



**2002-0734881-01**

**Route To**

Groups: **FORGERY**  
People:

**Incident Information**

**Incident Location**

**3809 LAVISTA CIR, #210**  
**JACKSONVILLE, FLORIDA 32217**

Day/Date/Time Reported: **Sunday, 08/25/2002 13:19**  
Day/Date/Time Incident From: **Sunday, 08/25/2002 13:19** To: **Sunday, 08/25/2002 13:19**  
Is this a Corrections Information Report?: **NO**

Sub-sector: **G2** TAZ:  
Location Type: **RESIDENCE-HOME**  
Primary Weapon Used:  
School Name: School Number:  
Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

**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: **NO** Follow-up By: # 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?: Any Children under 18 Involved as a Victim?:

**Offense(s)**

**#1** Statute #: **S831.01** Degree: **F3** UCR Code: **2500** Attempt Code: **Committed**  
**FORGERY; FALSELY MAKES A WRITING WITH INTENT TO INJURE OR DEFRAUD ANY PERSON**

**Victim #1 - VANSRIVER, KIMBERLY PAULINE**

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **07/18/1965**  
Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
Primary Language: Secondary Language:  
Age: **37** Height (inches): **5'10"** Weight (lbs): **150**  
Hair Style: Hair Color: **BROWN** Hair Length:  
Build: Eye Color: **BLUE** Facial Hair:  
Complexion: Voice:  
Clothing/Description:

**Contact Information**

Home Phone #: Bus. Phone #: **(904)-855-4211** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**Mailing Address**

**Alternate Address**

**9951 ATLANTIC BLVD**  
**JACKSONVILLE, FLORIDA 32211**

Sub-sector: TAZ:

**Employment/School**

Employer: **SELF EMPLOYED** Occupation:  
School Last Attended:

**Alternate Contact Information**

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

**Other Information**

Residence Type: **CITY** Residence Status: **RESIDENT**  
Drugs Involved?: Alcohol Involved?: Mode of Travel:  
Victim Type: **ADULT** Injury Extent: **NONE** Injury Type: **NOT APPLICABLE**  
Hospital Victim Taken To: **NOT APPLICABLE** Sexual Battery Type:

**Victim Relationship to Offender(s):**

Relationship: **OTHERWISE KNOWN** To: **Suspect (01) - GRAY, PAIGE HILTON**

**Incident (Offense) 2002-0734881-01 (Continued)**

**Related Offenses**

**#01: S831.01 - FORGERY; FALSELY MAKES A WRITING WITH INTENT TO INJURE OR DEFRAUD ANY PERSON**

**Suspect #1 - GRAY, PAIGE HILTON**

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **04/28/1966**  
Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
Primary Language: Secondary Language:  
Age: **36** Height (inches): **5'09"** Weight (lbs): **140**  
Hair Style: **STRAIGHT** Hair Color: **BROWN** Hair Length: **LONG**  
Build: Eye Color: **GREEN** Facial Hair: **NONE**  
Complexion: **FAIR / LIGHT** Voice: **NORMAL**  
Clothing/Description:  
Place of Birth:  
Nicknames:  
Aliases:

**Distinguishing Marks (Scars, Marks, and Tattoos)**

**Contact Information**

Home Phone #: Bus. Phone #: **(904)-306-0300** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**836 PRUDENTIAL DR, #1506  
JACKSONVILLE, FLORIDA 32207**

**Mailing Address**

**Alternate Address**

Sub-sector: TAZ:

**Employment/School**

Employer: **A WOMAN'S PLACE** 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?: **YES** Jail # Type: **NA** Jail Booking #:

**Related Offenses**

**#01: S831.01 - FORGERY; FALSELY MAKES A WRITING WITH INTENT TO INJURE OR DEFRAUD ANY PERSON**

**Witness/Complainant #1 - VAN SCRIVER, KIM**

**[REMOVED NOT VALID]**

Type: **COMPLAINANT**

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **07/18/1965**  
Ethnicity:  
Age: **37**

**Contact Information**

Home Phone #: **(904)-443-2967** Bus. Phone #: **(904)-855-4211** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**3809 LAVISTA CIR, #210  
JACKSONVILLE, FLORIDA 32217**

**Mailing Address**

Sub-sector: TAZ:

**Employment/School**

Employer: **SELF EMPLOYED PHYSICIAN** Occupation:  
School Last Attended:

**Additional Information**

**SYNOPSIS**

THE VICTIM IS A DOCTOR & FORMER EMPLOYEE OF THE SUSPECT, THE OWNER OF A WOMAN'S PLACE (OB/GYN). THE VICTIM WORKED FOR THE SUSPECT FOR TWO YEARS (08-31-00 TO 08-31-02) AT \$180,000.00 A YEAR.

08-25-02, THE VICTIM REPORTED A FRAUD. THE VICTIM STATED THAT SHE HAS BEEN RECEIVING BILL COLLECTION MATERIALS FROM FOUR DIFFERENT CREDIT CARD COMPANIES ON ACCOUNTS THAT SHE DID NOT OPEN. THE VICTIM STATED THESE ACCOUNTS WERE OPENED WHILE SHE WORKED AT A WOMAN'S PLACE (836 PRUDENTIAL DR). THE VICTIM STATED THAT HER BOSS (SUSPECT) OPENED THESE ACCOUNTS WITHOUT HER KNOWLEDGE. THE VICTIM STATED THAT SHE RECOGNIZES THE SIGNATURES ON THE APPLICATIONS AS BEING THAT OF THE SUSPECTS. THE VICTIM ALSO STATED THAT THE SUSPECT HAS ADMITTED TO OPENING AN ACCOUNT THROUGH MBNA IN FEBRUARY 2000 TO CONSOLIDATE HER LOANS.

AN ACCOUNT WAS OPENED ON 07-26-00, WITH GREAT AMERICAN WHERE OFFICE EQUIPMENT WAS PURCHASED WITH MONTHLY PAYMENTS OF \$166.97 FOR A TERM OF 36 MONTHS, AND A SECURITY DEPOSIT OF \$333.94. THE VICTIM HAS NO KNOWLEDGE OF THIS ACCOUNT, BUT STATED THE APPLICATION WAS SIGNED BY THE SUSPECT.

AN ACCOUNT WAS OPENED ON 09-08-00, WITH AMERICAN EXPRESS WHERE OFFICE EQUIPMENT WAS PURCHASED WITH MONTHLY PAYMENTS OF \$1121.87 FOR A TERM OF 36 MONTHS. THE VICTIM HAS NO KNOWLEDGE OF THIS ACCOUNT, BUT STATED THE APPLICATION WAS SIGNED BY THE SUSPECT.

AN ACCOUNT WAS OPENED ON 01-25-01, WITH G.E. CAPITAL WITH A TOTAL AMOUNT OF OFFICE EQUIPMENT PURCHASED FOR \$35,518.00. ALSO LISTED ON THIS BILL IS ANOTHER ROLL OVER AMOUNT OF \$26,434.33, MAKING A TOTAL DUE OF \$64,438.59. THE VICTIM HAS NO KNOWLEDGE OF THIS ACCOUNT, BUT STATED THE APPLICATION WAS SIGNED BY THE SUSPECT

AN ACCOUNT WAS OPENED IN APRIL 2001 THROUGH AMERICAN EXPRESS CORPORATE. THE NOTIFICATION LETTER RECEIVED BY THE VICTIM HAS HAND WRITTEN INFORMATION ON IT BY THE SUSPECT.

**DETAILS OF THE INVESTIGATION**

ON 08-28-02, I WAS ASSIGNED THIS CASE.

ON 08-28-02, AT 1515, I SPOKE TO THE SUSPECT WHO ADVISED THAT SHE OWNS THE WOMAN'S PLACE PRACTICE AND THE VICTIM HAS FORWARDED ALL OF HER MAIL, INCLUDING BUSINESS MAIL TO 9951 ATLANTIC BLVD. (FRUITFUL VINE MIDWIFERY SERVICES). THE SUSPECT ADVISED BY DOING THIS THE VICTIM HAS DEPRIVED HER OF RECEIVING FUNDS FROM INSURANCE COMPANIES THAT ARE BEING PAID FOR CUSTOMERS. THE SUSPECT ALSO ADVISED THAT MOST OF THESE CHECKS ARE ACTUALLY MADE PAYABLE TO THE VICTIM SINCE SHE WAS THE ATTENDING PHYSICIAN. THE SUSPECT ADVISED THAT THE VICTIM'S CONTRACT STATED THAT SHE WOULD BE PAID BY SALARY, NOT BY INSURANCE COMPANIES OR A PERCENTAGE OF PROFIT. THE SUSPECT ALSO ADVISED THAT THE BUSINESS' TAX NUMBER IS ON ALL THE CHECKS AND THE VICTIM IS NOT ALLOWED TO USE THIS NUMBER.

THE SUSPECT ALSO ADVISED THAT SHE AND THE VICTIM WERE PARTNERS IN BUSINESS AND IN LIFE BY LIVING TOGETHER.

ON 09-03-02, AT 1145, I SPOKE TO THE VICTIM WHO ADVISED THAT SHE DID FORWARD HER MAIL, AND HAS NOT CASHED ANY OF THE CHECKS RECEIVED. THE VICTIM STATED THAT SHE WAS JUST HOLDING THEM.

ON 09-12-02, AT 1015, I MET WITH THE VICTIM AT 9951 ATLANTIC BLVD.. THE VICTIM HANDED ME A STACK OF CREDIT FORMS WITH HER SIGNATURE, AND THE SIGNATURE OF THE SUSPECT. THE VICTIM ADVISED THAT SHE DID NOT OPEN THESE JOINT ACCOUNTS WITH THE SUSPECT AND THAT ALL SIGNATURES ON THESE FORMS ARE FORGED. THE VICTIM ALSO STATED THAT SHE WAS AWARE OF THE SUSPECT OPENING UP THE MBNA ACCOUNT AND ALLOWING THE SUSPECT TO MAKE PAYMENTS ON THAT CREDIT CARD.

ON 09-27-02, AT 1030, I MET WITH THE SUSPECT AND HER ATTORNEY (HELEN ALBY) AT 200 E. FORSYTH ST.. THE SUSPECT DENIED SIGNING ANY OF THE DOCUMENTS THAT THE VICTIM CLAIMS TO BE FORGED.

ON 10-02-02, I MET WITH ASSISTANT STATE ATTORNEY LATESHA BENSON IN DIVISION CR-E WHO ADVISED SHE WOULD NOT PROSECUTE THIS CASE, AND TO EXCEPTIONALLY CLEAR THE CASE.

ON 10-03-02, I ADVISED THE VICTIM AND THE SUSPECT'S ATTORNEY OF THE CASE STATUS.

**CASE STATUS**

CASE EXCEPTIONALLY CLEARED, PROSECUTION DECLINED.

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*Misc Information*

**Incident (Offense) 2002-0734881-01 (Continued)**

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Clearance Status: **EXCEPTIONALLY CLEARED** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:  
Exception Type: **PROSECUTION DECLINED** Number of Cases Cleared: **1**  
Is there additional information included on a continuation report?: **NO** Are there other Pertinent Reports?: **NO**  
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**

**Bias Motivation(s)**

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**Investigation Time #2**

Hour(s): **05** Minute(s): **00** Cost Amount: **\$72.30**

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**Signature**

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

**Signature(s)**

Reporting Officer #1: **B.H.RICHARDSON ( #6134 )** Division: **DETECTIVE** Section/Unit: **FORGERY**  
Reporting Officer #2: **N/A** Division: Section/Unit:  
Report submitted on: **10/04/2002 07:51**  
Report Reviewer: **A.J.BROWN ( #6237 )** Status: **Approved**  
Report approved on: **10/04/2002 09:40**



2002-0734881

Route To

Groups: **FORGERY**  
People:

Incident Information

Incident Location

3809 LAVISTA CIR, #210  
JACKSONVILLE, FLORIDA 32217

Day/Date/Time Reported: **Sunday, 08/25/2002 13:19**  
Day/Date/Time Incident From: **Sunday, 08/25/2002 13:19** To: **Sunday, 08/25/2002 13:19**  
Is this a Corrections Information Report?: **NO**

Sub-sector: **G2** TAZ:  
Location Type: **RESIDENCE-HOME**  
Primary Weapon Used:  
School Name: School Number:  
Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

Miscellaneous

Drug Activity: **NOT APPLICABLE** Drug Type: **NOT APPLICABLE** # of Reasons: **1**  
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **0**  
MCI Case: **NO** Follow-up By: # of Suspects: **0**  
Was Hate Crime Involved?: Dating Violence Involved?: Is Offense(s) Related to Domestic Violence?: **NO**  
If not Domestic Violence, Is it Domestic Related?: Any Children under 18 Involved as a Victim?:

Report Reason

#1 **INFORMATION**

Witness/Complainant #1 - VAN SCRIVER, KIM

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

Demographics

Race: **WHITE** Sex: **FEMALE** Date of Birth: **07/18/1965**  
Ethnicity:  
Age: **37**

Contact Information

Home Phone #: **(904)-443-2967** Bus. Phone #: **(904)-855-4211** Ext.: Alt. Phone #:  
Cell Phone #:  
Cell Phone Provider:  
Email Address:

Home Address

Mailing Address

3809 LAVISTA CIR, #210  
JACKSONVILLE, FLORIDA 32217  
Sub-sector: TAZ:

Employment/School

Employer: **SELF EMPLOYED PHYSICIAN** Occupation:  
School Last Attended:

Additional Information

On this date, I spoke with the complainant in reference to a fraud investigation.

