



Entered: _____

Checked: _____

File Purged: _____

N/A: _____

Year: 2018 Incident No.: 706548

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: **Saturday 10/13/2018 01:04** Day/Date/Time of Incident-To: **Saturday 10/13/2018 01:58**
 Location of Incident: **8423 DUBLIN CT** Apt./Lot #: _____ Sub-Sector: **N3**
 City: **JACKSONVILLE** State: **FLORIDA** Zip: **32219**
 Taz: **230** Crossstreet: _____ Day/Date/Time Incident Reported: **Saturday 10/13/2018 04:45**
 Drug Activity: **NOT APPLICABLE** Drug Type: **NOT APPLICABLE** # Of Offenses: **1**
 Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # Of Victims: **1**
 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

Victim Information #1

VICTIM TYPE: ADULT

Name: **UK, 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: **NOT APPLICABLE**
 Place of Employ/School: **UK**
 Race: **UNKNOWN** Ethnicity: **UNKNOWN** Sex: **Unknown** DOB: _____

Age range is from _____ to _____

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

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

Injury Extent: **FATAL** Injury Type: **GUNSHOT**

Residence Type: _____
 Residence Status: _____

Offenses Victim of:

#1 DEATH - UNDETERMINED

Victim Relationship To Offender:

RELATIONSHIP UNKNOWN #1 UK, UK UK

Victim Disabilities: **NONE / (NOT APPLICABLE)**

Weapons Involved: **UNKNOWN FIREARM (DISCHARGED)**

Suspect Information #1

Suspect Location: At Large

Name: **UK 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**
Place of Employ /School: **UK**
Race: **UNKNOWN** Ethnicity: **UNKNOWN** Sex: **Unknown** 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: **UK**
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 #:

Witness/Complainant Information: #1

Type:

Name:
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

Relationship To Victim:

Vehicle / Vessel Information: #1

Vehicle Type:

Year: Make: Model:
Primary Color: Color #2:
Tag: State: Year: Tag # 10-28 Ran? Tag # 10-29 Ran?
V.I.N. #: VIN 10-28 Ran? VIN 10-29 Ran? VIN Verified By Officer?

Boat Only Section:

Boat Name: Boat Type:
Propulsion Type: Hull Material:
Hull Length (in ft): Coast Guard Boat Number: Boat Owner Assigned Number:

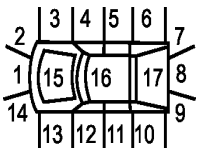
If towed location of garage:

NCIC Notified: Date: Time: **00:00** ID#: Dispatch #:
Ignition Locked: Keys in Ignition: Doors Locked: Vehicle Status:
Recovery Code:
Location Recovered: Apt./Lot #: Sub-Sector:

City: State: Zip:
Taz: Crossstreet: Value of Vehicle Taken:
Recovery Location: Value as Recovered

Vehicle Damaged Vehicle Condition Damage Code:

Damaged Areas of Vehicle:



Area 1 **No** Area 2 **No** Area 3 **No** Area 4 **No** Area 5 **No**
Area 6 **No** Area 7 **No** Area 8 **No** Area 9 **No** Area 10 **No**
Area 11 **No** Area 12 **No** Area 13 **No** Area 14 **No** Area 15 **No**
Area 16 **No** Area 17 **No** Area 18 Undercarriage: **No** Area 19 Windshield: **No** Area 20 Tires / Rims **No**

Driver

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**

Owner

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**

Contacted? Date: Time: **00:00**

How Contacted:

Vic. / Com. Has received their vehicle at the scene. Vehicle was Processed?

Vic. / Com. Has Agreed To Have Their Vehicle Towed if found and is unable to respond to scene.

Was Vehicle Towed / Hold Placed / Seized? **No**

ADDITIONAL INFORMATION

On 10/13/2018 at 0158, I was dispatched to 8400 Gullege Dr in reference to a person shot.

Upon arrival I located an unknown victim lying in the front yard of 8423 Dublin Ct.

Sgt Waddell was notified and contacted homicide.

Lt Johns was notified.

Case Not Clear - ongoing investigation

Handouts:

#1 Case information Card

Neighborhood Canvass:

#1 Name:

Address: Apt./Lot #: Building Name/Number:

Sub-Sector:

City: State: Zip:

Taz: Crossstreet:

Home Phone # Bus. Phone # Ext.

Cell Phone # Cell Phone Provider E-mail

Race: Ethnicity: Sex:

Age range is from to

Additional Info:

Clearance Status: **ONGOING INVESTIGATION**

Clearance Code: Date case was cleared:

Number of Cases Cleared

CRIME ANALYSIS

Aggravated Assault/Murder: **NOT APPLICABLE**

Type of Weapon: **NOT APPLICABLE**

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

Number of Premises Entered:

Location Type: **Residence-Single Family**

Incident Occurred Outside this Location Incident Occurred In the Parking Lot at this Location: **No**

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: **Yes**

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: **5** Minutes: **0** Cost Amount: **\$241.20**

Detective Called To the Scene: **R.BROOKS #5680**

NA: []

Notified: []

Evidence Technician Called to the Scene: **C. LIGHTFOOT #65056**

NA: []

Assigned By HQ: []

Reporting Officers: **J.K.BRIDGEMAN**

ID **#64272**

ID **#0**

10/13/2018 04:54

Approving Supervisor **J.B.WADDELL**

ID **#63424**

10/13/2018 05:06

Division: **PATROL** Unit: **ZONE 5**