



BE ON THE LOOKOUT

Attempt to Identify

Daytona Beach Police Department

Case 160018482

Expires When identified

Status Active

Pictures:



Description:

On 09/01/16 at 1600 hrs. Daytona Beach Police officers were summoned to Florida Memorial Hospital after staff members located a woman who appeared to be lost. Officers found an African American woman who appeared to be in her late 20s or early 30s in the lobby. The woman appears to have several disabilities and is unable to communicate her name or where she resides. She is about 4'00 tall and weighs 140 lbs. and may answer to the name of "Jennifer". The woman is in good physical health but officers are diligently attempting to reunite her with her family or caretaker. Anyone who knows the woman depicted above is asked to call Det. Runge at 386-671-5242 or runged@dbpd.us

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 and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.



Daytona Beach Police Department Public Service Announcement

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

September 1, 2016

Police Need Help In Recovering a Missing Person

On Thursday, September 1, 2016, at approximately 3:00PM, Daytona Beach Police officers were summoned to Florida Memorial Hospital after staff members located a woman who appeared to be lost. Officers found an African American woman who appeared to be in her late 20s or early 30s in the lobby. The woman appears to have several disabilities and is unable to communicate her name or where she resides. The woman is in good physical health but officers are diligently attempting to reunite her with her family. Anyone who knows the woman depicted to below is asked to call the Daytona Beach Police Department at 386-671-5447. The woman appears to be about 4 foot tall and may answer to the name "Jennifer".



Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS."
Tipsters remain anonymous.

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 160018482								
	Agency ORI Number FL0640100		Zone # DB48	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2							
	Reported: Day Thursday	Date 09-01-2016	Time (mil.) 1619	Nature of Call (Report Type) INFO Information							
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Thursday	Date 09-01-2016						
Offense #1 9		Statute Violation Number 77777777	Description POLICE INFORMATION		A - Attempted C - Committed						
Offense #2		Statute Violation Number	Description		A - Attempted C - Committed						
Incident Location (Street, Apt. Number) 301 MEMORIAL MEDICAL PKWY		City DAYTONA BEACH	Zip 32124								
Business Name / Area Identifier ORMOND MEMORIAL HOSPITAL		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No						
Location Type 12		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied Arson-Attempted 1. Yes 2. No									
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		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident									
VICTIM/WITNESS	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
VICTIM/WITNESS	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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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

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 # V 1	Subj. Type 3	Name (Last) UNKNOWN	(First)	(Middle)	Race B	Sex F	Ethnicity N	
	Date of Birth	Age 25	To Age 30	Height 3' 08"	To Height 4' 02"	Weight 150	To Weight 170	Eye Color BRO	Hair Color BLK	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 09-01-2016		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 I arrived at the listed address in response to a young women that was found at their bus stop. The black female had been there since 0300 hours

2 on 09-01-16 and the hospital staff finally brought her into the ER waiting room. She appears to have a handicap, possibly Down Syndrome and

3 would not talk or give us any type of feedback. We tried to sign and also asked her to write her name and she couldn't. She did not appear to be

4 suffering from any kind of injury. The hospital staff had given her some food and drink.

5 DCF was contacted and Cassie/#427, advised that she was starting a report. at 1625 hours, I was contacted by Lorriane Turner from DCF adult

6 services, who told me that she was responding to the PD to see what she can do.

7 The female had been relocated to the police department to make it easier for the agencies involved.

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
Jessmer, Steven			D44223		09-01-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date