

Volume VII- Ottis Toole File
File 6
Jacksonville Police Report
06/14/81



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

26. Beat <i>325</i>				27. R/A <i>031</i>		28. UCR Code		29. Weather Conditions <i>Clear</i>		1. Victim (Last Name, First, Middle) <i>Reeves Booting Co</i>				2. CCR Number <i>574686</i>					
30. Complainant (Last Name, First, Middle) <i>Reeves T.M.</i>								31. Complainant's Address <i>X</i>		32. Telephone <i>X</i>		3. Victim's Address <i>2031 E. 19th St</i>		City State <i>Jax Fla</i>					
33. Premises Type <i>Business</i>				34. Entry Made Legal () Illegal (<input checked="" type="checkbox"/>)				4. Victim's Place of Empl./School <i>X</i>		5. Home Phone <i>X</i>		6. Bus. Phone <i>854-8201</i>							
35. Point of Entry <i>Over fence</i>				36. Point of Exit <i>Same</i>				7. Sex Race D.O.B. Age Height Weight Hair Eyes <i>X</i>		8. Offense/Incident <i>Theft of auto accessories</i>									
37. Method Used to Gain Entry <i>Climbed over fence</i>				38. Tool or Weapon Used <i>Hands-hand tools</i>				39. Physical Evidence (Description) <i>None</i>		40. Evidence Technician (Name, serial number) <i>N/A (X)</i>		9. Location of Offense/Incident <i>2031 E. 19th St</i>							
41. Disposition of Evidence <input checked="" type="checkbox"/> Property Room () Other ()				Property Control No.				10. Day/Date/Time of Occurrence <i>Sat-Mon 12-5-81-12-7-81 12PM-6:45AM</i>		11. Day/Date/Time Reported <i>Mon 12-7-81 8:40 AM</i>		12. Detective Called to Scene (Name, I.D. Number) <i>N/A (X)</i>							
42. Has Person Been Reported Missing Before? Yes () No (<input checked="" type="checkbox"/>)				43. Do You Suspect Foul Play? Yes () No ()				13. Victim #2 (Last Name, First, Middle) <i>N/A (X)</i>		14. Victim #2's Address <i>N/A (X)</i>		15. Victim #2's Place of Emp./School		16. Home Phone		17. Bus. Phone			
44. If "Yes", Why?				45. Mental Condition				46. Physical Condition		18. Sex Race D.O.B. Age Height Weight Hair Eyes		19. Hospital Where Victim(s) Taken				20. Admitted?		21. Rescue Unit # <i>N/A (X)</i>	
47. Is Photograph Attached? Yes () No ()				48. Dispatch Number				22. Describe Nature of Injuries (Victim #1) <i>N/A (X)</i>		23. Exact Location of Victim #1 on Premises <i>N/A (X)</i>		24. Describe Nature of Injuries (Victim #2) <i>N/A (X)</i>		25. Exact Location of Victim #2 on Premises <i>N/A (X)</i>		50. When (Day, date, time)		51. By Whom?	
49. Location Person Last Seen				52. Clothing Description				53. Probable Destination		54. Reason for Leaving				55. Known Associate (Name, address, age, race, sex, phone)					
56. Known Associate (Name, address, age, race, sex, phone)				57. Witness #1 (Last Name, First, Middle)				58. Witness #2 (Last Name, First, Middle)		59. Witness #3 (Last Name, First, Middle)		60. Witness #4 (Last Name, First, Middle)							
61. Race		D.O.B.		Age		Home Phone		Sex Race D.O.B. Age Home Phone		Relationship to Victim		Occupation		Business Phone					
62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction		66. Amount		67. Made Payable To		69. Signature on Face							
70. Reason Not Honored				71. Reason Not Honored				72. Person Handling Transaction											

OFFICE OF THE SHERIFF

NOTE: Information on this Document may be protected by Title 28, Code of Federal Regulations. Any individual or agency knowingly violating the disclosure or dissemination provisions of these regulations shall be subject to a fine not to exceed \$10,000.