The complainant stated, that she has been receiving bill collection materials from 4 different credit card companies on accounts that she did not open. The complainant stated, these accounts were opened while she worked at A Woman's Place located in the Baptist Pavilion at 836 Prudential Dr. The complainant stated, her boss, Ms. Paige Gray, presently the president of the company opened these accounts without the knowledge of the complainant. The complainant stated, she recognizes the signatures on the account applications as being that of Ms. Paige Gray's and also stated that Paige admitted to opening an account through MBNA so she could consolidate several of her personal accounts on it. The account was opened in February of 2000 **F.S.S. 119.071(5)(b)**

An account was opened on 07-26-00, with Great American where office equipment was purchased with monthly payments of \$166.97 for a term of 36 months, with a security deposit of \$333.94. Complainant has no knowledge of account but stated the application was signed by Paige Gray.

An account was opened on 09-08-00, with American Express **F.S.S. 119.071(5)(b)** where office equipment was purchased with monthly payments of \$1121.87 for a term of 36 months. Complainant has no knowledge of account but stated the application was signed by Paige Gray.

**Incident (Information) 2002-0734881 (Continued)**

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An account was opened on 01-25-01, with G.E. Capital F.S.S. 119.071(5)(b) with a total amount of office equipment purchased for \$35,518.00. Also listed on this bill is another roll-over amount of \$26,434.33 from F.S.S. 119.071(5)(b) making a total due of \$64,438.59. Complainant has no knowledge of account but stated the application was signed by Paige Gray.

An account was opened in April 2001, through American Express Corporate F.S.S. 119.071(5)(b). The notification letter received by the complainant has hand written information on it about the complainant and she stated it was written on the form by Paige Gray.

The complainant has copies of these accounts and applications in her possession.

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*Misc Information*

Clearance Status: **CASE NOT CLEARED** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:  
Case Not Cleared Type: **CASE NOT CLEARED (PATROL EFFORTS SUSPENDED)** Number of Cases Cleared:  
Is there additional information included on a continuation report?: **NO** Are there other Pertinent Reports?: **NO**  
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**

**Bias Motivation(s)**

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*Investigation Time #1*

Hour(s): **02** Minute(s): **10** Cost Amount: **\$31.33**

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*Signature*

*Signature(s)*

Reporting Officer #1: **D.F.OMAN ( #5468 )** Division: **PATROL** Section/Unit: **ZONE 3**  
Reporting Officer #2: **N/A** Division: Section/Unit:  
Report submitted on: **08/25/2002 16:02**  
Report Reviewer: **J.L.LEAPTROTT ( #6734 )** Status: **Approved**  
Report approved on: **08/25/2002 16:05**



**Jacksonville Sheriff's Office**  
**Incident (Offense)**

**Sheriff Nat Glover**



**2002-0737575**

**Route To**

Groups: **FORGERY, NARCOTICS / PRESCRIPTION FRAUD, HOMICIDE**  
 People: **ZONE 3 - T.L. MARTIN #5671**

**Incident Information**

**Incident Location**

**800 PRUDENTIAL DR, #1506** Day/Date/Time Reported: **Monday, 08/26/2002 10:46**  
**JACKSONVILLE, FLORIDA 32207** Day/Date/Time Incident From: **Tuesday, 01/01/2002 09:00** To: **Monday, 08/26/2002 10:45**  
 Sub-sector: **G1** TAZ: Cross Street: Is this a Corrections Information Report?: **NO**  
 Location Type: **DRUG STORE/HOSPITAL**  
 Primary Weapon Used:  
 School Name: School Number:  
 Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

**Miscellaneous**

Drug Activity: **UNKNOWN** Drug Type: **UNKNOWN** # of Offenses: **3**  
 Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **1**  
 MCI Case: **NO** Follow-up By: # 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?: Any Children under 18 Involved as a Victim?:

**Offense(s)**

- #1 Statute #: **S812.014(2)(B)** Degree: **F2** UCR Code: **231G** Attempt Code: **Committed**  
**GRAND THEFT - UNSPECIFIED - \$20,000 TO LESS THAN \$100,000**
- #2 Statute #: **S817.234(2)** Degree: **F3** UCR Code: **260A** Attempt Code: **Committed**  
**FALSE/FRAUDULENT INSURANCE CLAIMS; ANY PHYSICIAN / PRACTITIONER / CONSPIRATOR**
- #3 Statute #: **S893.13(7)(A)9** Degree: **F3** UCR Code: **260A** Attempt Code: **Committed**  
**FRAUDULENTLY OBTAIN (OR ATTEMPT) CONTROLLED SUBSTANCE**

**Victim #1 - GRAY, PAIGE HILTON**

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **04/28/1966**  
 Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
 Primary Language: Secondary Language:  
 Age: **35** Height (inches): **5'09"** Weight (lbs): **140**  
 Hair Style: Hair Color: **BROWN** Hair Length:  
 Build: Eye Color: **GREEN** Facial Hair:  
 Complexion: Voice:  
 Clothing/Description:

**Contact Information**

Home Phone #: Bus. Phone #: **(904)-306-0300** Ext.: Alt. Phone #:  
 Cell Phone #: Cell Phone Provider:  
 Email Address:

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**Mailing Address**

**Alternate Address**

**836 PRUDNETAL DR, #1506**  
**JACKSONVILLE, FLORIDA 32207**  
 Sub-sector: TAZ:

**Employment/School**

Employer: **A WOMANS PLACE (OWNER)** Occupation:  
 School Last Attended:

**Alternate Contact Information**

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

**Other Information**

Residence Type: **CITY** Residence Status: **RESIDENT**

**Incident (Offense) 2002-0737575 (Continued)**

Drugs Involved?: Alcohol Involved?: Mode of Travel:  
Victim Type: **ADULT** Injury Extent: **NONE** Injury Type: **NOT APPLICABLE**  
Hospital Victim Taken To: **NOT APPLICABLE** Sexual Battery Type:

**Victim Relationship to Offender(s):**

Relationship: **OTHERWISE KNOWN** To: **Suspect (01) - VANSKRIVER, KIMBERLY PAULINE**

**Related Offenses**

- #01: **S812.014(2)(B) - GRAND THEFT - UNSPECIFIED - \$20,000 TO LESS THAN \$100,000**
- #02: **S817.234(2) - FALSE/FRAUDULENT INSURANCE CLAIMS; ANY PHYSICIAN / PRACTITIONER / CONSPIRATOR**

**Suspect #1 - VANSKRIVER, KIMBERLY PAULINE**

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **07/18/1965**  
 Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
 Primary Language: Secondary Language:  
 Age: **36** Height (inches): **5'10"** Weight (lbs): **150**  
 Hair Style: **STRAIGHT** Hair Color: **BROWN** Hair Length: **MEDIUM**  
 Build: Eye Color: **BLUE** Facial Hair: **NONE**  
 Complexion: **FAIR / LIGHT** Voice: **NORMAL**  
 Clothing/Description:  
 Place of Birth:  
 Nicknames:  
 Aliases:

**Distinguishing Marks (Scars, Marks, and Tattoos)**

Characteristic	Body Location	Description
<b>TATTOO</b>		<b>TATTOO (LIZARD ON LEG)</b>

**Contact Information**

Home Phone #: Bus. Phone #: **(904)-855-4211** Ext.: Alt. Phone #:  
 Cell Phone #: Cell Phone Provider:  
 Email Address:

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**9951 ATLANTIC BLVD**  
**JACKSONVILLE, FLORIDA 32207**  
 Sub-sector: TAZ:

**Mailing Address**

**Alternate Address**

**Employment/School**

Employer: **SELF EMPLOYED/ PHYSICIAN** 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(2)(B) - GRAND THEFT - UNSPECIFIED - \$20,000 TO LESS THAN \$100,000**
- #02: **S817.234(2) - FALSE/FRAUDULENT INSURANCE CLAIMS; ANY PHYSICIAN / PRACTITIONER / CONSPIRATOR**
- #03: **S893.13(7)(A)9 - FRAUDULENTLY OBTAIN (OR ATTEMPT) CONTROLLED SUBSTANCE**

**Witness/Complainant #1 - JOHNSON, DEBBIE MAE**

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **04/15/1959**  
 Ethnicity:  
 Age: **42**

**Contact Information**

Home Phone #: Bus. Phone #: **(904)-306-0300** Ext.: Alt. Phone #:  
 Cell Phone #: Cell Phone Provider:  
 Email Address:



**Incident (Offense) 2002-0737575 (Continued)**

**Home Address**

836 PRUDENTIAL DR, #1506  
JACKSONVILLE, FLORIDA 32207

Sub-sector: TAZ:

**Mailing Address**

**Employment/School**

Employer: A WOMANS PLACE

Occupation:

School Last Attended:

**Witness/Complainant Relationship to Victim(s):**

Relationship: EMPLOYEE To: Victim (01) - GRAY, PAIGE HILTON

**Property #1 - DRUGS/NARCOTICS**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer:

Model:

Serial Number:

Color:

Drug Type: **UNKNOWN**

Drug Unit Type:

Weight:

Unit of Measure:

Description: **UNKNOWN (INCLUDES: PAXOL, VALUM & PROZAC) - PENDING INVENTORY**

Value Stolen or Damaged:

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

**Property #2 - DRUGS/NARCOTICS EQUIPMENT**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer:

Model:

Serial Number:

Color:

Drug Type: **UNKNOWN**

Drug Unit Type:

Weight:

Unit of Measure:

Description: **UNKNOWN MEDICAL EQUIPMENT- PENDING INVENTORY**

Value Stolen or Damaged: **\$10,000.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

**Property #3 - MISCELLANEOUS**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer:

Model:

Serial Number:

Color:

Weight:

Unit of Measure:

Description: **OFFICE DECORATIONS, PHOTOGRAPHS, BUSINESS, EMPLOYEE & PATIENT FILES - PENDING INVENTORY**

Value Stolen or Damaged: **\$1,000.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

**Additional Information**

INVESTIGATION REVEALS: THE SUSPECT IS A DOCTOR & FORMER EMPLOYEE OF THE VICTIM, THE OWNER OF A WOMAN'S PLACE (OB/GYN). THE SUSPECT WORKED FOR THE VICTIM TWO YEARS (08-31-00 TO 08-31-02) AT \$180,000.00 A YEAR. ON 06-26-02, THE VICTIM NOTIFIED THE SUSPECT THAT HER CONTRACT WOULD NOT BE RENEWED. THE SUSPECT WAS GIVEN A TERMINATION LETTER & HER PRIVILEGES WERE REMOVED FOR WORKING AT BAPTIST. ON OR ABOUT 06-26-02, THE SUSPECT SURRENDERED ALL IDENTIFICATION; HOWEVER, THE SUSPECT DID NOT RETURN HER KEYS, CELLULAR PHONE & PAGER. THE SUSPECT WAS LET GO DUE MEDICAL NEGLIGENCE, SUBSTANCE ABUSE, PATIENT ABANDONMENT & PATIENT NEGLIGENCE. TWO BABIES WERE LOST DURING THE PAST YEAR UNDER THE SUSPECT'S CARE DUE TO GROSS NEGLIGENCE. AFTER THE SUSPECT'S TERMINATION, THE SUSPECT HAS RETURNED SEVERAL TIMES TO THE VICTIM'S OFFICE AND TAKEN BUSINESS FILES, PATIENT FILES, INSURANCE FILES, MEDICAL EQUIPMENT, MEDICAL INSTRUMENTS, OFFICE DECORATIONS,

**Incident (Offense) 2002-0737575 (Continued)**

COMPUTER EQUIPMENT AND DRUGS. THE MAJORITY OF THE ITEMS WERE TAKEN FROM THE OFFICE OVER THE WEEK END OF FRI/08-23-03 TO SUN/08-25-02 WHILE THE OFFICE WAS CLOSED. THE VICTIM BELIEVES THAT THE SUSPECT TOOK THE ITEMS TO SUPPLY A NEW CLINIC & TO IMPEDE CURRENT CIVIL LITIGATION THAT HAS BEEN FILED AGAINST THE SUSPECT FILED BY THE VICTIM. THE VICTIM IS CURRENTLY SEEKING CIVIL DAMAGES IN EXCESS OF ONE-MILLION DOLLARS FOR LOSS OF BUSINESS & MONIES EMBEZZLED BY THE SUSPECT. NO SIGNS OF FORCED ENTRY WERE FOUND AT THE VICTIM'S OFFICE-A KEY WAS USED TO GAIN ENTRY TO THE OFFICE.

