

Volume VII- Ottis Toole File
File 3
Jacksonville Police Reports

JACKSONVILLE SHERIFF'S OFFICE

Jacksonville, Florida

FACSIMILE COVER SHEET

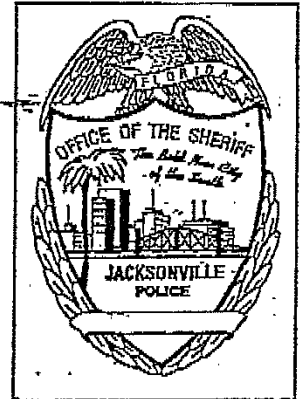
DATE: 122794

FROM:

MELISSA PETERS

SECTION/UNIT: RECORDS

FAX NR: (904) 630-2869



TO: DET MARK SMITH

SUBJ: 83-496019

NR OF PAGES INCLUDING COVER SHEET: FOUR

Please call (904) 630-2209 if you have problems with this transmission.

NOTES: THIS REPORT WAS RETRIEVED FROM MICROFILME. I AM FAXING FROM MICROFILME PAPER. PLEASE LET ME KNOW HOW THE FAX COPY COPIES. IF IT IS UNREADABLE I ~~WILL~~ WILL RECOPY AND REFAX THE REPORT TO YOU.

HAPPY HOLIDAYS
Melissa Peters

Page # of _____		GENERAL OFFENSE INCIDENT REPORT				Offense Incident INFORMATION		Case Number 394019	
79. A. Offense		B. Jewelry, Precious Metals		C. Cash/Fin		D. Vehicle		E. Other Equipment	
G. Firearms		H. Household Goods		J. Condominium Goods		K. Livestock		L. Construct	
M. Books, Papers		N. Other		O. Other		P. Other		Q. Other	
HA	Code	Grade	Item	Description (I.D. Number, color, make, manufacturer, etc.)				Value Taken	Value Retained
P									
B									
D									
F									
H									
J									
L									
N									
P									
R									
T									
V									
84. This is to acknowledge that I have received/retained the property described in the narrative									
Date: 12/27/94 15 Signature: _____									
76. Victim Address	77. Reported ()	78. Year	79. Make	80. Model	81. Color	82. License Number			
83. Vehicle I.D. Number	Verified by Officer Yes () No ()		84. Vehicle Insured by		Verified Yes () No ()				
85. Title Holder	Verified by Officer Yes () No ()		86. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes () No ()				
87. Ignition Locked? Yes () No ()	88. Keys in Ignition? Yes () No ()	89. Doors Locked? Yes () No ()		90. Value of Vehicle		91. Day/Time Stolen (Approximate)			
92. NCIC Number	Date/Time	Serial Number		93. Dispatch Number		94. If Towed, Location of Storage			
85. If my vehicle is recovered and efforts to contact me fail or if after being contacted I am unable to immediately pick it up or if 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				
95. Suspect A (Last Name, First, Middle)	96. Birthdate (MM/DD)			97. M/L/R () ?		98. Arrested () ?			
99. Suspect's Address					100. Known Associate of Arson Perpetrator				
101. Sex (Male)	D.O.B.	Age	Height	Weight	Hair Color	Eye Color			
102. Hair Length	Hair Style	Facial Hair		Complexion		Tattoos		Scars/Amputations	
103. Clothing Description					104. Relationship to Victim				
105. Suspect B (Last Name, First, Middle)	106. Birthdate (MM/DD)			107. M/L/R () ?		108. Arrested () ?			
109. Suspect's Address					110. Known Associate of Arson Perpetrator				
111. Sex (Male)	D.O.B.	Age	Height	Weight	Hair Color	Eye Color			
112. Hair Length	Hair Style	Facial Hair		Complexion		Tattoos		Scars/Amputations	
113. Clothing Description					114. Relationship to Victim				
115. A. Was an armed crime?	Yes () No ()		116. Is victim currently incarcerated by (State, Federal, County, etc.)		N/A () Yes ()				
117. B. How many other suspects in or near?	Yes () No ()		118. Is the value of the stolen property greater than \$1,000?		N/A () Yes ()				
119. C. Are there other vehicles identified?	Yes () No ()		120. Is there a report of a stolen vehicle?		Yes () No ()				
121. D. Was a vehicle used to transport, hide, or dispose of stolen property?	Yes () No ()		122. Is there a report of a stolen vehicle?		Yes () No ()				
123. E. If a vehicle was used by the suspect, was it identified?	N/A () Yes () No ()		124. Is there a report of a stolen vehicle?		Yes () No ()				
125. If this vehicle is being repaired, request to be made by the owner or the police department with a representative signature of the owner or the police department.									
126. Investigator (Name/ID) _____									
127. Date/Time _____									
128. Station/Officer _____									
129. This report is prepared _____ on this narrative? Yes () No ()									
130. Are there additional reports in this narrative? Yes () No ()									
131. Is there additional property listed on this narrative? Yes () No ()									
132. Are there other reports prepared to this incident? Yes () No ()									
133. Date _____ Time _____									
134. Station/Officer _____									

PROPERTY REPORT
Office of the Sheriff
Jacksonville Police

Page 2 of 2
Victim's Name and Address

OFFENSE INFORMATION

AGENTS
JAIL NUMBER

19 October 83

This writer was interviewing Ottis Elwood Toole concerning homicides that had occurred in numerous states across the United States. After the initial interview was concluded, Toole indicated to this writer that he had knowledge of or had murdered Adam Walsh (M/M-6) in Hollywood, Florida on 27 July 1981. This writer notified the Hollywood, Florida Police Department of the statement, and two(2) detectives were sent to Jacksonville to further interview Ottis Toole. Toole was interviewed by the Hollywood Detectives and this writer the remainder of the evening, and also the following day.

21 October 83- 7:00am

This writer accompanied Ottis Toole and the two(2) Hollywood Detectives to Hollywood, Florida for the purpose of further investigation in the Walsh murder case. During this investigation, Toole pointed out the shopping mall where he had picked up the victim, the site where he had murdered the victim, and the site where he had disposed of the victim's head. The investigation and interviews concluded at 1:00am on 22 October 83, and this writer and Ottis Toole returned to Jacksonville, arriving at 3:30am.

The Hollywood Detectives are: Detective Ron Hickman and Detective Jack Hoffman. It might be noted that the investigation is still being continued, and this writer is still assisting the Hollywood, Florida Police Department.

FILE COPY

I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
5255	10/19/83			
I.D. Number	Date/Time	Date/Time Registered	Reviewer	I.D. Number
6666	11-4-83		005878	



DATA INPUT
GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

26. Beat 321		27. R.A. 27		28. UCR Code		29. Weather Conditions Clear	
30. Complainant (Last Name, First, Middle) Hinckley, H.S.				32. Telephone 633-5520			
31. Complainant's Address 1350 E. Adams St.				34. Entry Made Legal () N/A Illegal ()			
33. Premises Type Vacant house				35. Point of Entry N/A			
37. Method Used to Gain Entry N/A				38. Tool or Weapon Used N/A			
39. Physical Evidence (Description) Burned house				40. Evidence Technician (Name, serial number) N/A (X)			
41. Disposition of Evidence Property Room () Other () N/A				43. Do You Suspect Yes () No ()			
42. Has Person Been Reported Missing Before? Yes () No ()				44. If "Yes", Why?			
45. Mental Condition				46. Physical Condition			
47. Is Photograph Attached? Yes () No ()				48. Dispatch Number			
49. Location Person Last Seen				50. When (Day, date, time)			
52. Clothing Description				51. By Whom?			
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. Color of Document			
62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction	
66. Amount		67. Name of Bank		68. Made Payable To		69. Signature on Face	
70. Name on Account		71. Reason Not Honored		72. Person Handling Transaction			

1. Victim (Last Name, First, Middle) Unknown		2. CCR Number 212187	
3. Victim's Address 1820 Silver St.		City State Jax Fla.	
4. Victim's Place of Empl. School		5. Home Phone	
6. Bus. Phone		7. Sex	
8. Race		9. D.O.B.	
10. Age		11. Height	
12. Weight		13. Hair	
14. Eyes		15. Offense Incident Arson	
16. Location of Offense Incident 1820 Silver St.		17. Day Date Time of Occurrence Wed 11 May 83 12:07 A.M.	
18. Day Date Time Reported Wed 11 May 83 12:07 A.M.		19. Detective Called to Scene (Name, I.D. Number)	
20. Victim #2 (Last Name, First, Middle)		21. Victim #2's Address	
22. Victim #2's Place of Empl./School		23. Home Phone	
24. Bus. Phone		25. Sex	
26. Race		27. D.O.B.	
28. Age		29. Height	
30. Weight		31. Hair	
32. Eyes		33. Hospital Where Victim(s) Taken	
34. Admitted?		35. Rescue Unit #	

FILE COPY

ARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>ARSON</u>	CCR Number <u>212187</u>
Victim's Name and Address <u>Unknown name 1720 Silver st.</u>		JAIL NUMBER

On this A.M. while on routine patrol this officer smelled smoke in the air. Upon looking for its origin in the 300 Block of W 3rd st. two black males advised me that a house was on fire just around the corner.

This unit found a house burning at 1720 Silver st., it was burning pretty good. A white male was standing on the sidewalk in front of the house calling someone. This unit asked him if any one was in the house and he stated he didn't know. This unit entered the house as far as the front door beyond the porch, it was too hot to go any further. It could be seen from that point that the house was vacant. Just as the fire Division arrived on the scene the original fire spread to a house full of senile people (1724 Silver st) This unit and a citizen (Turner, Robert W/m 26 2119 Louise st 355-6431) woke up the people in the house and got them outside. In getting the people awake, one of the doors was damaged.

The subject standing on the sidewalk when I arrived was questioned about what he was doing there. He stated that he was walking and got tired so he sat down on the porch of 1720 Silver st, and that he knew nothing of the fire at all until everyone started arriving, he would say nothing else.

The subject (Herbert Nimmr Jackson w/m (49) 16 Jan 33 108 River rd Colleen Fla.) was intoxicated, and taken to Jail for disorderly intox.

Complainant (fire marshal) stated that the fire had been set, and stated in at least two rooms of the house.

FILE COPY

Reporting Officer <u>R. N. ASSAF</u>	I.D. Number <u>6655</u>	Date/Time <u>11 May 83 2:45 AM</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt. L.W. SPARKMAN</u>	I.D. Number <u>6663</u>	Date/Time <u>11 May 83 2:45 AM</u>	Date/Time Reproduced	Reviewer <u>H56193</u>	I.D. Number

212187

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

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR Number 232074
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6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
---	--	--

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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on

2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()
-------------------------------------	---

(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of

arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()
-------------------------	---

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)
None

11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge 4. Alibi Witness 5. Reluctant 6. Cooperative

(Use One or More Codes)

Statement Taken Code:
Oral—A, Written—B, None—C

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
(1)				
(2)				
(3)				
(4)				

INDEX

CONFIDENTIAL
MEMORANDUM
JUVENILE

12. Original Offense: Arson Changed? Yes () No 13. New Offense

14. Multiple Cases Cleared? Yes No ()
(List all CCR #s in Narrative)

15. Case Status:

<input type="checkbox"/> 1. Missing Person Located (Case Cleared)	<input type="checkbox"/> 6. Exceptionally Cleared (Under 18)	<input type="checkbox"/> 10. Case Suspended
<input type="checkbox"/> 2. Unfounded	<input checked="" type="checkbox"/> 7. Cleared by Arrest (Under 18—Patrol () Det. <input checked="" type="checkbox"/>)	a. () c. () e. ()
<input type="checkbox"/> 4. Justifiable/Excusable Homicide	<input checked="" type="checkbox"/> 8. Cleared by Arrest (Over 18—Patrol () Det. <input checked="" type="checkbox"/>)	b. () d. () f. ()
<input type="checkbox"/> 5. Victim Dead (Acc. Death/Suicide/Natural)	<input type="checkbox"/> 9. Exceptionally Cleared (Over 18)	<input type="checkbox"/> 11. Investigation Cont.
		<input type="checkbox"/> 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 type.

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 LOSS:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.

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:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

18. Property Recovered By:

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

19. Auto Theft Recovery: Dispatch Number Disposition of Vehicle Value of Recovered Vehicle

20. How Was Vehicle Stolen? Key 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

25. Missing Person Located At: Dispatch No. Canceled

26. Evidence Technician Called to Scene: L. M. Burton I.D. Number 6850 Date 5/23/83, Time 5:50 a.m.

29. Time Stamp: 6217

27. Reporting Officer (Supplement): M. E. Hyde I.D. Number 5035 Date 7/12/83, Time 4:00 p.m.

28. Approving: J.E. Johnson 19 JUL 83 8AM

29. Reviewer: M.B.H. 5/6/7

212187

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 043	Date/Time 19 JUL 83 8:20	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number <i>[Signature]</i>

1988 A 3x80

002869



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

1. Victim (Last Name, First, Middle) Smith, CAROLINE		2. CCR Number 343272	
3. Victim's Address 1321 Walnut St.		City Jax	State FLA.
4. Victim's Place of Empl. School X	5. Home Phone	6. Bus. Phone	

26. Beat 311	27. R A 42	28. UCR Code	29. Weather Conditions CLEAR	7. Sex X	Race	D.O.B.	Age	Height	Weight	Hair	Eyes
30. Complainant (Last Name, First, Middle) Wright, John				8. Offense Incident Arson							
31. Complainant's Address 1315 Walnut St.				9. Location of Offense Incident 1321 Walnut St.							
32. Telephone X				10. Day/Date/Time of Occurrence Thurs 15 July 82 3:18 PM							
33. Premises Type Residence				11. Day/Date/Time Reported Thurs 15 July 82 3:30 PM							
34. Entry Made Legal () Illegal () N/A				12. Detective Called to Scene (Name, I.D. Number) N/A							
35. Point of Entry X				13. Victim #2 (Last Name, First, Middle) N/A							
36. Point of Exit				14. Victim #2's Address N/A							
37. Method Used to Gain Entry X				15. Victim #2's Place of Empl. School							
38. Tool or Weapon Used UNK.				16. Home Phone							
39. Physical Evidence (Description) NONE				17. Bus. Phone							
40. Evidence Technician (Name, serial number) D.K. Dickinson 5779				18. Sex Race D.O.B. Age Height Weight Hair Eyes N/A							
41. Disposition of Evidence Property Room () Other ()				19. Hospital Where Victim(s) Taken							
42. Has Person Been Reported Missing Before? Yes () No ()				20. Admitted?				21. Rescue Unit # N/A			
43. Do You Suspect Foul Play? Yes () No ()				22. Describe Nature of Injuries (Victim #1) N/A							
44. If "Yes", Why?				23. Exact Location of Victim #1 on Premises N/A							
45. Mental Condition				24. Describe Nature of Injuries (Victim #2) N/A				25. Exact Location of Victim #2 on Premises N/A			
46. Physical Condition				26. Describe Nature of Injuries (Victim #3) N/A							
47. Is Photograph Attached? Yes () No ()				27. Exact Location of Victim #3 on Premises N/A							
48. Date/Time of Photograph				28. When (Day, date, time)				29. By Whom?			
49. Location Person Last Seen				30. Clothing Description							
50. When (Day, date, time)				31. Probable Destination							
51. By Whom?				32. Reason for Leaving							
52. Clothing Description				33. Known Associate (Name, address, age, race, sex, phone)							
53. Probable Destination				34. Known Associate (Name, address, age, race, sex, phone)							
54. Reason for Leaving				35. Witness #1 (Last Name, First, Middle)				36. Witness #2 (Last Name, First, Middle)			
55. Known Associate (Name, address, age, race, sex, phone)				Address				Address			
56. Known Associate (Name, address, age, race, sex, phone)				Sex Race D.O.B. Age Home Phone				Sex Race D.O.B. Age Home Phone			
57. Witness #1 (Last Name, First, Middle)				Relationship to Victim Occupation Business Phone				Relationship to Victim Occupation Business Phone			
58. Witness #2 (Last Name, First, Middle)				Relationship to Victim Occupation Business Phone				Relationship to Victim Occupation Business Phone			
59. Witness #3 (Last Name, First, Middle)				Address				Address			
60. Witness #4 (Last Name, First, Middle)				Sex Race D.O.B. Age Home Phone				Sex Race D.O.B. Age Home Phone			
61. Color of Document				62. Type of Document				63. Number on Document			
62. Type of Document				64. Date of Document				65. Date of Transaction			
63. Number on Document				66. Amount				67. Name of Bank City			
64. Date of Document				68. Made Payable To				69. Signature on Face			
65. Date of Transaction				70. Name on Account				71. Reason Not Honored			
66. Amount				71. Reason Not Honored				72. Person Handling Transaction			
67. Name of Bank City				72. Person Handling Transaction							
68. Made Payable To											
69. Signature on Face											
70. Name on Account											
71. Reason Not Honored											
72. Person Handling Transaction											

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Page 2 of <u>3</u>	GENERAL OFFENSE/INCIDENT REPORT	Offense/Incident <u>ARSON</u>	CCR Number <u>343 272</u>						
N A P R O P E R T Y	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						
	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)	Value Taken	Value Recovered			
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: _____									
N A V E H I C L E	75. Stolen Vehicle () Recovered ()		76. Year	77. Make	78. Model	79. Color	80. License Number, State, Year		
	81. Vehicle I.D. Number		Verified by Officer Yes () No ()		82. Vehicle Insured by		Verified by Officer Yes () No ()		
	83. Title Holder		Verified by Officer Yes () No ()		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes () No ()		
	85. Ignition Locked? Yes () No ()	86. Keys in Ignition? Yes () No ()	87. Doors Locked? 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 () Arrested ()	97. Booking No. Charge:		
	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 ()	107. Booking No. Charge:			
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			
N A S O L V A B I L I T Y	114. A. Was an arrest made?		Yes () No (<input checked="" type="checkbox"/>)		F. Is stolen property traceable by Serial Number, color, etc.?		N/A (<input checked="" type="checkbox"/>) Yes () No ()		
	B. Are there any suspects at large?		Yes (<input checked="" type="checkbox"/>) No ()		G. Is the value of the stolen property greater than \$1,000?		N/A (<input checked="" type="checkbox"/>) Yes () No ()		
	C. Are there eyewitnesses identified?		N/A () Yes () No (<input checked="" type="checkbox"/>)		H. Is there significant M.O. described in the narrative?		Yes () No (<input checked="" type="checkbox"/>)		
	D. Can a suspect be named, located, described, and/or identified?		Yes () No (<input checked="" type="checkbox"/>)		I. Is there significant physical evidence described in the narrative?		Yes () No (<input checked="" type="checkbox"/>)		
	E. If a vehicle was used by the suspect, can it be identified?		N/A (<input checked="" type="checkbox"/>) Yes () No ()		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 (<input checked="" type="checkbox"/>) No (<input checked="" type="checkbox"/>)								
	Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No (<input checked="" type="checkbox"/>)								
	115. Reporting Officer <u>J.W. Dawsey</u>			I.D. Number <u>5749</u>		116. Reporting Officer		I.D. Number	
	117. Are there additional victims in the narrative?		Yes () No (<input checked="" type="checkbox"/>)		Time Stamp				
	Are there additional suspects in the narrative?		Yes () No (<input checked="" type="checkbox"/>)						
Is there additional property listed in the narrative?		Yes () No (<input checked="" type="checkbox"/>)							
Are there other reports pertinent to this incident?		Yes (<input checked="" type="checkbox"/>) No (<input checked="" type="checkbox"/>)							
118. Concur (<input checked="" type="checkbox"/>) Supervisor Do Not Concur () <u>R.F. Edley</u>		I.D.# <u>PTC</u> Date <u>7/5/82</u> Time <u>11:00PM</u>		119. Reviewer <u>CO 58 78</u>			I.D. No.		

