

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

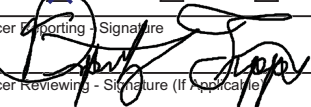
<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number 100014593																			
Agency ORI Number FL0640000				Zone # 47		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																	
Reported: Day Wednesday		Date 05-12-2010		Time (mil.) 2114		Time Dispatched (mil.) 2121		Time Arrived (mil.) 2131		Time Completed (mil.) _____		Nature of Call (Report Type) 14 Information											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Wednesday		Date 05-12-2010		Time (mil.) 2114		TO Day Wednesday		Date 05-12-2010		Time (mil.) 2114		Occurred During: D - Day U - Unknown N - Night N					
Offense #1 9		Type 77777777		Statute Violation Number 77777777				Description Death/Missing Person/All other non-crimes				A - Attempted C - Committed C											
#2 _____		Statute Violation Number _____				Description _____				A - Attempted C - Committed _____													
Incident Location (Street, Apt. Number) 1942 KIRKWOOD ST.						City DELTONA			Zip 32725														
Business Name / Area Identifier _____		# 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 2		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No 2											
Location Type 01		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 4. Business 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		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 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 1		V/W Code # R 1		V. Type 3		Nature of Call (for Victim, if different from Incident) WIGLE				Name (Last/Business) (First) (Middle) JACQUELINE M													
Address (Street, Apt. Number) 1942 KIRKWOOD ST						City DELTONA		State FL		Zip 32725		Residence Phone (386) 574-5174											
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 REPORTED INCIDENT																	
If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 11-20-1980		Age 29		Ethnicity N		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2 1		V/W Code # O 1		V. Type 3		Nature of Call (for Victim, if different from Incident) CRAWFORD				Name (Last/Business) (First) (Middle) JUNE													
Address (Street, Apt. Number) 1952 LAVINA ST						City DELTONA		State FL		Zip 32725		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 W		Race F		Sex F		Date of Birth 05-30-1953		Age 56		Ethnicity N		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) _____													
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) _____													
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 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.										

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.										

1 ON 05-12-10 NEAR 2131 HOURS DEPUTY TIPPIE RESPONDED TO 1942 KIRKWOOD STREET, DELTONA IN REFERENCE TO A
 2 BATTERY COMPLAINT. UPON ARRIVAL DEPUTY TIPPIE MADE CONTACT WITH WIGLE, JACQUELINE(R1).
 3
 4 WIGLE STATED WHEN SHE WAS IN HER FRONT YARD PICKING UP HER CHILDREN'S TOYS SHE NOTICED CRAWFORD, JUNE(O1)
 5 AT 1941 KIRKWOOD STREET ,DELTONA. WIGLE SAID SHE NOTICED CRAWFORD BACKING OUT OF THE DRIVEWAY AND INTO THE
 6 STREET AT WHICH TIME CRAWFORD STOPPED HER VEHICLE AND EXITED. WIGLE SAID CRAWFORD BEGAN TO WALK FAST IN HER
 7 DIRECTION WITH AN UNKNOWN OBJECT IN HER HAND. WIGLE ADVISED CRAWFORD DID NOT SAY A WORD TO HER BUT FOR SOME
 8 REASON PUT WIGLE IN FEAR FOR HER SAFETY. WIGLE STATED AS SHE STARTED TO BACK UP HER FOOT BECAME CAUGHT ON
 9 SOMETHING AND SHE WALKED FORWARD AND TRIPPED INJURING HER KNEE. WIGLE SAID WHEN CRAWFORD NOTICED WIGLE
 10 HURT HERSELF CRAWFORD BEGAN TO LAUGH AND IMMEDIATELY WALK AWAY ENTERING HER VEHICLE AND LEAVING THE AREA.

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"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel	
	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 Tippie, Sean	Officer Reporting - Signature 	ID. Number 7286	Unit 1B43	Date 05-12-2010
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

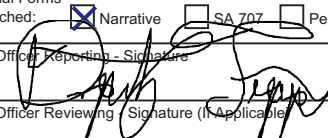
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-12-2010	Report Time 2114	Orig. Reported Date 05-12-2010	Nature of Call (for Incident) 14	Agency Report Number 100014593	1.Original	2.Supplement	1
------	---------------------------	---------------------	-----------------------------------	-------------------------------------	-----------------------------------	------------	--------------	---

11
 12 DEPUTY TIPPIE PROVIDED WIGLE WITH A BUSINESS CARD AND CASE NUMBER. DEPUTY TIPPIE MADE CONTACT WITH
 13 CRAWFORD AT 1952 LAVINA STREET, DELTONA.
 14
 15 CRAWFORD STATED SHE WAS IN FACT OVER HER FRIENDS RESIDENCE LOCATED AT 1941 KIRKWOOD STREET, DELTONA BUT
 16 WAS ONLY THERE FOR A MOMENT DUE TO WIGLE ACCUSING CRAWFORD'S FRIEND FOR THREATENING HER WITH A GUN.
 17 CRAWFORD STATED WHILE SHE WAS AT HER FRIENDS SHE DID NOT SEE WIGLE OUTSIDE AND NEVER APPROACHED WIGLE'S
 18 RESIDENCE AT ANY TIME.
 19
 20 THIS REPORT WAS COMPLETED FOR DOCUMENTATION PURPOSES ONLY.
 21
 22 CASE STATUS: CLOSED.

NARRATIVE / CONTINUATION

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	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 Tippie, Sean	Officer Reporting - Signature 	ID. Number 7286	Unit 1B43	Date 05-12-2010
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

ADMINISTRATIVE