



BE ON THE LOOKOUT

Attempt to Identify

Daytona Beach Police Department

Case 160016942
Expires N/A
Status Active



Both Subjects in the above photographs are currently suspect in occupying the stolen 2015 Honda Accord bearing GA tag MNRLGRL. The front, right subject in both photos is believed to be the driver. The vehicle was observed unoccupied at 410 Butler Blvd shortly after officers observed the vehicle traveling eastbound on Riverview Ave. One suspect is believed to be a black male, average build, approximately 5'08, short hair, goatee, with unknown tattoo under his right eye wearing a white shirt with an unknown design on the front. The second suspect is also a black male, skinny, approximately 5'10, wearing a light colored shirt and camo shorts. The second subject may possibly have an unknown tattoo on his left forearm. Anyone with information to the identities of the suspects is asked to contact Det. Jeffery Madison at madisonj@dbpd.us or 386-671- 5217

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 160016942		
	Agency ORI Number FL0640100		Zone # DB47	Telephone Handled 1. Yes 2. No 2	
	Reported: Day Friday	Date 08-12-2016	Time (mil.) 0822	Nature of Call (Report Type) STNVEH Stolen Vehicle (UCR class)	
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Thursday	Date 08-11-2016
		Time (mil.) 2330	TO	Day Friday	
		Date 08-12-2016	Time (mil.) 0800		
Offense #1 1		Type 1	Statute Violation Number 812.014(2)(C)6		
Description Grand Theft - Motor Veh. < \$100,000		A - Attempted C - Committed C			
Offense #2		Statute Violation Number		Description	
A - Attempted C - Committed					
Incident Location (Street, Apt. Number) 1725 Richard Petty Blvd.			City DAYTONA BEACH	Zip 32114	
Business Name / Area Identifier Marriott		# Prem. Entered 0	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	
		Forced Entry 1. Yes 3. Attempted 2. No 2	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No	
Location Type 04	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		
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 1	# 1	V. Type 3	
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) Fenske Anita M			
Address (Street, Apt. Number) 3905 Hwy 41 N		City Byron	State GA	Zip 31008	
Residence Phone (678) 472-3866					
Business/School/Other Address (Street, Apt. Number) Marriott 1725 Richard Petty Blvd.		City DAYTONA BEACH FL	State FL	Zip 32114	
Address Type V		Business/School/Other Phone Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement Owner of Vehicle #1			
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 04-24-1961	Age 55	
Ethnicity N		Res. Type 1	Res. Status 1	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	
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)			
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Ethnicity		Res. Type	Res. Status	Means of Attack	
Extent of Injury		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 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)				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
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NARRATIVE

1 On 08/11/2016 at approx 2330 Hr's V-1 parked her car (See Vehicle #1) outside her hotel at 1725 Richard Petty Blvd. She meant to lock her vehicle as she exited it, but she now remembers it won't lock if the key fob is inside the vehicle - and she had left the key fob inside the center console by mistake (She has the key shaped door key with her, but the key fob used for the push button start was in the center console).

2

3

4 On 08/12/2016 at approx 0730 Hr's V-1 got a phone call from an unknown female who told her she was in possession of her DL and credit cards which she had just watched someone throw from a vehicle. V-1 (Fenske) went to drive to the woman and realized her vehicle had been stolen.

5

6 V-1 (Fenske) got a ride to the woman who stopped at Mason Ave. and White St. and retrieved her property (but she did not get any information from the woman).

7

8 Once V-1 (Fenske) got back to her hotel she telephoned police

9 This Officer responded and took her report.

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		
	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
Thomas, James			D62503		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	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original
	08-12-2016	0822	08-12-2016	STNVEH	160016942	2.Supplement 1

11 Vehicle #1 was entered into NCIC / FCIC as being stolen by VCSO employee ID# 6602.
 12 A zone 5 BOLO was issued for the vehicle with emphasis on Daytona Beach East.
 13
 14 Vehicle #1 has a sunroof and a white, oval magnetic sticker just to the left of the trunk lock (It reads "I love my dog"). It can easily be peeled off
 15 but was still on the vehicle this morning when it passed through the traffic camera.
 16
 17 V-1 completed a victims statement that includes the fact that she wishes to prosecute any / all suspects.
 18 [REDACTED]

NARRATIVE / CONTINUATION

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 Thomas, James	Officer Reporting - Signature	ID. Number D62503	Unit	Date 08-12-2016	
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	