



# Daytona Beach Police Dept.

129 Valor Blvd, Daytona Beach, FL 32114

## General Information

<b>Date of Brief:</b>	10/19/2016	<b>Created By:</b>	Flory, Jackie
<b>Case Number:</b>	160021899	<b>Case Type:</b>	Shooting
<b>Address:</b>	1000 BLK LEWIS DR	<b>City:</b>	DAYTONA BEACH
<b>State:</b>	FL	<b>ZIP Code:</b>	32114

**Details:** ATTEMPT TO LOCATE POSSIBLE SUSPECT VEH INVOLVED IN A SHOOTING ON LEWIS DR THAT OCC'D OVERNIGHT. THE VEH IS DESCRIBED AS A NEWER MODEL DODGE CHARGER OR CHALLENGER BLK OR DRK GRY IN COLOR. THE VEH SHOULD HAVE PASSENGER SIDE DAMAGE THAT OCC'D AT THE SCENE. PARTIAL FL TAG THAT STARTS WITH THE LETTER "R" PER WITNESSES, USE CAUTION AND CONSIDER OCCUPANTS ARMED AND DANGEROUS, Anyone with information is asked to contact DET Lissette DESCHAMPS AT 671 5222 OR DESCHAMPSL@DBPD.US,

## Vehicle

**Reason:** SHOOTING

<b>Type:</b>	Passenger Car - Coupe	<b>Make:</b>	Dodge
<b>Model:</b>	CHARGER OR CHALLENGER	<b>Plate Number:</b>	FL R
<b>Color:</b>	Black	<b>Year:</b>	2016
<b>VIN:</b>		<b>Stolen Date:</b>	10/19/2016



**Description:** VEH IS A NEWER MODEL DODGE CHARGER OR CHALLENGER, BLK OR DRK GRY IN COLOR. VEH SHOULD HAVE PASSENGER SIDE DAMAGE. PARTIAL FL TAG POSS. BEGINS WITH "R"

### Owner information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Address:</b>		<b>DOB:</b>	



# **Daytona Beach Police Department NEWS RELEASE**

*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](http://www.dbpd.us) Text DBTIPS to CRIMES (274637)*

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

**Re: Death Investigation**

**Location: 1017 Lewis Drive**

**Date of Incident: October 18, 2016**

**Time: 21:12 hours**

**Police Report Number: 160021899**

**Units responded to the above address in regards to a person shot.**

**Initial investigation revealed that some type of argument occurred between the victim Bashawn Johnson B/M DOB 12/28/91 and an unknown B/M.**

**Witnesses reported hearing several shot.**

**Johnson was shot at least once as he sat inside the car, he died from the injury.**

**The unknown B/M fled the scene north on Lewis Drive, he was last seen in driving a black Dodge Charger or Challenger with a dent on the fender.**

