

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

Agency Report Number
190022919

<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 ORI Number **FL0640100** Zone # **DB43** Telephone Handled 1. Yes 2. No

Reported: Day **Sunday** Date **11-17-2019** Time (mil.) **2204** Time Dispatched (mil.) **2206** Time Arrived (mil.) **2208** Time Completed (mil.) **2340** Nature of Call (Report Type) **ABAT AGG Aggravated Assault/Battery (UCR)**

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day **Sunday** Date **11-17-2019** Time (mil.) **2130** TO Day **Sunday** Date **11-17-2019** Time (mil.) **2206** Occurred During: D - Day U - Unknown N - Night **N**

EVENT DATA

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

Incident Location (Street, Apt. Number) **416 MARGIE LN** City **DAYTONA BEACH** Zip **32114**

Business Name / Area Identifier _____ # Prem. Entered **0** Drug Related 0. N/A 1. Yes 2. No Alcohol Related 0. N/A 1. Yes 2. No Forced Entry 1. Yes 3. Attempted 2. No Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied Arson-Attempted 1. Yes 2. No

Location Type	Location Type Codes
01	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/W/fg. 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

CODES

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 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/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 H-Co-Habitant Z-Other

VICTIMWITNESS

Offense Indicator 1. #1 2. #2 3. Both **1** V/W Code **V** # **1** V. Type **3** Nature of Call (for Victim, if different from Incident) _____ Name (Last/Business) **Watson** (First) **Sammy** (Middle) **L**
 Address (Street, Apt. Number) **416 MARGIE LN** City **DAYTONA BEACH FL** State **FL** Zip **32114** 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 **Person shot**

If Victim Type 1, 2, or 3 **B** Race **M** Sex **M** Date of Birth **09-04-1963** Age **56** Ethnicity **N** Res. Type **1** Res. Status **1** Means of Attack **F** Extent of Injury **01** Domestic Violence **2** Relationship _____

VICTIMWITNESS

Offense Indicator 1. #1 2. #2 3. Both **1** V/W Code **W** # **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 _____

If Victim Type 1, 2, or 3 _____ Race _____ Sex _____ Date of Birth _____ Age **33** Ethnicity **N** Res. Type **1** Res. Status **1** Means of Attack _____ Extent of Injury **00** Domestic Violence **2** Relationship _____

VICTIMWITNESS

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 _____
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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 _____

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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 #	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?		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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		Dental Record Available?		
2. Parents		8. Unknown		2. No		2. No		2. No		1. Yes		
3. Involuntary				8. Unknown		8. Unknown				2. No		
4. Disabled												
5. Endangered												
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 #	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		
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1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		Dental Record Available?		
2. Parents		8. Unknown		2. No		2. No		2. No		1. Yes		
3. Involuntary				8. Unknown		8. Unknown				2. No		
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1 On November 17th, 2019 at approximately 2208 hours, I responded to 416 Margie Ln in reference to an aggravated battery with a firearm. Upon arrival, I made contact with V-1 (Sammy Watson) who was in his driveway, bleeding from his right ankle and his left thigh. V-1 advised the following.

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5 He was parking his vehicle in his driveway. When he exited the vehicle, a thin, tall (taller than 5'6), black male wearing a blue hooded sweatshirt and blue pants approached him from the street (S-1). The suspect told the victim to give him his money. The victim told the suspect "No" and began to walk away from the suspect. The suspect then pulled a firearm out and shot the victim twice. Once in the right ankle and another shot, which hit the victim's left thigh area. The victim advised that he could not identify the suspect and does not recognize him. After the suspect fired at the victim, he fled the scene on foot southbound. The victim does not know if the suspect took any of his belongings, however, there was two, twenty dollar bills left at the scene in the driveway. A crime scene was established and I completed a crime scene log.

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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"/> FCIG / NCIC Entry	<input type="checkbox"/> T.T. BOLO				
	<input type="checkbox"/> CAC	Spoke With:	Agency:	<input type="checkbox"/> FCIG / NCIC Cancel	Date:				
	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	Officer Reporting - Signature	ID. Number	Unit	Date				
Clark, Curtis		D64513	3D63	11-17-2019					
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
	11-17-2019	2204	11-17-2019	ABAT AGG	190022919	2.Supplement

11

12 The victim was then transported to the Halifax Hospital for treatment. Officer H. Maher responded to Halifax Hospital and made contact with the

13 victim. The victim informed Officer H. Maher that he wants to press charges but could not provide a sworn statement.

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16 I also made contact with a witness who provided a sworn statement and advised the following.

17 The witness was sitting in vehicle in the driveway at 416 Margie Ln. advised that observed the victim driving down the street in

18 vehicle. When he was approximately 30ft away from the residence, he stopped for approximately 30 seconds. The victim then proceeded to

19 turn into the driveway. The witness then heard the victim get out of the vehicle and shortly after, heard two gunshots. The witness

20 because did not know where the gunshots came from. The witness advised that heard the victim then yelling for help as he was

21 laying down in the driveway. The witness eventually assisted the victim by covering the victim's wounds with towels. The

22 witness did not observe the suspect and could not provide a description. There was multiple neighbors who called the police in reference to this

23 incident, however, none of them witnessed the incident.

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25 Sgt. Conde, Detective Dinardi and CSI Officer Lampe were notified and responded to the scene. Officer Lampe processed the scene and tagged

26 all of the evidence including two shell casings, the victims cell phone (cell phone had a bullet hole in it), two twenty dollar bills, the victim's shorts,

27 the victims glasses and photos of the scene. The cell phone was possibly in the victim's rear left pocket as there is broken glass inside of that

28 particular pocket. K-9 was deployed with negative results. There is no further suspect information and there is no other witnesses at this time. No

29 video surveillance cameras were observed in the area. Officer Lampe and Officer H. Maher completed supplements. This investigation was

30 recorded on AXON.

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NARRATIVE / CONTINUATION

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	<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:
	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	Officer Reporting - Signature	ID. Number	Unit	Date	
Clark, Curtis		D64513	3D63	11-17-2019	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	