

Agency ORI: FL0480600 Cnty: WPK NSA: 7 Grid:

Winter Park Police Department

For the public: No Agency Report #: 201646001979
Juvenile: Yes
Domestic Violence: No Event #:
Dating Violence: No 20162892723

Reported Day/Date: Sat 10/15/2016 21:48
Time Dispatched: 10/15/2016 21:48
Time Arrived: 10/15/2016 21:49
Time Completed: 10/16/2016 09:41
Date Occurred From: Sat 10/15/2016 21:45
Date Occurred To: Sat 10/15/2016 21:47
Neighborhood:
Forced Entry: N/A
Occupancy: Occupied
Type of Weapon: HANDS/FEET/FIST
Location Type: PARK/WOODLANDS/ FIELD
Municipality: WP

Incident Address: 251 S PARK AVE WINTER PARK FL 32789
Dispatch Address: 251 S PARK AVE WINTER PARK FL 32789

#Offenses: 02 #Victims: 02 #Offenders: 00 #Prem Ent: 0 #Arrested: 00 Drug Related: N Alcohol Related: N Disp Code: 90COR Disp Dispo: I Case Stat: 0 Exception:
Was Crime Scene Processed: Processed By: Bigley, Edward

Officer Reporting: Aguilera, Adrian Officer Shift: N Division: WP Unit: WP170 Date: 10/15/2016
Clearance Code: Open Clearance Date: 10/16/2016

OFFENSES SECTION

Off#	Description	Statute#	UCR	Ordinance	Attempt/Commit	Warrant #	DVR	Drug Activity
1							No	-
2							No	-

PERSON SECTION

CONFIDENTIAL PERSON

Name: _____ R/S: _____ DOB: _____ or Age: _____ Offense Indicator: 1
 Adult/Juvenile: J SSN: _____ Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____ DL#: _____ DL State: _____
 Person Type: **VICTIM-JUVENILE** City of Birth: _____ Place of Birth: _____
 Address: _____ Phone: _____
 Email: _____ Cell Phone: _____
 OthPhone1: _____ OthPhone2: _____
 NOK: _____ NOK: _____
 NOK Address: _____ NOK Phone: _____
 Emp. Address: _____ Job: _____ Bus. Phone: _____
 Comments: _____
 Relationship: _____
 Foul Play Suspected: _____
 Extent of Injuries: _____
 Injury 1: _____
 Injury 2: _____

LE/BUSINESS SECTION

Name: **BIGLEY, EDWARD** Contact: _____
 Offense Indicator: 1 Other Id: _____ Phone#: 4076441313 Comments: _____
 Type: **WITNESS- LE OFCR**
 Address: 500 N VIRGINIA AVE WINTER PARK FL 32789

Name: **BRANCH, WILLIAM** Contact: _____
 Offense Indicator: 1 Other Id: _____ Phone#: 4076441313 Comments: _____
 Type: **WITNESS- LE OFCR**
 Address: 500 N VIRGINIA AVE WINTER PARK FL 32789

Name: **BURKHART, CHRISTOPHER** Contact: _____
 Offense Indicator: 1 Other Id: _____ Phone#: 4076441313 Comments: _____
 Type: **WITNESS- LE OFCR**
 Address: 500 N VIRGINIA AVE WINTER PARK FL 32789

Name: **COLON, ERROL** Contact: _____
 Offense Indicator: 1 Other Id: _____ Phone#: 4076441313 Comments: _____
 Type: **WITNESS- LE OFCR**
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Name: CONWAY, COREY	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: COWART, FRANK	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name:	Contact:
Offense Indicator:	Other Id: Phone#: Comments:
Type:	
Address:	
Name: FOSTER, PAUL	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: HERSHONE, JEFFREY	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: MARCUM, PAM	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
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Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: MITCHELL, COREY	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: MONTGOMERY, JOHN	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: MULLER, VERONICA	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: ROCCHILD, MIGUEL	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: SANTOS, EDWIN	Contact:
Offense Indicator: 1 Other Id:	Phone#: 407-644-1313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: SUEPAT, LISA	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	
Name: WAGGANER, SHARON	Contact:
Offense Indicator: 1 Other Id:	Phone#: 4076441313 Comments:
Type: WITNESS- LE OFCR	
Address: 500 N VIRGINIA AVE WINTER PARK FL 32789	

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FL0480600 WPK 7

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NARRATIVES

Rpt Date: 10/16/2016 04:16 Reporter: WP107 Santos, Edwin Clearance: 0 Open Nar. Type: S

Nothing further.

I swear/affirm the above statements are true and correct:
Officer's Signature:

Santos, Edwin WP107
Name and Employee # (Printed)

Sworn to and subscribed before me, the undersigned

authority, this _____ day of _____, in the year _____

Name/Title of Person Authorized to Administer Oath.

ADMINISTRATIVE SECTION

Was Crime Scene Processed: **Yes** Processed By: **WP235 Bigley, Edward**
Officer Reporting: **WP170 Aguilera, Adrian** Officer Shift: **N** Section: **WP** Unit: **WP17** Date: **10/15/2016**
Reviewed By: **WP143 Hershone, Jeffrey** Review Date: **10/16/2016** Routed to:
Assigned To: Assigned Date: Assigned Dept:
Clearance: **Open** Clearance Date: **10/16/2016** Referred To:
Comments: **FELONY BATTERY**