BAPTIST SECURITY WAS NOTIFIED F.S.S. 119.071(3)(a)  
I TOLD THE SECURITY DIRECTOR TO CALL THE POLICE BACK F.S.S. 119.071(3)(a)

PRIOR TO THE SUSPECT'S TERMINATION, THE SUSPECT WAS A SIGNER ON THE BUSINESS BANK ACCOUNT; HOWEVER, ON 01-01-02, THE SUSPECT WAS REMOVED AS A SIGNER ON THE VICTIM'S BUSINESS ACCOUNT. NEVERTHELESS, AFTER BEING REMOVED, THE SUSPECT SET UP THE FOLLOWING AUTOMATIC PAYMENTS TO HER PERSONAL ACCOUNTS:

- \$500.00/MONTH TO AMERICAN EXPRESS FROM 01-2001 TO 06-2001 (OVER \$3000.00).
- \$700.00/MONTH TO IN-HEALTH FROM 01-2001 TO 06-2001 (OVER \$4200.00).
- \$28.00/MONTH TO AOL FROM 01-2001 TO 06-2001 (OVER \$168.00).
- \$125/MONTH TO METRO CALL FROM 01-2001 TO 06-2001 (OVER \$750.00).
- \$186.00/MONTH TO LEASING SERVICES FROM 01-2001 TO 06-2001 (OVER \$1116.00).
- \$1344/MONTH TO M.J.F. FROM 01-2001 TO 06-2001 (OVER \$8060.00).

ALL OF THE ABOVE THE PAYMENTS WERE SET UP BY AT THE REQUEST OF THE SUSPECT. THE SUSPECT DIRECTED HER BOOKKEEPER JANIS DOLEMO (W/F, NOI, H# 399-2436) OF 5447 KEYSTONE DR. S. TO SET UP THE AUTOMATIC DEDUCTIONS. FURTHERMORE, THE SUSPECT IS USING THE VICTIM'S TAX I.D. NUMBER TO COLLECT FRAUDULENT MEDICAIDE PAYMENTS CURRENTLY IN EXCESS OF FORTY-NINE THOUSAND DOLLARS (\$49,000.00). THE PAYMENTS WERE DIVERTED WHEN THE SUSPECT SUBMITTED CHANGE OF ADDRESS FOR THE VICTIM'S MAIL. THE FOLLOWING RELATED POLICE REPORTS HAVE BEEN WRITTEN: 2002-7062, 2002-548007, & 2002-567391 REGARDING THE SUSPECT'S TERMINATION.

THE VICTIM STATED THAT THE SUSPECT ALSO HAS BEEN ABUSING PRESCRIPTION DRUGS & RECENTLY AND TO APPEAR BEFORE THE FLORIDA MEDICAL BOARDS. THE VICTIM EXPLAINED THAT THE SUSPECT HAS BEEN WRITING FRAUDULENT PRESCRIPTIONS FOR SLEEPING PILLS, AMPHETAMINES AND EPHEDRA. THE PRESCRIPTIONS HAVE BEEN FILLED UNDER THE FOLLOWING NAMES:

MENDY MAYS-SMITH (W/F, DOB: 03-08-63, H# 220-8576) OF 680 OLD DIXIE HWY., THE SUSPECT'S FRIEND AND MIDWIFE WHO WAS ALSO TERMINATED WITH THE SUSPECT.

NANCY KINON (W/F, 60s, H# 443-2967) OF 83809 LAVISTIA CT., THE SUSPECT'S MOTHER.

THE VICTIM ALSO STATED THAT THE SUSPECT HAS WRITTEN HERSELF PRESCRIPTIONS UNDER THE NAME OF DR. LISA LLATA. I ADVISED THE VICTIM TO COMPILE COPIES OF THE BUSINESS RECORDS FOR ME TO PICK UP AT A LATER DATE. THE VICTIM ALSO STATED THAT SHE WOULD INVENTORY THE OFFICE & HAVE A LIST OF THE STOLEN INSTRUMENTS/MEDICAL EQUIPMENT.

I WILL FOLLOW-UP THIS CASE WITH THE S.A.O. ONCE I HAVE RECEIVED THE F.S.S. 119.071(3)(a) INVENTORY & SUPPORTING DOCUMENTS FORM THE VICTIM-PATROL EFFORTS CONTINUING.

*Misc Information*

Clearance Status: **CASE NOT CLEARED** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:  
Case Not Cleared Type: **CASE NOT CLEARED (PATROL FOLLOW-UP)** Number of Cases Cleared:  
Is there additional information included on a continuation report?: **NO** 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?: **YES**  
Neighborhood Canvass Conducted?: **NO**

Case Card Information Left with: **OTHER**

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

Handouts

Bias Motivation(s)

*Investigation Time #1*

Hour(s): **04** Minute(s): **00** Cost Amount: **\$57.84**

*Signature*

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

*Signature(s)*

Reporting Officer #1: **T.L.MARTIN ( #5671 )** Division: **PATROL** Section/Unit: **ZONE 3**  
Reporting Officer #2: **N/A** Division: Section/Unit:

## Incident (Offense) 2002-0737575 (Continued)

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Report submitted on: **08/26/2002 16:21**

Report Reviewer: **C.L.WILSON ( #5493 )**

Status: **Approved**

Report approved on: **08/26/2002 16:35**



2002-0737575-01

Route To

Groups:  
People: NARCOTICS - DET. L.L. HALL #5120, FORGERY - DET. S.L. CARVER #6567, M.C.I. OFFICE, PERSON TO ROUTE TO:

Incident Information

Incident Location

800 PRUDENTIAL DR, #1506 Day/Date/Time Reported: Monday, 08/26/2002 10:46  
JACKSONVILLE, FLORIDA 32207 Day/Date/Time Incident From: Tuesday, 01/01/2002 09:00 To: Monday, 08/26/2002 10:45  
Sub-sector: G1 TAZ: Cross Street: Is this a Corrections Information Report?: NO  
Location Type: DRUG STORE/HOSPITAL  
Primary Weapon Used:  
School Name: School Number:  
Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

Miscellaneous

Drug Activity: UNKNOWN Drug Type: UNKNOWN # of Offenses: 3  
Alcohol Related: UNKNOWN (OR N/A) Drug Related: UNKNOWN (OR N/A) # of Victims: 1  
MCI Case: NO Follow-up By: # 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?: Any Children under 18 Involved as a Victim?:

Offense(s)

- #1 Statute #: S812.014(2)(B) Degree: F2 UCR Code: 231G Attempt Code: Committed  
GRAND THEFT - UNSPECIFIED - \$20,000 TO LESS THAN \$100,000
- #2 Statute #: S817.234(2) Degree: F3 UCR Code: 260A Attempt Code: Committed  
FALSE/FRAUDULENT INSURANCE CLAIMS; ANY PHYSICIAN / PRACTITIONER /  
CONSPIRATOR
- #3 Statute #: S893.13(7)(A)9 Degree: F3 UCR Code: 260A Attempt Code: Committed  
FRAUDULENTLY OBTAIN (OR ATTEMPT) CONTROLLED SUBSTANCE

Additional Information

THIS IS A FOLLOW-UP OF A GRAND THEFT INVESTIGATION.

\*\*\*\*\*SYNOPSIS\*\*\*\*\*

THE VICTIM MADE A GRAND THEFT REPORT ON MON/08-26-02. THE VICTIM STATED THAT THE SUSPECT, A FORMER EMPLOYEE, HAS STOLEN SEVERAL ITEMS & DIVERTED CHECKS FROM THE VICTIM'S OFFICE FOR (THE SUSPECT'S) PERSONAL GAIN. THE VICTIM ALSO STATED THAT THE SUSPECT WAS ABUSING & OBTAINING PRESCRIPTION DRUGS BY FRAUD. ON MON/08-26-02, DET L.L. HALL #5120 OF THE NARCOTICS UNIT WAS CALLED & ADVISED OF THE SITUATION. DET. HALL STATED THAT SHE WOULD INVESTIGATE THE DRUG OFFENSE(S). THE FORGERY DIVISION WAS TO FOLLOW-UP THE INSURANCE FRAUD PORTION OF THE CASE.

\*\*\*\*\*FOLLOW-UP INVESTIGATION\*\*\*\*\*

ON TUE/08-27-02/1600, I WAS TOLD BY SGT A.K. O'NEAL #6435 TO STOP MY (GRAND THEFT) INVESTIGATION & REPORT TO THE FORGERY DIVISION ON WED/08-28-02 TO BRIEF SGT. A.J. BROWN #6237. ACCORDING TO SGT. O'NEAL, THIS WAS AN ORDER FROM J.D. HILL #5995 & F.J. MACKESY #6587. ON WED/08-28-02/0800, I WENT TO FORGERY & MET WITH DET. S.L. CARVER #6567, THE DETECTIVE-IN-CHARGE (DIC) WHILE SGT. BROWN IS ON VACATION. I BRIEFED DET. CARVER ON ALL OF MY EFFORTS IN THIS CASE. I ALSO PROVIDED A WRITTEN NARRATIVE DOCUMENTING MY INVESTIGATION. DET. CARVER WAS GIVEN ALL OF MY STATEMENTS, RIGHTS FORMS & SUPPORTING DOCUMENTS- EVERYTHING I HAD RELATING TO THIS CASE. DET. CARVER STATED THAT HIS OFFICE WOULD BE FOLLOWING-UP BOTH THE GRAND THEFT & THE INSURANCE FRAUD PARTS OF THIS CASE. PATROL EFFORTS ARE SUSPENDED-DETECTIVE (FORGERY/NARCOTICS) FOLLOW-UP.  
SUP CCR#: 02-741731

Misc Information

Clearance Status: CASE NOT CLEARED Clearance Code: NOT APPLICABLE Date Case Was Cleared:  
Case Not Cleared Type: CASE NOT CLEARED (PATROL EFFORTS SUSPENDED) Number of Cases Cleared:  
Is there additional information included on a continuation report?: NO 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?: YES  
Neighborhood Canvass Conducted?: NO

Case Card Information Left with: OTHER

Other Explanation: Other Explanation Address:

**Incident (Offense) 2002-0737575-01 (Continued)**

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**Complainant  
Handouts**

**N/A**

**Bias Motivation(s)**

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**Investigation Time #1**

Hour(s): **08**

Minute(s): **00**

Cost Amount: **\$115.68**

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**Signature**

Detective Called To the Scene:

At Scene: **Not Applicable**

Division:

Unit:

Evidence Technician Called to the Scene:

At Scene: **Not Applicable**

**Signature(s)**

Reporting Officer #1:

**T.L.MARTIN ( #5671 )**

Division: **PATROL**

Section/Unit: **ZONE 3**

Reporting Officer #2:

**N/A**

Division:

Section/Unit:

Report submitted on:

**08/28/2002 10:01**

Report Reviewer:

**AUTOMATED USER**

Status: **Approved**

Report approved on:

**02/19/2019 04:31**



**2002-0737575-02**

**Route To**

Groups: **FORGERY**  
People: **DET. B.H. RICHARDSON 6134, PERSON TO ROUTE TO:**

**Incident Information**

**Incident Location**

**800 PRUDENTIAL DR, #1506** Day/Date/Time Reported: **Monday, 08/26/2002 10:46**  
**JACKSONVILLE, FLORIDA 32207** Day/Date/Time Incident From: **Tuesday, 01/01/2002 09:00** To: **Monday, 08/26/2002 10:45**  
Sub-sector: **G1** TAZ: Cross Street: Is this a Corrections Information Report?: **NO**  
Location Type: **DRUG STORE/HOSPITAL**  
Primary Weapon Used:  
School Name: School Number:  
Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

**Miscellaneous**

Drug Activity: **UNKNOWN** Drug Type: **UNKNOWN** # of Offenses: **3**  
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **1**  
MCI Case: **NO** Follow-up By: # 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?: Any Children under 18 Involved as a Victim?:

**Offense(s)**

- #1 Statute #: **S812.014(2)(B)** Degree: **F2** UCR Code: **231G** Attempt Code: **Committed**  
**GRAND THEFT - UNSPECIFIED - \$20,000 TO LESS THAN \$100,000**
- #2 Statute #: **S817.234(2)** Degree: **F3** UCR Code: **260A** Attempt Code: **Committed**  
**FALSE/FRAUDULENT INSURANCE CLAIMS; ANY PHYSICIAN / PRACTITIONER / CONSPIRATOR**
- #3 Statute #: **S893.13(7)(A)9** Degree: **F3** UCR Code: **260A** Attempt Code: **Committed**  
**FRAUDULENTLY OBTAIN (OR ATTEMPT) CONTROLLED SUBSTANCE**

**Additional Information**

**SYNOPSIS**

THE SUSPECT IS A DOCTOR & FORMER EMPLOYEE OF THE VICTIM, THE OWNER OF A WOMAN'S PLACE (OB/GYN). THE SUSPECT WORKED FOR THE VICTIM FOR TWO YEARS (08-31-00 TO 08-31-02) AT \$180,000.00 A YEAR.