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>ARSON C</u>	CCR Number <u>343272</u>
Victim's Name and Address <u>Smith, Caroline 1321 Walnut St</u>		JAIL NUMBER

This is the information report of an ARSON that occurred at the residence of the above victim during the afore said time. This writer responded to this incident at approximately 3:30 PM this date. This writer after arriving was informed of the following facts. MRS ADA BROWN OF 1327 WALNUT ST stated she was alerted by the smell of smoke coming from her back porch. After going to see she observed a large blaze (fire) coming from the back porch of the victim. After informing MR. WRIGHT OF 1315 WALNUT STREET who put the fire out MRS BROWN did not see any suspects. Due to the fact that no one was home and a large amount of fires (arsons) have occurred in the area the fire Marshall's office was called. After examining the scene the fire Marshall office determined that the fire was not an accident but arson.

Reporting Officer <u>J. W. Dawley</u>	I.D. Number <u>5749</u>	Date/Time <u>16 July 3:47 PM</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>R. J. [Signature] PTC</u>	I.D. Number <u>5766</u>	Date/Time <u>7-15-82 11:20 AM</u>	Date/Time Reproduced 5782	Reviewer <u>CS 5878</u>	I.D. Number

SUPPLEMENTAL DATA INPUT

Office of the Sheriff—Jacksonville Police
Jacksonville, Florida

1. Page Number <u>1</u> of <u>2</u>	2. Beat <u>311</u>	3. Date of Original Report <u>15 July 82</u>	4. Date of This Report <u>23 July 82</u>	5. CCR Number <u>343272</u>
--	-----------------------	---	---	--------------------------------

6. Victim's Name (Last, First, Middle) <u>SMITH, CAROLINE</u>	7. Victim's Sex, Race, Age, D.O.B. <u>FEMALE-WIK.</u>	8. Victim's Address <u>1321 WALNUT ST.</u>
--	--	---

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)

S U S P E C T I N F O	(A) <u>NONE</u>	N.C.I.C. Name Check If Not Booked Yes () No ()
	(B)	N.C.I.C. Name Check If Not Booked Yes () No ()
	10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) <u>N/A</u>	
	11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge (Use One or More Codes) 4. Alibi Witness 5. Reluctant 6. Cooperative Statement Taken Code: Oral—A, Written—B, None—C	

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
(1) <u>NONE</u>				
(2)				
(3)				
(4)				

12. Original Offense <u>Arson</u>	Changed? Yes () No (<input checked="" type="checkbox"/>)	13. New Offense <u>N/A</u>	14. Multiple Cases Cleared? (List all CCR #s in Narrative)	Yes () No (<input checked="" type="checkbox"/>)
--------------------------------------	--	-------------------------------	---	---

C A S E S T A T U S	15.	() 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	<input checked="" type="checkbox"/> 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 P R O P E R T Y	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 type.		
	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 LOSS: \$ _____
E. Office Equipment \$ _____	K. Livestock \$ _____		

R E C O V E R E D P R O P E R T Y	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.		
	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: \$ _____
E. Office Equipment \$ _____	K. Livestock \$ _____		

18. Property Recovered By:	() 1. Local Case/Local Recovery	() 2. Local Case/Other Jurisdiction Recovery	() 3. Other Jurisdiction Case/Local Recovery
19. Auto Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle

20. How Was Vehicle Stolen? () Key () 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
---	--	---------------------------------------	--	-------------------------------------

25. Missing Person Located At:	Dispatch No. _____	Cancelled _____	Serial Date Time _____
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26. Evidence Technician Called to Scene <u>Det. J.K. Dickinson</u>	I.D. Number <u>5779</u>	Date <u>7-15-82</u>	Time <u>_____</u>	29. Time Stamp <u>6217</u>
---	----------------------------	------------------------	----------------------	-------------------------------

27. Reporting Officer (Supplement) <u>Det. J. Mark</u>	I.D. Number <u>5618</u>	Date <u>7-23-82</u>	Time <u>9:00 A</u>
---	----------------------------	------------------------	-----------------------

28. Supervisor Approving <u>Det. J. Mark</u>	I.D. Number <u>5043</u>	Date <u>23 JUL 82</u>	Time <u>2PM</u>	30. Reviewer I.D. <u>[Signature]</u>
---	----------------------------	--------------------------	--------------------	---

FILE COPY

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>2</u> of <u>2</u>	Offense/Incident <u>Arson</u>	CCR Number <u>343272</u>
Victim's Name and Address <u>SMITH, CAROLINE 1321 WALNUT ST.</u>		

Synopsis:

On July 15, 1982 AT APPROX. 3:10 PM SOMEONE SET FIRE TO THE REAR PORCH AT 1321 WALNUT ST. BY IGNITING SOME COMBUSTABLE SUBSTANCE. THE FIRE WAS CONFINED TO THE REAR WALL AND DAMAGE WAS MINOR. NO ONE WAS SEEN ON OR NEAR THE HOUSE. THE FIRE WAS DISCOVERED BY THE MANAGER JOHN WRIGHT AND HE PUT IT OUT BY THROWING A BUCKET OF WATER ON IT.

THE FIRE MARSHAL WAS NOTIFIED BY OFFICER T.W. DAWSEY AFTER HIS INVESTIGATION INDICATED ARSON.

INVESTIGATION

22 July 82 2:52 PM.

INTERVIEWED SHIRLEY MAYFIELD AT 1323 WALNUT ST AND SHE STATED SHE WAS NOT HOME AT THE TIME OF THE FIRE.

INTERVIEWED JOHN WRIGHT AND HE STATED HE IS ATTEMPTING TO FIND OUT WHO WAS RESPONSIBLE FOR THIS OFFENSE. HE STATED HE WOULD NOTIFY THE SHERIFF'S OFFICE WHEN HE HAS FURTHER INFORMATION. HE STATED NO ONE SAW THE RESPONSIBLE PERSON SET THE FIRE AND HE HAS HEARD ONLY RUMORS AS REGARDS A SUSPECT.

THIS CASE IS SUSPENDED PENDING FURTHER INFORMATION

CASE SUSPENDED

Reporting Officer <u>Det D J Marx</u>	I.D. Number <u>5618</u>	Date/Time <u>7-23-82 9:30A</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Det J E J...</u>	I.D. Number <u>5043</u>	Date/Time <u>23 JUL 82 2PM</u>	Date/Time Reproduced	Reviewer <u>[Signature]</u>	I.D. Number

EVIDENCE TECHNICIAN REPORT

OFFICE OF SHERIFF-JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA

TYPE OF INCIDENT ARSON (ATT)	DATE 15 July 82	CCR NO. 343272
--	---------------------------	--------------------------

SECTOR	BEAT 311	ASSIGNED BY CCR [] ON VIEW []	TIME ASSIGNED 3500	10-27 (GIVE LOCATION)
			TIME ARRIVED 3500	
			TIME COMPLETED 750P	

VICTIM'S NAME CAROLINE SMITH	ADDRESS OR DISTANCE AND DIRECTION TO NEAREST KNOWN POINT 1321 WALNUT ST	PHONE NUMBER -
--	---	--------------------------

LOCATION OF INCIDENT 1321 WALNUT ST	BUSINESS OR FIRM NAME -	BUSINESS PHONE NUMBER -
---	-----------------------------------	-----------------------------------

LATENT FINGERPRINTS YES [] NO [<input checked="" type="checkbox"/>]	PHOTOS AT SCENE YES [<input checked="" type="checkbox"/>] NO []	HOW WAS ENTRY MADE
---	---	--------------------

UNIT REQUESTING EVIDENCE TECHNICIAN NAMES & ID NUMBERS
1312 T. W. DANSEY

INVESTIGATION DETAIL OFFICERS PRESENT
YES [] NO [] NAMES & ID NUMBERS

VEHICLE - YEAR, MAKE & MODEL NO	LICENSE NUMBER	STATE	ID NUMBER NO	COLOR NO
---	----------------	-------	------------------------	--------------------

VEHICLE - YEAR, MAKE & MODEL NO	LICENSE NUMBER	STATE	ID NUMBER NO	COLOR NO
---	----------------	-------	------------------------	--------------------

EVIDENCE TURNED OVER TO J. M. McKim	DATE 7.16.82	TIME 9:00AM	FIELD SKETCH MADE NO
---	------------------------	-----------------------	--------------------------------

ELIMINATION PRINTS TAKEN YES [] NO []	PROPERTY INVENTORIED FOR AT	INVENTORY NUMBERS NO
--	--------------------------------	--------------------------------

IF CRIME SCENE SKETCH IS DRAWN LIST REFERENCE SYMBOL AT LOCATION*

FINGERPRINT EXAMINATION	POWDER			NEGS	LIFTS	*LOCATION	ANALYSIS (FOR IDENT. USE ONLY)
	B	W	N				
				NONE			
				NONE			Photos

OTHER PHOTOGRAPHY	NEGS	DESCRIPTION & LOCATION	NEGS	DESCRIPTION & LOCATION
	11	PHOTOGRAPHS WERE TAKEN OF THE BACK PORCH OF THE DWELLING SHOWING THE BURN MARK ON THE WALL THE PHOTOS ALSO SHOW THE TRASH BURNED AT THE BASE OF		

PHYSICAL EVIDENCE	NO.	DESCRIPTION & LOCATION	NO.	DESCRIPTION & LOCATION
		WALL + FLOOR. REMAINDERS OF THE PHOTOS SHOW THE FRONT + SIDE OF THE HOUSE.		

FILE COPY

DETAILS (ALSO GIVE NAMES OF ANY PERSONS IN CUSTODY)

TECHNICIAN REPORTING SIGNATURE & ID NUMBER D.K. DICKINSON 5779	BEAT NO. 2352	SUPERVISOR APPROVING SIGNATURE & ID NUMBER
--	-------------------------	--

DATA INPUT

82-343272

SUPPLEMENT REPORT

Office of the Sheriff—Jacksonville Police
Jacksonville, Florida

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR No. 232074
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6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
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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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on

2 counts of arson, Juvenile Shelter

N.C.I.C. Name Check If Not Booked
Yes No ()

(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of

arson, Juvenile Shelter

N.C.I.C. Name Check If Not Booked
Yes No ()

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)
None

11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge
(Use One or More Codes) 4. Alibi Witness 5. Reluctant 6. Cooperative

Statement Taken Code:
Oral—A, Written—B, None—C

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
(1)				
(2)				
(3)				
(4)				

INDEX

CONFIDENTIAL
MEMORANDUM
JUVENILE

12. Original Offense: Arson Changed? Yes () No 13. New Offense

14. Multiple Cases Cleared? Yes No ()
(List all CCR #s in Narrative)

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 type.

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 LOSS:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.

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:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

18. Property Recovered By:

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

19. Auto Theft Recovery: Dispatch Number Disposition of Vehicle Value of Recovered Vehicle

20. How Was Vehicle Stolen? () Key () 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

25. Missing Person Located At: Dispatch No _____ Cancelled _____ Serial Date/Time _____

26. Evidence Technician Called to Scene: L. M. Burton I.D. Number 6850 Date 5/23/83, Time 5:50 a.m. 29. Time Stamp

27. Reporting Officer (Supplement): M. E. Hyde I.D. Number 5035 Date 7/12/83, Time 4:00 p.m. 6217

Supervisor Approving: SA J.E. Jellison 19 JUL 83 PAM Reviewer: [Signature] I.D. # [Number]

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

82-303272

Page <u>2</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr, Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19 Jul 83
Supervisor <i>[Signature]</i>	I.D. Number 5043	Date/Time 19 JUL 83 AM	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number 5027

82-343272

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTC BANK, 1601 N. Main Street		

These cases are as follows:

<u>CCR #</u>	<u>DATE</u>	<u>VICTIM</u>	<u>LOCATION</u>
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

<u>CCR #</u>	<u>DATE</u>	<u>VICTIM</u>	<u>LOCATION</u>
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 5043	Date/Time 19-JUL-83	Date/Time Reproduced 8:22	Reviewer <i>[Signature]</i>	I.D. Number 5043

DATA INPUT

GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202



26. Beat 205				27. R-A 084		28. UCR Code		29. Weather Conditions CLEAR		1. Victim (Last Name, First, Middle) TOOLE, HANELL CHARLESTON			2. CCR Number 31467												
30. Complainant (Last Name, First, Middle) SAME										3. Victim's Address 12751 DELRAY DR. MANDARIN, FLA.															
31. Complainant's Address										32. Telephone		4. Victim's Place of Empl. School FERBER STREET METAL		5. Home Phone NOTE		6. Bus. Phone 356-300									
33. Premises Type RESIDENCE		34. Entry Made Legal (<input checked="" type="checkbox"/>) Illegal ()		35. Point of Entry <input checked="" type="checkbox"/>		36. Point of Exit <input checked="" type="checkbox"/>		37. Method Used to Gain Entry <input checked="" type="checkbox"/>		7. Sex M		8. Race W		9. D.O.B. 17 OCT. 45		10. Age 35		11. Height 6'2"		12. Weight 220		13. Hair BROWN		14. Eyes HAZEL	
38. Tool or Weapon Used										8. Offense Incident INFORMATION															
39. Physical Evidence (Description) <input checked="" type="checkbox"/>										9. Location of Offense Incident 708 DAY AVE.															
40. Evidence Technician (Name, serial number)										10. Day Date/Time of Occurrence UNKNOWN (BEFORE 30 MAY '81)															
41. Disposition of Evidence Property Room () Other ()										11. Day/Date/Time Reported WED. JUNE 3 11:50 AM															
42. Has Person Been Reported Missing Before? Yes () No ()										12. Detective Called to Scene (Name, I.D. Number) N/A															
43. Do You Suspect Foul Play? Yes () No ()										13. Victim #2 (Last Name, First, Middle) N/A															
44. If "Yes", Why?										14. Victim #2's Address City State															
45. Mental Condition										15. Victim #2's Place of Emp./School		16. Home Phone		17. Bus. Phone											
46. Physical Condition										18. Sex		19. Race		20. D.O.B.		21. Age		22. Height		23. Weight		24. Hair		25. Eyes	
47. Is Photograph Attached? Yes () No ()										19. Hospital Where Victim(s) Taken						20. Admitted?		21. Rescue Unit # N/A							
48. Dispatch Number										22. Describe Nature of Injuries (Victim #1) N/A															
49. Location Person Last Seen										23. Exact Location of Victim #1 on Premises N/A															
50. When (Day, date, time)										24. Describe Nature of Injuries (Victim #2) N/A															
51. By Whom?										25. Exact Location of Victim #2 on Premises N/A															
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) None															
57. Witness #1 (Last Name, First, Middle)										58. Witness #2 (Last Name, First, Middle)															
58. Witness #2 (Last Name, First, Middle)										59. Witness #3 (Last Name, First, Middle)															
59. Witness #3 (Last Name, First, Middle)										60. Witness #4 (Last Name, First, Middle)															
60. Witness #4 (Last Name, First, Middle)										61. Color of Document															
61. Color of Document										62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction		66. Amount							
62. Type of Document										67. Name of Bank		68. Made Payable To		69. Signature on Face											
63. Number on Document										70. Name on Account		71. Reason Not Honored		72. Person Handling Transaction											
64. Date of Document										70. Name on Account		71. Reason Not Honored		72. Person Handling Transaction											
65. Date of Transaction										71. Reason Not Honored		72. Person Handling Transaction													
66. Amount										72. Person Handling Transaction															

FILE COPY INDEX

JUN 17 3 25 PM '81

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident INFORMATION		CCR Number 311467						
PROPERTY	73. A. Currency G. Firearms		B. Jewelry, Precious Metals H. Household Goods		C. Clothing, Furs J. Consumable Goods		D. Vehicles K. Livestock		E. Office Equipment L. Construc. Mach.		F. TV, Radio, Camera M. Boats, Motors		Z. Miscellaneous	
	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)				Value Taken	Value Recovered					
	6	1	REVOLVER	38 CALIBER LITA BARREL SMITH WESSON MILVEL				95.00	0-					
74. This is to acknowledge that I have received/retained the property described in the narrative this day of _____, 19____ Signature: _____														
VEHICLE	75. Stolen Vehicle () Suspect Vehicle (X)		Recovered () Other ()		76. Year 67	77. Make OLDS	78. Model UNKNOWN TAN	79. Color UNKNOWN TAN	80. License Number, State, Year UNKNOWN PA-TAG					
	81. Vehicle I.D. Number UNKNOWN				Verified by Officer Yes () No ()		82. Vehicle Insured by				Verified by Officer Yes () No ()			
	83. Title Holder				Verified by Officer Yes () No ()		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?				Yes () No ()			
	85. Ignition Locked? Yes () No ()		86. Keys in Ignition? Yes () No ()		87. Doors Locked? 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: _____														
SUSPECT	94. Suspect A (Last Name, First, Middle) TOOLE, OTTIS, ELWOOD				95. Nickname (Alias) X				96. At Large (X) Arrested () Charge: THEFT		97. Booking No.			
	98. Suspect's Address UNKNOWN								99. Known Associate or Areas Frequented					
	100. Sex M	Race W	D.O.B. UNK	Age 33	Height 6'0"	Weight 155	Hair Color Black	Eye Color Brown	Distinguishing Marks/Characteristics SCAR ON FOREHEAD					
	101. Hair Length AVERAGE		Hair Style STRAIGHT		Facial Hair NONE		Complexion MEDIUM		Voice MEDIUM		General Appearance			
	102. Clothing Description UNKNOWN								103. Relationship to Victim					
SUSPECT	104. Suspect B (Last Name, First, Middle) LUCAS, HENRY				105. Nickname (Alias) X				106. At Large () Arrested () Charge:		107. Booking No.			
	108. Suspect's Address UNKNOWN								109. Known Associate or Areas Frequented					
	110. Sex M	Race W	D.O.B. UNK	Age 37	Height 5'2"	Weight 135	Hair Color Blk	Eye Color Brown	Distinguishing Marks/Characteristics LONG SCARS ON STOMACH					
	111. Hair Length NORMAL		Hair Style CURLY		Facial Hair BEARD		Complexion MEDIUM		Voice MEDIUM		General Appearance			
	112. Clothing Description UNKNOWN								113. Relationship to Victim					
SOLVABILITY	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 (X) No () E. If a vehicle was used by the suspect, can it be identified? N/A () Yes (X) No () F. Is stolen property traceable by Serial Number, color, etc.? N/A () Yes (X) No () 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 () No (X) 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)													
	115. Reporting Officer W. M. LANAHAN						I.D. Number 6729		116. Reporting Officer				I.D. Number	
	117. Are there additional victims in the narrative? Yes () No (X) Are there additional suspects in the narrative? Yes () No (X) Is there additional property listed in the narrative? Yes () No (X) Are there other reports pertinent to this incident? Yes () No (X)						Time Stamps (Review Desk, I.D., Print Shop) 6026							
	118. Concur (X) Supervisor Do Not Concur () Sgt. G. Kirksey						I.D. 5250 Date ITWNER Time 2:35 PM		119. Reviewer Ab. L. Ab. (6021)				I.D. No.	

