



2006-0422454

Route To

Groups:
People:

Incident Information

Incident Location

3599 UNIVERSITY BLVD S, #1200 Day/Date/Time Reported: **Monday, 05/15/2006 14:30**
JACKSONVILLE, FLORIDA 32216 Day/Date/Time Incident From: **Monday, 05/08/2006 16:00** To:
Sub-sector: **G3** TAZ: Is this a Corrections Information Report?: **NO**
Location Type: **OTHER / UNKNOWN**
Primary Weapon Used: **NOT APPLICABLE**
School Name: School Number:
Incident Occurred: **Outside Location** Incident Occurred In the Parking Lot at this Location?: **YES**

Miscellaneous

Drug Activity: **NOT APPLICABLE** Drug Type: **NOT APPLICABLE** # of Offenses: **1**
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **1**
MCI Case: **YES** Follow-up By: **MCI** # of Suspects: **1**
Was Hate Crime Involved?: Dating Violence Involved?: Is Offense(s) Related to Domestic Violence?: **NO**
If not Domestic Violence, Is it Domestic Related?: **NO** Any Children under 18 Involved as a Victim?:

Offense(s)

#1 Statute #: **S812.014(3)(A)** Degree: **M2** UCR Code: **230G** Attempt Code: **Committed**
PETIT THEFT - UNSPECIFIED / LESS THAN \$100

Victim #1 - FLORIDA WOMEN'S CENTER INC.

Did victim invoke right to prevent the disclosure of personal info (Marsy's Law)?:

Bus. Contact Name: Bus. Contact Phone #: **(904)-398-8005** Ext.:

Physical Address

Mailing Address

3599 UNIVERSITY BLVD S, #1200
JACKSONVILLE, FLORIDA 32216
Sub-sector: TAZ:

Alternate Contact Information

Home Phone #: Bus. Phone #: Ext.:
Cell Phone #: Cell Phone Provider:
Email Address:

Victim Relationship to Offender(s):

Relationship: **EMPLOYEE** To: **Suspect (01) - ROBINSON, KATHY NMN**

Related Offenses

#01: S812.014(3)(A) - PETIT THEFT - UNSPECIFIED / LESS THAN \$100

Suspect #1 - ROBINSON, KATHY NMN

Demographics

Race: **WHITE** Sex: **FEMALE** Date of Birth: **08/18/1967**
Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**
Primary Language: Secondary Language:
Age: **38** Height (inches): **5'07"** Weight (lbs): **170**
Hair Style: **CURLY/WAVY** Hair Color: **BLONDE/STRAWBERRY** Hair Length: **MEDIUM**
Build: Eye Color: **BLUE** Facial Hair: **NONE**
Complexion: **FAIR / LIGHT** Voice: **NORMAL**
Clothing/Description: **UNKNOWN**
Place of Birth:
Nicknames:
Aliases:

Distinguishing Marks (Scars, Marks, and Tattoos)

Characteristic	Body Location	Description
TATTOO		MULTIPLES TATTOOS ON UPPER BODY

Contact Information

Home Phone #: **(904)-497-6061** Bus. Phone #: **(904)-398-8005** Ext.: Alt. Phone #:

Incident (Offense) 2006-0422454 (Continued)

Cell Phone #: Cell Phone Provider:
Email Address:

Primary Identification

Type of ID Given: ID: Issuing State:
Home Address Mailing Address Alternate Address
4929 GARDEN MOSS CIR S
JACKSONVILLE, FLORIDA 32256

Sub-sector: TAZ:

Employment/School

Employer: FLORIDA WOMEN'S CENTER INC. Occupation:
School Last Attended:

CEW (Conducted Electric Weapon)

ECD Usage:
RTR Written Related to This Incident?: NO RTR Incident Year: RTR Incident #:

Other Information

SHO Status: ID Section Confirmation, By ID #:
Drugs Involved?: Alcohol Involved?: Mode of Travel: Juvenile?: NO Confessed?:
Arrested?: At Large Were Miranda Rights Given?: NO Jail # Type: NA Jail Booking #:

