

Entered: _____

Checked: _____

File Purged: _____

N/A: _____

Year: 2019 Incident No.: 4617

1		<h2 style="margin: 0;">Jacksonville Sheriff's Office</h2> <h3 style="margin: 0;">General Offense / Incident Report</h3>	
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Incident Information

Day/Date/Time of Incident-From: **Wednesday 1/2/2019 21:20** Day/Date/Time of Incident-To: **Wednesday 1/2/2019 21:25**
 Location of Incident: **1635 ST JOHNS BLUFF RD S** Apt./Lot #: _____ Sub-Sector: **E3**
 City: **JACKSONVILLE** State: **FLORIDA** Zip: **32225**
 Taz: **326** Crossstreet: _____ Day/Date/Time Incident Reported: **Wednesday 1/2/2019 22:15**
 Drug Activity: **UNKNOWN** Drug Type: **UNKNOWN** # Of Offenses: **2**
 Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # Of Victims: **3**
 M.C.I. Case: **No** Follow-up by: _____ Was Hate Crime Involved: **No** Dating Violence Involved: **No** # Of Suspects: **1**

Offense or Incident:

#1 Statute No: **999** Degree: **NA** UCR Code: **999D** Attempt Code: **Commit**
DEATH - UNDETERMINED
#2 Statute No: **784.021(1)(B)** Degree: **F3** UCR Code: **130A** Attempt Code: **Commit**
ASSAULT / AGG / WITH INTENT TO COMMIT A FELONY - ANY OTHER WEAPON

Victim Information #1

VICTIM TYPE: ADULT

Name: **UK, UK** Sub-Sector: _____
 Address: Apt./Lot #: _____
 City: State: Zip: _____
 Taz: Crossstreet: _____
 Home Phone # Bus. Phone # Ext. _____
 Cell Phone # Cell Phone Provider E-mail _____
 Is Vagrant? **NO**
 Alternate Address: Alt Apt./Lot #: _____ Alt Sub-Sector: _____
 Alt City: Alt State: Alt Zip: _____
 Alt Taz: Alt Crossstreet: _____
 Alt Home Phone # Alt Bus. Phone # Alt Ext. _____
 Alt Cell Phone # Alt Cell Phone Provider Alt E-mail _____
 Hospital Where Victim taken: _____
 Place of Employ /School: _____
 Race: **UNKNOWN** Ethnicity: **UNKNOWN** Sex: **DOB:** _____

Age range is from **12** to **90**

Height range is from _____ to _____ Weight (lbs) range is from _____ to _____
 Eye Color: **UNKNOWN** Hair Color: **UNKNOWN**
 Injury Extent: **FATAL** Injury Type: **OTHER**

Residence Type: **CITY**
 Residence Status: **UNKNOWN**

Offenses Victim of:

#1 DEATH - UNDETERMINED

Victim Relationship To Offender:

RELATIONSHIP UNKNOWN #1 UK, UK

Victim Information #2

VICTIM TYPE: UNKNOWN

Name: **UK, UK** Sub-Sector: _____
 Address: Apt./Lot #: _____
 City: State: Zip: _____
 Taz: Crossstreet: _____
 Home Phone # Bus. Phone # Ext. _____
 Cell Phone # Cell Phone Provider E-mail _____

Is Vagrant? **NO**

Alternate Address: Apt./Lot #:

Alt Sub-Sector:

Alt City: Alt State: Alt Zip:

Alt Taz: Alt Crossstreet:

Alt Home Phone # Alt Bus. Phone # Alt Ext.

Alt Cell Phone # Alt Cell Phone Provider Alt E-mail

Hospital Where Victim taken: **NOT APPLICABLE**

Place of Employ/School:

Race: **UNKNOWN** Ethnicity: **UNKNOWN** Sex: **Unknown** DOB:

Age range is from **12** to **90**

Height range is from to Weight (lbs) range is from to

Eye Color: **UNKNOWN** Hair Color: **UNKNOWN**

Injury Extent: **NONE** Injury Type: **NOT APPLICABLE**

Residence Type: **CITY**

Residence Status: **UNKNOWN**

Offenses Victim of:

#2 ASSAULT / AGG / WITH INTENT TO COMMIT A FELONY - ANY OTHER WEAPON

Victim Relationship To Offender:

RELATIONSHIP UNKNOWN

#1 UK, UK

Victim Information #3

VICTIM TYPE: UNKNOWN

Name: **UK, UK**

Address: Apt./Lot #:

Sub-Sector:

City: State: Zip:

Taz: Crossstreet:

Home Phone # Bus. Phone # Ext.