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>INFORMATION</u>	CCR Number <u>311467</u>
Victim's Name and Address <u>TOOLE, HOWELL CHARLESTON 12751 DELRAY DR.</u>		

THE VICTIM STATES THAT HIS BROTHER (SUSPECT #1) WAS LIVING IN A HOUSE THAT BELONGED TO THEIR MOTHER. THE SUSPECT AND HIS FRIEND (SUSPECT #2) HAVE REMOVED AN EXTENSIVE AMOUNT OF PROPERTY WHICH BELONGED IN THE HOUSE. THIS OCCURRED AFTER THE MOTHER PASSED AWAY. THE FATHER IS VERY SICK AND IS LIVING WITH THE VICTIM.

THE VICTIM STATES THAT A GUN WHICH BELONGED TO HIM WAS ALSO IN THE HOUSE BUT HAS BEEN MISSING SINCE THE BROTHER MOVED AWAY. THE WHEREABOUTS OF THE SUSPECTS IS UNKNOWN.

ALSO THE VICTIM STATES HIS BROTHER HAS 2 CHILDREN, FRANK A. POWELL III WM-12 AND FREIDA L. POWELL WF14 WHICH WERE HIS SISTERS BUT PLACED IN HIS MOTHER'S CARE BY JUDGE GOODING IS ALSO IN HIS BROTHER'S CUSTODY.

VICTIM ADVISED TO SPEAK TO THE STATE'S ATTORNEY.

FILE COPY

Reporting Officer <u>W. McLANAHAN</u>	I.D. Number <u>6729</u>	Date/Time <u>12 June 81</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt. E. Kirksey</u>	I.D. Number <u>5250</u>	Date/Time <u>17 JUNE 81 2:35 PM</u>	Date/Time Reproduced	Reviewer <u>dy. L. dy. (6021)</u>	I.D. Number



DATA INPUT

GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

26. Beat 412		27. R.A. 281		28. UCR Code		29. Weather Conditions CLEAR		1. Victim (Last Name, First, Middle) TOOLE, GEORGEA MCHENRY				2. CCR Number 360186											
30. Complainant (Last Name, First, Middle)								3. Victim's Address 12751 DEL RIO DR				City JAX, FLA.											
31. Complainant's Address								4. Victim's Place of Empl. School HOUSE WIFE				5. Home Phone NONE		6. Bus. Phone X									
7. Sex F		Race W		D.O.B. 10-5-53		Age 27		Height 56"		Weight 110		Hair BRN		Eyes BRN									
32. Telephone								8. Offense Incident AUTO THEFT															
33. Premises Type TRAILOR								34. Entry Made Legal (X) Illegal ()				9. Location of Offense Incident 12751 DEL RIO DR											
35. Point of Entry				36. Point of Exit				10. Day Date/Time of Occurrence 1-15-JULY 1981				11. Day/Date/Time Reported WED 15 JULY 1981 5 ⁰⁰ PM											
37. Method Used to Gain Entry								12. Detective Called to Scene (Name, I.D. Number) N/A (X)															
38. Tool or Weapon Used								13. Victim #2 (Last Name, First, Middle) N/A (X)															
39. Physical Evidence (Description)								14. Victim #2's Address				City		State									
40. Evidence Technician (Name, serial number) N/A (X)								15. Victim #2's Place of Emp./School		16. Home Phone		17. Bus. Phone											
41. Disposition of Evidence Property Room () Other ()				Property Control No.				18. Sex		Race		D.O.B.		Age		Height		Weight		Hair		Eyes	
42. Has Person Been Reported Missing Before? Yes () No ()								43. Do You Suspect Foul Play? Yes () No ()				19. Hospital Where Victim(s) Taken				20. Admitted?		21. Rescue Unit # N/A (X)					
44. If "Yes", Why?								22. Describe Nature of Injuries (Victim #1) N/A (X)															
45. Mental Condition				46. Physical Condition				23. Exact Location of Victim #1 on Premises N/A (X)															
47. Is Photograph Attached? Yes () No ()				48. Dispatch Number				24. Describe Nature of Injuries (Victim #2) N/A (X)															
49. Location Person Last Seen				50. When (Day, date, time)				25. Exact Location of Victim #2 on Premises N/A (X)															
51. By Whom?								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) TOOLE, HOWELL CHARLESTON								58. Witness #2 (Last Name, First, Middle)															
Address 12751 DEL RIO DR								Address															
Sex M		Race W		D.O.B. 10-17-45		Age 35		Home Phone NONE		Sex		Race		D.O.B.		Age		Home Phone					
Relationship to Victim HUSBAND				Occupation LABOR				Business Phone UNK				Relationship to Victim				Occupation		Business Phone					
59. Witness #3 (Last Name, First, Middle)								60. Witness #4 (Last Name, First, Middle)															
Address								Address															
Sex		Race		D.O.B.		Age		Home Phone		Sex		Race		D.O.B.		Age		Home Phone					
Relationship to Victim				Occupation				Business Phone				Relationship to Victim				Occupation		Business Phone					
61. Color of Document		62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction		66. Amount													
67. Name of Bank				City				68. Made Payable To				69. Signature on Face											
70. Name on Account				71. Reason Not Honored				72. Person Handling Transaction															

FILE COPY

NA P R O P E R T Y	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	
	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)				Value Taken	Value Recovered			

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

75. Stolen Vehicle (X) Recovered () Other ()	76. Year <u>1972</u>	77. Make <u>FORD</u>	78. Model <u>F100</u>	79. Color <u>BLUE</u>	80. License Number, State, Year <u>STE-113 FIA 81</u>
81. Vehicle I.D. Number <u>F106NP60619</u>	Verified by Officer Yes () No (X)		82. Vehicle Insured by Verified by Officer Yes () No ()		
83. Title Holder <u>ROBERT HARMOND</u>	Verified by Officer Yes () No (X)		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where? Yes () No ()		
85. Ignition Locked? Yes () No (X)	86. Keys in Ignition? Yes (X) No ()	87. Doors Locked? Yes () No (X)	88. Value of Vehicle	89. Day/Date/Time Recovered	
90. NCIC Notified? Yes () No (X)	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: NIA Date and Time:

94. Suspect A (Last Name, First, Middle) <u>70012 OTTIS ELWOOD</u>	95. Nickname (Alias)	96. At Large (X) Arrested () Charge:	97. Booking No.
98. Suspect's Address <u>708 DAY AVE</u>	99. Known Associate or Areas Frequented		

100. Sex <u>M</u> Race <u>W</u> D.O.B. <u>3-5-47</u> Age <u>34</u> Height <u>6'</u> Weight <u>185</u> Hair Color <u>BLONDE</u> Eye Color <u>BROWN</u> Distinguishing Marks/Characteristics <u>SCARON FORE HEAD</u>
101. Hair Length <u>medium</u> Hair Style <u>parted</u> Facial Hair <u>NONE</u> Complexion <u>medium</u> Voice General Appearance

102. Clothing Description <u>JEANS & PULL OVER SHIRT N.O.D.</u>	103. Relationship to Victim <u>BROTHER IN LAW</u>		
104. Suspect B (Last Name, First, Middle) <u>LUCAS, HENRY</u>	105. Nickname (Alias)	106. At Large () Arrested () Charge:	107. Booking No.
108. Suspect's Address <u>708 DAY AVE</u>	109. Known Associate or Areas Frequented		

110. Sex <u>M</u> Race <u>W</u> D.O.B. <u>50</u> Age <u>52</u> Height <u>5'2"</u> Weight <u>125</u> Hair Color <u>Blonde</u> Eye Color <u>BROWN</u> Distinguishing Marks/Characteristics
111. Hair Length <u>SHORT</u> Hair Style Facial Hair <u>BEARD</u> Complexion <u>ROUGH</u> Voice General Appearance

112. Clothing Description <u>JEANS N.O.D.</u>	113. Relationship to Victim
---	-----------------------------

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

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 ()
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No ()

115. Reporting Officer <u>[Signature]</u> I.D. Number <u>6726</u>	116. Reporting Officer I.D. Number
117. Are there additional victims in the narrative? Yes () No () Are there additional suspects in the narrative? Yes () No () Is there additional property listed in the narrative? Yes () No () Are there other reports pertinent to this incident? Yes () No ()	Time Stamps (Review Desk, I.D. Print Shop) <u>6026</u>
118. Concur (X) Supervisor I.D.# <u>[Signature]</u> Date <u>4/5/81</u> Time	119. Approver I.D. No. <u>[Signature]</u> <u>5310</u>

INDEX

NARRATIVE REPORT
 Office of the Sheriff
 Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>AUTO THEFT</u>	CCR Number <u>360186</u>
Victim's Name and Address <u>TOOLE, GEORGIA MCHENRY; 12751 DEL RIO DR JAX</u>		

ON the 1st JULY 1981 SUSPECT'S BORROWED VICTIM'S TRUCK TO DRIVE TO THE TRASH DUMP. THE SUSPECTS NEVER RETURNED.

ON the 8 JULY 1981 VICTIM RECEIVED A NOTICE FROM THE DELAWARE STATE POLICE STATING THE VEHICLE HAD BEEN ABANDONED IN DOVER DELAWARE AND IMPOUNDED, AND WOULD BE SOLD IN 30 DAYS IF NOT PICKED UP.

THE VEHICLE IS STORED AT BETT'S GARAGE IN GLASGOW, DELAWARE.

VICTIM STATED SHE WILL PROSECUTE SUSPECTS.

FILE COPY

Reporting Officer <u>DB Adub</u>	I.D. Number <u>6226</u>	Date/Time <u>15 JULY 81 6⁴⁵ PM</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt L. ...</u>	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer <u>[Signature]</u>	I.D. Number <u>5310</u>

SUPPLEMENTAL REPORT
Office of the Sheriff, Jacksonville Police
Jacksonville, Florida

DATA INPUT

1. Page Number 1 of 2	2. Beat 412	3. Date of Original Report 7-15-81	4. Date of This Report 7-27-81	5. CCR Number 360186
--------------------------	----------------	---------------------------------------	-----------------------------------	-------------------------

6. Victim's Name (Last, First, Middle) Toole, Georgia McHenry	7. Victim's Sex, Race, Age, D.O.B. F/W, 10-5-53, 27	8. Victim's Address 12751 Del Rio Drive
--	--	--

SUSPECT INFO	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) Toole, Ottis Elwood, 708 Day Avenue, W/M, 3-5-47, NOT ARRESTED	N.C.I.C. Name Check If Not Booked Yes (X) No ()
	(B) Lucas, Henry, 708 Day Avenue, W/M 50 NOT ARRESTED	N.C.I.C. Name Check If Not Booked Yes (X) No ()
	10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) None	

WITNESSES INFO	11. Witness Code: (Use One or More Codes) 1. At Scene 2. Eyewitness 3. No Knowledge 4. Alibi Witness 5. Reluctant 6. Cooperative	Statement Taken Code: Oral—A, Written—B, None—C			
	Name (Last, First, Middle) (1) None	Address None	Phone—Home/Business None	Witness Code None	Statement Code None
	(2)	NCTC/FCIC			
	(3)	BURGED 5224			
	(4)				

12. Original Offense Auto Theft	Changed? Yes () No ()	13. New Offense	14. Multiple Cases Cleared? (List all CCR #s in Narrative)	Yes () No (X)
------------------------------------	----------------------------	-----------------	---	-------------------

CASE STATUS	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)	(X) 9. Exceptionally Cleared (Over 18)	() 11. Investigation Cont.
			() 12. Attempted Suicide

STOLEN PROPERTY	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 type.	FILE COPY	
	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 LOSS: \$ _____
	E. Office Equipment \$ _____	K. Livestock \$ _____	

RECOVERED PROPERTY	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.	FILE COPY	
	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: \$ _____
	E. Office Equipment \$ _____	K. Livestock \$ _____	

18. Property Recovered By: () 1. Local Case/Local Recovery (X) 2. Local Case Other Jurisdiction Recovery () 3. Other Jurisdiction Case/Local Recovery
--

19. Auto Theft Recovery: Dover Delaware	Dispatch Number None	Disposition of Vehicle Belt Garage, Glasglow, Delaware	Value of Recovered Vehicle
20. How Was Vehicle Stolen? (X) Key () Hot-wire () Other	21. Condition of Vehicle (X) Good () Stripped () Burned	22. Battery in Car? (X) Yes () No	23. Spare Tire in Car? (X) Yes () No
			24. Trunk Locked? (X) Yes () No

25. Missing Person Located At: Dispatch No. _____ *Cancelled _____	Serial Date Time
---	------------------

26. Evidence Technician Called to Scene None	I.D. Number	Date	Time	29. Time Stamp
27. Reporting Officer Supplemental L. E. McCormick	5373	7-27-81	10:00am	
28. Supervisor Approving Sgt. Rambach	5715	7-30-81		
				30. Reviewer I.D. #

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>2</u> of <u>2</u>	Offense/Incident <u>Auto Theft</u>	CCR Number <u>360186</u>
Victim's Name and Address <u>Toole, Georgia McHenry, 12751 Del Rio Drive</u>		

Ref: Dispatch # None Description: 1972 Ford Truck Blue
 Tag # STE113 VIN # F10GHP60619
 VIN # Verified By: Tag Receipt Title Insurance
 Date Reported: 7-15-81 Date Assigned: 7-17-81
 Date Dispatch Cancelled: None
 Name of Insurance Co. or Agent: None
 Telephone # None
 Date Owner Notified of Recovery: 7-15-81
 Arrest By: None Recovery By: Dover Delaware
 Lien Holder: Robert Hammond Telephone # None

July 21, 81 2:00pm

I went to 12751 Del Rio and interviewed the victim, Georgia Toole. She, (victim), stated that her husband, Howell Toole, gave his pick-up to his brother, Ottis Toole, to use for hauling trash on July 1, 81. On July 8, 81, she, (victim), received a letter that her truck had been recovered, with no suspect's arrested.

July 24, 81 9:30am

Mr. Toole came to the State Attorney's Office to file charges on his brother for Auto Theft. Mr. Drew in County Court advised, Mr. Toole that he wouldn't be able to sign an affidavit. I contacted George Bateh, Division T, and he advised me that the State wouldn't prosecute the suspect in the case even if they had been arrested.

Due to the lack of prosecution the case is being exceptionally cleared.

CASE EXCEPTIONALLY CLEARED

Reporting Officer <i>L. E. McCormick</i> L. E. McCormick	I.D. Number 5373-	Date/Time 7-27-81	Reporting Officer	I.D. Number	Date/Time
Supervisor <i>Sgt. Rambach</i> Sgt. Rambach	I.D. Number 5715	Date/Time 7-30-81	Date/Time Reproduced 8-10-81	Reviewer C. G. JOYEUSAZ	I.D. Number 5072

DATA INPUT

GENERAL OFFENSE/INCIDENT REPORT



OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

81 1111 I P11:40

1. Victim (Last Name, First, Middle) 2. CCR Number
100LE, OTTIS ELWOOD 38832

3. Victim's Address City State
131 E. 2nd St #2 Jacksonville Fla

4. Victim's Place of Empl./School 5. Home Phone 6. Bus. Phone
Southeastern Roofing None 354-505

26. Beat 27. R/A 28. UCR Code 29. Weather Conditions
314 40 Clear

7. Sex Race D.O.B. Age Height Weight Hair Eyes
M W 5 Mar 47 34 67 185 brn Htz

30. Complainant (Last Name, First, Middle)
same as #1

8. Offense/Incident
ASSAULT

31. Complainant's Address 32. Telephone

9. Location of Offense/Incident
1255 Main St. Jacksonville

33. Premises Type 34. Entry Made
Store Legal Illegal ()

10. Day/Date/Time of Occurrence
Sat 11 Aug 81 4:10

35. Point of Entry 36. Point of Exit
Front door Front door

11. Day/Date/Time Reported
Sat 11 Aug 81 4:20

37. Method Used to Gain Entry
Struck victim

12. Detective Called to Scene (Name, I.D. Number) N/A

38. Tool or Weapon Used
Fist

13. Victim #2 (Last Name, First, Middle) N/A

39. Physical Evidence (Description)
None

14. Victim #2's Address City State

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

15. Victim #2's Place of Emp./School 16. Home Phone 17. Bus. Phone

41. Disposition of Evidence Property Control No.
Property Room () Other ()

18. Sex Race D.O.B. Age Height Weight Hair Eyes
None

42. Has Person Been Reported Missing Before? Yes () No ()
43. Do You Suspect Foul Play? Yes () No ()

19. Hospital Where Victim(s) Taken 20. Admitted? 21. Rescue Unit
None X N/A

44. If "Yes", Why?
Mental Condition Physical Condition

22. Describe Nature of Injuries (Victim #1)
Swollen right ear N/A

45. Mental Condition 46. Physical Condition
47. Is Photograph Attached? Yes () No () 48. Dispatch Number

23. Exact Location of Victim #1 on Premises
Inside store N/A

49. Location Person Last Seen 50. When (Day, date, time) 51. By Whom?

24. Describe Nature of Injuries (Victim #2) N/A

52. Clothing Description 53. Probable Destination

25. Exact Location of Victim #2 on Premises N/A

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)
Jones, Timothy Harold
Address
1255 Main St. Jacksonville
Sex Race D.O.B. Age Home Phone
M W 6-27-60 21 None
Relationship to Victim Occupation Business Phone
None Clerk 354-9131

