	Time Completed (mil.) <b>0500</b>	Nature of Call (Report Type) <b>INFO Information</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>07-14-2016</b>	Time (mil.) <b>0305</b>	TO	Day <b>Thursday</b>	Date <b>07-14-2016</b>	Time (mil.) <b>0310</b>	Occurred During: D - Day U - Unknown N - Night	<b>N</b>						
Offense #1	Type <b>9</b>	Statute Violation Number <b>77777777</b>	Description <b>Police Information</b>			A - Attempted C - Committed		<b>C</b>										
Offense #2		Statute Violation Number	Description			A - Attempted C - Committed												
Incident Location (Street, Apt. Number) <b>780 South Nova Road</b>						City <b>DAYTONA BEACH</b>		Zip <b>32114</b>										
Business Name / Area Identifier <b>Sunoco Gas Station</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 2. Unoccupied 3. Abandoned	Arson-Attempted 1. Yes 2. No											
Location Type <b>06</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		4. Business 5. Government 6. Church 9. Other		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    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>3</b>	Nature of Call (for Victim, if different from Incident)			Name (Last/Business) <b>Buckley</b>		(First) <b>Randie</b>		(Middle) <b>S</b>						
Address (Street, Apt. Number) <b>7542 Kershaw Camden Highway</b>						City <b>Kershaw</b>		State <b>SC</b>		Zip <b>29067</b>		Residence Phone <b>(386) 481-4460</b>						
Business/School/Other Address (Street, Apt. Number) <b>1234 South Ridgewood Avenue Unit#122</b>						City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>O</b>		Business/School/Other Phone		Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement <b>Victim of MVA</b>												
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06-09-1971</b>	Age <b>45</b>	Ethnicity <b>N</b>	Res. Type <b>4</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury <b>99</b>	Domestic Violence <b>2</b>	Relationship <b>Z</b>							
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>Green</b>		(First) <b>Diana</b>		(Middle) <b>M</b>						
Address (Street, Apt. Number) <b>1101 South Ridgewood Avenue</b>						City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 481-4460</b>						
Business/School/Other Address (Street, Apt. Number) <b>1234 South Ridgewood Avenue Unit#122</b>						City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32114</b>		Address Type <b>O</b>		Business/School/Other Phone		Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement <b>Victim's girlfriend / Witness</b>												
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06-22-1979</b>	Age <b>37</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 <b>2</b>	Relationship <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		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							
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							

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

# 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? 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.												

1 On Thursday 07/14/2016 at approximately 0308 hours, I was dispatched to 780 South Nova Road (Sunoco gas station) in reference to a motor vehicle accident with injuries.

2

3

4 Upon arrival, I observed (V-1) Randie Buckley lying on the pavement near the west entrance/exit to the gas station. (W-1) Diana Green who is Mr. Buckley's girlfriend was straddling him holding his head while yelling and crying hysterically. Mr. Buckley appeared unconscious and was not responsive. Medical personnel arrived shortly after and started treating Mr. Buckley. Medical personnel loaded and transported Mr. Buckley to Halifax hospital with a trauma injury. I removed Ms.Green from the crime scene and asked what happened.

5

6

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8

9 Ms. Green advised that she was pumping gas when she observed Mr. Buckley talking to an unknown individual. Ms. Green advised that the individual was parked next to her vehicle near pump number five. The description of the suspect and suspect's vehicle Ms. Green gave me was as

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	Date:	By:	
	<input type="checkbox"/> CAC	Spoke With:	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 type="checkbox"/> Other Describe: _____					
	Connecting Report Number		Agency	Officer Reporting - Printed		Officer Reporting - Signature	ID. Number	Unit
			Lima, Jovanny			D97313	3C42	07-14-2016
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
	07-14-2016	0307	07-14-2016	INFO	160014883		1

11 follows; black male driving a pick up truck with rims, between 40-50 years of age.  
 12  
 13 Ms. Green then advised that Mr. Buckley was standing on the running board of the vehicle, when the vehicle sped off heading eastbound through  
 14 the parking lot. She then stated that Mr. Buckley fell off the vehicle, but was unsure if he was run over.  
 15  
 16 Ms. Green advised that she didn't know the black male and overheard Mr. Buckley and the suspect talk about a side job as a mechanic.  
 17  
 18 Ms. Green lied about her name in the initial investigation, she produced a name of " Jackie L Tenney" during my initial investigation.  
 19  
 20 No other information was provided.  
 21

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 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 type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed <b>Lima, Jovanny</b>	Officer Reporting - Signature	ID. Number <b>D97313</b>	Unit <b>3C42</b>	Date <b>07-14-2016</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		