Released By *[Signature]* Received By *[Signature]*
Agency Receiving *[Signature]* Date *1/2/82*

DEC 7 1 05 PM '81

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NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>Theft of auto accessories</u>	CCR Number <u>592686</u>
Victim's Name and Address <u>Reaves Peeling Co. 2921 E. 19th St.</u>		

Mr. Reaves reported that between the stated dates & times, the battery was stolen from the truck, which was parked inside of the fenced-in area.

Hard tools were apparently used to remove the battery, and no F.T. was called as the truck had already left for a job site.

Mr. Reaves further stated that in the past several months, he has suffered extensive losses due to thefts of batteries & tires from his vehicles while they were parked over the weekend.

A case card was left with the victim.

OFFICE OF THE SHERIFF

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Released By SSO Received By SSO
Agency Receiving SSO Date 1/02/83

Dec 7 1 05 PM '81

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I.D. Number <u>3-1</u>	Date/Time <u>5766 12-7-81 9:00 AM</u>	Reporting Officer	I.D. Number	Date/Time
I.D. Number <u>number 5505</u>	Date/Time <u>7 Dec 81 11:4 AM</u>	Date/Time Reproduced	Reviewer <u>J. W. 5707</u>	I.D. Number

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident <i>Theft of auto accessories</i>		CCR Number <i>592686</i>					
73. A. Currency		B. Jewelry, Precious Metals		C. Clothing, Furs		D. Vehicles		E. Office Equipment		F. TV, Radio, Camera			
G. Firearms		H. Household Goods		J. Consumable Goods		K. Livestock		L. Construc. Mach.		M. Boats, Motors		Z. Miscellaneous	
P R O P E R T Y	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)				Value Taken	Value Recovered				
	<i>2</i>	<i>1</i>	<i>Car battery</i>	<i>'Yocam' Chloride battery</i>				<i>\$45.00</i>	<i>-0-</i>				
74. This is to acknowledge that I have received/retained the property described in the narrative this <u> </u> day of <u> </u> , 19 <u> </u> . Signature: _____													
75. Stolen Vehicle () Suspect Vehicle ()		Recovered () Other (X)		76. Year <i>1971</i>	77. Make <i>Chery</i>	78. Model <i>Truck</i>	79. Color <i>Green</i>	80. License Number, State, Year <i>BD3685</i>					
81. Vehicle I.D. Number <i>CE531P136588</i>				Verified by Officer Yes (X) No ()		82. Vehicle Insured by <i>Cowart Ins. Co.</i>		Verified by Officer Yes () No ()					
83. Title Holder <i>Same as #1</i>				Verified by Officer Yes () No ()		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes () No (X)					
85. Ignition Locked? Yes (X) No ()		86. Keys in Ignition? Yes () No (X)		87. Doors Locked? Yes (X) No ()		88. Value of Vehicle <i>Y</i>		89. Day/Date/Time Recovered <i>Y</i>					
90. NCIC Notified? Yes () No (X)				Date/Time		Serial Number		91. Dispatch Number <i>X</i>		92. If Towed, Location of Garage <i>X</i>			
93. If my vehicle is recovered and efforts to contact me fail or if after being contacted I am unable to immediately pick it up at the recovery location, I authorize the Police Department to tow and store my vehicle. I will be responsible for any towing and storage charges.													
Signature of Owner: _____						Date and Time: _____							
94. Suspect A (Last Name, First, Middle)				95. Nickname (Alias)				96. At Large () Arrested () Charge:		97. Booking No.			
98. Suspect's Address						99. Known Associate or Areas Frequented							
100. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics					
101. Hair Length		Hair Style		Facial Hair		Complexion		Voice		General Appearance			
102. Clothing Description								103. Relationship to Victim					
104. Suspect B (Last Name, First, Middle)				105. Nickname (Alias)				106. At Large () Arrested () Charge:		107. Booking No.			
108. Suspect's Address						109. Known Associate or Areas Frequented							
110. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics					
111. Hair Length		Hair Style		Facial Hair		Complexion		Voice		General Appearance			
112. Clothing Description								113. Relationship to Victim					
4. A. Was an arrest made?				Yes () No (X)				F. Is stolen property traceable by Serial Number, color, etc.?		N/A () Yes () No (X)			
B. Are there any suspects at large?				Yes (X) No ()				G. Is the value of the stolen property greater than \$1,000?		N/A () Yes () No (X)			
C. Are there eyewitnesses identified?				N/A () Yes () No (X)				H. Is there significant M.O. described in the narrative?		Yes (X) No ()			
D. Can a suspect be named, located, described, and/or identified?				Yes () No (X)				I. Is there significant physical evidence described in the narrative?		Yes () No (X)			
E. Can a vehicle be used by the suspect, can it be identified?				N/A () Yes () No (X)									
PROPERTY CRIMES AND MINOR CRIMES AGAINST PERSONS													
In your opinion, is there significant reason to believe that the crime can be solved with a reasonable amount of follow-up investigation? Yes () No (X)													
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No (X)													
Officer <i>31</i>				I.D. Number <i>5766</i>				116. Reporting Officer		I.D. Number			
Additional victims in the narrative?				Yes () No (X)				Time Stamps (Review Desk, I.D., Print Shop)					
Additional suspects in the narrative?				Yes () No (X)				5008					
Additional property identified?				Yes () No (X)									
Other reports pertinent to this incident?				Yes () No (X)				12: 9 p 7 500					
Supervisor <i>Pic R. E. Richman</i>				I.D. = <i>5503</i> Date <i>7 Dec 81</i> Time <i>11:15 AM</i>				119. Reviewer <i>S.W. 5707</i>		I.D. No			