58. Witness #2 (Last Name, First, Middle)

59. Witness #3 (Last Name, First, Middle)
MAIN 724-1661 765-5656 JIM

Address

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

Relationship to Victim Occupation Business Phone

60. Name of Bank City

61. Color of Document 62. Type of Document 63. Number on Document

64. Date of Document 65. Date of Transaction 66. Amount

67. Name of Bank City 68. Made Payable To 69. Signature on Face

70. Name of Bank City

71. Person Handling Transaction

INDEX

FILE COPY

OFFICE OF THE SHERIFF
NOTICE: 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 is subject to a fine not to exceed \$10,000.
Released By 5862 Received By
Date 10/71

PROPERTY	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													
	Code	Quan.	Item					Description (I.D. Number, color, model, manufacturer, etc.)					Value Taken	Value Recovered

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

75. Stolen Vehicle () Recovered () 76. Year 70 77. Make Olds 78. Model Adv. 79. Color Blue 80. License Number, State, Year TTB540 Fla. P2

81. Vehicle I.D. Number Unk. Verified by Officer Yes () No () 82. Vehicle Insured by Yes Verified by Officer Yes () No ()

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

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

90. NCIC Notified? Yes 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) Toole, Howard Charlotte 95. Nickname (Alias) None 96. At Large () Arrested () Charge: 97. Booking No. X

98. Suspect's Address Del Rio Mandarin Inn 99. Known Associate or Areas Frequented Ferbers Roofing Co.

100. Sex Race M W Unk. D.O.B. 35 Age 6' Height 200 Weight bin Hair Color Unk Eye Color Unk Distinguishing Marks/Characteristics

101. Hair Length Med Hair Style Straight Facial Hair None Complexion Med Voice med General Appearance Dirty

102. Clothing Description white shirt, blue trousers, white hat 103. Relationship to Victim Brother

104. Suspect B (Last Name, First, Middle) OFC. CATTS 105. Nickname (Alias) Charge: 107. Booking No.

108. Suspect's Address 512 VICTORIA ST. (GATOR BOWL LODGE) 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 () F. Is stolen property traceable by Serial Number, color, etc.? N/A () Yes () No ()

B. Are there any suspects at large? Yes () No () G. Is the value of the stolen property greater than \$1,000? N/A () Yes () No ()

C. Are there eyewitnesses identified? N/A () Yes () No () H. Is there significant M.O. described in the narrative? Yes () No ()

D. Can a suspect be named, located, described, and/or identified? Yes () No () I. Is there significant physical evidence described in the narrative? Yes () No ()

E. If a vehicle was used by the suspect, can it be identified? N/A () Yes () No ()

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 ()

Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No ()

115. Reporting Officer T.D. Anderson I.D. Number 6945 116. Reporting Officer I.D. Number

117. Are there additional victims in the narrative? Yes () No ()

Are there additional suspects in the narrative? Yes () No ()

Is there additional property listed in the narrative? Yes () No ()

Are there other reports pertinent to this incident? Yes () No ()

118. Concur () Do Not Concur () Supervisor [Signature] Date 1 AUG 81 Time 6PM

119. Reviewer [Signature] I.D. No. 5000 Case 578

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>ASSAULT</u>	CCR Number <u>388323</u>
Victim's Name and Address <u>TOOLE, OTTIS ELWOOD - 131 E. 2nd St. #2 Jax.</u>		

On the date and time listed the suspect chased the victim into the Lil' Champ at 1255 Main St. While inside the suspect struck the victim on the right ear with his fist, then told the victim that he was going to kill him. The suspect had a pistol, and threatened to shoot the victim. The store clerk, Mr. Jones, called police. On my arrival the suspect, and victim were gone. On information obtained by Jones I stopped the suspect's vehicle at 2nd and Hubbard Sts. The suspect had an antique pistol in his vehicle. Since it would not operate, I released the suspect. Minutes later the victim called, and reported the incident.

The victim was given a case card, and advised to go to the State Attorney's Office on 6 August 81.
This writer will follow-up this case.

JUL 31 11 17 AM '81

THE COPY

1. Page Number <i>1 of 2</i>	2. Beat <i>314</i>	3. Date of Original Report <i>1 Aug. 81</i>	4. Date of This Report <i>8 Aug. 81</i>	5. CCR Numl <i>3883</i>
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6. Victim's Name (Last, First, Middle) <i>TOOLE, OTTIS ELWOOD</i>	7. Victim's Sex, Race, Age, D.O.B. <i>M-W-34 (5 Mar. 47)</i>	8. Victim's Address <i>131 E. 2nd St. #2 Jax</i>
--	---	---

SUSPECT	9. Identify Suspects by Letter (Name, Address, Sex, Race, Age, D.O.B., Weight, Height, Hair Color, Complexion (If Arrested, Include Booking Number and C (A) <i>Toole, Howard Charleston - 12251 Del Rio Dr. Jax - M-W-35 - (10-17-45) - 200 - 6' - brn. - Med.</i> (B) <i>X</i>	N.C.I.C. Name Check If Not Bo Yes <input checked="" type="checkbox"/> No ()
	N.C.I.C. Name Check If Not Bo Yes () No ()	
	10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) <i>70-Olds-2dr-white & blue - T1B540 Fla. 81</i>	

11. Witness Code: (Use One or More Codes)	1. At Scene 2. Eyewitness 3. No Knowledge 4. Alibi Witness 5. Reluctant 6. Cooperative	Statement Taken Code: Oral—A, Written—B, None—
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WITNESS	Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	State Code
	(1) <i>Jones, Timothy Harold</i>	<i>1255 Main St. Jax.</i>	<i>354-9131</i>	<i>142</i>	<i>A</i>
	(2)				
	(3)				

FILE COPY

12. Original Offense <i>ASSAULT</i>	Changed? Yes () No <input checked="" type="checkbox"/>	13. New Offense	14. Multiple Cases Cleared? Yes No (List all CCR #s in Narrative)
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CASE STATUS	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)	<input checked="" type="checkbox"/> 9. Exceptionally Cleared (Over 18)	() 11. Investigation Cont.
			() 12. Attempted Suicide

STOLEN PROP	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, only \$20.00.) This is for each type.		
	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 LOSS: \$ _____

RECOVERED PROP	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.		
	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: \$ _____

18. Property Recovered By:	() 1. Local Case /Local Recovery	() 2. Local Case /Other Jurisdiction Recovery	() 3. Other Jurisdiction Case /Local Recovery
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19. Auto Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
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20. How Was Vehicle Stolen? () Key () 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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Missing Person Located At: _____ Serial Date Time

Dispatch No. _____	Cancelled _____
--------------------	-----------------

Officer (Supplement) <i>Brush</i>	I.D. Number <i>6945</i>	Date <i>8 Aug. 81</i>	Time <i>3:30 pm</i>	29. Time Stamp <i>8:48</i>
Officer Approving	I.D. Number	Date	Time	

Page <u>2</u> of <u>2</u>	Offense/Incident <u>ASSAULT</u>	CCR Number <u>388323</u>
Victim's Name and Address <u>TOOLE, OTTIS ELWOOD - 131 E. 2ND ST. JAX.</u>		

Further investigation of this case revealed that charges against the suspect were not filed since it is being handled through the Family Dispute Settlement Program.

I suggest this case be exceptionally cleared.

I.D. Number <u>6945</u>	Date/Time <u>8/1/33</u>	Reporting Officer <u>[Signature]</u>	I.D. Number	Date/Time
I.D. Number <u>5305</u>	Date/Time <u>8 AUG 81</u>	Date/Time Reproduced <u>6:00</u>	Review <u>[Signature]</u>	I.D. Number <u>5300</u>

DATA INPUT



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

26. Beat 314				27. R/A 40		28. UCR Code		29. Weather Conditions Cloudy				1. Victim (Last Name, First, Middle) Springfield All Bank				2. CCR Number 232074																			
30. Complainant (Last Name, First, Middle) Hinckley, A.S. Capt.												7. Sex M				8. Race W		9. D.O.B.		10. Age		11. Height		12. Weight		13. Hair		14. Eyes							
31. Complainant's Address 1350 E. Adams						32. Telephone						3. Victim's Address 1601 N. Main St. Jay Fl.				5. Home Phone 356-6581				6. Bus. Phone															
33. Premises Type Vacant House						34. Entry Made Legal () Illegal ()						4. Victim's Place of Empl. School				5. Home Phone				6. Bus. Phone															
35. Point of Entry unknown						36. Point of Exit						10. Day/Date/Time of Occurrence Mon. 23 May 83 5:05 AM				9. Location of Offense Incident 1126 Market St.				11. Day/Date/Time Reported Mon. 23 May 83 5:30 AM															
37. Method Used to Gain Entry												12. Detective Called to Scene (Name, I.D. Number)																							
38. Tool or Weapon Used												13. Victim #2 (Last Name, First, Middle)																							
39. Physical Evidence (Description)												14. Victim #2's Address																							
40. Evidence Technician (Name, serial number) L. M. Burton 6850												15. Victim #2's Place of Emp./School				16. Home Phone				17. Bus. Phone															
41. Disposition of Evidence Property Room () Other ()						42. Property Control No.						18. Sex				19. Race		20. D.O.B.		21. Age		22. Height		23. Weight		24. Hair		25. Eyes							
43. Has Person Been Reported Missing Before? Yes () No ()						44. Do You Suspect Foul Play? Yes () No ()						22. Describe Nature of Injuries (Victim #1)																							
45. If "Yes", Why?						46. Mental Condition						47. Physical Condition						23. Exact Location of Victim #1 on Premises																	
47. Is Photograph Attached? Yes () No ()						48. Dispatch Number						24. Describe Nature of Injuries (Victim #2)																							
49. Location Person Last Seen						50. When (Day, date, time)						25. Exact Location of Victim #2 on Premises																							
51. Clothing Description						52. Probable Destination						26. By Whom?																							
53. Reason for Leaving												54. Known Associate (Name, address, age, race, sex, phone)																							
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)																	
Address						Address						Address						Address																	
Sex		Race		D.O.B.		Age		Home Phone		Sex		Race		D.O.B.		Age		Home Phone		Sex		Race		D.O.B.		Age		Home Phone							
Relationship to Victim				Occupation				Business Phone				Relationship to Victim				Occupation				Business Phone				Relationship to Victim				Occupation				Business Phone			
61. Color of Document						62. Type of Document						63. Number on Document						64. Date of Document						65. Date of Transaction						66. Amount					
67. Name of Bank						City						68. Made Payable To						69. Signature on Face																	
70. Name on Account						71. Reason Not Honored						72. Person Handling Transaction																							

FILE COPY

73. A. Currency G. Firearms	B. Jewelry, Precious Metals H. Household Goods	C. Clothing, Furs J. Consumable Goods	D. Vehicles K. Livestock	E. Office Equipment L. Construc. Mach.	F. TV, Radio, Camera M. Boats, Motors	Z. Miscellaneous
NA Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)		Value Taken	Value Recovered
P						
R						
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 () Suspect Vehicle ()	Recovered () Other ()	76. Year	77. Make	78. Model	79. Color	80. License Number, State, Year
81. Vehicle I.D. Number	Verified by Officer Yes () No ()		82. Vehicle Insured by		Verified by Officer Yes () No ()	
83. Title Holder	Verified by Officer Yes () No ()		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes () No ()	
85. Ignition Locked? Yes () No ()	86. Keys in Ignition? Yes () No ()	87. Doors Locked? 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) <u>Unknown</u>	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		

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

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 ()
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No ()

115. Reporting Officer <u>Carroll Dyal</u>	I.D. Number <u>5746</u>	116. Reporting Officer	I.D. Number
117. Are there additional victims in the narrative?	Yes () No (<input checked="" type="checkbox"/>)	Time Stamp	<u>#6404</u>
Are there additional suspects in the narrative?	Yes () No (<input checked="" type="checkbox"/>)		
Is there additional property listed in the narrative?	Yes () No (<input checked="" type="checkbox"/>)		
Are there other reports pertinent to this incident?	Yes () No (<input checked="" type="checkbox"/>)		
118. Concur (<input checked="" type="checkbox"/>) Do Not Concur	Supervisor <u>ESB L-W - SPARKMAN</u>	I.D.# <u>663</u>	Date <u>23 May 83</u>
	Time <u>6:15 AM</u>	119. Eyewitness <u>[Signature]</u>	D. No.

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>Arson</u>	CCR Number <u>232074</u>
Victim's Name and Address <u>Springfield Atl. Bank 1601 N. Main.</u>		JAIL NUMBER

At approx. 5:30am this date the house at 1126 Market st. was set on fire. This house was condemned and unoccupied. The house is the property of the Springfield Atl. Bank. There is no suspect info, and Capt Hinckley stated that there were several fires in the house. E.T. Burton took pictures of the house.

FILE COPY

Reporting Officer <u>Carroll Dept</u>	I.D. Number <u>5746</u>	Date/Time <u>23 MAY 83</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt. L.W. SPARKMAN</u>	I.D. Number <u>6663</u>	Date/Time <u>23 MAY 83 6:15 AM</u>	Date/Time Reproduced	Reviewer <u>[Signature]</u>	I.D. Number <u>5300</u>

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR Number 232074
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6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
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SUSPECT INFO	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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on 2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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SUSPECT INFO	(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) None
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WITNESSES INFO	11. Witness Code: (Use One or More Codes)	1. At Scene	2. Eyewitness	3. No Knowledge	4. Alibi Witness	5. Reluctant	6. Cooperative	Statement Taken Code: Oral—A, Written—B, None—C
	Name (Last, First, Middle)	Address				Phone—Home/Business	Witness Code	Statement Code
	(1)							
	(2)							
	(3)							

INDEX

**CONFIDENTIAL
 MEMORANDUM
 JUVENILE**

12. Original Offense Arson	Changed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13. New Offense	14. Multiple Cases Cleared? (List all CCR #s in Narrative)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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CASE STATUS	15.	() 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	() 10. Case Suspended
	() 2. Unfounded	(XX) 7. Cleared by Arrest [Under 18—Patrol () Det. (XX)]	a. () c. () e. ()	b. () d. () f. ()
	() 4. Justifiable/Excusable Homicide	(XX) 8. Cleared by Arrest [Over 18—Patrol () Det. (X)]	() 11. Investigation Cont.	
	() 5. Victim Dead (Acc. Death/Suicide/Natural)	() 9. Exceptionally Cleared (Over 18)	() 12. Attempted Suicide	

STOLEN PROPERTY	16. In the blocks below, show only the stolen amount which has not been previously reported. (Ex. \$100.00 previously reported, \$200.00 actual loss, show only \$20.00.) This is for each type.		
	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 \$ _____	N. Miscellaneous \$ _____
	D. Vehicles \$ _____	J. Consumable Goods \$ _____	TOTAL LOSS: \$ _____
	E. Office Equipment \$ _____	K. Livestock \$ _____	

RECOVERED PROPERTY	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.		
	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: \$ _____
	E. Office Equipment \$ _____	K. Livestock \$ _____	

18. Property Recovered By:	() 1. Local Case/Local Recovery	() 2. Local Case/Other Jurisdiction Recovery	() 3. Other Jurisdiction Case/Local Recovery
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19. Auto Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
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20. How Was Vehicle Stolen? () Key () 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
---	--	---------------------------------------	--	-------------------------------------

25. Missing Person Located At: Dispatch No. _____	Cancelled _____	Serial/Date/Time
--	-----------------	------------------

26. Evidence Technician Called to Scene L. M. Burton	I.D. Number 6850	Date 5/23/83	Time 5:50 a.m.	29. Time Stamp
--	----------------------------	------------------------	--------------------------	----------------

27. Reporting Officer (Supplement) M. E. Hyde	I.D. Number 5035	Date 7/12/83	Time 4:00 p.m.	38 7c 6217
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Supervisor Approving <i>SA J.E. Jellison</i>	I.D. Number 1950	Date 19 JUL 83	Time PAM	Reviewer <i>MAH</i>
---	----------------------------	--------------------------	--------------------	------------------------

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>2</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr,
Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>A. E. Smith</i>	I.D. Number 5047	Date/Time 19 JUL 83 AM	Date/Time Reproduced	Reviewer <i>MPH</i>	I.D. Number 5007

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 9.00.1983 / 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 043	Date/Time 19 JUL 83 8AM	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number <i>[Signature]</i>

NARRATIVE REPORT
 Office of the Sheriff
 Jacksonville Police

Page _____ of _____	Offense/Incident	CCR Number
Victim's Name and Address		

Reporting Officer	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number

EVIDENCE TECHNICIAN REPORT

OFFICE OF SHERIFF-JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA

TYPE OF INCIDENT ARSON	DATE 23 MAY 83	CCR NO. 232074
----------------------------------	--------------------------	--------------------------

SECTOR	BEAT 313	ASSIGNED BY CCR <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/>
--------	--------------------	---

TIME ASSIGNED 5:45 AM	10-20 (GIVE LOCATION) 500 E. FORSYTH ST.
TIME ARRIVED 5:50 AM	
TIME COMPLETED 6:30 AM	

VICTIM'S NAME SPRINGFIELD ATL. BANK	ADDRESS OR DISTANCE AND DIRECTION TO NEAREST KNOWN POINT. 1126 N. MARKET ST.	PHONE NUMBER X
LOCATION OF INCIDENT 1126 N. MARKET ST.	BUSINESS OR FIRM NAME X	BUSINESS PHONE NUMBER X

LATENT FINGERPRINTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHOTOS AT SCENE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	HOW WAS ENTRY MADE X
--	--	--------------------------------

UNIT REQUESTING EVIDENCE TECHNICIAN NAMES & ID NUMBERS C. DYAL 5746

INVESTIGATION DETAIL OFFICERS PRESENT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES & ID NUMBERS FIRE MARSHALL HINKLEY

VEHICLE - YEAR, MAKE & MODEL X	LICENSE NUMBER	STATE	ID NUMBER	COLOR
VEHICLE - YEAR, MAKE & MODEL	LICENSE NUMBER	STATE	ID NUMBER	COLOR

EVIDENCE TURNED OVER TO J. W. McKinn	DATE 5-23-83	TIME 7:00 AM	FIELD SKETCH MADE NO
--	------------------------	------------------------	--------------------------------

ELIMINATION PRINTS TAKEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PROPERTY INVENTORIED FOR	AT	INVENTORY NUMBERS
---	--------------------------	----	-------------------

IF CRIME SCENE SKETCH IS DRAWN LIST REFERENCE SYMBOL AT LOCATION*

FINGERPRINT EXAMINATION	POWDER			NEGS	LIFTS	*LOCATION	ANALYSIS (FOR IDENT. USE ONLY)
	B	W	N				FILE COPY
				N			
			O				
				N			
					E		

OTHER PHOTOGRAPHY	NEGS	DESCRIPTION & LOCATION	NEGS	DESCRIPTION & LOCATION
	12	B&W (SCENE)		

PHYSICAL EVIDENCE	NO.	DESCRIPTION & LOCATION	NO.	DESCRIPTION & LOCATION
		N		
	O			
	N			
	E			

DETAILS (ALSO GIVE NAMES OF ANY PERSONS IN CUSTODY)

(B&W)
PHOTOS TAKEN OF THE CONDEMNED HOUSE AT 1126 N. MARKET ST. AT THE REQUEST OF THE FIRE MARSHALL. PHOTOS TAKEN INSIDE AND OUT.

