

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Juvenile, Gang, Domestic Violence, Endangered / Other, Hate Crime, Elderly Abuse / Exploitation, VOR

Agency Report Number 160024870

Agency ORI Number FL0640100, Zone # DB45, Telephone Handled 1. Yes 2. No 2

Reported: Day Wednesday, Date 11-30-2016, Time (mil.) 1452, Time Dispatched (mil.) 1454, Time Arrived (mil.) 1459, Time Completed (mil.) 1459, Nature of Call (Report Type) SHOOT Shooting

Incident Type: 1. Felony 2. Traffic Felony, 3. Misdemeanor 4. Traffic Misdemeanor, 5. Ordinance 9. Other, Incident Day From Wednesday, Date 11-30-2016, Time (mil.) 1452, Day TO, Occurred During: D - Day U - Unknown N - Night D

Offense #1, Type 1, Statute Violation Number 784.045(1)(A)2, Description Agg. Battery Prsn. Uses Deadly Weapon, A - Attempted C - Committed C

Incident Location (Street, Apt. Number) 1014 THUNDERBIRD DR, City DAYTONA BEACH, Zip 32114

Business Name / Area Identifier, # Prem. Entered, 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, Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied, Arson-Attempted 1. Yes 2. No

Location Type 01, Location Type Codes 01. Residence-Single, 02. Apartment/Condo, 03. Residence/Other, 04. Hotel/Motel, 05. Convenience Store, 06. Gas Station, 07. Liquor Sales, 08. Bar/Nightclub, 09. Supermarket, 10. Dept/Discount Store, 11. Specialty Store, 12. Drug Store/Hospital, 13. Bank/Financial Inst., 14. Commercial/Office Bldg., 15. Industrial/Mfg., 16. Storage, 17. Gov't/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, 26. Highway/Roadway, 27. Park/Woodlands/Field, 28. Lake/Waterway, 29. Motor Vehicle, 30. Other Mobile, 31. Unknown, 32. Other

V/W Code, V-Victim, W-Witness, R-Reporting Person, N-Next of Kin, O-Other, Victim/Subject Type, Address/Phone Type, Race, Sex, Residence Type, Residency Status

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/Bruises, 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, Z-Other, H-Co-Habitant

Offense Indicator 1. #1 3. Both 2. #2, V/W Code # 1, V. Type 3, Nature of Call (for Victim, if different from incident), Name (Last/Business) HENRY, (First) PATRICK, (Middle) A

Address (Street, Apt. Number) 1034 THUNDERBIRD DR, City DAYTONA BEACH FL, State, Zip 32114, Residence Phone (386) 747-9713

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 VICTIM

If Victim Type 1, 2, or 3, Race B, Sex M, Date of Birth 02-11-1994, Age 22, Ethnicity N, Res. Type 1, Res. Status 1, Means of Attack F, Extent of Injury 03, Domestic Violence 2, Relationship

Offense Indicator 1. #1 3. Both 2. #2, V/W Code # 1, V. Type 3, 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 WITNESS

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 # 2, V. Type 3, Nature of Call (for Victim, if different from incident), Name (Last/Business) HENRY, (First) DANNETTE, (Middle)

Address (Street, Apt. Number) 1018 THUNDERBIRD DR, City DAYTONA BEACH FL, State, Zip 32114, Residence Phone (386) 868-7226

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 WITNESS

If Victim Type 1, 2, or 3, Race B, Sex F, Date of Birth 03-17-1971, Age 45, Ethnicity N, Res. Type 1, Res. Status 1, Means of Attack, Extent of Injury 00, Domestic Violence 2, 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

# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 2. #2 3. Both	Subject Code S-Suspect D-Defendant V-Victim (Missing Person)	Code # S 1	Subj. Type 3	Name (Last) UNK	(First) UNK	(Middle)	Race B	Sex M	Ethnicity N	
	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?	Warrant From:				
	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 2. #2 3. Both	Subject Code S-Suspect D-Defendant V-Victim (Missing Person)	Code # S 2	Subj. Type 3	Name (Last) UNK	(First) UNK	(Middle) UNK	Race B	Sex F	Ethnicity N	
	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?	Warrant From:				
	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 11/30/2016 I RESPONDED TO 1014 THUNDERBIRD DR. IN REFERENCE TO A SHOOTING. ONCE ON SCENE I PLACED CRIME SCENE  
 2 TAPE AROUND THE CRIME SCENE. I THEN MADE CONTACT WITH [REDACTED] W1. W1 STATED TO ME THAT HE WAS INSIDE  
 3 OF HIS HOME AT 1018 THUNDERBIRD DR. WHEN HE SAW A LIGHT GOLD NISSAN ALTIMA CHASING PATRICK HENRY, V1,  
 4 SOUTHBOUND ON THUNDERBIRD DR. W1 STATED THAT HE THEN HEARD ONE GUN SHOT BEING FIRED BUT DID NOT SEE WHO  
 5 FIRED IT. W1 STATED THAT THE VEHICLE THEN STOPPED AND A BLACK MALE GOT OUT OF THE VEHICLE AND STARTED TO PUNCH  
 6 V1 IN THE FACE. W1 STATED THAT THE UNKNOWN MALE, S1, THEN THREW HIM INTO A TREE THAT WAS IN THE YARD. W1 STATED  
 7 THAT S1 WAS SHOVING V1 AT WHICH TIME S1 TOLD A FEMALE SUBJECT, S2, TO GO GET A GUN OUT OF THE CAR. W1 STATED THAT  
 8 S2 WENT TO THE CAR AND GOT A GUN AND HANDED IT TO S1. W1 STATED THAT HE SAW S1 SHOOT MULTIPLE TIMES AT V1 AND  
 9 THEN DRIVE AWAY. W1 STATED THAT V1 THEN ALSO LEFT THE AREA AND RAN TO HIS HOUSE. W1 STATED THAT HE COULD NOT  
 10 IDENTIFY S1 OR S2. W1 COMPLETED A SWORN STATEMENT TO THE ABOVE.

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:	Date:	<input type="checkbox"/> FCIC / NCIC Cancel	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 type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other	Describe:	
Officer Reporting - Printed Lewandowski, Brian	Officer Reporting - Signature	ID. Number D05813	Unit 3A46	Date 11-30-2016	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 11-30-2016	Report Time 1452	Orig. Reported Date	Nature of Call (for Incident) <b>SHOOT</b>	Agency Report Number 160024870	1.Original	2.Supplement   1
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11  
12 SEVERAL UNITS WERE INSIDE THE YARD LOOKING FOR EVIDENCE. SEVERAL SHELL CASINGS WERE LOCATED AND WERE LEFT  
13 UNTOUCHED UNTIL CRIME SCENE ARRIVED. A SHOE WAS ALSO LOCATED IN THE AREA. I TOOK TWO DIGITAL PHOTOS OF V1'S  
14 INJURIES. V1 HAD A LACERATION TO THE LEFT SIDE OF HIS FACE. RESCUE RESPONDED TO THE SCENE AND V1 ELECTED TO GO  
15 TO THE HOSPITAL ON HIS OWN.  
16  
17 CONTACT WAS THEN MADE WITH DANNETTE HENRY, W2. W2 STATED THAT SHE WAS SITTING IN HER HOME AT 1018 THUNDERBIRD  
18 DR. AND SHE HEARD A GUN SHOT BY THE FRONT DOOR. W2 STATED THAT SHE YELLED AT HER CHILDREN TO GET DOWN. W2  
19 STATED THAT SHE WENT TO CALL 911 AND LOOKED OUT THE WINDOW AND SAW V1 HANGING ONTO A TREE IN THE YARD AND  
20 STATED THAT V1 WAS ASKING S1 TO LET HIM GO. W2 STATED THAT S1 KEPT HITTING V1 WITH A GUN. W2 STATED THAT S1 WAS  
21 TRYING TO GET V1 TO GET INTO A CAR THAT WAS PARKED. W2 STATED THAT S1 THEN TOLD S2 TO GET ANOTHER GUN. W2  
22 STATED THAT S2 YELLED "BIG GUNS" AT WHICH TIME S2 WENT TO HIDE IN THE BATHROOM. W2 STATED THAT SHE THEN HEARD  
23 FIVE MORE GUN SHOTS. W2 STATED THAT S1 HAD ON A WHITE SHIRT AND BLACK JEANS. W2 STATED THAT S1 HAD DREADS. W2  
24 STATED THAT SHE DID NOT SEE S2 AND THAT SHE CAN POSSIBLY ID S1. W2 COMPLETED A SWORN STATEMENT TO THE ABOVE.  
25  
26 PLEASE SEE SUPPLEMENTS FOR FURTHER INFORMATION.

NARRATIVE / CONTINUATION

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	<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 type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed <b>Lewandowski, Brian</b>	Officer Reporting - Signature	ID. Number <b>D05813</b>	Unit <b>3A46</b>	Date <b>11-30-2016</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		