



# BE ON THE LOOKOUT

## Attempt to Identify

### Daytona Beach Police Department

Case 160016934

Expires When Identified

Status Active

#### Pictures:



#### Description:

On 08/12/16 the above subjects were involved in two business burglaries in which they smashed the glass in the front doors of both stores with a brick. The first burglary was at 0406hrs. at the Metro PCS Store 1477 S. Nova Rd. – C/N 160016929, and the second was at 0430hrs. at the Shoe Carnival 2500 W. International Speedway Blvd. These suspects were wearing the same clothing and facial coverings during both offenses. The subject in the middle photo may possibly be a female, and the subject in the third photo had his facial features completely covered. These suspects are believed to be driving a silver or light colored sedan, possibly a Chrysler 200 or similar body style. An updated BOLO will be forthcoming with additional images from the Metro PCS Store when available. Any information on these subjects should be forwarded to Det. Wayne Dorman 386-671-5232 or Det. Sgt. Kim Gernert 386-671-5225. The video from Shoe Carnival is not available.

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.



# BE ON THE LOOKOUT

## Attempt to Identify

### Daytona Beach Police Department

Case 160016929

Expires When Identified

Status Active



#### Description:

On 08/12/16 at 0406hrs. three suspects burglarized the Metro PCS Store at 1477 S. Nova Rd. Review of the video confirms that these are same subject who burglarized the Shoe Carnival 2500 W. I.S.B. approximately a half hour later. Two of the subjects have their faces covered during the entire video but the above subjects face can clearly be seen. This subject also has large tattoos on the backs of his hands. Anyone with information is asked to contact Det. Wayne Dorman 386-671-5232 of Det. Sgt. Kim Gernert 386-671-5225. Video for this incident is still not available.

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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>160016934</b>																		
	Agency ORI Number <b>FL0640100</b>		Zone # <b>DB48</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>																	
	Reported: Day <b>Friday</b>	Date <b>08-12-2016</b>	Time (mil.) <b>0801</b>	Time Dispatched (mil.) <b>0804</b>	Time Arrived (mil.) <b>0813</b>	Time Completed (mil.) <b>0925</b>	Nature of Call (Report Type) <b>BURGB Burglary - Business(UCR class)</b>														
	Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From <b>Friday</b>		Date <b>08-12-2016</b>	Time (mil.) <b>0430</b>	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night						
Offense #1	Type <b>1</b>	Statute Violation Number <b>810.02(4)</b>		Description <b>Unarmed Burglary-Unoccupied Structure/Conv</b>				A - Attempted C - Committed						C							
Offense #2		Statute Violation Number		Description				A - Attempted C - Committed													
Incident Location (Street, Apt. Number) <b>2500 W International Speedway Blvd</b>										City <b>DAYTONA BEACH</b>		Zip <b>32114</b>									
Business Name / Area Identifier <b>Shoe Carnival</b>		# Prem. Entered <b>1</b>	Drug Related 0. N/A 1. Yes 2. No <b>2</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>2</b>	Forced Entry 1. Yes 3. Attempted 2. No <b>1</b>	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No <b>2</b>														
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		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		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>Shoe Carnival</b>		Name (Last/Business) <b>Shoe Carnival</b>		(First)		(Middle)										
Address (Street, Apt. Number) <b>2500 W International Speedway Blvd</b>										City <b>DAYTONA BEACH</b>		State <b>FL</b>		Zip <b>32114</b>		Residence Phone					
Business/School/Other Address (Street, Apt. Number) <b>2500 W International Speedway Blvd</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											
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>12-17-1987</b>	<b>28</b>	<b>N</b>	<b>3</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>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Esbrandt</b>		Name (Last/Business) <b>Esbrandt</b>		(First)		(Middle)										
Address (Street, Apt. Number) <b>5265 Curtis Blvd</b>										City <b>Cocoa</b>		State <b>FL</b>		Zip <b>32927</b>		Residence Phone <b>(407) 491-2232</b>					
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 <b>reporting person / store 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>M</b>	<b>12-17-1987</b>	<b>28</b>	<b>N</b>	<b>3</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		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										
<b>1</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										
<b>1</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 18 26	Height To Height 5' 09" 5' 11"	Weight To Weight 140 180	Eye Color XXX	Hair Color XXX	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 / LSLEV / SHIRT / YELLO / BEANI /				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style		Skin MBR	Build A	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 3	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age To Age 18 26	Height To Height 5' 10" 6' 02"	Weight To Weight 160 200	Eye Color XXX	Hair Color XXX	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 / HOOD / SWETR / BLACK / WHITE / LONGP				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style		Skin MBR	Build A	Facial Features CLSH /		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
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1 On 8/12/16 at approximately 0804 hours I responded to 2500 W International Speedway Blvd ( Shoe Carnival ) reference to a burglary. Upon  
 2 arrival I made contact with Cody Esbrandt (R-1). He advised that the building had not been cleared yet. Officer Huckaby and I cleared the building.  
 3 While clearing the building we entered through the glass door that had been busted out. Upon entering I noticed that a shoe rack approximately 20  
 4 feet away from the front door had items knocked off and there appeared to be items missing. We finished clearing the building and I asked R-1 to  
 5 let me see the video surveillance while Officer Huckaby attempted to obtain latent prints from the shoe rack mentioned earlier. The video showed  
 6 S-1 as he threw two red bricks through the glass door located at entrance in the front of the store. S-1, S-2 and S-3 entered the building. As they  
 7 entered I noticed that they were not wearing gloves. S-1, S-2 and S-3 then ran to the mentioned rack that contained several boxes of Nike Shoes.  
 8 S-1, S-2 and S-3 all grabbed as many boxes as they could carry and ran out of the glass door that S-1 broke. When they exited the store they ran  
 9 in a West bound direction. A few moments later they all came back into the store and grabbed as many boxes of Nike Shoes as they could carry  
 10 again. This time when they exited the store S-2's uncovered face was captured by the video surveillance. S-1 and S-3's faces were still covered.