ON 06-26-02, THE VICTIM NOTIFIED THE SUSPECT THAT HER CONTRACT WOULD NOT BE RENEWED. THE SUSPECT WAS GIVEN A TERMINATION LETTER & HER PRIVILEGES WERE REMOVED FOR WORKING AT BAPTIST. ON OR ABOUT 06-26-02, THE SUSPECT SURRENDERED ALL IDENTIFICATION; HOWEVER, THE SUSPECT DID NOT RETURN HER KEYS, CELLULAR PHONE & PAGER.

AFTER THE SUSPECT'S TERMINATION, THE SUSPECT HAS RETURNED SEVERAL TIMES TO THE VICTIM'S OFFICE AND TAKEN BUSINESS FILES, PATIENT FILES, INSURANCE FILES, MEDICAL EQUIPMENT, MEDICAL INSTRUMENTS, OFFICE DECORATIONS, COMPUTER EQUIPMENT AND DRUGS. THE MAJORITY OF THE ITEMS WERE TAKEN FROM THE OFFICE OVER THE WEEK END OF FRI/08-23-03 TO SUN/08-25-02 WHILE THE OFFICE WAS CLOSED. THE VICTIM BELIEVES THAT THE SUSPECT TOOK THE ITEMS TO SUPPLY A NEW CLINIC & TO IMPEDE CURRENT CIVIL LITIGATION THAT HAS BEEN FILED AGAINST THE SUSPECT FILED BY THE VICTIM. THE VICTIM IS CURRENTLY SEEKING CIVIL DAMAGES IN EXCESS OF ONE-MILLION DOLLARS FOR LOSS OF BUSINESS & MONIES EMBEZZLED BY THE SUSPECT. NO SIGNS OF FORCED ENTRY WERE FOUND AT THE VICTIM'S OFFICE-A KEY WAS USED TO GAIN ENTRY TO THE OFFICE.

PRIOR TO THE SUSPECT'S TERMINATION, THE SUSPECT WAS A SIGNER ON THE BUSINESS BANK ACCOUNT; HOWEVER, ON 01-01-02, THE SUSPECT WAS REMOVED AS A SIGNER ON THE VICTIM'S BUSINESS ACCOUNT. AFTER BEING REMOVED, THE SUSPECT SET UP THE FOLLOWING AUTOMATIC PAYMENTS TO HER PERSONAL ACCOUNTS:  
\$500.00/MONTH TO AMERICAN EXPRESS FROM 01-2001 TO 06-2001 (OVER \$3000.00).  
\$700.00/MONTH TO IN-HEALTH FROM 01-2001 TO 06-2001 (OVER \$4200.00).  
\$28.00/MONTH TO AOL FROM 01-2001 TO 06-2001 (OVER \$168.00).  
\$125/MONTH TO METRO CALL FROM 01-2001 TO 06-2001 (OVER \$750.00).  
\$186.00/MONTH TO LEASING SERVICES FROM 01-2001 TO 06-2001 (OVER \$1116.00).  
\$1344/MONTH TO M.J.F. FROM 01-2001 TO 06-2001 (OVER \$8060.00).

ALL OF THE ABOVE THE PAYMENTS WERE SET UP BY AT THE REQUEST OF THE SUSPECT. THE SUSPECT DIRECTED HER

BOOKKEEPER JANIS DOLEMBO TO SET UP THE AUTOMATIC DEDUCTIONS. FURTHERMORE, THE SUSPECT IS USING THE VICTIM'S TAX I.D. NUMBER TO COLLECT FRAUDULENT MEDICAIDE PAYMENTS CURRENTLY IN EXCESS OF FORTY-NINE THOUSAND DOLLARS (\$49,000.00). THE PAYMENTS WERE DIVERTED WHEN THE SUSPECT SUBMITTED CHANGE OF ADDRESS FOR THE VICTIM'S MAIL.

THE VICTIM STATED THAT THE SUSPECT ALSO HAS BEEN ABUSING PRESCRIPTION DRUGS & RECENTLY HAD TO APPEAR BEFORE THE FLORIDA MEDICAL BOARDS. THE VICTIM EXPLAINED THAT THE SUSPECT HAS BEEN WRITING FRAUDULENT PRESCRIPTIONS FOR SLEEPING PILLS, AMPHETAMINES AND EPHEDRA. THE PRESCRIPTIONS HAVE BEEN FILLED UNDER THE FOLLOWING NAMES:

MENDY MAYS-SMITH (W/F, DOB: 03-08-63, H# 220-8576) OF 680 OLD DIXIE HWY., THE SUSPECT'S FRIEND AND MIDWIFE WHO WAS ALSO TERMINATED WITH THE SUSPECT.

NANCY KINON (W/F, 60s, H# 443-2967) OF 83809 LAVISTIA CT., THE SUSPECT'S MOTHER.

THE VICTIM ALSO STATED THAT THE SUSPECT HAS WRITTEN HERSELF PRESCRIPTIONS UNDER THE NAME OF DR. LISA LLATA.

#### DETAILS OF THE INVESTIGATION

ON 08-28-02, I WAS ASSIGNED THIS CASE.

ON 08-28-02, AT 1100, I SPOKE TO DET. HALL (NARCOTICS PRESCRIPTION FRAUD UNIT). DET. HALL ADVISED SHE WAS CURRENTLY LOOKING INTO THE PRESCRIPTION FRAUD ALLEGATIONS AND WOULD ADVISE ME OF THE RESULTS.

ON 08-28-02, AT 1140, I SPOKE WITH INVESTIGATOR NINA SWARTZ (POSTAL INSPECTOR'S OFFICE) WHO SHE WOULD INVESTIGATE ANY LAW VIOLATIONS RELATING TO THE CHANGE OF ADDRESS COMPLETED BY THE SUSPECT.

ON 08-28-02, AT 1515, I SPOKE TO THE VICTIM WHO ADVISED THAT SHE OWNS THE WOMAN'S PLACE PRACTICE AND THE SUSPECT HAS FORWARDED ALL OF HER MAIL, INCLUDING BUSINESS MAIL TO 9951 ATLANTIC BLVD. (FRUITFUL VINE MIDWIFERY SERVICES). THE VICTIM ADVISED BY DOING THIS THE SUSPECT HAS DEPRIVED HER OF RECEIVING FUNDS FROM INSURANCE COMPANIES THAT ARE BEING PAID FOR CUSTOMERS. THE VICTIM ALSO ADVISED THAT MOST OF THESE CHECKS ARE ACTUALLY MADE PAYABLE TO THE SUSPECT SINCE SHE WAS THE ATTENDING PHYSICIAN. THE VICTIM ADVISED THAT THE SUSPECT'S CONTRACT STATED THAT SHE WOULD BE PAID BY SALARY, NOT BY INSURANCE COMPANIES OR A PERCENTAGE OF PROFIT. THE VICTIM ALSO ADVISED THAT THE BUSINESS' TAX NUMBER IS ON ALL THE CHECKS AND THE SUSPECT IS NOT ALLOWED TO USE THIS NUMBER.

THE VICTIM ALSO ADVISED THAT THE AUTOMATIC PAYMENTS BEING MADE ON THE BUSINESS ACCOUNT WERE NOT AUTHORIZED.

THE VICTIM ALSO ADVISED THAT SHE AND THE SUSPECT WERE PARTNERS IN BUSINESS AND IN LIFE BY LIVING TOGETHER.

THE VICTIM ALSO ADVISED THAT THE SUSPECT WAS NOT AUTHORIZED TO REMOVE THE STOLEN PROPERTY FROM THE BUSINESS. THE VICTIM ALSO ADVISED THAT SOME OF THE PROPERTY THAT WAS TAKEN WAS FINANCED JOINTLY WITH THE SUSPECT ALONG WITH THE LEASE ON THE BUSINESS.

ON 09-03-02, AT 1145, I SPOKE TO THE SUSPECT WHO ADVISED THAT SHE DID FORWARD HER MAIL, AND HAS NOT CASHED ANY OF THE CHECKS RECEIVED. THE SUSPECT STATED THAT SHE WAS JUST HOLDING THEM.

THE SUSPECT ALSO TOLD ME THAT SHE DID NOT SET UP THE DIRECT WITHDRAWALS.

THE SUSPECT STATED THAT SHE DID REMOVE PROPERTY FROM THE BUSINESS AFTER HOUR WITH THE ASSISTANCE OF HER FATHER. THE SUSPECT ADVISED THAT SHE ONLY TOOK PROPERTY THAT BELONGED TO HER.

ON 09-05-02, AT 1020, I SPOKE TO JOE CROFT (SECURITY AT BAPTIST MEDICAL) F.S.S. 119.071(3)(a)

ON 09-05-02, AT 1525, I MET WITH MR. CROFT F.S.S. 119.071(3)(a)

ON 09-12-02, AT 1015, I MET WITH THE SUSPECT AT 9951 ATLANTIC BLVD.. THE SUSPECT HANDED ME A STACK OF CREDIT FORMS WITH HER SIGNATURE, AND THE SIGNATURE OF THE VICTIM. THE SUSPECT ADVISED THAT SHE DID NOT OPEN THESE JOINT ACCOUNTS WITH THE VICTIM AND THAT ALL SIGNATURES ON THESE FORMS ARE FORGED, REFERENCE CCR# 734881.

ON 09-27-02, AT 1030, I MET WITH THE VICTIM AND HER ATTORNEY (HELEN ALBY) AT 200 E. FORSYTH ST.. THE VICTIM DENIED SIGNING ANY OF THE DOCUMENTS THAT THE SUSPECT CLAIMS TO BE FORGED.

**Incident (Offense) 2002-0737575-02 (Continued)**

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ON 10-02-02, I MET WITH ASSISTANT STATE ATTORNEY LATESHA BENSON IN DIVISION CR-E WHO ADVISED SHE WOULD NOT PROSECUTE THIS CASE, AND TO EXCEPTIONALLY CLEAR THE CASE.

ON 10-03-02, I ADVISED THE SUSPECT AND THE VICTIM'S ATTORNEY OF THE CASE STATUS.

**CASE STATUS**

**CASE EXCEPTIONALLY CLEARED, PROSECUTION DECLINED.**

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*Misc Information*

Clearance Status: **EXCEPTIONALLY CLEARED** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:  
Exception Type: **PROSECUTION DECLINED** Number of Cases Cleared: **1**  
Is there additional information included on a continuation report?: **NO** 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?: **YES**  
Neighborhood Canvass Conducted?: **NO**

**Case Card Information Left with: OTHER**

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

**Handouts**

**Bias Motivation(s)**

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*Investigation Time #2*

Hour(s): **05** Minute(s): **00** Cost Amount: **\$72.30**

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*Signature*

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

*Signature(s)*

Reporting Officer #1: **B.H.RICHARDSON ( #6134 )** Division: **DETECTIVE** Section/Unit: **FORGERY**  
Reporting Officer #2: **N/A** Division: Section/Unit:  
Report submitted on: **10/04/2002 07:51**  
Report Reviewer: **A.J.BROWN ( #6237 )** Status: **Approved**  
Report approved on: **10/04/2002 09:38**





**2002-1123561**

*Route To*

Groups: **BURGLARY**  
People:

*Incident Information*

**Incident Location**

**4319 LANDOVER DR**  
**JACKSONVILLE, FLORIDA 32207**

Day/Date/Time Reported: **Thursday, 12/26/2002 18:30**  
Day/Date/Time Incident From: **Thursday, 12/26/2002 18:30** To:  
Is this a Corrections Information Report?: **NO**

Sub-sector: **G2** TAZ:  
Location Type: **RESIDENCE-HOME**  
Primary Weapon Used: **NOT APPLICABLE**  
School Name: School Number:  
Incident Occurred: **Inside Location** Incident Occurred In the Parking Lot at this Location?: **NO**

**Miscellaneous**

Drug Activity: **NOT APPLICABLE** Drug Type: **NOT APPLICABLE** # of Reasons: **1**  
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **0**  
MCI Case: **NO** Follow-up By: # of Suspects: **0**  
Was Hate Crime Involved?: Dating Violence Involved?: Is Offense(s) Related to Domestic Violence?: **NO**  
If not Domestic Violence, Is it Domestic Related?: Any Children under 18 Involved as a Victim?:

*Report Reason*

**#1 INFORMATION**

*Witness/Complainant #1 - GRAY, PAIGE HELTON*

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **04/28/1966**  
Ethnicity:  
Age: **36**

**Contact Information**

Home Phone #: **(904)-731-8732** Bus. Phone #: **(904)-306-0300** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**Mailing Address**

**4319 LANDOVER DR**  
**JACKSONVILLE, FLORIDA 32207**  
Sub-sector: TAZ:

**Employment/School**

Employer: **SELF EMPLOYED** Occupation:  
School Last Attended:

*Witness/Complainant #2 - VANSKRIVER, KIMBERLY PAULINE*

Type: **SUBJECT (POTENTIAL SUSPECT)**  
Did witness invoke right to prevent the disclosure of personal info (Marsy's Law)?:

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **06/18/1965**  
Ethnicity:  
Age: **37**

**Contact Information**

Home Phone #: **(904)-443-2967** Bus. Phone #: **(904)-855-4211** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**Mailing Address**

**3809 LAVISTA CIR, #210**  
**JACKSONVILLE, FLORIDA 32217**  
Sub-sector: TAZ:

**Incident (Information) 2002-1123561 (Continued)**

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**Employment/School**

Employer: **SELF EMPLOYED**

Occupation:

School Last Attended:

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**Additional Information**

I RESPONDED TO A RESIDENTIAL BURGLARY COMPLAINT AT 4319 LANDOVER DR. ON ARRIVAL I MET THE COMPLAINANT, PAIGE GRAY WHO ADVISED SHE WAS OUT OF TOWN DURING CHRISTMAS AND RETURNED TO FIND MANY OF HER POSSESSIONS GONE FROM HER HOME. MS GRAY FURTHER STATED THAT SHE BELIEVED HER EX-ROOMMATE/BUSINESS PARTNER, KIMBERLY VANS CRIVER MAY HAVE TAKEN THE ITEMS. THE ITEMS CONSISTED OF JEWELRY, ART, FURNITURE ETC. MS GRAY AND MS VAN SCRIVER BEEN IN A PROPERTY DISPUTE SINCE SEPARATING APPROX ONE YEAR AGO AND HAVE ANOTHER COURT HEARING ON I-17-03. BOTH PARTIES ARE ON THE DEED OF THIS RESIDENCE AND ON THE RESIDENCE ON LA VISTA CIR. I CONTACTED MS VANS CRIVER BY PHONE. SHE ADMITTED TO ENTERING THE RESIDENCE ON LANDOVER AND TAKING THE PROPERTY, CLAIMING THAT IT BELONGED TO HER. I ADVISED MS GRAY THAT THE MATTER IS CIVIL AND THAT SHE SHOULD CALL HER ATTORNEY.

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**Misc Information**

Clearance Status: **CASE CLEARED - NON CRIMINAL** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:  
Number of Cases Cleared: **1**  
Is there additional information included on a continuation report?: **NO** 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:

Other Explanation Address:

**Complainant**

**N/A**

**Handouts**

**Bias Motivation(s)**

---

**Investigation Time #1**

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

---

**Signature**

**Signature(s)**

Reporting Officer #1: **T.B.BUCK ( #5317 )** Division: **PATROL** Section/Unit: **ZONE 3**  
Reporting Officer #2: **N/A** Division: Section/Unit:  
Report submitted on: **12/26/2002 19:55**  
Report Reviewer: **C.L.WILSON ( #5493 )** Status: **Approved**  
Report approved on: **12/26/2002 19:57**

- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 12 03 04	TIME OF CRASH 2:35 AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 3:16 AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 3:38 AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 1005460	HSMV CRASH REPORT NUMBER 05587057
	COUNTY / CITY CODE 02138	FEET or MILE(S) N S E W	CITY OR TOWN JACKSONVILLE/G2		(Check # in City or Town) COUNTY DUVAL	
Vehicle	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	1 DIVIDED ON STREET, ROAD OR HIGHWAY 2 UNDIVIDED 5-R-13	
	AT THE INTERSECTION OF SANDLERC RD			FEET or MILE(S)	N S E W	FROM INTERSECTION OF
Vehicle	YEAR MAKE (chev. ford, etc.) 03 LEXS	TYPE (car, truck, bicycle, etc.) CAR	VEH. LICENSE NUMBER T92DRLFL	STATE JT	VEHICLE IDENTIFICATION NUMBER 8BD695230179794	
	Check Areas Of Vehicle Damage	Front R / Front L / Front R / Side L / Side Rear R / Rear L / Rear	EST. VEHICLE DAMAGE 800 <sup>00</sup>	VEHICLE REMOVED BY: D-1	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other <input checked="" type="checkbox"/>	
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) STATE FARM			POLICY NUMBER 4334720591		
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) SAME AS DRIVER			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN MYRON FRANK MASS			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE 2210 MILLER OAKS CT JACKSONVILLE, FL 32217		
	DRIVER LICENSE NUMBER M20054645060FLD	STATE OF FL	DRIVER / PEDESTRIAN HOME PHONE 904 737-6773	DRIVER / PEDESTRIAN BUSINESS PHONE 904 733-8600	RACE W	SEX M
Pedestrian	NAME OF PASSENGER MARILYN MASS			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE 2210 MILLER OAKS CT JACKSONVILLE, FL 32217		
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN HELVIAN MILLER			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE 3676 CATHEDRAL OAKS PL S JACKSONVILLE, FL 32217		
Vehicle	YEAR MAKE (chev. ford, etc.) 94 CHEV	TYPE (car, truck, bicycle, etc.) UT	VEH. LICENSE NUMBER M79KC	STATE FL	VEHICLE IDENTIFICATION NUMBER 1GNER18K6R2393626	
	Check Areas Of Vehicle Damage	Front R / Front L / Front R / Side L / Side Rear R / Rear L / Rear	EST. VEHICLE DAMAGE 200 <sup>00</sup>	VEHICLE REMOVED BY: D-2	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other <input checked="" type="checkbox"/>	
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE			POLICY NUMBER 20440496409412		
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) SAME AS DRIVER			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN HELVIAN MILLER			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE 3676 CATHEDRAL OAKS PL S JACKSONVILLE, FL 32217		
	DRIVER LICENSE NUMBER M460320470560FLB	STATE OF FL	DRIVER / PEDESTRIAN HOME PHONE 904 231-3691	DRIVER / PEDESTRIAN BUSINESS PHONE 904 730-5173	RACE B	SEX M
Pedestrian	NAME OF PASSENGER			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
Vehicle	YEAR MAKE (chev. ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	
	Check Areas Of Vehicle Damage	Front R / Front L / Front R / Side L / Side Rear R / Rear L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other <input type="checkbox"/>	
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER		
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
	DRIVER LICENSE NUMBER	STATE OF	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX
Violator(s)	NAME OF PASSENGER			CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE		
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER	
1	MYRON F. MASS	316.120	FAILED TO YIELD RIGHT OF WAY	6980DFN		
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE ZIP CODE
INVESTIGATOR - RANK & SIGNATURE Pilot J. W. VASSER	BADGE NUMBER 5874	DEPARTMENT JACKSONVILLE	<input type="checkbox"/> FIP <input checked="" type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER			

REG5877

DIAGRAM

V1 WAS TRAVELLING SOUTH ON S.R. 13 AND V1 MADE A LEFT TURN ONTO SAN CLOAG RD. V1 FAILED TO YIELD RIGHT OF WAY TO V2, WHICH WAS TRAVELLING NORTH ON S.R. 13 IN THE RIGHT LANE, AND A CRASH OCCURRED.  
POINT OF IMPACT WAS V2 RIGHT FRONT INTO V1 RIGHT REAR.  
V1 WAS CITED FOR FAILURE TO YIELD RIGHT OF WAY.

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS		
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3
02 Careless Driving (Explain in Narrative)	03	01		02 Def. Brakes	01	01		02 Slowing / Stopped / Stalled	03	01	
03 Failed to Yield Right-of-Way				03 Worn / Smooth Tires				03 Making Left Turn			
04 Improper Backing				04 Defective / Improper Lights				04 Backing			
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn	11	12	
06 Improper Turn				06 Steering Mech.				06 Changing Lanes	11	12	
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving / Parking Space	11	12	
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked	11	12	
09 Alcohol & Drugs - Under Influence				77 All Other (Explain in Narrative)				09 Improperly Parked	11	12	
10 Followed Too Closely								10 Making U-Turn	11	12	
11 Disregarded Traffic Signal									11	12	
12 Exceeded Safe Speed Limit									11	12	
13 Disregarded Stop Sign									11	12	
14 Failed to Maintain Equip. / Vehicle									11	12	
15 Improper Passing									11	12	
16 Drove Left of Center									11	12	
17 Exceeded Stated Speed Limit									11	12	
18 Obstructing Traffic									11	12	
19 Improper Load									11	12	
20 Disregarded Other Traffic Control									11	12	
21 Driving Wrong Side of Way									11	12	
22 Fleeing Police									11	12	
23 Vehicle Modified									11	12	
24 Driver Distraction									11	12	
77 All Other (Explain in Narrative)									11	12	

POINT OF COLLISION			WORK AREA			PEDESTRIAN ACTION			LOCATION TYPE		
01 On Road	1	2	3	01 None	1	2	3	01 Crossing Not at Intersection	1	2	3
02 Not On Road	01	01		02 Nearly	01	01		02 Crossing at Mid-block Crosswalk			
03 Shoulder				03 Entered				03 Crossing at Intersection			
04 Median								04 Walking Along Road With Traffic			
05 Turn Lane								05 Walking Along Road Against Traffic			
								06 Working on Vehicle in Road			
								07 Working In Road			
								08 Standing / Playing In Road			
								09 Standing in Pedestrian Path			
								77 All Other (Explain in Narrative)			
								88 Unknown			

FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION		
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Ditch - Culvert	1	2	3	01 Interstate	07 Forest Road	01 Daylight
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	01	01		02 U.S.	08 Private Roadway	02 Dark
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned				03 State	77 All Other (Explain in Narrative)	03 Dawn
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle				04 County		04 Dark (Street Light)
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed				05 Local		05 Dark (No Street Light)
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire				06 Turnpike / Toll		06 Unknown
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Explosion						
08 Collision With Parked Car	22 MV Hit Tree / Shrubby	36 Downhill Runaway						
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Load or Shift						
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units						
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover						
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)						
13 Collision With Moped	27 MV Hit Other Fixed Object							
14 Collision With Train	28 Collision With Movable Object On Road							

ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER		
01 No Defects	01 Vision Not Obscured	01 No Control	1	2	3	01 Not At Intersection / RR X-ing / Bridge	1	2	3	01 Straight - Level	1	2	3	
02 Obstruction With Warning	02 Inclement Weather	02 Special Speed Zone	01			02 At Intersection				02 Straight - Upgrade - Downgrade				
03 Obstruction Without Warning	03 Parked / Stopped Vehicle	03 Speed Control Sign				03 Influenced By Intersection				03 Curve - Level				
04 Road Under Repair / Construction	04 Trees / Crops / Bushes	04 School Zone				04 Driveway Access				04 Curve - Upgrade - Downgrade				
05 Loose Surface Materials	05 Load on Vehicle	05 Traffic Signal				05 Railroad								
06 Shoulders - Soft / Low / High	06 Building / Fixed Object	06 Stop Sign				06 Bridge								
07 Holes - Ruts / Unsafe Paved Edge	07 Signs / Billboards	07 Yield Sign				07 Entrance Ramp								
08 Standing Water	08 Fog	08 Flashing Light				08 Exit Ramp								
09 Worn / Polished Road Surface	09 Smoke	09 Railroad Signal				09 Parking Lot - Public								
77 All Other (Explain in Narrative)	77 All Other (Explain in Narrative)	02 Officer / Guard / Fireperson				10 Parking Lot - Private								



2006-1050095

Route To

Groups: **BURGLARY**  
People:

Incident Information

Incident Location

4311 SALISBURY RD  
JACKSONVILLE, FLORIDA 32216  
Sub-sector: **G3** TAZ:  
Location Type: **PARKING LOT (NOT SPECIFIED)**  
Primary Weapon Used: **NOT APPLICABLE**  
School Name: School Number:  
Incident Occurred: **Outside Location** Incident Occurred In the Parking Lot at this Location?: **YES**

Day/Date/Time Reported: **Wednesday, 11/22/2006 18:32**  
Day/Date/Time Incident From: **Wednesday, 11/22/2006 09:00** To:  
Is this a Corrections Information Report?: **NO**

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: **NO** Follow-up By: # 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 #: **S810.02(4)(B)** Degree: **F3** UCR Code: **231F** Attempt Code: **Committed**  
**BURGLARY/CONVEYANCE; NOT OCCUPIED (NO ASSAULT / BATT - NO WEAPON) > \$300**  
**LOSS**

Victim #1 - VAN SCRIVER, KIMBERLY PAULINE

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

Demographics

Race: **WHITE** Sex: **FEMALE** Date of Birth: **07/18/1965**  
Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
Primary Language: Secondary Language:  
Age: **41** Height (inches): **5'10"** Weight (lbs): **150**  
Hair Style: Hair Color: **BROWN** Hair Length:  
Build: Eye Color: **BLUE** Facial Hair:  
Complexion: Voice:  
Clothing/Description:

Disability, Mental, Physical and Medical Information

Physical Descriptor Descriptor Detail Description  
**NOT APPLICABLE** **NONE / (NOT APPLICABLE)**

Contact Information

Home Phone #: **(904)-807-9200** Bus. Phone #: **(904)-855-4211** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

Primary Identification

Type of ID Given: ID: Issuing State:

Home Address

Mailing Address

Alternate Address

7520 HOLLYRIDGE RD  
JACKSONVILLE, FLORIDA 32256

Sub-sector: TAZ:

Employment/School

Employer: **KIMBERLY VAN SCRIVER MD OFFICE** Occupation:  
School Last Attended:

Alternate Contact Information

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

Other Information

Residence Type: **CITY** Residence Status: **RESIDENT**  
Drugs Involved?: Alcohol Involved?: Mode of Travel:  
Victim Type: **ADULT** Injury Extent: **NONE** Injury Type: **NOT APPLICABLE**

**Incident (Offense) 2006-1050095 (Continued)**

Hospital Victim Taken To: **NOT APPLICABLE** Sexual Battery Type:

**Victim Relationship to Offender(s):**

Relationship: **STRANGER** To: **Suspect (01) - UK**

**Related Offenses**

**#01: S810.02(4)(B) - BURGLARY/CONVEYANCE; NOT OCCUPIED (NO ASSAULT / BATT - NO WEAPON) > \$300 LOSS**

**Suspect #1 - UK**

**Demographics**

Race: Sex: Date of Birth:  
Ethnicity:  
Primary Language: Secondary Language:  
Age: Height (inches): Weight (lbs):  
Hair Style: Hair Color: Hair Length:  
Build: Eye Color: Facial Hair:  
Complexion: Voice:  
Clothing/Description:  
Place of Birth:  
Nicknames:  
Aliases:

**Distinguishing Marks (Scars, Marks, and Tattoos)**

**Contact Information**

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

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**Mailing Address**

**Alternate Address**

**Employment/School**

Employer: 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?: **UNKNOWN** Confessed?:  
Arrested?: **At Large** Were Miranda Rights Given?: **NO** Jail # Type: **NA** Jail Booking #:

**Related Offenses**

**#01: S810.02(4)(B) - BURGLARY/CONVEYANCE; NOT OCCUPIED (NO ASSAULT / BATT - NO WEAPON) > \$300 LOSS**

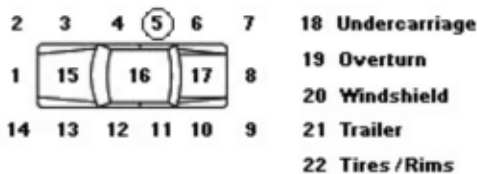
**Vehicle #1 - 2004 ACURA MDX DARK GREEN**

Vehicle Type: **TRUCK/VAN/SUV** Vehicle Style: VIN: **2HNYD18864H544618**  
Primary Color: **DARK GREEN** Top Color: **DARK GREEN**  
Odometer Reading: Odometer Digit Count:  
Tag: **x72ttv** Tag State: **FL** Tag Year: **2007** Specialty Tag:  
Vehicle Contents:  
Vehicle Modifications:

**Vehicle Accessories/Equipment**

[none entered]

**Vehicle Damage**



**Other Vehicle Information**

# Incident (Offense) 2006-1050095 (Continued)

Vehicle Damaged: **YES** Vehicle Condition: **EXCELLENT** Damage Code: **CRIMINAL MISCHIEF**  
Vehicle Status: **OTHER CRIME / NOT AUTO THEFT** Recovery Code: **NOT APPLICABLE**  
Recovery Location: **NOT APPLICABLE** Date Recovered:  
Value of Vehicle Taken: Value as Recovered:  
NCIC Notified: **NO** Date: NCIC Dispatcher: Dispatch #:  
Tag # 10-28 Ran?: **YES** Tag # 10-29 Ran?: **YES** VIN 10-28 Ran?: **YES** VIN 10-29 Ran?: **YES** VIN Verified By Officer?: **Yes**  
Ignition Locked: **YES** Keys in Ignition: **NO** Doors Locked: **YES** Vehicle was Processed?: **YES**  
Victim Signed Vehicle Search Consent Form?: Vic. / Com. Has received their vehicle at the scene: **N/A**  
Vic. / Com. Has Agreed To Have Their Vehicle Towed if found and is unable to respond to scene: **N/A**  
Tracking Service:  
Was Vehicle Towed / Hold Placed / Seized?: **NO**

## Vehicle Owner:

Victim (01) - VAN SCRIVER, KIMBERLY PAULINE  
Owner Contacted?: **NO** Date: How Contacted: **N/A**

## Vehicle Driver:

Victim (01) - VAN SCRIVER, KIMBERLY PAULINE

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## Property #1 - PURSES/HANDBAGS/WALLETS

Quantity: **1** Status: **STOLEN / ETC.**  
Turned in at: **NOT APPLICABLE**  
Manufacturer: Model:  
Serial Number: Color: **TAN**  
Weight: Unit of Measure:  
Description: **TAN PURSE WITH ZIPPER ON TOP**  
Value Stolen or Damaged: **\$60.00** Value Recovered: Victim/Complaint Signed Signature Card: **N/A**  
Was Property Recovered From Vehicle?: Vehicle Property Recovered From:

## Property Owner:

Other:

## Received From:

Other:

---

## Property #2 - PURSES/HANDBAGS/WALLETS

Quantity: **1** Status: **STOLEN / ETC.**  
Turned in at: **NOT APPLICABLE**  
Manufacturer: **LIZ CALBORNE** Model:  
Serial Number: Color: **BROWN**  
Weight: Unit of Measure:  
Description: **DARK BROWN WALLET**  
Value Stolen or Damaged: **\$30.00** Value Recovered: Victim/Complaint Signed Signature Card: **N/A**  
Was Property Recovered From Vehicle?: Vehicle Property Recovered From:

## Property Owner:

Other:

## Received From:

Other:

---

## Property #3 - MONEY

Quantity: **1** Status: **STOLEN / ETC.**  
Turned in at: **NOT APPLICABLE**  
Manufacturer: **U.S. CURRENCY** Model:  
Serial Number: Color:  
Weight: Unit of Measure:  
Description: **\$600.00 CASH**  
Value Stolen or Damaged: **\$600.00** Value Recovered: Victim/Complaint Signed Signature Card: **N/A**  
Was Property Recovered From Vehicle?: Vehicle Property Recovered From:

## Property Owner:

Other:

## Received From:

Other:

---

## Property #4 - MISCELLANEOUS

Quantity: **1** Status: **STOLEN / ETC.**  
Turned in at: **NOT APPLICABLE**  
Manufacturer: **STATE OF FLORIDA** Model:  
Serial Number: Color:

**Incident (Offense) 2006-1050095 (Continued)**

---

Weight: Unit of Measure:

Description: **FLORIDA DRIVERS LICENSE**

Value Stolen or Damaged: **\$15.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

---

**Property #5 - CREDIT CARD/DEBIT CARDS**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer: **SUN TRUST**

Model:

Serial Number:

Color:

Weight: Unit of Measure:

Description: **SUN TRUST DEBIT CHECK CARD VISA**

Value Stolen or Damaged: **\$1.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

---

**Property #6 - CREDIT CARD/DEBIT CARDS**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer: **TARGET**

Model:

Serial Number:

Color:

Weight: Unit of Measure:

Description: **TARGET CREDIT CARD**

Value Stolen or Damaged: **\$1.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

---

**Property #7 - NEGOTIABLE INSTRUMENTS**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer: **SUN TRUST**

Model:

Serial Number:

Color:

Weight: Unit of Measure:

Description: **CHECK BOOK**

Value Stolen or Damaged: **\$15.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

---

**Property #8 - CREDIT CARD/DEBIT CARDS**

Quantity:1 Status: **STOLEN / ETC.**

Turned in at: **NOT APPLICABLE**

Manufacturer: **CITIBANK**

Model:

Serial Number:

Color:

Weight: Unit of Measure:

Description: **CITI BANK CREDIT CARD MASTERCARD**

Value Stolen or Damaged: **\$1.00**

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

---



Property #9 - MISCELLANEOUS

Quantity:1 Status: STOLEN / ETC.

Turned in at: NOT APPLICABLE

Manufacturer:

Model:

Serial Number:

Color:

Weight:

Unit of Measure:

Description: BLOCKBUSTERS RENTAL CARD

Value Stolen or Damaged: \$1.00

Value Recovered:

Victim/Complaint Signed Signature Card: N/A

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

Property Owner:

Other:

Received From:

Other:

Property #10 - AUTOMOBILES

Quantity:1 Status: DESTROYED / DAMAGED / VANDALIZED

Turned in at: NOT APPLICABLE

Manufacturer:

Model:

Serial Number:

Color:

Weight:

Unit of Measure:

Description: PASSENGER SIDE REAR WINDOW

Value Stolen or Damaged: \$250.00

Value Recovered:

Victim/Complaint Signed Signature Card: N/A

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

Property Owner:

Other:

Received From:

Other:

Additional Information

On 11/22/06, I was dispatched to 4311 Salisbury Rd. (Kimberly Van Scriver M.D. Office) in reference to an auto burglary.

Upon arrival, I met the victim who stated that she parked at her vehicle at the listed location at approximately 0900 and returned back to her vehicle at approximately 1730. The victim stated that when she returned back to her vehicle, she observed her rear passenger side window broken and that her purse was missing. The victim stated that the listed items were inside of her purse.

I observed that the rear passenger side window of the listed vehicle was damaged. There was glass shattered inside and outside of the vehicle. I also observed the location the victim stated her purse was, and it was not there.

A canvass was conducted.

Patrol efforts suspended.

Modus Operandi

Auto Burglary

01. Property Taken:

PURSES/HANDBAGS/WALLETS, MONEY

02. Elements:

WINDOW BROKEN/FORCED/SMASHED

03. Premises Taken From:

COMMERCIAL / OFFICE BLDG

Misc Information

Clearance Status: CASE NOT CLEARED

Clearance Code: NOT APPLICABLE

Date Case Was Cleared:

Case Not Cleared Type: CASE NOT CLEARED (PATROL EFFORTS SUSPENDED)

Number of Cases Cleared:

Is there additional information included on a continuation report?: NO

Are there other Pertinent Reports?: NO

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?: YES

Case Card Information Left with: OTHER

Other Explanation:

Other Explanation Address:

Victim

N/A

Handouts

#1: Case information Card

Bias Motivation(s)

*Neighborhood Canvass #1*

No one home?: **YES**

**Demographics**

Race: Sex: Date of Birth:  
Ethnicity:  
Age:  
Clothing/Description:

**Contact Information**

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

**Home Address**

**Mailing Address**

**Alternate Address**

**4319 SALISBURY RD**

Sub-sector: TAZ:

Additional Information: **SPECTRUM FILMS BUSINESS CLOSED.**

---

*Investigation Time #1*

Hour(s): **00** Minute(s): **45** Cost Amount: **\$10.85**

---

*Signature*

Detective Called To the Scene: At Scene: **Not Applicable**

Division: Unit:

Evidence Technician Called to the Scene: At Scene: **Not Applicable**

*Signature(s)*

Reporting Officer #1: **O.L.FELDER ( #6256 )** Division: **PATROL** Section/Unit: **ZONE 3**  
Reporting Officer #2: **N/A** Division: Section/Unit:  
Report submitted on: **11/22/2006 19:54**  
Report Reviewer: **R.L.CREWS ( #5239 )** Status: **Approved**  
Report approved on: **11/22/2006 19:58**



**2007-0286055**

*Route To*

Groups: **HOMICIDE, MISSING PERSONS, NARCOTICS**  
People:

*Incident Information*

**Incident Location**

**9439 SAN JOSE BLVD, #240** Day/Date/Time Reported: **Thursday, 03/29/2007 12:30**  
**JACKSONVILLE, FLORIDA 32257** Day/Date/Time Incident From: **Monday, 03/26/2007 08:00** To: **Thursday, 03/29/2007 12:30**  
Sub-sector: **I2** TAZ: Is this a Corrections Information Report?: **NO**  
Location Type: **APARTMENT / CONDO**  
Primary Weapon Used: **NOT APPLICABLE**  
School Name: School Number:  
Incident Occurred: **Inside Location** Incident Occurred In the Parking Lot at this Location?: **NO**

**Miscellaneous**

Drug Activity: **POSSESS** Drug Type: **MARIJUANA** # of Reasons: **1**  
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **0**  
MCI Case: **NO** Follow-up By: # of Suspects: **0**  
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?:

*Report Reason*

**#1 INFORMATION**

*Witness/Complainant #1 - WASHINGTON, ANDREW J*

Type: **POTENTIAL VICTIM**  
Did witness invoke right to prevent the disclosure of personal info (Marsy's Law)?:

**Demographics**

Race: **BLACK** Sex: **MALE** Date of Birth:  
Ethnicity:  
Age:

**Contact Information**

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

**Home Address**

**Mailing Address**

**9439 SAN JOSE BLVD, #240**  
**JACKSONVILLE, FLORIDA 32257**  
Sub-sector: TAZ:

**Employment/School**

Employer: **Duval County School Board** Occupation:  
School Last Attended:

*Witness/Complainant #2 - HART, ROSE MARIE*

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **11/08/1964**  
Ethnicity:  
Age: **42**

**Contact Information**

Home Phone #: **(904)-318-7483** Bus. Phone #: **(904)-737-4881** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**Mailing Address**

**9439 SAN JOSE BLVD**  
**JACKSONVILLE, FLORIDA 32257**  
Sub-sector: TAZ:

**Employment/School**

Employer: **Woodlake Park Apts** Occupation:

**Incident (Information) 2007-0286055 (Continued)**

---

School Last Attended:

**Witness/Complainant #3 - MILLER, HERMAN**

Type: **SUBJECT (POTENTIAL SUSPECT)**

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

**Demographics**

Race: **BLACK** Sex: **MALE** Date of Birth: **02/16/1947**  
Ethnicity:  
Age: **60**

**Contact Information**

Home Phone #: **(904)-509-5954** Bus. Phone #: Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**Mailing Address**

**3676 CATHEDRAL OAKS PL S  
JACKSONVILLE, FLORIDA 32217**

Sub-sector: TAZ:

**Employment/School**

Employer: **UK** Occupation:  
School Last Attended:

**Witness/Complainant #4 - WALKER, MONISHA DEANN**

Type: **SUBJECT (POTENTIAL SUSPECT)**

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

**Demographics**

Race: **BLACK** Sex: **FEMALE** Date of Birth: **01/14/1976**  
Ethnicity:  
Age: **31**

**Contact Information**

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

**Home Address**

**Mailing Address**

**7514 HOGAN RD, #301  
JACKSONVILLE, FLORIDA 32216**

Sub-sector: TAZ:

**Employment/School**

Employer: **USPS (CONTRACTOR)** Occupation:  
School Last Attended:

---

**Property #1 - DRUGS/NARCOTICS**

Quantity: **1** Status: **SEIZED (NOT STOLEN)**

Turned in at: **PROPERTY ROOM**

Manufacturer: Model:  
Serial Number: Color:  
Drug Type: **MARIJUANA** Drug Unit Type:

Weight: **7.90** Unit of Measure: **GRAM(S)**

Description: **loose marijuana in plastic baggies**

Value Stolen or Damaged: Value Recovered: Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?: Vehicle Property Recovered From:

**Property Owner:**

Other: **Other UK**

**Received From:**

Other: **Other Object's apartment (#240)**

---

**Property #2 - DRUGS/NARCOTICS**

Quantity: **1** Status: **SEIZED (NOT STOLEN)**

Turned in at: **PROPERTY ROOM**

Manufacturer: Model:  
Serial Number: Color:  
Drug Type: **MARIJUANA** Drug Unit Type:

Weight: **0.10** Unit of Measure: **GRAM(S)**

# Incident (Information) 2007-0286055 (Continued)

Description: **marijuana roach**

Value Stolen or Damaged:

Value Recovered:

Victim/Complaint Signed Signature Card: **N/A**

Was Property Recovered From Vehicle?:

Vehicle Property Recovered From:

**Property Owner:**

Other: **Other UK**

**Received From:**

Other: **Other Object's apartment (#240)**

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## Additional Information

On 03-29-06 I responded to the listed address (Woodlake Park Apts.) in reference to checking on a persons well being.

Upon arrival, I contacted the complainant, Ms. Hart. The complainant advised the potential victim (Andrew Washington) has not been seen from or heard from in the past several days. The complainant said people from Mr. Washington's place of employment contacted her at the apartment complex's office, and advised they told her that Mr. Washington has not reported to work for the past two days, which is un-characteristic of Mr. Washington. They further advised that they went to his apartment and contacted a black male (subject Miller) who was not the resident, and who told them he should have been on his way to work.

I went to the apartment and contacted subject's Miller and Walker. Subject Miller advised that he spoke with Mr. Washington a couple of days ago, but has not seen him. Subject Walker advised she does not know Mr. Washington, and was at the apartment with subject Miller. Subject Miller then allowed police into the apartment to look for Mr. Washington. Mr. Washington was not located, but in the course of the search, a small amount of marijuana was discovered in plain view on the living room coffee table.

Both subjects were asked to leave the apartment by the complainant (apartment management) because they were not on the lease. Both subjects left without incident.

The marijuana was seized and placed into the property room to be destroyed.

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## Misc Information

Clearance Status: **CASE CLEARED - NON CRIMINAL**

Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:

Number of Cases Cleared: **1**

Is there additional information included on a continuation report?: **NO**

Are there other Pertinent Reports?: **NO**

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: NOT APPLICABLE**

Other Explanation:

**N.A.**

Other Explanation Address:

**N/A**

**Handouts**

**Bias Motivation(s)**

---

## Investigation Time #1

Hour(s): **01**

Minute(s): **00**

Cost Amount: **\$14.46**

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## Signature

### Signature(s)

Reporting Officer #1: **M.C.WATSON ( #7060 )**

Division: **PATROL**

Section/Unit: **ZONE 3**

Reporting Officer #2: **C.S.HUMPHREY ( #63436 )**

Division:

Section/Unit:

Report submitted on: **03/29/2007 16:47**

Report Reviewer: **C.A.POTTER ( #6812 )**

Status: **Approved**

Report approved on: **03/29/2007 16:48**



# Calls For Service List

## 1/1/2020- 7/23/2020



Address	Sub	Ccr	Date	Time	Officer Id	Source	Priority	Signal	Signal Text	Disposition Text
4131 UNIVERSITY BLVD S	G-3	202000427513	7/1/2020	1051	78484	PHONE	3	4	CRASH	P - OTHER MISC POLICE SVC RENDERED
	G-3	202000393859	6/15/2020	0858	63439	PHONE	4	51	FOLLOW-UP INVESTIGATION	BC - BODY CAM - RETAIN FOR 90 DAYS ~ P - OTHER MISC POLICE SVC RENDERED
	G-3	202000359072	5/29/2020	0643	7582	MDT/OFFICER	4	31	PROPERTY CHECK	P - OTHER MISC POLICE SVC RENDERED
	G-3	202000325383	5/15/2020	1112	67867	PHONE	4	63	DISPUTE	BC - BODY CAM - RETAIN FOR 90 DAYS ~ BC1 - BODY CAM - RETAIN FOR 1 YEAR ~ F - PEACE RESTORED ~ P - OTHER MISC POLICE SVC RENDERED ~ X - PERP CONT;ADVS CEASE & DESIST
	G-3	202000323837	5/14/2020	1827	76504	PHONE	4			<b>F.S.S. 119.071(3)(a)</b>
	G-3	202000307954	5/8/2020	1207	67388	PHONE	4	1066	CANCEL	T - CALL CANCELLED BY COMPLAINANT
	G-3	202000302568	5/6/2020	1051	75336	PHONE	4	63	DISPUTE	X - PERP CONT;ADVS CEASE & DESIST
	G-3	202000289420	5/1/2020	1043	76075	PHONE	4	63	DISPUTE	BC1 - BODY CAM - RETAIN FOR 1 YEAR ~ K - ASST OTHER UNIT/AGN;SUPERVISOR ~ X - PERP CONT;ADVS CEASE & DESIST
	G-3	202000289164	5/1/2020	0847	7582	MDT/OFFICER	4	31	PROPERTY CHECK	P - OTHER MISC POLICE SVC RENDERED
	G-3	202000281878	4/28/2020	1050	63439	PHONE	4	63	DISPUTE	E - INC VERIFIED;PERP GON ON ARRIV ~ H - ADVY TO CONTACT POL IF REPEATED
	G-3	202000246748	4/14/2020	1502	7582	911	1	88	ASSAULT	1 - GENERAL REPORT WRITTEN ~ BC5 - BODY CAM - RETAIN FOR 5 YEARS ~ K - ASST OTHER UNIT/AGN;SUPERVISOR



# Calls For Service List

## 1/1/2020- 7/23/2020



Address	Sub	Ccr	Date	Time	Officer Id	Source	Priority	Signal	Signal Text	Disposition Text
4131 UNIVERSITY BLVD S	G-3	202000227178	4/6/2020	1359	7582	MDT/OFFICER	4	24	INVESTIGATE	P - OTHER MISC POLICE SVC RENDERED
	G-3	202000218343	4/2/2020	2104	81643	PHONE	4	<b>F.S.S. 119.071(3)(a)</b>		
	G-3	202000195745	3/24/2020	1449	77824	PHONE	4	63	DISPUTE	1 - GENERAL REPORT WRITTEN ~ BC4 - BODY CAM - RETAIN FOR 4 YEARS ~ I - TRANSPORTED VICTIM, WITNESS, CIT ~ L - ACCESSORY REPORT SUBMITTED
	G-3	202000120746	2/21/2020	1351	67867	PHONE	4	27	MENTALLY ILL PERSON	1 - GENERAL REPORT WRITTEN ~ BC4 - BODY CAM - RETAIN FOR 4 YEARS
	G-3	202000402889	6/19/2020	1022	67417	MDT/OFFICER	4	24	INVESTIGATE	1 - GENERAL REPORT WRITTEN ~ BC7 - BODY CAM - RETAIN FOR 7 YEARS ~ K - ASST OTHER UNIT/AGN;SUPERVISOR
	G-3	202000357324	5/28/2020	1255	78629	PHONE	4	4	CRASH	2 - TRAFFIC ACCIDENT RPRT WRITEN ~ M - UNIFORM TRAFFIC/PRKING CITATIO
	G-3	202000263669	4/21/2020	0652	19341	PHONE	4	31	PROPERTY CHECK	A - UNABLE LOCATE CMP/VERIFY INCD
	G-3	202000169197	3/13/2020	1439	82412	PHONE	4	3	HIT & RUN CRASH	2 - TRAFFIC ACCIDENT RPRT WRITEN
<b>19 CFS</b>										
4131 UNIVERSITY BLVD S 13	G-3	202000386291	6/11/2020	1254	81412	PHONE	4	1066	CANCEL	T - CALL CANCELLED BY COMPLAINANT
<b>1 CFS</b>										
4131 UNIVERSITY BLVD S 15	G-3	202000018207	1/8/2020	1654	80066	PHONE	4	63	DISPUTE	E - INC VERIFIED;PERP GON ON ARRIV
<b>1 CFS</b>										



# Calls For Service List

## 1/1/2020- 7/23/2020



Address	Sub	Ccr	Date	Time	Officer Id	Source	Priority	Signal	Signal Text	Disposition Text
4131 UNIVERSITY BLVD S 16	G-3	202000442212	7/8/2020	1338	67247	PHONE	3	13	SUSPICIOUS PERSON	BC - BODY CAM - RETAIN FOR 90 DAYS ~ K - ASST OTHER UNIT/AGN;SUPERVISOR ~ P - OTHER MISC POLICE SVC RENDERED
	1 CFS									
4131 UNIVERSITY BLVD S 3	G-3	202000374509	6/5/2020	1754	76504	PHONE	4	21B	BURGLARY BUSINESS	1 - GENERAL REPORT WRITTEN
	1 CFS									
4131 UNIVERSITY BLVD S 4	G-3	202000402797	6/19/2020	0931		PHONE	4	1066	CANCEL	T - CALL CANCELLED BY COMPLAINANT
	G-3	202000049015	1/21/2020	1646		PHONE	4	<b>F.S.S. 119.071(3)(a)</b>		
	G-3	202000034981	1/15/2020	1519		PHONE	4			
	3 CFS									
<b>26 Total CFS</b>										





**W-00055006**

**FAULTY EQUIPMENT NOTICE**

The equipment noted has been determined to be defective or not working. Please have the equipment corrected promptly to comply with the traffic laws of Florida. These laws are designed to provide for your safety and that of other motorists. This is a courtesy notice which will not affect your driving record.

**TRAFFIC WARNING**

COUNTY OF  
**DUVAL (2)**  
CITY OF (IF APPLICABLE)  
**JACKSONVILLE**

AGENCY  
**JACKSONVILLE SHERIFFS OFFICE**

DAY OF WEEK MONTH DAY YEAR TIME OF DAY  
**Tuesday July 30 2013 7:26 PM**

**WARNING ISSUED TO**

NAME (FIRST MIDDLE LAST)  
**KIMBERLY PAULINE VAN SCRIVER**  
ADDRESS  
**7520 HOLLYRIDGE ROAD**

COMPANION  
CITATION

CITY STATE ZIP CODE DIFFERENT THAN  
**JACKSONVILLE FL 32256** REGISTRATION   
TELEPHONE NUMBER DATE OF BIRTH & AGE  
**7/18/1965 48**

**COURTESY WARNING**

Courtesy warnings occasionally are given when officers observe a violation of the traffic laws. Your cooperation in obeying the traffic laws will make Florida roadways safer for everyone. This warning is provided to you as a courtesy and will not affect your driving record.