DATE INPUT 44



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

1. Victim (Last Name, First, Middle) <i>BEAVES Roofing Co.</i>		2. CCR Number <i>307327</i>	
3. Victim's Address <i>2031 E. 19th St.</i>		City <i>Jax</i>	State <i>FLA.</i>
4. Victim's Place of Empl. School <i>X</i>		5. Home Phone <i>X</i>	
7. Sex <i>X</i>	Race	D.O.B.	Age Height Weight Hair Eyes

26. Beat <i>325</i>	27. R/A <i>31</i>	28. UCR Code	29. Weather Conditions <i>Clear</i>
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30. Complainant (Last Name, First, Middle) <i>J.J. Beaves</i>	
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31. Complainant's Address <i>2031 E. 19th St</i>	32. Telephone <i>354-8201</i>
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33. Premises Type <i>Business</i>	34. Entry Made Legal () Illegal (<input checked="" type="checkbox"/>)
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35. Point of Entry <i>North Fence</i>	36. Point of Exit <i>North Fence</i>
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37. Method Used to Gain Entry <i>Cut hole in North Fence</i>

38. Tool or Weapon Used <i>Bolt Cutters & Lug Wrench</i>

39. Physical Evidence (Description) <i>N/A</i>

40. Evidence Technician (Name, serial number) <i>N/A ()</i>

41. Disposition of Evidence Property Room () Other () <i>N/A</i>	Property Control No.
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42. Has Person Been Reported Missing Before? Yes () No ()	43. Do You Suspect Foul Play? Yes () No ()
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44. If "Yes", Why?