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		
	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 Cole, Jason	Officer Reporting - Signature		ID. Number D91623	Unit	Date 08-12-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 08-12-2016	Report Time 0801	Orig. Reported Date 08-12-2016	Nature of Call (for Incident) <b>BURGB</b>	Agency Report Number 160016934	1.Original 2.Supplement   1
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11 All three exited the store and ran in a West bound direction again. A few moments later only S-1 came back into the store. As soon as S-1 entered  
 12 the store he stopped and ran back out of the store. The three fled the scene, most likely in a vehicle that they had parked just out of the view of the  
 13 surveillance cameras. Between R-1 and I, we counted approximately 21 boxes of Nike Shoes that had been taken that were valued at \$90 each.  
 14 R-1 advised me that the particular shoes that were taken by S-1, S-2 and S-3 have been stolen frequently in other incidents, therefore, the  
 15 management only had the right foot shoe in each box that was stolen [REDACTED].  
 16 R-1 also advised that the General manager had been contacted by the alarm company at 0430 hours, however, it is unknown why there was not a  
 17 response from the General manager at that time.  
 18 A sworn written statement was obtained from R-1. R-1 stated that the business will prosecute. The total estimated value of items stolen is \$  
 19 1,890. A copy of the video surveillance was obtained and turned over to CID. The two bricks that were used were obtained and tagged as  
 20 evidence. Officer Huckaby and I were only able to obtain two latent prints due to the texture of the surfaces that were touched. My Axon Camera  
 21 captured the scene and interview. Officers Huckaby, Catalano and Yankowski checked the adjacent business to find out if they had video  
 22 surveillance.

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 type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed <b>Cole, Jason</b>	Officer Reporting - Signature	ID. Number <b>D91623</b>	Unit	Date <b>08-12-2016</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		