TECHNICIAN REPORTING SIGNATURE & ID NUMBER P.M. Burton 3-3 6850	BEAT NO. 351	SUPERVISOR APPROVING SIGNATURE & ID NUMBER
---	------------------------	--

(IF ADDITIONAL SHEETS ARE NEEDED USE NARRATIVE CONTINUATION REPORT)



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

1. Victim (Last Name, First, Middle) <i>Hartley, Arthur</i>		2. CCR Number <i>320908</i>	
3. Victim's Address <i>411 Crystal St</i>		City <i>Jax</i>	State <i>Fla</i>
4. Victim's Place of Emp./School <i>Unknown</i>		5. Home Phone <i>unk</i>	6. Bus. Phone <i>unk</i>

26. Beat <i>205</i>	27. R/A <i>84</i>	28. UCR Code	29. Weather Conditions <i>Clear</i>
------------------------	----------------------	--------------	--

7. Sex <i>M</i>	Race <i>N</i>	D.O.B. <i>unk</i>	Age <i>unk</i>	Height <i>6</i>	Weight <i>215</i>	Hair <i>Red</i>	Eyes <i>un</i>
--------------------	------------------	----------------------	-------------------	--------------------	----------------------	--------------------	-------------------

30. Complainant (Last Name, First, Middle) <i>Hickley H.S. Capt JFD</i>	
--	--

8. Offense Incident <i>Arson</i>	
-------------------------------------	--

31. Complainant's Address <i>1350 E. Adams St</i>		32. Telephone <i>633-5520</i>
--	--	----------------------------------

9. Location of Offense/Incident <i>708 Day Ave</i>	
---	--

33. Premises Type <i>Residence</i>	34. Entry Made Legal () Illegal () <i>Unknown</i>
---------------------------------------	---

10. Day Date Time of Occurrence <i>Tues 123 Jun 81 / 12:15 Am</i>	
--	--

35. Point of Entry <i>Unknown</i>	36. Point of Exit <i>Unknown</i>
--------------------------------------	-------------------------------------

11. Day/Date Time Reported <i>Tues 123 Jun 81 / 12:20 Am</i>	
---	--

37. Method Used to Gain Entry <i>Unknown</i>	
---	--

12. Detective Called to Scene (Name, I.D. Number) <i>N/A (✓)</i>	
---	--

38. Tool or Weapon Used <i>Unknown</i>	
---	--

13. Victim #2 (Last Name, First, Middle) <i>N/A (✓)</i>	
--	--

39. Physical Evidence (Description) <i>Two Seperate Burn sites</i>	
---	--

14. Victim #2's Address <i>N/A (✓)</i>	
---	--

40. Evidence Technician (Name, serial number) <i>G E Smith 6793 N/A (✓)</i>	
--	--

15. Victim #2's Place of Emp./School <i>N/A (✓)</i>	
--	--

41. Disposition of Evidence Property Room () Other ()		Property Control No.
--	--	----------------------

16. Home Phone <i>N/A (✓)</i>		17. Bus. Phone
----------------------------------	--	----------------

42. Has Person Been Reported Missing Before? Yes () No ()	43. Do You Suspect Foul Play? Yes () No ()
---	--

18. Sex Race D.O.B. Age Height Weight Hair Eyes <i>N/A (✓)</i>	
---	--

44. If "Yes", Why?	
--------------------	--

19. Hospital Where Victim(s) Taken <i>N/A (✓)</i>		20. Admitted?	21. Rescue Unit # <i>N/A (✓)</i>
--	--	---------------	-------------------------------------

45. Mental Condition		46. Physical Condition
----------------------	--	------------------------

22. Describe Nature of Injuries (Victim #1) <i>N/A (✓)</i>	
---	--

47. Is Photograph Attached? Yes () No ()	48. Dispatch Number
--	---------------------

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

49. Location Person Last Seen		50. When (Day, date, time)	51. By Whom?
-------------------------------	--	----------------------------	--------------

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

52. Clothing Description		53. Probable Destination
--------------------------	--	--------------------------

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

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)
---	--	---

Address		Address
---------	--	---------

Sex	Race	D.O.B.	Age	Home Phone
-----	------	--------	-----	------------

Sex	Race	D.O.B.	Age	Home Phone
-----	------	--------	-----	------------

Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------

Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------

61. Witness #3 (Last Name, First, Middle)		62. Witness #4 (Last Name, First, Middle)
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Address		Address
---------	--	---------

Sex	Race	D.O.B.	Age	Home Phone
-----	------	--------	-----	------------

Sex	Race	D.O.B.	Age	Home Phone
-----	------	--------	-----	------------

Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------

Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------

63. Number on Document	64. Date of Document	65. Date of Transaction	66. Amount
------------------------	----------------------	-------------------------	------------

67. Name of Bank	City	68. Made Payable To	69. Signature on Face
------------------	------	---------------------	-----------------------

70. Name on Account	71. Reason Not Honored	72. Person Handling Transaction
---------------------	------------------------	---------------------------------

70. Name on Account	71. Reason Not Honored	72. Person Handling Transaction
---------------------	------------------------	---------------------------------

FILE COPY

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident <u>Arson</u>		CCR Number <u>320908</u>			
<input checked="" type="checkbox"/> 73. A. Currency G. Firearms		B. Jewelry, Precious Metals H. Household Goods		C. Clothing, Furs J. Consumable Goods		D. Vehicles K. Livestock		E. Office Equipment L. Construc. Mach. M. Boats, Motors		F. TV, Radio, Camera Z. Miscellaneous	
NA P R O P E R T Y	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)				Value Taken	Value Recovered		
74. This is to acknowledge that I have received/retained the property described in the narrative this _____ day of _____, 19____ Signature: _____											
<input checked="" type="checkbox"/> 75. Stolen Vehicle () Suspect Vehicle ()		Recovered () Other ()		76. Year	77. Make	78. Model	79. Color	80. License Number, State, Year			
NA V E H I C L E	81. Vehicle I.D. Number				Verified by Officer Yes () No ()		82. Vehicle Insured by		Verified by Officer Yes () No ()		
	83. Title Holder				Verified by Officer Yes () No ()		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes () No ()		
	85. Ignition Locked? Yes () No ()		86. Keys in Ignition? Yes () No ()		87. Doors Locked? 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: _____											
<input checked="" type="checkbox"/> 94. Suspect A (Last Name, First, Middle) <u>UNKNOWN</u>				95. Nickname (Alias)			96. At Large () Arrested () Charge:		97. Booking No.		
NA S U S P E C T I N F O R M A T I O N	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			
NA S O L V A B I L I T Y	114. A. Was an arrest made?				Yes () No (<input checked="" type="checkbox"/>)		F. Is stolen property traceable by Serial Number, color, etc.?		N/A (<input checked="" type="checkbox"/>) Yes () No ()		
	B. Are there any suspects at large?				Yes (<input checked="" type="checkbox"/>) No ()		G. Is the value of the stolen property greater than \$1,000?		N/A (<input checked="" type="checkbox"/>) Yes () No ()		
	C. Are there eyewitnesses identified?				N/A (<input checked="" type="checkbox"/>) Yes () No ()		H. Is there significant M.O. described in the narrative?		Yes () No (<input checked="" type="checkbox"/>)		
	D. Can a suspect be named, located, described, and/or identified?				Yes () No (<input checked="" type="checkbox"/>)		I. Is there significant physical evidence described in the narrative?		Yes () No (<input checked="" type="checkbox"/>)		
	E. If a vehicle was used by the suspect, can it be identified?				N/A (<input checked="" type="checkbox"/>) Yes () No ()						
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 (<input checked="" type="checkbox"/>) Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No (<input checked="" type="checkbox"/>)											
115. Reporting Officer <u>L.B. Williams</u>				I.D. # <u>6918</u>		116. Reporting Officer I.D. Number					
A D M I N I S T R A T I O N	117. Are there additional victims in the narrative?				Yes () No (<input checked="" type="checkbox"/>)		Time Stamps (Review Desk, I.D., Print Shop)				
	Are there additional suspects in the narrative?				Yes () No (<input checked="" type="checkbox"/>)						
Is there additional property listed in the narrative?				Yes () No (<input checked="" type="checkbox"/>)							
Are there other reports pertinent to this incident?				Yes () No (<input checked="" type="checkbox"/>)							
118. Concur (<input checked="" type="checkbox"/>)		Supervisor <u>Sgt. W.C. Brown 6576</u>		I.D.#		Date <u>23 Jun 81</u>		Time <u>2:55 PM</u>		119. Reviewed by <u>D. J. Hilton 6161</u> No	

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>Arson</u>	CCR Number <u>320908</u>
Victim's Name and Address <u>Arthur Hartley 411 Crystal St Jax Fla.</u>		

Investigation revealed that the owner of the house has been deceased for approximately three months and the house has been vacant for that same period of time.

According to Capt. H.S. Hinckley (J.F.D.) the fires started in the kitchen on a cupboard with a kerosene lamp. The second originating fire began on the floor in the room directly behind the kitchen up against the wall.

Neighbors advised that the deceased woman's son (victim) was handling the estate and that the house had been broken into on at least a couple of instances since the owner deceased.

FILE COPY

Reporting Officer <u>L.B. Williams</u>	I.D. Number <u>#6918</u>	Date/Time <u>23 Jun 81 1:25 AM</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt. M. Brown</u>	I.D. Number <u>6576</u>	Date/Time <u>23 Jun 81 2 AM</u>	Date/Time Reproduced <u>5549</u>	Reviewer	I.D. Number

EVIDENCE TECHNICIAN REPORT

OFFICE OF SHERIFF-JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA

TYPE OF INCIDENT ARSON	DATE 23 JUN 81	CCR NO. 320908
----------------------------------	--------------------------	--------------------------

SECTOR	BEAT 205	ASSIGNED BY CCR <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/>	TIME ASSIGNED 1:05 AM	DATE 10-20 (GIVE LOCATION)
VICTIM'S NAME HARTLEY, ARTHUR			TIME ARRIVED 1:25 AM	TIME COMPLETED 723 MEMORIAL PARK
LOCATION OF INCIDENT 708 DAY ST.		ADDRESS OR DISTANCE AND DIRECTION TO NEAREST KNOWN POINT 411 CRYSTAL ST.		PHONE NUMBER X
LATENT FINGERPRINTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PHOTOS AT SCENE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		BUSINESS OR FIRM NAME X

UNIT REQUESTING EVIDENCE TECHNICIAN
NAMES & ID NUMBERS **3205 L.B. WILLIAMS 6918**

INVESTIGATION DETAIL OFFICERS PRESENT
YES NO NAMES & ID NUMBERS

VEHICLE - YEAR, MAKE & MODEL X	LICENSE NUMBER X	STATE X	ID NUMBER X	COLOR X
VEHICLE - YEAR, MAKE & MODEL X	LICENSE NUMBER X	STATE X	ID NUMBER X	COLOR X

EVIDENCE TURNED OVER **DeMCO** DATE **6/23/81** TIME **7:00 AM** FIELD SKETCH MADE **X**

ELIMINATION PRINTS TAKEN YES NO PROPERTY INVENTORIED FOR **X** AT **X** INVENTORY NUMBERS **X**

IF CRIME SCENE SKETCH IS DRAWN LIST REFERENCE SYMBOL AT LOCATION*

FINGER PRINT EXAMINATION	POWDER			NEGS	LIFTS	*LOCATION	ANALYSIS (FOR IDENT. USE ONLY)
	B	W	N				
				NONE			

FILE COPY

OTHER PHOTOGRAPHY	NEGS	DESCRIPTION & LOCATION	NEGS	DESCRIPTION & LOCATION
	1	OVERALL		Photo Lab
	2	ADDRESS		
	3-9	FIRE DAMAGE		

PHYSICAL EVIDENCE	NO.	DESCRIPTION & LOCATION	NO.	DESCRIPTION & LOCATION

DETAILS (ALSO GIVE NAMES OF ANY PERSONS IN CUSTODY)

PHOTOS TAKEN AT SCENE OF FIRE DAMAGE AS REQUESTED BY FIRE CAPT. HUNKLEY.

TECHNICIAN REPORTING SIGNATURE & ID NUMBER [Signature] 6793	BEAT NO. 252	SUPERVISOR APPROVING SIGNATURE & ID NUMBER
---	------------------------	--

81-320908

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

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR No. 232074
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E. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
---	--	--

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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on 2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()
---------------------------------	---	---

I N F O	(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()
------------------	---	---

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) None

11. Witness Code: (Use One or More Codes)	1. At Scene	2. Eyewitness	3. No Knowledge	4. Alibi Witness	5. Reluctant	6. Cooperative	Statement Taken Code: Oral—A, Written—B, None—C
--	-------------	---------------	-----------------	------------------	--------------	----------------	--

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
(1)				
(2)				
(3)				
(4)				

INDEX

CONFIDENTIAL
MEMORANDUM
JUVENILE

12. Original Offense Arson	Changed? Yes () No <input checked="" type="checkbox"/>	13. New Offense	14. Multiple Cases Cleared? (List all CCR #s in Narrative)	Yes <input checked="" type="checkbox"/> No ()
-------------------------------	--	-----------------	---	--

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	<input checked="" type="checkbox"/> 7. Cleared by Arrest (Under 18—Patrol () Det. <input checked="" type="checkbox"/>	a. () c. () e. ()
	() 4. Justifiable/Excusable Homicide	<input checked="" type="checkbox"/> 8. Cleared by Arrest (Over 18—Patrol () Det. (<input checked="" type="checkbox"/>))	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 A M O U N T S	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 type.		
	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 LOSS: \$ _____
	E. Office Equipment \$ _____	K. Livestock \$ _____	

P R O P E R T Y R E C O V E R Y	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.		
	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: \$ _____
	E. Office Equipment \$ _____	K. Livestock \$ _____	

18. Property Recovered By:	() 1. Local Case/Local Recovery	() 2. Local Case/Other Jurisdiction Recovery	() 3. Other Jurisdiction Case/Local Recovery
----------------------------	----------------------------------	---	---

19. Auto Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
--------------------------	-----------------	------------------------	----------------------------

20. How Was Vehicle Stolen? () Key () 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
---	--	---------------------------------------	--	-------------------------------------

25. Missing Person Located At:	Serial	Date	Time
Dispatch No. _____	Cancelled		

Evidence Technician Called to Scene L. M. Burton	I.D. Number 6850	Date 5/23/83, 5:50 a.m.	29. Time Stamp 6217
Reporting Officer (Supplement) E. Hyde	I.D. Number 5035	Date 7/12/83, 4:00 p.m.	
Approving J.E. [Signature]	I.D. Number 19506	Date 8/3 8AM	

FILE COPY

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

81-320908

Page <u>2</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr,
Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 15043	Date/Time 19 JUL 83 AM	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number <i>[Signature]</i>

P-688 A

002910

81-320908

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Officer Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5055	Date/Time 19-Jul-83
	I.D. Number <i>2766A 043</i>	Date/Time 19 JUL 83	Date/Time Reproduced <i>8:22</i>	Reviewer <i>[Signature]</i>	I.D. Number <i>[Signature]</i>



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

DATA INPUT

26. Beat 314				27. P.A. DUO		28. UCR Code		29. Weather Conditions partly cloudy 73°		1. Victim (Last Name, First, Middle) Unknown				2. CCR Number 277929									
30. Complainant (Last Name, First, Middle)								3. Victim's Address City State															
31. Complainant's Address				32. Telephone				4. Victim's Place of Empl. School		5. Home Phone		6. Bus. Phone											
33. Premises Type Residence				34. Entry Made Legal () Illegal ()				7. Sex Race D.O.B.		Age		Height Weight		Hair Eyes									
35. Point of Entry				36. Point of Exit				8. Offense Incident															
37. Method Used to Gain Entry								9. Location of Offense Incident 1203 Hubbard St															
38. Tool or Weapon Used								10. Day Date Time of Occurrence Tues 31 May 83 3:00 A.M. - 3:15 A.M.															
39. Physical Evidence (Description)								11. Day Date Time Reported Tues. 31 May 83 3:22 A.M.															
40. Evidence Technician (Name, serial number)								12. Detective Called to Scene (Name, I.D. Number) N/A (✓)															
41. Disposition of Evidence Property Room () Other ()								32. Telephone		13. Victim #2 (Last Name, First, Middle) N/A (✓)				14. Victim #2's Address City State		15. Victim #2's Place of Emp., School		16. Home Phone		17. Bus. Phone			
42. Has Person Been Reported Missing Before? Yes () No ()								43. Do You Suspect Foul Play? Yes () No ()		18. Sex Race D.O.B.				Age		Height Weight		Hair Eyes					
44. If "Yes", Why?								19. Hospital Where Victim(s) Taken								20. Admitted?		21. Rescue Unit # N/A (✓)					
45. Mental Condition								22. Describe Nature of Injuries (Victim #1) N/A (✓)															
46. Physical Condition								23. Exact Location of Victim #1 on Premises N/A (✓)															
47. Is Photograph Attached? Yes () No ()				48. Dispatch Number				24. Describe Nature of Injuries (Victim #2) N/A (✓)															
49. Location Person Last Seen								50. When (Day, date, time)				51. By Whom?											
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)															
Address								Address															
Sex		Race		D.O.B.		Age		Home Phone				Sex		Race		D.O.B.		Age		Home Phone			
Relationship to Victim				Occupation				Business Phone				Relationship to Victim				Occupation				Business Phone			
59. Witness #3 (Last Name, First, Middle)								60. Witness #4 (Last Name, First, Middle)															
Address								Address															
Sex		Race		D.O.B.		Age		Home Phone				Sex		Race		D.O.B.		Age		Home Phone			
Relationship to Victim				Occupation				Business Phone				Relationship to Victim				Occupation				Business Phone			
61. Color of Document		62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction		66. Amount													
67. Name of Bank								City				68. Made Payable To				69. Signature on Face							
70. Name on Account								71. Reason Not Honored				72. Person Handling Transaction											