45. Mental Condition	46. Physical Condition
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47. Is Photograph Attached? Yes () No ()	48. Dispatch Number
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49. Location Person Last Seen	50. When (Day, date, time)	51. By Whom?
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52. Clothing Description	53. Probable Destination
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54. Reason for Leaving

55. Known Associate (Name, address, age, race, sex, phone)
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56. Known Associate (Name, address, age, race, sex, phone)
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57. Witness #1 (Last Name, First, Middle) <i>De Costar, Katherine</i>	58. Witness #2 (Last Name, First, Middle)
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Address <i>2031 E. 19th St</i>	
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Sex <i>F</i>	Race <i>W</i>	D.O.B. <i>02.17.1977</i>	Age <i>64</i>	Home Phone <i>353-1658</i>
Relationship to Victim <i>None</i>	Occupation <i>None</i>	Business Phone <i>N/A</i>		

59. Witness #3 (Last Name, First, Middle)

8. Offense Incident <i>Burglary -</i>
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9. Location of Offense Incident <i>2031 E. 19th St</i>

10. Day Date Time of Occurrence <i>JUN. 14 JUNE 81 10:30 PM</i>
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11. Day Date Time Reported <i>MON. 15 JUNE 81 1:30 AM</i>
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12. Detective Called to Scene (Name, I.D. Number) <i>N/A (X)</i>

13. Victim #2 (Last Name, First, Middle) <i>N/A (X)</i>
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14. Victim #2's Address <i>N/A (X)</i>	City	State
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15. Victim #2's Place of Emp./School	16. Home Phone	17. Bus. Phone
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18. Sex	Race	D.O.B.	Age	Height	Weight	Hair	Eyes
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19. Hospital Where Victim(s) Taken	20. Admitted?	21. Rescue Unit # <i>N/A (X)</i>
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22. Describe Nature of Injuries (Victim #1) <i>N/A (X)</i>

23. Exact Location of Victim #1 on Premises <i>N/A (X)</i>

24. Describe Nature of Injuries (Victim #2) <i>N/A (X)</i>

25. Exact Location of Victim #2 on Premises <i>N/A (X)</i>

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JUN 15 12 06 PM '81

Address	
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Sex	Race	D.O.B.	Age	Home Phone
Relationship to Victim	Occupation	Business Phone		

60. Witness #3 (Last Name, First, Middle)

D.O.B.	Age	Home Phone
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Victim	Occupation	Business Phone
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Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------

Document	62. Type of Document	63. Number on Document	64. Date of Document	65. Date of Transaction	66. Amount
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Bank	City	68. Made Payable To	69. Signature on Face
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Account	71. Reason Not Honored	72. Person Handling Transaction
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OFFICE OF THE SHERIFF

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Released By *SSS* Received By *SSS*

Agency Receiving *SSS* Date *10/28/83*

73. A. Currency		B. Jewelry, Precious Metals		C. Clothing, Furs		D. Vehicles		E. Office Equipment		F. TV, Radio, Camera	
G. Firearms		H. Household Goods		J. Consumable Goods		K. Livestock		L. Construc. Mach.		M. Boats, Motors	
Z. Miscellaneous											
NA	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)					Value Taken	Value Recovered	
P	4	2	TRK. TIRES	4 10000x 20 TRUCK TIRES RIMS FLUGS					\$800	N/A	
R				N.O.D							
O											
P											
E											
R											
T											
Y											

74. This is to acknowledge that I have received/retained the property described in the narrative this day of , 19 . Signature:

75. Stolen Vehicle () Recovered () 76. Year 69 77. Make Semi Dump 78. Model 79. Color GREEN 80. License Number, State, Year K-77030 PA 81

81. Vehicle I.D. Number K 403204 Verified by Officer Yes () No () 82. Vehicle Insured by N/A Verified by Officer Yes () No (X)

83. Title Holder Same As Victim Verified by Officer Yes (X) No () 84. Has Vehicle Recently Been in Repair Shop? If Yes, Where? Yes () No ()

85. Ignition Locked? Yes () No () 86. Keys in Ignition? N/A Yes () No () 87. Doors Locked? N/A Yes () No () 88. Value of Vehicle 89. Day/Date/Time Recovered

90. NCIC Notified? Yes () No () Date/Time Serial Number 91. Dispatch Number 92. If Towed, Location of Garage

93. If my vehicle is recovered and efforts to contact me fail or if after being contacted I am unable to immediately pick it up at the recovery location, I authorize the Police Department to tow and store my vehicle. I will be responsible for any towing and storage charges.
Signature of Owner: Date and Time:

94. Suspect A (Last Name, First, Middle) 95. Nickname (Alias) 96. At Large (X) Arrested () Charge: 97. Booking No

98. Suspect's Address 99. Known Associate or Areas Frequented

100. Sex Race D.O.B. Age Height Weight Hair Color Eye Color Distinguishing Marks/Characteristics

101. Hair Length Hair Style Facial Hair Complexion Voice General Appearance

102. Clothing Description 103. Relationship to Victim

104. Suspect B (Last Name, First, Middle) 105. Nickname (Alias) 106. At Large (X) Arrested () Charge: 107. Booking No

108. Suspect's Address 109. Known Associate or Areas Frequented

110. Sex Race D.O.B. Age Height Weight Hair Color Eye Color Distinguishing Marks/Characteristics

111. Hair Length Hair Style Facial Hair Complexion Voice General Appearance

112. Clothing Description 113. Relationship to Victim

- 114. A. Was an arrest made? Yes () No (X)
- B. Are there any suspects at large? Yes (X) No ()
- C. Are there eyewitnesses identified? N/A () Yes () No (X)
- D. Can a suspect be named, located, described, and/or identified? Yes () No (X)
- E. If a vehicle was used by the suspect, can it be identified? N/A () Yes () No (X)
- F. Is stolen property traceable by Serial Number, color, etc.? N/A () Yes () No (X)
- G. Is the value of the stolen property greater than \$1,000? N/A () Yes () No (X)
- H. Is there significant M.O. described in the narrative? Yes (X) No ()
- I. Is there significant physical evidence described in the narrative? Yes () No (X)

PROPERTY CRIMES AND MINOR CRIMES AGAINST PERSONS

In your opinion, is there significant reason to believe that the crime can be solved with a reasonable amount of follow-up investigation? Yes () No (X)
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No (X)

Reporting Officer [Signature] I.D. Number 6055 116. Reporting Officer I.D. Number
Are there additional victims in the narrative? Yes () No (X)
Are there additional suspects in the narrative? Yes () No (X)
Are there additional property listed in the narrative? Yes () No (X)
Are there other reports pertinent to this incident? Yes () No (X)

Supervisor [Signature] I.D. # Date Time 119. Reviewer [Signature] I.D. No

SUPPLEMENT REPORT
Office of the Sheriff—Jacksonville Police
Jacksonville, Florida

DATA INFO

1. Page Number 1 of 1	2. Beat 325	3. Date of Original Report 15 JUNE 81	4. Date of This Report 24 JUNE 81	5. CCR Number 30732
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6. Victim's Name (Last, First, Middle) Reaves Pooling	7. Victim's Sex, Race, Age, D.O.B. X	8. Victim's Address 2031 E 19th St Jacksonville, Fla.
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S U S P E C T I N F O	9. Identify Suspects by Letter (Name, Address, Sex, Race, Age, D.O.B., Weight, Height, Hair Color, Complexion (If Arrested, Include Booking Number and Charge))	N.C.I.C. Name Check If Not Booked
	(A) X	X Yes () No ()
	(B) X	X Yes () No ()
	10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)	
	X	

NOIC/FCIC

W I T N E S S I N F O	11. Witness Code: (Use One or More Codes)	1. At Scene	2. Eyewitness	3. No Knowledge	4. Alibi Witness	5. Reluctant	6. Other	Statement Taken Code: Oral—A, Written—B, None—C
	Name (Last, First, Middle)	Address		Phone—Home/Business		Witness Code	Statement Code	
	(1) X							
	(2) X							
	(3) X							
	(4) X							