**The autopsy will not be completed until Thursday.**

**Shell casings from two different weapons were located, one possibly being from a high-powered weapon.**

**This is an active ongoing investigation.**

**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.**

# 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 _____		<b>INCIDENT REPORT</b>		Agency Report Number <b>160021899</b>									
Agency ORI Number <b>FL0640100</b>				Zone # <b>DB45</b>	Telephone Handled 1. Yes 2. No <b>2</b>										
Reported: Day <b>Tuesday</b>		Date <b>10-18-2016</b>	Time (mil.) <b>2113</b>	Time Dispatched (mil.) <b>2114</b>	Time Arrived (mil.) <b>2116</b>	Time Completed (mil.) _____	Nature of Call (Report Type) <b>PSHOT Person Shot</b>								
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day <b>Tuesday</b>	Date <b>10-18-2016</b>	Time (mil.) <b>2113</b>	TO _____	Day _____	Date _____	Time (mil.) _____	Occurred During: D - Day N - Night U - Unknown					
Offense #1 <b>1</b>	Type <b>1</b>	Statute Violation Number <b>784.045(1)(A)1</b>	Description <b>Agg Battery Cause Bodily Harm/Disability</b>				A - Attempted C - Committed <b>C</b>								
#2 _____	_____	Statute Violation Number _____	Description _____				A - Attempted C - Committed _____								
Incident Location (Street, Apt. Number) <b>1017 LEWIS DR</b>										City <b>DAYTONA BEACH</b>	Zip <b>32117</b>				
Business Name / Area Identifier _____		# 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 2. No <b>0</b>	3. Attempted _____	Arson-Inhabited 1. Occupied 2. Unoccupied	3. Abandoned _____	Arson-Attempted 1. Yes _____						
Location Type <b>01</b>	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel	05. Convenience Store 06. Gas Station	09. Supermarket 10. Dep/Discount Store 11. Specialty Store 12. Drug Store/Hospital	13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage	17. Gov/P 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 28. 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	N-Next of Kin O-Other	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 B-Black I-American Indian	O-Oriental/Asian U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 1. City 2. County	3. Florida 4. Out-of-State	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/Bruiases 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	3. Both <b>1</b>	V/W Code <b>V</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) _____	Name (Last/Business) <b>Johnson</b>	(First) <b>Bashawn</b>	(Middle) <b>T</b>							
Address (Street, Apt. Number) <b>1017 LEWIS DR</b>										City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32117</b>	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 <b>Victim</b>					
If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>M</b>	Date of Birth <b>12-28-1991</b>	Age <b>24</b>	Ethnicity <b>N</b>	Res. Type <b>1</b>	Res. Status <b>1</b>	Means of Attack <b>F</b>	Extent of Injury <b>01</b>	Domestic Violence _____	Relationship _____				
Offense Indicator 1. #1 2. #2	3. Both <b>1</b>	V/W Code <b>O</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) _____	Name (Last/Business) <b>Sanders</b>	(First) <b>Eddie</b>	(Middle) <b>B</b>							
Address (Street, Apt. Number) <b>1017 LEWIS DR</b>										City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32117</b>	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 <b>Owner of Vehicle V-1 was in/Owner of Vehicle 2</b>					
If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>M</b>	Date of Birth <b>12-16-1935</b>	Age <b>80</b>	Ethnicity <b>N</b>	Res. Type <b>1</b>	Res. Status <b>1</b>	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____				
Offense Indicator 1. #1 2. #2	3. Both _____	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 2. #2	3. Both _____	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 2. #2	3. Both _____	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 _____				

# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 1	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 Hot Sauce		Place of Birth - City		County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	
	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	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	
	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 Tuesday, October 18, 2016 at approximately 2112 hours officers responded to 1017 Lewis Dr. in reference to a person shot. Upon our arrival
	2	Officer Matero, Sergeant Loomis, and I approached the house and observed a large crowd surrounding a gray Buick bearing Florida tag 672WDF.
	3	Once it was learned that the victim, BaShawn Johnson, was sitting in the driver seat bleeding heavily Officer Matero and I began to move family
	4	members away from the car so that medical personnel could attend to the victim. While medical personnel was attending to the victim Officer
	5	Matero and I as well as Sgt. Loomis began to establish an inner crime scene by tying crime scene tape around the driveway. I then attempted to
	6	speak with two males, who were claiming to be the victim's brother, the brother advised me that Johnson was sitting in the driver seat of the Buick
	7	and he was standing on the side of the car. It was at this time that a black vehicle, possibly a Dodge Challenger unknown tag, pulled up a black
	8	male got out of the passenger seat, and began shooting towards Johnson. The brother advised that the vehicle fled the area Northbound on Lewis
	9	and then Eastbound on 4th St. EVAC then removed Johnson from the vehicle and transported him to Halifax Hospital for treatment. Officer Abbate
	10	and I then maintained the crime scene security until the crime scene unit arrived on scene. Once Officer Lampe arrived on scene the vehicle and

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 checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed Lawson, Roger	Officer Reporting - Signature	ID. Number D04473	Unit 3D45	Date 10-18-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

<b>EVNT</b>	Report Date 10-18-2016	Report Time 2113	Orig. Reported Date 10-18-2016	Nature of Call (for Incident) <b>PSHOT</b>	Agency Report Number 160021899	1.Original 2.Supplement   <u>1</u>
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11 crime scene was turned over to him. I then went to the relieve Officer Swartzfager and Halifax Hospital standing by with Johnson until the medical  
 12 examiners office arrived. At approximately 0119 hours Johnson was turned over to the medical examiners office. My involvement in this incident  
 13 was captured on my Axon flex camera number 8730. See additional officers supplement reports for further information.

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 checked="" type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed <b>Lawson, Roger</b>	Officer Reporting - Signature		ID. Number <b>D04473</b>	Unit <b>3D45</b>	Date <b>10-18-2016</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date		