FILE COPY

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident <u>ARSON</u>		CCR Number <u>344729</u>		
73. A. Currency		B. Jewelry, Precious Metals		C. Clothing, Furs		D. Vehicles		E. Office Equipment		
G. Firearms		H. Household Goods		J. Consumable Goods		K. Livestock		L. Construc. Mach.		
M. Boats, Motors		Z. Miscellaneous								
N A P R O P E R T Y	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)				Value Taken	Value Recovered	
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: _____										
N A V E H I C L E	75. Stolen Vehicle () Recovered ()		76. Year		77. Make		78. Model		79. Color	
	Suspect Vehicle () Other ()								80. License Number, State, Year	
	81. Vehicle I.D. Number				Verified by Officer Yes () No ()				82. Vehicle Insured by	
									Verified by Officer Yes () No ()	
	83. Title Holder				Verified by Officer Yes () No ()				84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?	
									Yes () No ()	
	85. Ignition Locked? Yes () No ()		86. Keys in Ignition? Yes () No ()		87. Doors Locked? 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: _____										
N A U S P E C T I N F O	94. Suspect A (Last Name, First, Middle)				95. Nickname (Alias)				96. At Large () Arrested ()	
									Charge:	
	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:		
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		
N A S O L V A B I L I T Y	114. A. Was an arrest made?				Yes () No (<input checked="" type="checkbox"/>)		F. Is stolen property traceable by Serial Number, color, etc.?		N/A (<input checked="" type="checkbox"/>) Yes () No ()	
	B. Are there any suspects at large?				Yes (<input checked="" type="checkbox"/>) No ()		G. Is the value of the stolen property greater than \$1,000?		N/A (<input checked="" type="checkbox"/>) Yes () No ()	
	C. Are there eyewitnesses identified?				N/A (<input checked="" type="checkbox"/>) Yes () No (<input checked="" type="checkbox"/>)		H. Is there significant M.O. described in the narrative?		Yes () No (<input checked="" type="checkbox"/>)	
	D. Can a suspect be named, located, described, and/or identified?				Yes () No (<input checked="" type="checkbox"/>)		I. Is there significant physical evidence described in the narrative?		Yes () No (<input checked="" type="checkbox"/>)	
	E. If a vehicle was used by the suspect, can it be identified?				N/A (<input checked="" type="checkbox"/>) Yes () No ()					
	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 (<input checked="" type="checkbox"/>)									
	Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No (<input checked="" type="checkbox"/>)									
	115. Reporting Officer <u>J. D. Roberts</u>				I.D. Number <u>6702</u>		116. Reporting Officer			
							I.D. Number			
117. Are there additional victims in the narrative?				Yes () No (<input checked="" type="checkbox"/>)		Time Stamp 5008				
Are there additional suspects in the narrative?				Yes () No (<input checked="" type="checkbox"/>)						
Is there additional property listed in the narrative?				Yes () No (<input checked="" type="checkbox"/>)						
Are there other reports pertinent to this incident?				Yes () No (<input checked="" type="checkbox"/>)						
118. Concur () Supervisor		I.D. # <u>3347</u>		Date <u>3/10/24</u>		Time <u>4 AM</u>		119. Reviewer <u>[Signature]</u> I.D. No.		
Do Not Concur () <u>[Signature]</u>										

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Ident <u>Arson</u>	CCR Number <u>244929</u>
Victim's Name and Address <u>Unknown</u>		JAIL NUMBER

On the above date & time Fire Contact received a call to a residential fire at 1203 Hubbard St. Upon arrival at the scene it was determined that a small fire was burning on the south side of the house.

The fire was extinguished by responding fire units before much damage was done.

According to Deputy Assistant Chief H.F. Hurst the fire appeared to be deliberately set, by splashing an unknown combustible liquid on a door on the southside of the house & lighting it.

At this time the house is unoccupied & undergoing renovation. The owner is unknown at this time.

FILE COPY

Reporting Officer <u>L.D. Adams</u>	I.D. Number <u>6703</u>	Date/Time <u>4/30 AM 3/12/83</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt. M.A. Roth</u>	I.D. Number <u>347</u>	Date/Time <u>3/12/83 4:40 AM</u>	Date/Time Reproduced	Reviewed <u>[Signature]</u>	I.D. Number

DATA INPUT

244929

SUPPLEMENT REPORT

Office of the Sheriff—Jacksonville Police
Jacksonville, Florida

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR No. 232074
--------------------------	----------------	---	--	----------------------

6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
---	--	--

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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on

2 counts of arson, Juvenile Shelter

N.C.I.C. Name Check If Not Booked
Yes No ()

(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of

arson, Juvenile Shelter

N.C.I.C. Name Check If Not Booked
Yes No ()

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)
None

11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge
(Use One or More Codes) 4. Alibi Witness 5. Reluctant 6. Cooperative

Statement Taken Code:
Oral—A, Written—B, None—C

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
(1)				
(2)				
(3)				
(4)				

INDEX

CONFIDENTIAL
MEMORANDUM
JUVENILE

12. Original Offense: Arson
Changed? Yes () No (XX)

13. New Offense

14. Multiple Cases Cleared? Yes (XX)
(List all CCR #s in Narrative) No ()

15. () 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	() 10. Case Suspended
() 2. Unfounded	<input checked="" type="checkbox"/> 7. Cleared by Arrest (Under 18—Patrol () Det. <input checked="" type="checkbox"/>)	a. () c. () e. ()
() 4. Justifiable/Excusable Homicide	<input checked="" type="checkbox"/> 8. Cleared by Arrest (Over 18—Patrol () Det. <input checked="" type="checkbox"/>)	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 type.

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 LOSS:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.

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:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

18. Property Recovered By:

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

19. Auto Theft Recovery: Dispatch Number _____ Disposition of Vehicle _____ Value of Recovered Vehicle _____

20. How Was Vehicle Stolen? () Key () Hot-wire () Other () Condition of Vehicle () Good () Stripped () Burned

22. Battery in Car? () Yes () No 23. Spare Tire in Car? () Yes () No 24. Trunk Locked? () Yes () No

25. Missing Person Located At: Dispatch No. _____ Canceled _____

26. Evidence Technician Called to Scene: L. M. Burton I.D. Number 6850 Date 5/23/83, Time 5:50 a.m.

29. Time Stamp

27. Reporting Officer (Supplement): M. E. Hyde I.D. Number 5035 Date 7/12/83, Time 4:00 p.m.

Approving: SA J.E. J... 19 JUL 83 PAM

Reviewer: M... 6217

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

244929

Page 2 of 3	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr.,
Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 157073	Date/Time 15 JUL 83 AM	Date/Time Reprinted	Reviewer <i>[Signature]</i>	I.D. Number <i>[Signature]</i>

P-688

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

244929

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 043	Date/Time 19-JUL-83	Date/Time Reproduced 8:23	Reviewer <i>[Signature]</i>	I.D. Number <i>[Signature]</i>

Form A 3780

DATA INPUT



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

1. Victim (Last Name, First, Middle) RINK										2. CCR Number 222355	
3. Victim's Address X										City X	
4. Victim's Place of Empl. School V										5. Home Phone	
6. Bus. Phone											
26. Beat 314				27. R A 0AO		28. UCR Code		29. Weather Conditions Clear			
30. Complainant (Last Name, First, Middle) Hinchley H.S. Capt.										8. Offense Incident ASSAULT	
31. Complainant's Address 1350 E Adams						32. Telephone 683-5530		9. Location of Offense Incident 32 E 10th St.			
33. Premises Type residence				34. Entry Made Legal () Illegal ()				10. Day Date Time of Occurrence Tue 17 May 83 1:48 Am			
35. Point of Entry ←				36. Point of Exit ←				11. Day Date Time Reported Tue 17 May 83 1:48 Am			
37. Method Used to Gain Entry ←										12. Detective Called to Scene (Name, I.D. Number) N/A (X)	
38. Tool or Weapon Used ✓										13. Victim #2 (Last Name, First, Middle) N/A (X)	
39. Physical Evidence (Description)										14. Victim #2's Address City State	
40. Evidence Technician (Name, serial number) J.T. Royal # 5670 N/A ()										15. Victim #2's Place of Emp./School	
41. Disposition of Evidence Property Room () Other () X X										16. Home Phone	
42. Has Person Been Reported Missing Before? Yes () No ()										17. Bus. Phone	
43. Do You Suspect Foul Play? Yes () No ()										18. Sex Race D.O.B. Age Height Weight Hair Eyes	
44. If "Yes", Why?										19. Hospital Where Victim(s) Taken	
45. Mental Condition										20. Admitted?	
46. Physical Condition										21. Rescue Unit # N/A (X)	
47. Is Photograph Attached? Yes () No ()										22. Describe Nature of Injuries (Victim #1) N/A (X)	
48. Dispatch Number										23. Exact Location of Victim #1 on Premises N/A (X)	
49. Location Person Last Seen										24. Describe Nature of Injuries (Victim #2) N/A (X)	
50. When (Day, date, time)										25. Exact Location of Victim #2 on Premises N/A (X)	
51. By Whom?											
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)	
Address										Address	
Sex		Race		D.O.B.		Age		Home Phone		Sex	
Relationship to Victim		Occupation		Business Phone		Relationship to Victim		Occupation		Business Phone	
59. Witness #3 (Last Name, First, Middle)										60. Witness #4 (Last Name, First, Middle)	
Address										Address	
Sex		Race		D.O.B.		Age		Home Phone		Sex	
Relationship to Victim		Occupation		Business Phone		Relationship to Victim		Occupation		Business Phone	
61. Color of Document		62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction		66. Amount	
67. Name of Bank				City				68. Made Payable To		69. Signature on Face	
70. Name on Account				71. Reason Not Honored				72. Person Handling Transaction			

FILE COPY

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident <u>ARSON</u>		CCR Number <u>222355</u>																			
PROPERTY	73. A. Currency G. Firearms		B. Jewelry, Precious Metals H. Household Goods		C. Clothing, Furs J. Consumable Goods		D. Vehicles K. Livestock		E. Office Equipment L. Construc. Mach.		F. TV, Radio, Camera M. Boats, Motors		Z. Miscellaneous														
	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)				Value Taken	Value Recovered																		
74. This is to acknowledge that I have received/retained the property described in the narrative this _____ day of _____, 19____. Signature: _____																											
VEHICLE	75. Stolen Vehicle () Suspect Vehicle ()		Recovered () Other ()		76. Year	77. Make	78. Model	79. Color	80. License Number, State, Year																		
	81. Vehicle I.D. Number				Verified by Officer Yes () No ()			82. Vehicle Insured by			Verified by Officer Yes () No ()																
	83. Title Holder				Verified by Officer Yes () No ()			84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?			Yes () No ()																
	85. Ignition Locked? Yes () No ()		86. Keys in Ignition? Yes () No ()		87. Doors Locked? 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: _____																											
SUSPECT	94. Suspect A (Last Name, First, Middle) <u>UNK</u>				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																		
SUSPECT	104. Suspect B (Last Name, First, Middle) <u>R</u>				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																		
SOLVABILITY	114. A. Was an arrest made? Yes () No (<input checked="" type="checkbox"/>)																										
	B. Are there any suspects at large? Yes (<input checked="" type="checkbox"/>) No ()																										
	C. Are there eyewitnesses identified? N/A () Yes () No (<input checked="" type="checkbox"/>)																										
	D. Can a suspect be named, located, described, and/or identified? Yes () No (<input checked="" type="checkbox"/>)																										
	E. If a vehicle was used by the suspect, can it be identified? N/A () Yes () No (<input checked="" type="checkbox"/>)																										
F. Is stolen property traceable by Serial Number, color, etc.? N/A (<input checked="" type="checkbox"/>) Yes () No ()																											
G. Is the value of the stolen property greater than \$1,000? N/A (<input checked="" type="checkbox"/>) Yes () No ()																											
H. Is there significant M.O. described in the narrative? Yes () No (<input checked="" type="checkbox"/>)																											
I. Is there significant physical evidence described in the narrative? Yes () No (<input checked="" type="checkbox"/>)																											
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 (<input checked="" type="checkbox"/>)																											
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No (<input checked="" type="checkbox"/>)																											
115. Reporting Officer <u>[Signature]</u>							I.D. Number <u>5334</u>							116. Reporting Officer							I.D. Number						
117. Are there additional victims in the narrative? Yes () No (<input checked="" type="checkbox"/>)							Are there additional suspects in the narrative? Yes () No (<input checked="" type="checkbox"/>)							Is there additional property listed in the narrative? Yes () No (<input checked="" type="checkbox"/>)							Are there other reports pertinent to this incident? Yes () No (<input checked="" type="checkbox"/>)						
118. Concur () Supervisor Do Not Concur (<input checked="" type="checkbox"/>) <u>[Signature]</u>							I.D. <u>5347</u> Date <u>12/02/83</u> Time <u>3:30 AM</u>							Time Stamp <u>6217</u>							I.D. No. <u>5094</u>						

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>Arson</u>	CCR Number <u>222355</u>
Victim's Name and Address <u>UNK</u>		JAIL NUMBER <u>X</u>

On 17 May 83 at 1:48 A.M. Sgt G.H. Rothwile was patrolling the Springfield area when he noticed a house fire, which he called into H.Q.

After the fire dept arrived and was able to put out the fire, the fire Marshall was called out. Capt H.S. Minckley was investigating the fire and stated that the fire was arson. He stated the fire started in the rear of the house with a flammable type liquid. No one was found in or around the house and ownership is unknown at this time.

A vehicle was parked outside of the house which might belong to the resident of the house. The tag information is a Mr. Jack L. Kulish of 37 E 10th St 8-5-34.

E.T was called to the scene

FILE COPY

Reporting Office <u>S. Stawell</u>		I.D. Number <u>5334</u>	Date/Time <u>17 MAY 83</u>	Reporting Officer <u>3:00 A.M.</u>		I.D. Number	Date/Time
Supervisor <u>Sgt W.A. Rothwile</u>	I.D. Number <u>547</u>	Date/Time <u>17 MAY 83</u>	Date/Time Reproduced <u>3:30 AM</u>	Reviewer <u>[Signature]</u>	I.D. Number <u>5094</u>		

P-083

DATA INPUT

222355

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

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR No. 232074
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6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK		7. Victim's Sex, Race, Age, D.O.B. Business		8. Victim's Address 1601 N. Main Street		
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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, b1n hr, booked on 2 counts of arson, Juvenile Shelter					
	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()					
	(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, b1n hr, booked on 2 counts of arson, Juvenile Shelter					
I N F O	10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) None					
	11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge (Use One or More Codes) 4. Alibi Witness 5. Reluctant 6. Cooperative					
	Statement Taken Code: Oral—A, Written—B, None—C					
	Name (Last, First, Middle) Address Phone—Home/Business Witness Code Statement Code					
W I T N E S S I N F O	(1)					
	(2)					
	(3)					
	(4)					
12. Original Offense Arson		Changed? Yes () No <input checked="" type="checkbox"/>		13. New Offense		
				14. Multiple Cases Cleared? Yes <input checked="" type="checkbox"/> No () (List all CCR #s in Narrative)		
C O M M U N I C A T I O N S T A T E S E C T I O N	15. () 1. Missing Person Located (Case Cleared) () 6. Exceptionally Cleared (Under 18) () 10. Case Suspended					
	() 2. Unfounded (<input checked="" type="checkbox"/>) 7. Cleared by Arrest [Under 18—Patrol () Det. <input checked="" type="checkbox"/>] a. () c. () e. ()					
	() 4. Justifiable/Excusable Homicide (<input checked="" type="checkbox"/>) 8. Cleared by Arrest [Over 18—Patrol () Det. (<input checked="" type="checkbox"/>] b. () d. () f. ()					
	() 5. Victim Dead (Acc. Death/Suicide/Natural) () 9. Exceptionally Cleared (Over 18) () 11. Investigation Cont.					
	() 12. Attempted Suicide					
C O M M U N I C A T I O N S R E C O R D S	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 type.					
	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 \$ _____ E. Office Equipment \$ _____ K. Livestock \$ _____ TOTAL LOSS: \$ _____					
C O M M U N I C A T I O N S R E C O R D S	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.					
	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 \$ _____ E. Office Equipment \$ _____ K. Livestock \$ _____ TOTAL ADDITIONAL RECOVERED \$ _____					
R A P T O R Y	18. Property Recovered By: () 1. Local Case/Local Recovery () 2. Local Case/Other Jurisdiction Recovery 3. Other Jurisdiction Case/Local Recovery					
	19. Auto Theft Recovery: Dispatch Number Disposition of Vehicle Value of Recovered Vehicle					
R A P T O R Y	20. How Was Vehicle Stolen? () Key () 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			
M P	25. Missing Person Located At: Dispatch No. _____ Canceled _____ Serial Date/Time _____					
	26. Evidence Technician Called to Scene L. M. Burton		I.D. Number 6850		Date Time 5/23/83, 5:50 a.m.	
M P	27. Reporting Officer (Supplement) M. E. Hyde		I.D. Number 5035		Date Time 7/12/83, 4:00 p.m.	
	Approving SA J.E. Jellison		I.D. Number 19 JUL 83		Date Time PAM	
				29. Time Stamp 6217		
				Reviewer M.H. 5/67		

INDEX

CONFIDENTIAL
MEMORANDUM
JUVENILE

FILE COPY

SA J.E. Jellison 19 JUL 83 PAM

Reviewer M.H. 5/67

222355

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>2</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr,
Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 5047	Date/Time 15 JUL 83 AM	Date/Time Reproduced	Reviewer 117H	I.D. Number 5047

P-088 A

222355

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 9-22-83 19-Jul-83
Supervisor <i>Sgt. E. J. ...</i>	I.D. Number 0243	Date/Time 19 JUL 83 8am	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number 5035

