

# DAYTONA BEACH POLICE DEPARTMENT

## INCIDENT REPORT

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<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>190023384</b>																	
Agency ORI Number <b>FL0640100</b>				Zone # <b>DB58</b>		Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>																	
Reported: Day <b>Sunday</b>		Date <b>11-24-2019</b>		Time (mil.) <b>2009</b>		Time Dispatched (mil.) <b>2117</b>		Time Arrived (mil.) <b>2117</b>		Time Completed (mil.) <b>2133</b>		Nature of Call (Report Type) <b>AROB Armed Robbery (UCR)</b>											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 8. Other		Incident: Day From <b>Sunday</b>		Date <b>11-24-2019</b>		Time (mil.) <b>2009</b>		TO <b>Sunday</b>		Date <b>11-24-2019</b>		Time (mil.) <b>2133</b>		Occurred During: D - Day U - Unknown N - Night <b>N</b>					
Offense #1 <b>1</b>		Type <b>1</b>		Statute Violation Number <b>812.13(2)(A)</b>		Description <b>Robbery with Firearm/Deadly Weapon</b>						A - Attempted C - Committed <b>C</b>											
Offense #2		Type		Statute Violation Number		Description						A - Attempted C - Committed											
Incident Location (Street, Apt. Number) <b>955 S Ridgewood Ave</b>												City <b>DAYTONA BEACH</b>		Zip <b>32114</b>									
Business Name / Area Identifier <b>711</b>				# Prem. Entered <b>1</b>		Drug Related 0. N/A 1. Yes 2. No <b>2</b>		Alcohol Related 0. N/A 1. Yes 2. No <b>2</b>		Forced Entry 1. Yes 3. Attempted 2. No <b>2</b>		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No <b>2</b>									
Location Type <b>05</b>		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./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 88. Unknown 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		V/W Code # <b>1 V 1 4</b>		V. Type <b>4</b>				Nature of Call (for Victim, if different from Incident)				Name (Last/Business) (First) (Middle) <b>711</b>											
Address (Street, Apt. Number) <b>955 S Ridgewood Ave</b>												City <b>DAYTONA BEACH FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 253-4466</b>							
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>V1</b>																	
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>05-14-1966</b>		Age <b>53</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack <b>F</b>		Extent of Injury <b>00</b>		Domestic Violence <b>2</b>		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 V 2 3</b>		V. Type <b>3</b>				Nature of Call (for Victim, if different from Incident)				Name (Last/Business) (First) (Middle) <b>Prezkop Pearl M</b>											
Address (Street, Apt. Number) <b>955 S Ridgewood Ave</b>												City <b>DAYTONA BEACH FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 253-4466</b>							
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>W1- Cashier</b>																	
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>06-17-1966</b>		Age <b>53</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack <b>F</b>		Extent of Injury <b>00</b>		Domestic Violence <b>2</b>		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # <b>1 V 3 3</b>		V. Type <b>3</b>				Nature of Call (for Victim, if different from Incident)				Name (Last/Business) (First) (Middle) <b>Silger Kimberly S</b>											
Address (Street, Apt. Number) <b>955 S Ridgewood Ave</b>												City <b>DAYTONA BEACH FL</b>		Zip <b>32114</b>		Residence Phone <b>(386) 253-4466</b>							
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>W2- Cashier</b>																	
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>06-17-1966</b>		Age <b>53</b>		Ethnicity <b>N</b>		Res. Type		Res. Status		Means of Attack <b>F</b>		Extent of Injury <b>00</b>		Domestic Violence <b>2</b>		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 O-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?		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 3. Both 2. #2		Subject Code S-Suspect V-Victim O-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?		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.													

1 On the above date and time Officer Quinones and I (Officer Mackenzie) responded to 955 S Ridgewood Ave (711 - V1) in reference to an armed robbery. It was advised prior to arriving on scene that the store was robbed by a black male wearing a black sweatshirt with a logo on the front, white strings on the sweatshirt, and black pants (S1). S1 was armed with a snub nose revolver and was last seen leaving southbound from the business. Upon our arrival we made contact with Pearl Prezkop (V2) and Kimberly Slinger (V3). V2 and V3 are employees at 711 and were both working when S1 robbed the business. V2 advised the following:

2

3

4

5

6

7 V2 stated that she was cashing out a customer at the register when S1 entered the business. S1 stood by as V2 was cashing out the customer

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	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<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 checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statements</u>					
	Officer Reporting - Printed			Officer Reporting - Signature			ID. Number	Unit	Date		
	Mackenzie, James						D53183	3C76	11-24-2019		
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			

**DAYTONA BEACH POLICE DEPARTMENT**

**NARRATIVE / SUPPLEMENT**

EVNT	Report Date <b>11-24-2019</b>	Report Time <b>2009</b>	Orig. Reported Date <b>11-24-2019</b>	Nature of Call (for Incident) <b>AROB</b>	Agency Report Number <b>190023384</b>	1.Original 2.Supplement   <b>1</b>
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NARRATIVE / CONTINUATION

8 and once the customer exited the store S1 approached the register and pointed a snub nose revolver (right handed) at V2 and motioned toward  
 9 the register. V2 asked S1 "do you want the cash out of my register" to which S1 nodded yes. V2 gave S1 the loose change that was collected from  
 10 the previous transaction. S1 pointed the gun at the safe and back at the register. S1 advised that she did not have access to open the safe. S1  
 11 pointed his gun at V3 and again at her register. V2 advised S1 that she would open her register. V2 opened her register and gave S1 what money  
 12 she had in it. V2 gave S1 approximately \$10 in denominations of one dollar bills. V2 and V3 advised at no point in time did S1 verbalize any  
 13 demands. S1 would only "mumble" and motion the gun toward the registers as well as V2 and V3. V2 and V3 stated that S1 exited the business.  
 14 As S1 was leaving the business both V2 and V3 hit the panic buttons at their register due to being in fear. V3 stated that she went to the back  
 15 office so that she could notify 911 via telephone of what occurred. Both V2 and V3 completed sworn written statements and would like to press  
 16 charges. V2 advised V1 (7-11) would like to press charges. No injuries were sustained during the incident.  
 17  
 18 It was advised that S1 was seen leaving the business southbound on foot. A perimeter was established and K9 Alan was deployed with negative  
 19 results.  
 20  
 21 Lieutenant K. Gernert and Sergeant J. Maher responded to the scene.  
 22  
 23 Detective Jaeger responded to the scene along with Crime Scene Investigator Oteri. Detective Jaeger reviewed the video footage from the  
 24 security cameras. It was confirmed that S1 was seen leaving the building on foot towards the South followed by a left hand turn heading East on  
 25 Shady Pl turning South on Palmetto Ave. The logo that was on S1's sweatshirt is a University of South Florida logo. See Detective Jaeger's  
 26 supplement in reference to this case number. CSI Oteri processed the scene for prints and DNA. CSI Oteri processed the door handle that S1  
 27 grabbed to enter the business and the counter top that he placed his hand on .See CSI Oteri's supplement in reference to this case number.  
 28  
 29 NC4 Bolo completed.  
 30 Captured on Axon.

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"/> 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 checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statements</u>				
	Officer Reporting - Printed <b>Mackenzie, James</b>	Officer Reporting - Signature	ID. Number <b>D53183</b>	Unit <b>3C76</b>	Date <b>11-24-2019</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		