INPUT BY: 5307

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12. Original Offense Burglary	Changed? Yes () No (X)	13. New Offense X	14. Multiple Cases Cleared? (List all CCR #s in Narrative) Yes () No (X)
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C A S E S T A T U S	15. () 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	() 10. Case Suspended
	() 2. Unfounded	() 7. Cleared by Arrest (Under 18—Patrol () Det. ())	a. () c. () e. ()
	() 4. Justifiable/Excusable Homicide	() 8. Cleared by Arrest (Over 18—Patrol () Det. ())	b. () d. () f. ()
	() 5. Victim Dead (Acc. Death/Suicide/Natural)	() 9. Exceptionally Cleared (Over 18)	() 11. Investigation Cont.
			() 12. Attempted Suicide

S T O L E N C O O P E R	16. In the blocks below, show only the amount which has not been previously reported. (Ex. \$100.00 previously reported, \$120.00 actual loss, show only \$20.00.) This is for each type.	NOTE: Information on this document may be protected by Title 28, Code of Federal Regulations. Any individual or agency knowingly violating the disclosure or dissemination provisions of these regulations shall be subject to a fine not to exceed \$10,000.	
	A. Currency, Notes, Etc.	F. TV, Radio, Cameras	L. Construction Machinery
	B. Jewelry, Precious Metals	G. Firearms	M. Boats, Motors
	C. Clothing, Furs	H. Household Goods	Z. Miscellaneous - 109
	D. Vehicles	I. Automobile Goods	TOTAL LOSS: \$ X

17. If the amount stolen exceeds that previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.	Received By: [Signature]	Date: 7/28/81
A. Currency, Notes, Etc.	F. TV, Radio, Cameras	L. Construction Machinery
B. Jewelry, Precious Metals	G. Firearms	M. Boats, Motors
C. Clothing, Furs	H. Household Goods	Z. Miscellaneous
D. Vehicles	J. Consumable Goods	TOTAL ADDITIONAL RECOVERED: \$ X
E. Office Equipment	K. Livestock	

Property Recovered By:

() 1. Local Case/Local Recovery () 2. Local Case/Other Jurisdiction Recovery () 3. Other Jurisdiction Case/Local Recovery

No Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
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Was Vehicle Stolen? () Hot-wire () Other	21. Condition of Vehicle () Good () Stripped () Burned	22. Battery in Car? () Yes () No	23. Spare Tire in Car? () Yes () No	24. Trunk Locked? () Yes ()
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Person Located At: _____ Serial/Date/Time _____

Technician Called to Scene	I.D. Number	Date	Time	29. Time Stamp 6217
[Signature]	5659	24 JUNE 81	11:07 am	
[Signature]	6242	24 JUNE 81	1:30 p	
Reviewer (Supplement)	I.D. Number	Date	Time	30. Reviewer I.D. 5094
[Signature]	5659	24 JUNE 81	11:07 am	
[Signature]	6242	24 JUNE 81	1:30 p	

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>1</u> of <u>1</u>	Offense/Incident <u>Burglary</u>	CCR Number <u>307327</u>
Victim's Name and Address <u>KEAVES Roofing - 2031 E. 19th St. JAX, FLA</u>		

Mr. Miller called and stated that also taken in their Burglary
to the above business was a tag - 81 Fla - BD 3684.

<i>[Signature]</i>	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
<i>[Signature]</i>	<u>659</u>	<u>24 JUNE 81 11:07 AM</u>			
	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number
	<u>6742</u>	<u>24 JUNE 81 1:30/P</u>		<u>W. L. Thomas</u>	<u>5094</u>

Page <u>3</u> of <u>3</u>	Offense/Incident <u>Burglary -</u>	CCR Number <u>307327</u>
Victim's Name and Address <u>Reves Roofing Co - 2031 E. 19th St</u>		

Investigation revealed that suspect(s) unknown cut a hole in the north side fence, once inside area suspect removed 4 10000 x 20. Tires, Rims & Lugs from the fence mentioned vehicle.

Mrs. DeCosta stated that she heard a dog bark at approximately 8³⁰ P.M. on 14 June 91 in the AREA of Burglary but did not investigate.