4-588 A 3x80



GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

DATA INPUT

26. Beat 314 040		27. R/A 040		28. UCR Code		29. Weather Conditions clear		1. Victim (Last Name, First, Middle) Unknown				2. CCR Number 458401											
30. Complainant (Last Name, First, Middle) Hendley, H.C. Capt B.4 J.F.B.								3. Victim's Address				City		State									
31. Complainant's Address 1350 E Adams St.				32. Telephone 633-5520				4. Victim's Place of Empl./School				5. Home Phone		6. Bus. Phone									
33. Premises Type residence				34. Entry Made Legal () Illegal ()				7. Sex		Race		D.O.B.		Age		Height		Weight		Hair		Eyes	
35. Point of Entry x				36. Point of Exit x				8. Offense Incident Arson				9. Location of Offense/Incident 132 E 6th St				10. Day/Date/Time of Occurrence Tue 21 Sep 82 3:30 p.m							
37. Method Used to Gain Entry x				38. Tool or Weapon Used Fire				11. Day/Date/Time Reported Tue 21 Sep 82 4:02 p.m				12. Detective Called to Scene (Name, I.D. Number) N/A ()											
39. Physical Evidence (Description)				13. Victim #2 (Last Name, First, Middle) N/A ()				14. Victim #2's Address				City		State									
40. Evidence Technician (Name, serial number) L.V. Hayes Jr 6788				41. Disposition of Evidence Property Room () Other ()				15. Victim #2's Place of Emp./School				16. Home Phone		17. Bus. Phone									
42. Has Person Been Reported Missing Before? Yes () No ()				43. Do You Suspect Foul Play? Yes () No ()				18. Sex		Race		D.O.B.		Age		Height		Weight		Hair		Eyes	
44. If "Yes", Why?				45. Mental Condition				46. Physical Condition				19. Hospital Where Victim(s) Taken				20. Admitted?		21. Rescue Unit # N/A ()					
47. Is Photograph Attached? Yes () No ()				48. Dispatch Number				22. Describe Nature of Injuries (Victim #1) FILE COPY				23. Exact Location of Victim #1 on Premises N/A ()											
49. Location Person Last Seen				50. When (Day, date, time)				24. Describe Nature of Injuries (Victim #2) N/A ()				25. Exact Location of Victim #2 on Premises N/A ()											
52. Clothing Description				53. Probable Destination				51. By Whom?															
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) Flournoy, Michael Scott				58. Witness #2 (Last Name, First, Middle) Flournoy, Betty				59. Witness #3 (Last Name, First, Middle) x				60. Witness #4 (Last Name, First, Middle) x											
Address 1548 Market St.				Address 1548 Market St.				Address				Address											
Sex		Race		D.O.B.		Age		Home Phone		Sex		Race		D.O.B.		Age		Home Phone					
M		N		6-10-67		15		None		F		N		10-10-39		42		None					
Relationship to Victim neighbor				Occupation student				Business Phone x				Relationship to Victim neighbor				Occupation None				Business Phone x			
61. Color of Document				62. Type of Document				63. Number on Document				64. Date of Document				65. Date of Transaction				66. Amount			
67. Name of Bank				City				68. Made Payable To				69. Signature on Face											
70. Name on Account				71. Reason Not Honored				72. Person Handling Transaction															

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident <u>Arson</u>		CCR Number <u>458401</u>																
<table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td>73. A. Currency</td> <td>B. Jewelry, Precious Metals</td> <td>C. Clothing, Furs</td> <td>D. Vehicles</td> <td>E. Office Equipment</td> <td>F. TV, Radio, Camera</td> </tr> <tr> <td></td> <td>G. Firearms</td> <td>H. Household Goods</td> <td>J. Consumable Goods</td> <td>K. Livestock</td> <td>L. Construc. Mach.</td> <td>M. Boats, Motors</td> <td>Z. Miscellaneous</td> </tr> </table>										<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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																	
N A P R O P E R T Y	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)			Value Taken	Value Recovered																
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: <u> </u>																								
N A V E H I C L E	75. Stolen Vehicle () Recovered ()		76. Year		77. Make		78. Model		79. Color		80. License Number, State, Year													
	Suspect Vehicle () Other ()																							
	81. Vehicle I.D. Number				Verified by Officer Yes () No ()				82. Vehicle Insured by Verified by Officer Yes () No ()															
	83. Title Holder				Verified by Officer Yes () No ()				84. Has Vehicle Recently Been in Repair Shop? If Yes, Where? Yes () No ()															
	85. Ignition Locked? Yes () No ()		86. Keys in Ignition? Yes () No ()		87. Doors Locked? 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: <u> </u>						Date and Time: <u> </u>																	
	94. Suspect A (Last Name, First, Middle)				95. Nickname (Alias)				96. At Large () Arrested ()		97. Booking No.		Charge:											
	<u>unk</u>				<u>"Pokey"</u>				<u>X</u>		<u> </u>		<u> </u>											
98. Suspect's Address						99. Known Associate or Areas Frequented																		
<u>unk</u>						<u>E 7th st area</u>																		
100. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics																
<u>M</u>	<u>N</u>	<u> </u>	<u>30-35</u>	<u>5'11"</u>	<u>185</u>	<u>Blk</u>	<u>Blk</u>	<u>Gold tooth</u>																
101. Hair Length		Hair Style		Facial Hair		Complexion		Voice		General Appearance														
<u>short</u>		<u>combed</u>		<u>must</u>		<u>Dark</u>		<u>X</u>		<u>X</u>														
102. Clothing Description								103. Relationship to Victim																
<u>Green pants, Green shirt, Black shoes</u>								<u>unk-</u>																
104. Suspect B (Last Name, First, Middle)				105. Nickname (Alias)				106. At Large () Arrested ()		107. Booking No.		Charge:												
<u> </u>				<u> </u>				<u> </u>		<u> </u>		<u> </u>												
108. Suspect's Address						109. Known Associate or Areas Frequented																		
<u> </u>						<u> </u>																		
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																
N A S O L V E A B I L I T Y	114. A. Was an arrest made? Yes () No () <u>X</u>										F. Is stolen property traceable by Serial Number, color, etc.? N/A () Yes () No ()													
	B. Are there any suspects at large? Yes () No () <u>X</u>										G. Is the value of the stolen property greater than \$1,000? N/A () Yes () No ()													
	C. Are there eyewitnesses identified? N/A () Yes () No () <u>X</u>										H. Is there significant M.O. described in the narrative? Yes () No () <u>X</u>													
	D. Can a suspect be named, located, described, and/or identified? Yes () No () <u>X</u>										I. Is there significant physical evidence described in the narrative? Yes () No () <u>X</u>													
	E. If a vehicle was used by the suspect, can it be identified? N/A () Yes () No () <u>X</u>																							
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 () <u>X</u>																								
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No () <u>X</u>																								
115. Reporting Officer <u>D.S. Starnett</u>				I.D. Number <u>5334</u>				116. Reporting Officer				I.D. Number												
117. Are there additional victims in the narrative? Yes () No () <u>X</u>				Are there additional suspects in the narrative? Yes () No () <u>X</u>				Is there additional property listed in the narrative? Yes () No () <u>X</u>				Are there other reports pertinent to this incident? Yes () No () <u>X</u>												
118. Concur () Supervisor				I.D. # <u>5337</u>				Date				Time												
Do Not Concur () <u>Sgt. A. Roshulsky</u>				<u>2150182</u>				<u>9:00</u>				<u> </u>												
								119. Reviewer <u> </u>		I.D. No. <u>5008</u>														

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>ARSON</u>	CCR Number <u>458401</u>
Victim's Name and Address <u>unknown</u>		

According to the witness #2, who lives behind the house that was set on fire, on 21 Sep 82 around 3:30 pm she saw a suspect crawling under the house at 132 E 6th St. At that time she called her son witness #1. They both saw the suspect "Pokey" come out from under the house at 132 E 6th St. At that time he told the witness not to call the police as he was only getting beer cans and did not want to get in trouble for trespassing. The suspect then walked down the alley from this house.

Both witness know the suspect in sight and believes he lives in the Springwood area.

According to Capt. H.C. Hrickley of the I.F.A the house at 132 E 6th St was set a fire around 3:30 pm on 21 Sep 82. The fire was arson and the fire was started on the first floor at several different places. No ^{ONE} was living in the house at the time of the arson and the owner of the house is unknown at the time of this report.

E.F. was called to take pictures

FILE COPY

Reporting Officer <u>D.S. Starrett</u>	I.D. Number <u>5334</u>	Date/Time <u>21 Sep 82</u>	Reporting Officer <u>5:30pm</u>	I.D. Number	Date/Time
Supervisor <u>Sgt. J. H. Beckwith</u>	I.D. Number <u>5347</u>	Date/Time <u>21 Sep 82</u>	Date/Time Reproduced <u>7:00pm</u>	Reviews <u>J. 245</u>	I.D. Number

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

DATA INPUT

1. Page Number 1 of 2	2. Beat 314	3. Date of Original Report 21 SEPT 82	4. Date of This Report 30 SEPT. 82	5. CCR Number 458401
--------------------------	----------------	--	---------------------------------------	-------------------------

6. Victim's Name (Last, First, Middle) UNKNOWN	7. Victim's Sex, Race, Age, D.O.B. -	8. Victim's Address 132 E 6th ST.
---	---	--------------------------------------

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) "POKEY" B/m-30-35 5'8" 135 lbs. BUSHY HAIR STOCKY BUILD GOLD TEETH ON UPPER RIGHT, MUSTACHE	N.C.I.C. Name Check If Not Booked Yes () No ()
---------------------------------	---	---

INDEX

I N F O	(B)	N.C.I.C. Name Check If Not Booked Yes () No ()
------------------	-----	---

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) NONE

11. Witness Code: (Use One or More Codes)	1. At Scene	2. Eyewitness	3. No Knowledge	4. Alibi Witness	5. Reluctant	6. Cooperative	Statement Taken Code: Oral—A, Written—B, None—C
--	-------------	---------------	-----------------	------------------	--------------	----------------	--

W I T N E S S I N F O	Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
	(1) FLOURNEY, BETTY	1548 MARKET ST.	NONE	2	A
	(2) FLOURNEY, MICHAEL SCOTT	1548 MARKET ST.	NONE	2	A
	(3)				
	(4)				

12. Original Offense ARSON	Changed? Yes () No (X)	13. New Offense N/A	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)	(X) 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 P R O P	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 type.		
	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 \$ _____	
	E. Office Equipment \$ _____	K. Livestock \$ _____	TOTAL LOSS: \$ _____

R E C O V E R Y	17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.		
	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 \$ _____	
	E. Office Equipment \$ _____	K. Livestock \$ _____	TOTAL ADDITIONAL RECOVERED: \$ _____

18. Property Recovered By:	() 1. Local Case/Local Recovery	() 2. Local Case/Other Jurisdiction Recovery	() 3. Other Jurisdiction Case/Local Recovery
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FILE COPY

19. Auto Theft Recovery:	Dispatch Number	Disposition	Value of Recovered Vehicle
--------------------------	-----------------	-------------	----------------------------

20. How Was Vehicle Stolen? () Key () 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
---	--	---------------------------------------	--	-------------------------------------

25. Missing Person Located At:	Dispatch No. _____	Cancelled _____	Serial 'Date' Time
--------------------------------	--------------------	-----------------	--------------------

26. Evidence Technician Called to Scene	I.D. Number	Date	Time	29. Time Stamp
PT. L. V. HAYES JR.	6788	9/21/82		

27. Reporting Officer (Supplement)	I.D. Number	Date	Time
DET. J. J. MARX	5618	9/30/82	9:00 AM

28. Supervisor Approving	I.D. Number	Date	Time
PT. J. E. J. J. J.	5040	30 SEPT 82	11 AM

30. REPORT # 5717 #

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>2</u> of <u>2</u>	Offense/Incident <u>Arson</u>	CCR Number <u>452401</u>
Victim's Name and Address <u>UNKNOWN 132 E. 6th ST.</u>		

Synopsis

ON SEPT 21, 82 AT APPROX. 3:30 PM SOMEONE SET FIRE TO A VALANT HOUSE AT 132 E. 6th ST. THE WITNESSES OBSERVED A BLACK MALE KNOWN TO THEM ONLY AS "POKEY", CRAWLING UNDER A FEW MINUTES PRIOR TO THE FIRE. THEY ALSO SAW HIM AS HE WAS COMING FROM OUT FROM UNDER THE HOUSE, BUT THEY DID NOT ACTUALLY SEE HIM SET THE FIRE. THEY WERE UNAWARE THE FIRE HAD STARTED UNTIL THEY WERE INFORMED BY NEIGHBORS.

INVESTIGATION

27 SEPT 82 11:20 AM.

INTERVIEWED THE WITNESSES AT THEIR RESIDENCE. AND THEY STATED THEY DID NOT KNOW WHERE THE SUSPECT LIVED BUT AGREED TO CALL POLICE WHEN THEY SEE HIM AGAIN. THEY HAD SEEN HIM PRIOR TO BEING INTERVIEWED AND TOLD HIM THE POLICE HAD BEEN GIVEN HIS NAME. HE REPLIED HE DIDN'T CARE.

ATTEMPTS WERE MADE TO LOCATE THE SUSPECT ON SEPT. 27 & 28 WITH NEGATIVE RESULTS. HE ALLEGEDLY HANGS OUT IN THE 8th ST AREA AROUND PIC-N-SAVE.

THE INVESTIGATION IS SUSPENDED PENDING LOCATION OF THE SUSPECT.

CASE Suspended.

Reporting Officer <u>Det. D J Mans</u>	I.D. Number <u>5118</u>	Date/Time <u>9/30/82 9 AM</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>Sgt. J. J. ...</u>	I.D. Number <u>5043</u>	Date/Time <u>30 SEPT 82 11 AM</u>	Date/Time Reproduced	Reviewer <u>O.M.K.</u>	I.D. Number <u>5717</u>

EVIDENCE TECHNICIAN REPORT

OFFICE OF SHERIFF-JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA

TYPE OF INCIDENT ARSON	DATE 21 Sept 82	CCR NO. 458401
----------------------------------	---------------------------	--------------------------

SECTOR	BEAT 314	ASSIGNED BY CCR <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/>	TIME ASSIGNED 5:00 AM	10-20 (GIVE LOCATION) 12410 8TH ST.
--------	--------------------	---	---------------------------------	---

VICTIM'S NAME UNAVAILABLE	ADDRESS OR DISTANCE AND DIRECTION TO NEAREST KNOWN POINT. 132 E. 6TH ST.	PHONE NUMBER X
-------------------------------------	--	--------------------------

LOCATION OF INCIDENT 132 E. 6TH ST.	BUSINESS OR FIRM NAME X	BUSINESS PHONE NUMBER X
---	-----------------------------------	-----------------------------------

LATENT FINGERPRINTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHOTOS AT SCENE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	HOW WAS ENTRY MADE X
--	--	--------------------------------

UNIT REQUESTING EVIDENCE TECHNICIAN NAMES & ID NUMBERS
D. Starett # 5334

INVESTIGATION DETAIL OFFICERS PRESENT
YES NO NAMES & ID NUMBERS
Fire MARSHAL H.S. Hinkley

VEHICLE - YEAR, MAKE & MODEL	LICENSE NUMBER	STATE	ID NUMBER	COLOR
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VEHICLE - YEAR, MAKE & MODEL	LICENSE NUMBER	STATE	ID NUMBER	COLOR
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EVIDENCE TURNED OVER TO 9WB	DATE 9-22-82	TIME 0700	FIELD SKETCH MADE X
---------------------------------------	------------------------	---------------------	-------------------------------

ELIMINATION PRINTS TAKEN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PROPERTY INVENTORIED FOR	A.T.	INVENTORY NUMBERS X
---	--------------------------	------	-------------------------------

IF CRIME SCENE SKETCH IS DRAWN LIST REFERENCE SYMBOL AT LOCATION*

FINGERPRINT EXAMINATION	POWDER			NEGS	LIFTS	*LOCATION	ANALYSIS (FOR IDENT. USE ONLY)
	B	W	N				

OTHER PHOTOGRAPHY	NEGS	DESCRIPTION & LOCATION	NEGS	DESCRIPTION & LOCATION
		12	B+W PHOTOS OF SCENE.	

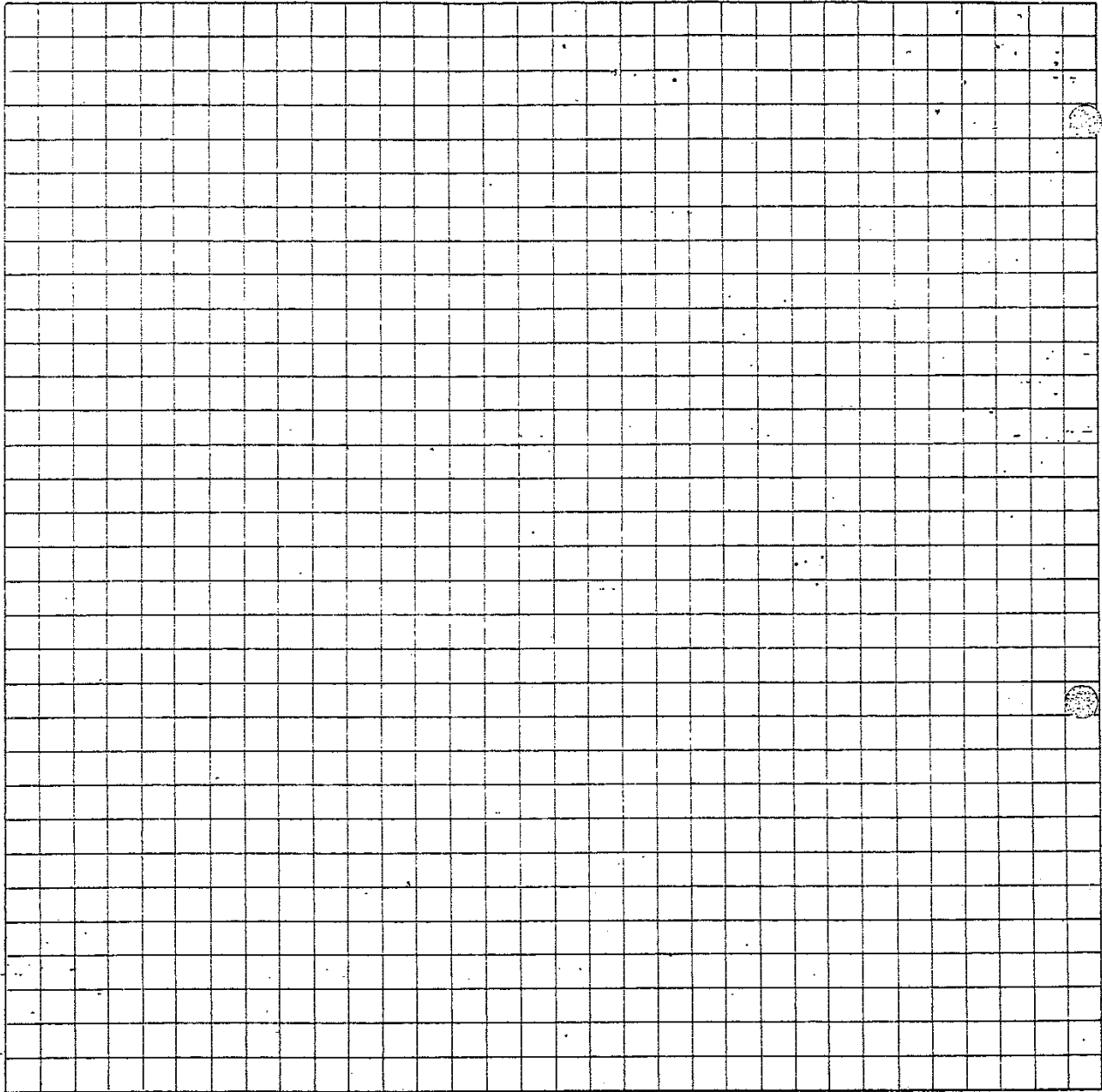
PHYSICAL EVIDENCE	NO.	DESCRIPTION & LOCATION	NO.	DESCRIPTION & LOCATION

FILE COPY

DETAILS (ALSO GIVE NAMES OF ANY PERSONS IN CUSTODY)

Went to 132 E. 6TH ST AND TOOK 12 B+W PHOTOS OF SCENE AS REQUESTED BY FIRE MARSHAL H.S. Hinkley.