Cell Phone # Cell Phone Provider E-mail

Is Vagrant? **NO**

Alternate Address: Apt./Lot #:

Alt Sub-Sector:

Alt City: Alt State: Alt Zip:

Alt Taz: Alt Crossstreet:

Alt Home Phone # Alt Bus. Phone # Alt Ext.

Alt Cell Phone # Alt Cell Phone Provider Alt E-mail

Hospital Where Victim taken:

Place of Employ/School:

Race: **UNKNOWN** Ethnicity: **UNKNOWN** Sex: **Unknown** DOB:

Age range is from **12** to **90**

Height range is from to Weight (lbs) range is from to

Eye Color: **UNKNOWN** Hair Color: **UNKNOWN**

Injury Extent: **NONE** Injury Type: **NOT APPLICABLE**

Residence Type: **CITY**

Residence Status: **UNKNOWN**

Offenses Victim of:

#2 ASSAULT / AGG / WITH INTENT TO COMMIT A FELONY - ANY OTHER WEAPON

Victim Relationship To Offender:

RELATIONSHIP UNKNOWN

#1 UK, UK

Suspect Information #1

Suspect Location: At Large

Name: **UK UK**

Address: Apt./Lot #:

Sub-Sector:

City: State: Zip:

Taz: Crossstreet:

Home Phone # Bus. Phone # Ext.

Cell Phone # Cell Phone Provider E-mail

Is Vagrant? **NO**

Place of Employ/School:

Race: Ethnicity: Sex: DOB:

Age range is from to

Height range is from to Weight (lbs) range is from to

Eye Color: **UNKNOWN** Hair Color: **UNKNOWN** Hair length:

Hair Style: Complexion: Voice: Facial Hair:

Distinguishing Marks:

Clothing/Description:

Nickname(s):

Aliases:

Charges:

#1 DEATH - UNDETERMINED

Jail Booking # N/A

OBTs No. Juvenile: **Unk** Miranda Warnings Given: **No** Suspect Confessed?

Ecd Usage: **NOT APPLICABLE**

RTR written related to this incident? **NO** RTR Incident Yr: RTR Incident #:

ADDITIONAL INFORMATION

On 01/02/2019, I was dispatched to St Johns Bluff Rd S. and Atlantic Blvd in reference to a shooting.

Upon arrival I observed a 3 car crash, northbound, at the intersection of St Johns Bluff Rd. and Atlantic Blvd.

Victim 1 was transported to Memorial Hospital by JFRD, run 000814.

Sgt R.A.Litt #6581 responded.

Ongoing investigation.

Clearance Status: **CASE NOT CLEARED** Clearance Code: **NOT APPLICABLE** Date case was cleared: Number of Cases Cleared
Case Not Cleared Type: **CASE NOT CLEARED (PATROL EFFORTS SUSPENDED)**

CRIME ANALYSIS

Aggravated Assault/Murder: **UNKNOWN CIRCUMSTANCES**

Type of Weapon: **UNKNOWN FIREARM (DISCHARGED)**

Forced Entry: **NOT APPLICABLE** Structure Occupancy Code: **NOT APPLICABLE**

Number of Premises Entered:

Location Type: **Highway / Roadway**

Incident Occurred Outside this Location Incident Occurred In the Parking Lot at this Location: **Yes**

Number of Vehicles Recovered:

Number of Arrested:

School Name: School Number

MISCELLANEOUS:

Is Offense Related to Domestic Violence: **No** If yes, were Children under 18 Present: **No** If No is it Domestic Related: **NO**

Is there additional information included on a continuation report: **Yes** Are there other Pertinent Reports: **Yes**

In your opinion is there significant reason to believe that the crime can be solved by a patrol follow-up investigation? **No**

Neighborhood Canvass Conducted: **No**

Case Information Card Left With: **N.A.**

If Other (Name Address):

Address: Apt./Lot #:

Sub-Sector:

City: State: Zip:

Taz: Crossstreet:

Home Phone # Bus. Phone # Ext.

Cell Phone # Cell Phone Provider E-mail

Is Vagrant? **NO**

Investigative Time:

#1 Hours: **7** Minutes: **0** Cost Amount: **\$337.68**

Detective Called To the Scene: **K.A.THOMPSON #68992**

NA: []

Notified: []

Evidence Technician Called to the Scene: **J.A.POFF #60851**

NA: []

Assigned By HQ: []

Reporting Officers: **S.N.BEALL**

ID #77813

ID #0

1/3/2019 05:58

Approving Supervisor: **A.J.BLINN**

ID #19211

1/3/2019 05:59

Division: **PATROL** Unit: **ZONE 2**