# 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) <b>UNKNOWN</b>	(First)	(Middle)	Race B	Sex M	Ethnicity U		
	Date of Birth	Age 20	To Age 25	Height 5' 09"	To Height 6' 00"	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) RED / HOOD						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 # S 2	Subj. Type 3	Name (Last) <b>UNKNOWN</b>	(First)	(Middle)	Race B	Sex M	Ethnicity U		
	Date of Birth	Age 20	To Age 25	Height 5' 08"	To Height 5' 10"	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 / HOOD						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
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1 ON FRIDAY AUGUST 12, 2016 AT APPROXIMATELY 0426 HOURS I RESPONDED TO THE V-1 (METRO PCS), LOCATED AT 1477 S. NOVA RD., [REDACTED] OFC. J. LIMA WAS THE FIRST ON SCENE AND FOUND THE FRONT GLASS DOOR HAD BEEN BROKEN. K-9 OFC. JACKSON ARRIVED ON SCENE AND THE INTERIOR OF THE BUSINESS WAS CLEARED OF ANY PERSONS. A LARGE CONCRETE BLOCK WAS LOCATED ON THE FLOOR INSIDE THE BUSINESS. R-1 (TARA PRIM) ARRIVED ON SCENE AND IDENTIFIED HERSELF AS THE DISTRICT MANAGER. R-1 (T. PRIM) ADVISED SHE WAS CONTACTED BY THE ALARM COMPANY [REDACTED] AND ADVISED OF THE ALARM ACTIVATION. WE WERE ABLE TO ACCESS THE SECURITY CAMERA FOOTAGE AND OBSERVED THE FOLLOWING: AT APPROXIMATELY 0406 HOURS THREE (3) BLACK MALES ENTERED THE STORE BY USING A LARGE CONCRETE BLOCK TO BREAK THE GLASS ON THE FRONT DOOR. ONCE INSIDE THE BUSINESS, THE SUSPECTS TOOK FOURTEEN (14) "LIVE DISPLAY" CELLULAR TELEPHONES FROM THE DISPLAY COUNTERS, BY PULLING THEM FROM THE WIRED DISPLAYS, THE SUSPECTS ALSO TOOK FOUR

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	Spoke With:	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 type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed <b>Monde, Anthony</b>			Officer Reporting - Signature			ID. Number <b>D44073</b>	Unit <b>3B48</b>
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 08-12-2016	Report Time 0412	Orig. Reported Date 08-12-2016	Nature of Call (for Incident) <b>BURGB</b>	Agency Report Number 160016929	1.Original 2.Supplement   1
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NARRATIVE / CONTINUATION

11 (4) PAIRS OF "HBS" BLUETOOTH HEADSETS FROM A DISPLAY BEHIND THE REGISTER. THE SUSPECTS ALL EXITED THE BUSINESS  
 12 THROUGH THE SAME POINT OF ENTRY AND THEN CAN BE SEEN RUNNING NORTHWEST FROM THE FRONT DOOR, POSSIBLY TO A  
 13 VEHICLE. THE SUSPECTS WERE IN THE STORE FOR JUST OVER ONE (1) MINUTE. [REDACTED]  
 14 [REDACTED] V-1 (METRO PCS)  
 15 [REDACTED] I TOOK EIGHT  
 16 (8) DIGITAL PHOTOGRAPHS OF THE SCENE AND HAVE ELECTRONICALLY SUBMITTED THEM TO PROPERTY AND EVIDENCE. I  
 17 COLLECTED THE CONCRETE BLOCK AND HAVE SUBMITTED IT TO PROPERTY AND EVIDENCE. I PROCESSED THE SCENE BUT WAS  
 18 UNSUCCESSFUL IN DEVELOPING ANY LATENT PRINTS. THERE IS VERY GOOD QUALITY VIDEO FOOTAGE OF THE INCIDENT,  
 19 HOWEVER, THE FOOTAGE WAS UNAVAILABLE FOR COLLECTION AT THE TIME OF THIS REPORT. I SUPPLIED R-1 (T. PRIM) WITH MY  
 20 EMAIL ADDRESS SO THE FOOTAGE MAY POSSIBLY BE ELECTRONICALLY SENT TO ME. R-1 (T. PRIM) COMPLETED AND SIGNED AS  
 21 SWORN STATEMENT ADVISING V-1 (METRO PCS) DOES WISH TO PROSECUTE. THERE ARE NO OTHER EXTERIOR CAMERAS IN THE  
 22 IMMEDIATE AREA OF THE BUSINESS.  
 23  
 24 [REDACTED] AT THE ENTRY/EXIT POINT AND INSIDE  
 25 THE STORE. [REDACTED] ONE SUSPECT WEARING A BLACK HOODIE. ANOTHER SUSPECT IS  
 26 WEARING A RED HOODIE. ONE SUSPECT, UNCLEAR IF IT IS THE SUSPECT WEARING THE BLACK OR RED HOODIE, IS WEARING A  
 27 PAIR OF BLACK BASKETBALL STYLE SHORTS WITH A RE STRIPE DOWN THE SIDE.

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 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 <b>Monde, Anthony</b>	Officer Reporting - Signature	ID. Number <b>D44073</b>	Unit <b>3B48</b>	Date <b>08-12-2016</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		