TECHNICIAN REPORTING SIGNATURE & ID NUMBER L.V. Krayer Jr. #6788	BEAT NO. 353	SUPERVISOR APPROVING SIGNATURE & ID NUMBER
--	------------------------	--



SYMBOLS ○=ENTRANCE ⊖=ELEC OUTLET □=SWITCH ON ◀=PHOTO TAKEN FROM HERE
 ⊗=EXIT ⚡=LAMP ◻=SWITCH OFF Ⓢ=CENTER LINE

1. = _____ A. = _____
 2. = _____ B. = _____
 3. = _____ C. = _____
 4. = _____ D. = _____
 5. = _____ E. = _____
 6. = _____ F. = _____
 7. = _____ G. = _____
 8. = _____ H. = _____

DIRECTION
 +
 SCALE: 1/4"=
 SCENE USED AS:

OBSERVATIONS & MEASUREMENTS MADE:
 DATE: _____ TIME: _____ TO: _____
 BY: _____
 ASSIST BY: _____
 DRAWING NO. _____ OF _____ PART(S)
 DRAWN BY: _____

WEATHER: SCENE TEMP. () OUTSIDE WIND FROM () SPEED MPH () SKY () PRECIPITATION () ROADCON ()
 DATE: _____ TIME: _____ TO: _____

SUPPLEMENT REPORT DATA INPUT

82-458401

Office of the Sheriff—Jacksonville Police Jacksonville, Florida

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR Number 232074
--------------------------	----------------	---	--	-------------------------

6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
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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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on 2 counts of arson, Juvenile Shelter
N.C.I.C. Name Check If Not Booked Yes No ()

(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of arson, Juvenile Shelter
N.C.I.C. Name Check If Not Booked Yes No ()

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)
None

11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge 4. Alibi Witness 5. Reluctant 6. Cooperative
(Use One or More Codes)

Statement Taken Code: Oral—A, Written—B, None—C

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
(1)				
(2)				
(3)				
(4)				

INDEX

CONFIDENTIAL MEMORANDUM JUVENILE

12. Original Offense Arson	Changed? Yes () No <input checked="" type="checkbox"/>	13. New Offense	14. Multiple Cases Cleared? Yes <input checked="" type="checkbox"/> No () (List all CCR #s in Narrative)
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15. Case Status

() 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	() 10. Case Suspended
() 2. Unfounded	<input checked="" type="checkbox"/> 7. Cleared by Arrest (Under 18—Patrol () Det. <input checked="" type="checkbox"/>)	a. () c. () e. ()
() 4. Justifiable/Excusable Homicide	<input checked="" type="checkbox"/> 8. Cleared by Arrest (Over 18—Patrol () Det. (<input checked="" type="checkbox"/>)	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 type.

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 LOSS:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.

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:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

18. Property Recovered By:

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

19. Auto Theft Recovery:

Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
-----------------	------------------------	----------------------------

20. How Was Vehicle Stolen? () Key () 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

25. Missing Person Located At: Dispatch No. _____ Canceled

26. Evidence Technician Called to Scene
L. M. Burton I.D. Number 6850 Date 5/23/83, Time 5:50 a.m.

29. Time Stamp

27. Reporting Officer (Supplement)
M. E. Hyde I.D. Number 5035 Date 7/12/83, Time 4:00 p.m.

Supervisor Approving: *SA J.E. J...* I.D. Number 19076 Date 8/3 Time 8AM

Reviewer: *MBH* I.D. # 6217

P-090 3/80

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NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

82-458401

Page <u>2</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr,
Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 5043	Date/Time 19 JUL 83 AM	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number 5047

P-088 A

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

82-458401

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number 043	Date/Time 19 JUL 83	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number 5035

688 A 3780



**DATA INPUT
GENERAL OFFENSE/INCIDENT REPORT**

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE
JACKSONVILLE, FLORIDA 32202

26. Beat 314										27. R/A 33		28. UCR Code		29. Weather Conditions clear		1. Victim (Last Name, First, Middle) UNK				2. CCR Number 214152																			
30. Complainant (Last Name, First, Middle) Dewell R. J. Capt										31. Complainant's Address 1350 E Adams		32. Telephone 633-5500		3. Victim's Address UNK				City		State																			
33. Premises Type Apartment Building										34. Entry Made Legal () Illegal ()		35. Point of Entry		36. Point of Exit		4. Victim's Place of Empl. School X		5. Home Phone		6. Bus. Phone																			
37. Method Used to Gain Entry										38. Tool or Weapon Used		39. Physical Evidence (Description)		40. Evidence Technician (Name, serial number) N/A ()		7. Sex M		Race		D.O.B.		Age		Height		Weight		Hair		Eyes									
41. Disposition of Evidence Property Room () Other ()										42. Has Person Been Reported Missing Before? Yes () No ()		43. Do You Suspect Foul Play? Yes () No ()		44. If "Yes", Why?		45. Mental Condition		46. Physical Condition		47. Is Photograph Attached? Yes () No ()		48. Dispatch Number		8. Offense Incident Arson															
49. Location Person Last Seen										50. When (Day, date, time)		51. By Whom?		49. Location of Offense Incident 29 E 2nd St		10. Day Date Time of Occurrence Thurs 12 May 83		11. Day Date Time Reported Thurs 12 May 83		12. Detective Called to Scene (Name, I.D. Number) N/A ()		13. Victim #2 (Last Name, First, Middle) N/A ()		14. Victim #2's Address City		State													
52. Clothing Description										53. Probable Description		54. Reason for Leaving		55. Known Associate (Name, address, age, race, sex, phone)		56. Known Associate (Name, address, age, race, sex, phone)		15. Victim #2's Place of Emp./School		16. Home Phone		17. Bus. Phone		18. Sex		Race		D.O.B.		Age		Height		Weight		Hair		Eyes	
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)		20. Admitted?		21. Rescue Unit # N/A ()		22. Describe Nature of Injuries (Victim #1) N/A ()		23. Exact Location of Victim #1 on Premises N/A ()		24. Describe Nature of Injuries (Victim #2) N/A ()		25. Exact Location of Victim #2 on Premises N/A ()													
61. Color of Document										62. Type of Document		63. Number on Document		64. Date of Document		65. Date of Transaction		66. Amount		67. Name of Bank		City		68. Made Payable To		69. Signature on Face													
67. Name of Bank										68. Made Payable To		69. Signature on Face		70. Name on Account		71. Reason Not Honored		72. Person Handling Transaction																					

FILE COPY

Page 2 of <u>3</u>		GENERAL OFFENSE/INCIDENT REPORT				Offense/Incident <u>Arson</u>		CCR Number <u>214152</u>	
<input checked="" type="checkbox"/>	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									
R									
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: _____									
<input checked="" type="checkbox"/>	75. Stolen Vehicle ()	Recovered ()	76. Year	77. Make	78. Model	79. Color	80. License Number, State, Year		
NA	Suspect Vehicle ()	Other ()							
V	81. Vehicle I.D. Number				Verified by Officer Yes () No ()		82. Vehicle Insured by		Verified by Officer Yes () No ()
E	83. Title Holder				Verified by Officer Yes () No ()		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes () No ()
H	85. Ignition Locked? Yes () No ()	86. Keys in Ignition? Yes () No ()	87. Doors Locked? Yes () No ()	88. Value of Vehicle		89. Day/Date/Time Recovered			
I	90. NCIC Notified? Yes () No ()	Date/Time	Serial Number	91. Dispatch Number		92. If Towed, Location of Garage			
C	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.								
L	Signature of Owner:				Date and Time:				
<input checked="" type="checkbox"/>	94. Suspect A (Last Name, First, Middle)				95. Nickname (Alias)		96. At Large () Arrested ()		97. Booking No.
NA							Charge:		
S	98. Suspect's Address				99. Known Associate or Areas Frequented				
U	100. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics
S	101. Hair Length	Hair Style		Facial Hair		Complexion		Voice	General Appearance
E	102. Clothing Description								103. Relationship to Victim
P	104. Suspect B (Last Name, First, Middle)				105. Nickname (Alias)		106. At Large () Arrested ()		107. Booking No.
C							Charge:		
T	108. Suspect's Address				109. Known Associate or Areas Frequented				
I	110. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics
N	111. Hair Length	Hair Style		Facial Hair		Complexion		Voice	General Appearance
F	112. Clothing Description								113. Relationship to Victim
O	114. A. Was an arrest made?	Yes () No ()	F. Is stolen property traceable by Serial Number, color, etc.?	N/A () Yes () No ()	G. Is the value of the stolen property greater than \$1,000?	N/A () Yes () No ()	H. Is there significant M.O. described in the narrative?	Yes () No ()	I. Is there significant physical evidence described in the narrative?
S	B. Are there any suspects at large?	Yes () No ()							
O	C. Are there eyewitnesses identified?	N/A () Yes () No ()							
L	D. Can a suspect be named, located, described, and/or identified?	Yes () No ()							
V	E. If a vehicle was used by the suspect, can it be identified?	N/A () Yes () No ()							
A									
B									
I									
L									
T									
Y									
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 ()									
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes () No ()									
115. Reporting Officer	<u>[Signature]</u>				I.D. Number <u>5334</u>		116. Reporting Officer		I.D. Number
A	117. Are there additional victims in the narrative?	Yes () No ()	Are there additional suspects in the narrative?	Yes () No ()	Is there additional property listed in the narrative?	Yes () No ()	Are there other reports pertinent to this incident?	Yes () No ()	Time Stamp
D									
M									
F									
N	118. Concur ()	Supervisor	I.D.# <u>534</u>	Date	Time	119. Reviewer	I.D. No.		
	Do Not Concur ()	<u>[Signature]</u>		<u>12/11/73</u>	<u>6:30</u>	<u>[Signature]</u>	<u>6404</u>		

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident <u>Arson</u>	CCR Number <u>214153</u>
Victim's Name and Address <u>UNK.</u>		JAIL NUMBER

According to the complainant, who is a Fire inspector with the fire department a call was received on 12 May 83 at 5:41 A.M. of a fire at 29 E 2nd St. Once the fire was put out the complainant and other fire officials inspected the house and found it to be an arson type fire. The complainant stated that the fire was set in four different places to include the garages. No suspect information.

FILE COPY

Reporting Officer <u>[Signature]</u>	I.D. Number <u>5334</u>	Date/Time <u>12 May 83</u>	Reporting Officer <u>[Signature]</u>	I.D. Number <u>5310</u>	Date/Time <u>6:50 AM</u>
Supervisor <u>[Signature]</u>	I.D. Number <u>5847</u>	Date/Time <u>12 May 83</u>	Date/Time Reproduced <u>6:51 AM</u>	Reviewer <u>[Signature]</u>	I.D. Number <u>5310</u>

P-088

21452

SUPPLEMENT REPORT DATA INPUT
Office of the Sheriff Jacksonville Police
Jacksonville, Florida

1. Page Number 1 of 3	2. Beat 314	3. Date of Original Report 23 May 1983	4. Date of This Report 12 July 1983	5. CCR Number 232074
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6. Victim's Name (Last, First, Middle) SPRINGFIELD ATLANTIC BANK	7. Victim's Sex, Race, Age, D.O.B. Business	8. Victim's Address 1601 N. Main Street
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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) HAMMOCK, Charles, 1925 Silver St., W/M, 16, 29 October 1966, bln hr, booked on 2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()
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(B) REDWINE, John Wayne, 1931 Silver Street, W/M, 16, bln hr, booked on 2 counts of arson, Juvenile Shelter	N.C.I.C. Name Check If Not Booked Yes <input checked="" type="checkbox"/> No ()
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10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State) None

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

INDEX

CONFIDENTIAL
MEMORANDUM
JUVENILE

12. Original Offense Arson	Changed? Yes () No <input checked="" type="checkbox"/>	13. New Offense	14. Multiple Cases Cleared? (List all CCR #s in Narrative)	Yes <input checked="" type="checkbox"/> No ()
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15. () 1. Missing Person Located (Case Cleared)	() 6. Exceptionally Cleared (Under 18)	() 10. Case Suspended
() 2. Unfounded	<input checked="" type="checkbox"/> 7. Cleared by Arrest (Under 18—Patrol () Det. <input checked="" type="checkbox"/>	a. () c. () e. ()
() 4. Justifiable/Excusable Homicide	<input checked="" type="checkbox"/> 8. Cleared by Arrest (Over 18—Patrol () Det. (<input checked="" type="checkbox"/>)	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 type.					
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	\$ _____		
E. Office Equipment	\$ _____	K. Livestock	\$ _____	TOTAL LOSS:	\$ _____

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.					
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	\$ _____		
E. Office Equipment	\$ _____	K. Livestock	\$ _____	TOTAL ADDITIONAL RECOVERED:	\$ _____

18. Property Recovered By:	() 1. Local Case/Local Recovery	() 2. Local Case/Other Jurisdiction Recovery	() 3. Other Jurisdiction Case/Local Recovery
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19. Auto Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
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20. How Was Vehicle Stolen? () Key () 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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25. Missing Person Located At: Dispatch No. _____	Cancelled _____	Serial/Date/Time
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26. Evidence Technician Called to Scene L. M. Burton	I.D. Number 6850	Date 5/23/83	Time 5:50 a.m.	29. Time Stamp
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27. Reporting Officer (Supplement) M. E. Hyde	I.D. Number 5035	Date 7/12/83	Time 4:00 p.m.	6217
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Approving: *SA J.E. Jellison* 19 JUL 83 PAM
 Reviewer: *WPAH* 5/26/83
 P-090 3 67

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

214152

Page <u>2</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTIC BANK, 1601 N. Main Street		JAIL NUMBER

SUSPECT "C": TOOLE, Ottis, 117 East 2nd Street, W/M, 36, DOB 3/5/47, brn hr,
Booked on 2 counts of arson, Docket # 83-13388-1.

This is the followup investigation of an arson that occurred on Monday, 23 May 1983, at 5:00 a.m., at 1126 Market Street. This house had been vacant for approximately three months. The house was owned by Kenneth E. Murray, address unknown. However, the Springfield Atlantic Bank holds the mortgage and was in the process of foreclosing. I interviewed Jerry Perhaska with Springfield Atlantic Bank and he stated the bank had been unable to contact Mr. Kenneth Murray since August 1982 and had started foreclosure proceedings. The house is valued at \$25,000.00 and there was approximately \$20,000.00 damage to the house. The bank's insurance is with Marshall McClellan Insurance Company.

Detective R. W. Carroll received information that suspects 1 and 2 were responsible for setting a house on fire at 1203 Hubbard Street (See CCR # 244929). Detective Carroll picked up suspect 1 and 2 and had them transported to the Police Memorial Building. Suspect # 2 told Officer D. A. Gray, # 6138, that he and suspect # 1 had set the fire at 1126 Market Street. I interviewed suspect # 1 at the Intelligence Office. I advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 1, Hammock, gave me a written statement admitting that he and suspects 2 and 3 had set the fire at 1126 Market Street. The suspect also admitted setting the fire at 1203 Hubbard Street (CCR # 244929). Suspect # 2, Redwine, also admitted setting both fires. A Juvenile Report was written on both suspects and they were placed in the Juvenile Shelter.

On 6 June 1983, Detective Carroll and I interviewed suspect # 3, Ottis Toole, at the Intelligence Office. We advised him of his Constitutional Rights and he signed a Rights Waiver. Suspect # 3 admitted setting the fires at 1126 Market Street and 1203 Hubbard Street. Suspect Toole gave us a written statement admitting to setting the fires. The suspect also stated that he had been setting fires since he was 9 years old and had set over forty fires. Detective Carroll and I drove the suspect around and he pointed out places that he had burned. Some of the buildings have since been demolished. The suspect stated he set the fires to keep blacks out of his neighborhood and because it was sexually gratifying. The suspect was charged with two counts of arson and placed in the Duval County Jail.

On 16 June 1983, suspects 1 and 2, Charles Hammock and John Redwine, were certified as adults and placed in the Duval County Jail.

Detective Carroll and I field charges on suspects 1 and 2 with the Juvenile State Attorney and filed charges on suspect # 3 with Assistant State Attorney, Terry Anderson.

Suspects 1 and 2 were charged with two counts of arson, CCR #'s, 232074 and 244929.

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 19-Jul-83
Supervisor <i>[Signature]</i>	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer <i>[Signature]</i>	I.D. Number

P-688 A

NARRATIVE REPORT
Office of the Sheriff
Jacksonville Police

214152
CCR Number
232074

Page <u>3</u> of <u>3</u>	Offense/Incident Arson	CCR Number 232074
Victim's Name and Address SPRINGFIELD ATLANTC BANK, 1601 N. Main Street		

These cases are as follows:

CCR #	DATE	VICTIM	LOCATION
232074	5/23/83	Springfield Atlantic Bank	1601 N. Main Street
244929	5/31/83	Davidson, Paul	1203 Hubbard Street

Suspect # 3 was charged with two counts of arson, CCR # 232074 and 244929 (same as suspects 1 and 2), but also admitted to the following arsons:

CCR #	DATE	VICTIM	LOCATION
320908	6/238/81	Hartley, Arthur	708 Day Avenue
343272	7/15/82	Smith, Caroline	1321 Walnut Street
458401	9/21/82	Unknown	132 E. 6th Street
212187	5/11/83	Unknown	1820 Silver Street
214152	5/12/83	Callahan, Gene	29 E. 2nd Street
222355	5/17/83	Kulish, Jack	32 E. 10th Street

THESE CASES SHOULD ALSO BE SHOWN AS CLEARED BY ARREST AS A RESULT OF OTTIS TOOLE'S INCARCERATION.

CASE CLEARED BY ARREST OVER 18
CASE CLEARED BY ARREST UNDER 18

FILE COPY

Reporting Officer M. E. Hyde	I.D. Number 5035	Date/Time 7/17/83, 4:00 p.m.	Reporting Officer <i>M. E. Hyde</i>	I.D. Number 5035	Date/Time 7-19-83
Supervisor <i>[Signature]</i>	I.D. Number 043	Date/Time 19-JUL-83	Date/Time Reproduced FAM	Reviewer <i>[Signature]</i>	I.D. Number [Signature]

Form A 3780