E.T. Ray Meyer was called to process evidence case card left with victim

The vehicle was parked in an enclosed AREA along with other vehicles which was undisturbed

OFFICE OF THE SHERIFF
NOTE: Information on this document may be protected by Title 28, Code of Federal Regulations. Any individual or agency knowingly violating the disclosure or dissemination provisions of these regulations shall be subject to a fine not to exceed \$10,000.
Released By SSA Received By SSA Date 2/28/82
Agency Receiving 550

FILE COPY

JUN 15 12 06 PM '91

I.D. Number <u>6080</u>	Date/Time <u>15 June 91 6:50</u>	Reporting Officer <u>[Signature]</u>	I.D. Number	Date/T.
I.D. Number <u>59M</u>	Date/Time <u>15 June 91 11:45 AM</u>	Date/Time Reproduced	Review <u>[Signature]</u>	I.D. Number <u>5300</u>

SUPPLEMENT REPORT

Office of the Sheriff—Jacksonville Police
Jacksonville, Florida

1. Page Number 1 of 1	2. Beat 325	3. Date of Original Report 15 JUNE 81	4. Date of This Report 24 JUNE 81	5. CCR Number 30732
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6. Victim's Name (Last, First, Middle) <u>Romeo Roofing</u>	7. Victim's Sex, Race, Age, D.O.B. X	8. Victim's Address <u>2031 E 19th St. Jacksonville, Fla.</u>
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S U S P E C T	9. Identify Suspects by Letter (Name, Address, Sex, Race, Age, D.O.B., Weight, Height, Hair Color, Complexion (If Arrested, Include Booking Number and Charge)) (A) X	N.C.I.C. Name Check If Not Booked X Yes () No ()
	(B) X	N.C.I.C. Name Check If Not Booked X Yes () No ()

I N F O	10. Vehicle Used by Suspect(s) X	11. Witness Code: (Use One or More Codes) No Knowledge INPUT BY: <u>5307</u>	Statement Taken Code: Oral—A, Written—B, None—C
	Name (Last, First, Middle) (1) X (2) X (3) X (4) X	Address Phone—Home/Business Witness Code Statement Code	

OFFICE OF THE SHERIFF
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 Released By: SPT
 Received By: 250
 Agency Receiving: 250

NOIC/FCIC

INDEX

W I T N E S S I N F O	12. Original Offense <u>Break-in</u>	13. New Offense	14. Multiple Cases Cleared? (List all CCR #s in Narrative)
	Yes () No (X)	X	Yes () No ()

C L A S S I F I C A T I O N	15. () 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	() 10. Case Suspended
	() 2. Unfounded	() 7. Cleared by Arrest (Under 18—Patrol () Det. ())	a. () c. () e. ()
	() 4. Justifiable/Excusable Homicide	() 8. Cleared by Arrest (Over 18—Patrol () Det. ())	b. () d. () f. ()
	() 5. Victim Dead (Acc. Death/Suicide/Natural)	() 9. Exceptionally Cleared (Over 18)	() 11. Investigation Cont.
			() 12. Attempted Suicide

16. In the blocks below, show only the stolen amount which has not been previously reported. (Ex. \$100.00 previously reported, \$120.00 actual loss, show only \$20.00). This is for each time.	\$ _____
	\$ _____
	\$ _____ X
	\$ _____ X
	\$ _____
	\$ _____
	\$ _____
	\$ _____ X

17. () 1. Local Case/Local Recovery	() 2. Local Case/Other Jurisdiction Recovery	() 3. Other Jurisdiction Case/Local Recovery
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18. Was Vehicle Stolen? () Hot-wire () Other	21. Condition of Vehicle () Good () Stripped () Burned	22. Battery in Car? () Yes () No	23. Spare Tire in Car? () Yes () No	24. Trunk Locked? () Yes () No
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Person Located At:	Cancelled	29. Time Stamp
Officer Called to Scene	I.D. Number	Date
Time		
Supplement	I.D. Number	Date
Time		
	I.D. Number	Date

Called 5659 24 JUNE 81 11:07 am
 I.D. Number 1201

30. Reviewer
COO