



Entered: _____
Checked: _____
File Purged: _____
N/A: _____

Year: 2018 Incident No.: 685840

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: **Thursday 10/4/2018 20:16** Day/Date/Time of Incident-To: **Thursday 10/4/2018 20:16**
 Location of Incident: **1152 DETROIT ST** Apt./Lot #: _____ Sub-Sector: **M2**
 City: **JACKSONVILLE** State: **FLORIDA** Zip: **32254**
 Taz: **213** Crossstreet: _____ Day/Date/Time Incident Reported: **Thursday 10/4/2018 20:16**
 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: _____
 M.C.I. Case: **Yes** Follow-up by: **MCI Office** Was Hate Crime Involved: **No** Dating Violence Involved: **No** # Of Suspects: _____

Offense or Incident:

#1 Statute No: **999** Degree: **NA** UCR Code: **999D** Attempt Code: **Commit**
DEATH - UNDETERMINED

Vehicle / Vessel Information: #1

Vehicle Type: TRUCK/VAN/SUV

Year: **2001** Make: **FORD** Model: **F 150 SERIES**
 Primary Color: **DARK BLUE** Color #2: _____
 Tag: **hald76** State: **FLORIDA** Year: **2019** Tag # 10-28 Ran? **Yes** Tag # 10-29 Ran? **Yes**
 V.I.N. #: **1FTRX17W81NA89419** VIN 10-28 Ran? **Yes** VIN 10-29 Ran? **Yes** VIN Verified By Officer? **Yes**

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: **No** Date: _____ Time: **00:00** ID#: _____ Dispatch #: _____
 Ignition Locked: **No** Keys in Ignition: **No** Doors Locked: **No** Vehicle Status: **VEHICLE CRASH**
 Recovery Code: **NOT APPLICABLE**

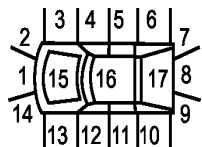
Location Recovered: _____ Apt./Lot #: _____ Sub-Sector: _____

City: _____ State: _____ Zip: _____
Taz: _____ Crossstreet: _____

Recovery Location: **NOT APPLICABLE** Value of Vehicle Taken: _____
Value as Recovered _____

Vehicle Damaged **Yes** Vehicle Condition **Poor** Damage Code: **VEHICLE CRASH**

Damaged Areas of Vehicle:



Area 1 **Yes** Area 2 **Yes** 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 **Yes** Area 15 **Yes**
 Area 16 **No** Area 17 **No** Area 18 Undercarriage: **No** Area 19 Windshield: **No** Area 20 Tires / Rims **No**

Driver Victim -1

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 **Other RD MASONRY LLC**

Address: **4745 SUTTON PARK CT** Apt./Lot #: **805**
City: **JACKSONVILLE** State: **FLORIDA** Zip: **32224**
Taz: **653** Crossstreet:

Sub-Sector: **H1**

Home Phone # Bus. Phone # Ext.
Cell Phone # Cell Phone Provider E-mail
Is Vagrant? **NO**

Contacted? **No** Date: Time: **00:00**

How Contacted:

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

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

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

ADDITIONAL INFORMATION

On 10/04/2018, at 2018, other responding units and I were dispatched to 1152 Detroit Street in reference to a vehicle crash with injuries.

Upon my arrival, I observed a pickup truck (Vehicle #1) collided with an electric pole and fence located at 1162 Detroit Street. I was then notified the victim was transported to UF Shands for a life threatening injury.

PIC. M.A.Jones ID #78167 arrived on scene and contacted the Detective Division in reference to the incident.

SIC G.Mattson ID #7815 arrived on scene.

Homicide detectives arrived on scene.

The victim was pronounced deceased at UF Shands.

Ongoing Investigation.

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: **Highway / Roadway**

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: **No** Are there other Pertinent Reports: **No**

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: **4** Minutes: **0** Cost Amount: **\$192.96**

Detective Called To the Scene: **K.J.GUTHRIE #5257**

NA: []

Notified: [**X**]

Evidence Technician Called to the Scene: **S.JAMES #61118**

NA: []

Assigned By HQ: []

Reporting Officers: **C.D.DRABEK**

ID **#78576**

ID **#0**

10/5/2018 00:51

Approving Supervisor **M.A.JONES**

ID **#78167**

10/5/2018 00:59

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