Related Offenses

#01: S812.014(3)(A) - PETIT THEFT - UNSPECIFIED / LESS THAN \$100

Witness/Complainant #1 - KELLY, PATRICK JOSEPH MD

Type: WITNESS AND COMPLAINANT
Did witness invoke right to prevent the disclosure of personal info (Marsy's Law)?:

Demographics

Race: WHITE Sex: MALE Date of Birth: 09/02/1963
Ethnicity:
Age: 42

Contact Information

Home Phone #: (904)-000-0000 Bus. Phone #: (904)-398-8005 Ext.: Alt. Phone #:
Cell Phone #: Cell Phone Provider:
Email Address:

Home Address

Mailing Address

3599 UNIVERSITY BLVD S, #1200
JACKSONVILLE, FLORIDA 32216
Sub-sector: TAZ:

Employment/School

Employer: FLORIDA WOMEN'S CENTER INC. Occupation:
School Last Attended:

Witness/Complainant Relationship to Victim(s):

Relationship: EMPLOYER To: Victim (01) - FLORIDA WOMEN'S CENTER INC.

Property #1 - MISCELLANEOUS

Quantity: 2 Status: NONE
Turned in at: PROPERTY ROOM
Manufacturer: Model:
Serial Number: Color:
Weight: Unit of Measure:
Description: DOCTOR'S STATEMENT AND SUSPECT'S WRITTEN CONFESSION
Value Stolen or Damaged: \$45.00 Value Recovered: Victim/Complaint Signed Signature Card: N/A
Was Property Recovered From Vehicle?: Vehicle Property Recovered From:

Property Owner:

Victim (01) - FLORIDA WOMEN'S CENTER INC.

Received From:

Other:

Additional Information

On 05-15-06, at 1426, I was dispatched to 3599 S. University Blvd. (Florida Women's Center Inc.), in reference to an employee theft.

I met with the complainant, Dr. Patrick Kelly. He said a patient's aunt called the office, on 05-08-06, and inquired why her niece was sold three packages of birth control pills for \$45.00 without instructions, and the packages were stamped with "Not for Resale." The complainant advised that the suspect, Kathy Robinson was observed walking this patient and her aunt to their vehicle in the parking

Incident (Offense) 2006-0422454 (Continued)

lot. The complainant said he was out of town for a couple of days. He said when he returned to the office, on 05-15-06, he confronted the suspect with the information, while the patient's aunt and the office manager were present.

The suspect admitted to the transaction in the parking lot. She documented the incident and signed a confession. The complainant said he fired the suspect.

A copy of the complainant's statement and the suspect's signed confession were placed in the property room as evidence.

The complainant was given a SAO card and advised of the procedures for prosecution.

Misc Information

Clearance Status: **CASE NOT CLEARED** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:
Case Not Cleared Type: **PENDING STATE ATTORNEY'S OFFICE DISP?** Number of Cases Cleared:
Is there additional information included on a continuation report?: **YES** Are there other Pertinent Reports?: **YES**
Did this incident qualify as a "Cargo Theft"?:
In your opinion is there significant reason to believe that the crime can be solved by a patrol follow-up investigation?: **NO**
Neighborhood Canvass Conducted?: **NO**

Case Card Information Left with: OTHER

Other Explanation: **Complainant** Other Explanation Address: **N/A**

Handouts

#1: **Case information Card** #2: **State Attorneys - Adult**

Bias Motivation(s)

Investigation Time #1

Hour(s): **02** Minute(s): **00** Cost Amount: **\$28.92**

Signature

Detective Called To the Scene: At Scene: **Not Applicable**
Division: Unit: **Not Applicable**
Evidence Technician Called to the Scene: At Scene: **Not Applicable**

Signature(s)

Reporting Officer #1: **T.M.SEYMOUR (#5073)** Division: **PATROL** Section/Unit: **ZONE 3**
Reporting Officer #2: **N/A** Division: Section/Unit:
Report submitted on: **05/15/2006 16:22**
Report Reviewer: **C.A.POTTER (#6812)** Status: **Approved**
Report approved on: **05/15/2006 16:29**