**B.J. SHORE**  
**JACKSONVILLE SHERIFFS OFFICE**  
**JACKSONVILLE, FL. 32202**

DRIVER LICENSE OR OTHER ID NUMBER  
**V526515657580**  
STATE CLASS / TYPE CDL EXPIRES ON  
**FL E**  **7/18/2017**

**VEHICLE**

VEHICLE TAG STATE EXPIRES ON COMMERCIAL HAZMAT  
**314XYB FL 7/18/2014**    
YEAR MAKE MODEL STYLE COLOR  
**2004 ACUR MDX LL GRN**  
VEHICLE VIN TRAILER TAG STATE

**LOCATION**

UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY  
**7700 HOLLYRIDGE RD (SB)**

**WARNINGS**

**EXCEEDED SAFE SPEED**

RANK / SIGNATURE AND IDENTITY OF OFFICER  
**SGT B.J. SHORE**  
ORG / UNIT  
**H688**  
I.D. NUMBER  
**5869**

**RECIPIENT COPY**



**W-00114781**

**TRAFFIC WARNING**

COUNTY OF  
**DUVAL (2)**  
CITY OF (IF APPLICABLE)  
**JACKSONVILLE**

AGENCY  
**JACKSONVILLE SHERIFFS OFFICE**

DAY OF WEEK MONTH DAY YEAR TIME OF DAY  
**Wednesday January 25 2017 11:53 AM**

**WARNING ISSUED TO**

NAME (FIRST MIDDLE LAST) COMPANION CITATION   
**HERMAN MILLER J**

ADDRESS  
**3676 CATHEDRAL OAKS PL S**  
CITY STATE ZIP CODE DIFFERENT THAN REGISTRATION   
**JACKSONVILLE FL 32217**

TELEPHONE NUMBER DATE OF BIRTH & AGE  
**2/16/1947 69**

DRIVER LICENSE OR OTHER ID NUMBER  
**M460320470560**  
STATE CLASS / TYPE CDL EXPIRES ON  
**FL E**  **2/16/2019**

**VEHICLE**

VEHICLE TAG STATE EXPIRES ON COMMERCIAL HAZMAT  
**Y76BY FL 2/16/2018**

YEAR MAKE MODEL STYLE COLOR  
**2013 TOYT 4D BLK**

VEHICLE VIN TRAILER TAG STATE  
**JTEZU5JR0D5052027**

**LOCATION**

UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY  
**6800 PHILLIPS HWY**

WARNINGS (OTHER)

**SPEEDING 60/45**

RANK / SIGNATURE AND IDENTITY OF OFFICER  
**OFFICER T.A. CHAFIN**  
ORG / UNIT

I.D. NUMBER  
**6187**                      **RECIPIENT COPY**

**FAULTY EQUIPMENT NOTICE**

The equipment noted has been determined to be defective or not working. Please have the equipment corrected promptly to comply with the traffic laws of Florida. These laws are designed to provide for your safety and that of other motorists. This is a courtesy notice which will not affect your driving record.

**COURTESY WARNING**

Courtesy warnings occasionally are given when officers observe a violation of the traffic laws. Your cooperation in obeying the traffic laws will make Florida roadways safer for everyone. This warning is provided to you as a courtesy and will not affect your driving record.

T.A. CHAFIN  
JACKSONVILLE SHERIFFS OFFICE  
JACKSONVILLE, FL. 32202



**2001-0964492**

**Route To**

Groups: **ZONE 5**  
People:

**Incident Information**

**Incident Location**

**3676 CATHEDRAL OAKS PL S** Day/Date/Time Reported: **Monday, 11/12/2001 13:00**  
**JACKSONVILLE, FLORIDA 32217** Day/Date/Time Incident From: **Thursday, 11/08/2001 08:00** To: **Thursday, 11/08/2001 14:00**  
Sub-sector: **G2** TAZ: Is this a Corrections Information Report?: **NO**  
Location Type: **RESIDENCE-HOME**  
Primary Weapon Used: **NOT APPLICABLE**  
School Name: School Number:  
Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

**Miscellaneous**

Drug Activity: **NOT APPLICABLE** Drug Type: **NOT APPLICABLE** # of Reasons: **1**  
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # of Victims: **0**  
MCI Case: **NO** Follow-up By: # of Suspects: **0**  
Was Hate Crime Involved?: Dating Violence Involved?: Is Offense(s) Related to Domestic Violence?: **NO**  
If not Domestic Violence, Is it Domestic Related?: Any Children under 18 Involved as a Victim?:

**Report Reason**

**#1 PROPERTY - LOST**

**Witness/Complainant #1 - MILLER, HERMAN JR**

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

**Demographics**

Race: **BLACK** Sex: **MALE** Date of Birth: **02/16/1947**  
Ethnicity:  
Age: **54**

**Contact Information**

Home Phone #: **9047313691** Bus. Phone #: **9047305173** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**Mailing Address**

**3676 CATHEDRAL OAKS PL S**  
**JACKSONVILLE, FLORIDA 32217**  
Sub-sector: TAZ:

**Employment/School**

Employer: **DR. HERMAN MILLER M.D.** Occupation:  
School Last Attended:

**Vehicle #1 - 1985 UNKNOWN UNKNOWN GRAY**

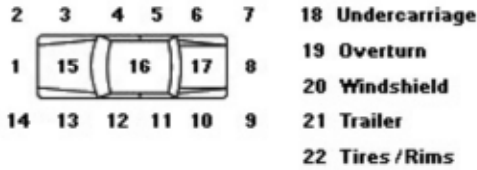
Vehicle Type: **TRAILER** Vehicle Style: VIN: **1313784**  
Primary Color: **GRAY** Top Color: **GRAY**  
Odometer Reading: Odometer Digit Count:  
Tag: **D67DYF** Tag State: **FL** Tag Year: **2002** Specialty Tag:  
Vehicle Contents:  
Vehicle Modifications:

**Vehicle Accessories/Equipment**

[none entered]

**Vehicle Damage**

**Incident (Information) 2001-0964492 (Continued)**



**Other Vehicle Information**

Vehicle Damaged: Vehicle Condition: Damage Code: **NOT APPLICABLE**  
Vehicle Status: **OTHER ( e.g. INFORMATION RPT)** Recovery Code: **NOT APPLICABLE**  
Recovery Location: **NOT APPLICABLE** Date Recovered:  
Value of Vehicle Taken: Value as Recovered:  
NCIC Notified: **NO** Date: NCIC Dispatcher: Dispatch #:  
Tag # 10-28 Ran?: Tag # 10-29 Ran?: VIN 10-28 Ran?: VIN 10-29 Ran?: VIN Verified By Officer?: **No**  
Ignition Locked: **NO** Keys in Ignition: **NO** Doors Locked: **NO** Vehicle was Processed?:  
Victim Signed Vehicle Search Consent Form?: Vic. / Com. Has received their vehicle at the scene: **N/A**  
Vic. / Com. Has Agreed To Have Their Vehicle Towed if found and is unable to respond to scene: **N/A**  
Tracking Service:  
Was Vehicle Towed / Hold Placed / Seized?:

**Vehicle Owner:**

Other Owner Explanation: Other Owner Address:  
**N/A**  
Owner Contacted?: Date: How Contacted:

**Vehicle Driver:**

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

**Property #1 - MISCELLANEOUS**

Quantity:1 Status: **LOST PROPERTY**  
Turned in at: **NOT APPLICABLE**  
Manufacturer: **STATE OF FLORIDA** Model: **UK**  
Serial Number: **UK** Color: **WHITE**  
Weight: Unit of Measure:  
Description: **FLORIDA TAG**  
Value Stolen or Damaged: **\$40.00** Value Recovered: Victim/Complaint Signed Signature Card: **N/A**  
Was Property Recovered From Vehicle?: Vehicle Property Recovered From:

**Property Owner:**

Other:

**Received From:**

Other:

**Additional Information**

On 11-12-01, I was notified by the listed complainant, by phone, that he had lost his tag off of his boat trailer.  
The victim stated that he went fishing on 11-08-01 on Heckscher Dr., but once he returned home the tag was not on the trailer.  
A canvass, (backtrack) of his course did not reveal the lost tag. The victim stated that he will go and get another tag from the tag agency.  
Patrol efforts are suspended.

**Misc Information**

Clearance Status: **PATROL EFFORTS SUSPENDED** Clearance Code: **NOT APPLICABLE** Date Case Was Cleared:  
Suspended Type: Number of Cases Cleared:  
Is there additional information included on a continuation report?: **NO** Are there other Pertinent Reports?: **NO**  
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?:

**Case Card Information Left with: OTHER**

Other Explanation: Other Explanation Address:

**Incident (Information) 2001-0964492 (Continued)**

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**Victim** N/A  
**Handouts**

**Bias Motivation(s)**

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*Investigation Time #1*

*Hour(s):* **00**      *Minute(s):* **40**      *Cost Amount:* **\$9.64**

---

*Signature*

*Signature(s)*

<i>Reporting Officer #1:</i>	<b>E.L.MATTHEWS ( #5783 )</b>	<i>Division:</i>	<b>PATROL</b>	<i>Section/Unit:</i>	<b>ZONE 5</b>
<i>Reporting Officer #2:</i>	<b>N/A</b>	<i>Division:</i>		<i>Section/Unit:</i>	
<i>Report submitted on:</i>	<b>11/12/2001 13:46</b>				
<i>Report Reviewer:</i>	<b>M.L.HURST ( #5575 )</b>	<i>Status:</i>	<b>Approved</b>		
<i>Report approved on:</i>	<b>11/12/2001 14:16</b>				



**2002-0007062**

**Route To**

Groups:  
People:

**Incident Information**

**Incident Location**

**836 PRUDENTIAL DR, #1506** Day/Date/Time Reported: **Thursday, 01/03/2002 18:20**  
**JACKSONVILLE, FLORIDA 32207** Day/Date/Time Incident From: **Thursday, 01/03/2002 18:10** To:  
Sub-sector: **G1** TAZ: Is this a Corrections Information Report?: **NO**  
Location Type: **COMMERCIAL/OFFICE BLDG**  
Primary Weapon Used: **PERSONAL WEAPONS (HANDS/ FIST/ FEET/TEETH/ETC.)**  
School Name: School Number:  
Incident Occurred: Incident Occurred In the Parking Lot at this Location?:

**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?: Any Children under 18 Involved as a Victim?:

**Offense(s)**

**#1** Statute #: **S784.03(1)(B)** Degree: **M1** UCR Code: **130B** Attempt Code: **Committed**  
**BATTERY / SIMPLE**

**Victim #1 - GRAY, PAIGE HILTON**

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **04/28/1966**  
Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
Primary Language: Secondary Language:  
Age: **35** Height (inches): **5'09"** Weight (lbs): **149**  
Hair Style: Hair Color: **BROWN** Hair Length:  
Build: Eye Color: **GREEN** Facial Hair:  
Complexion: Voice:  
Clothing/Description:

**Contact Information**

Home Phone #: **7318732** Bus. Phone #: **3060300** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**4319 LANDOVER DR** Mailing Address Alternate Address  
**JACKSONVILLE, FLORIDA 32207**  
Sub-sector: TAZ:

**Employment/School**

Employer: **A WOMANS PLACE** Occupation:  
School Last Attended:

**Alternate Contact Information**

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

**Other Information**

Residence Type: **CITY** Residence Status: **RESIDENT**  
Drugs Involved?: Alcohol Involved?: Mode of Travel:  
Victim Type: **ADULT** Injury Extent: **NONE** Injury Type: **NOT APPLICABLE**  
Hospital Victim Taken To: **NOT APPLICABLE** Sexual Battery Type:

**Assault Specific Information**

Was victim pregnant: Was fetus lost: Did suspect know victim was pregnant:  
Was prior stalking involved?: Was intent to cause serious injury:

**Incident (Offense) 2002-0007062 (Continued)**

**Victim Relationship to Offender(s):**

Relationship: **EMPLOYER** To: **Suspect (01) - VANSKRIVER, KIMBERLY P**

**Related Offenses**

**#01: S784.03(1)(B) - BATTERY / SIMPLE**

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**Suspect #1 - VANSKRIVER, KIMBERLY P**

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **07/18/1965**  
Ethnicity: **NOT OF HISPANIC ORIGIN** Sub Ethnicity: **NOT OF HISPANIC ORIGIN**  
Primary Language: Secondary Language:  
Age: **36** Height (inches): **5'10"** Weight (lbs): **150**  
Hair Style: **STRAIGHT** Hair Color: **BROWN** Hair Length: **MEDIUM**  
Build: Eye Color: **BLUE** Facial Hair: **CLEAN SHAVEN**  
Complexion: **MEDIUM** Voice: **NORMAL**  
Clothing/Description:  
Place of Birth:  
Nicknames:  
Aliases:

**Distinguishing Marks (Scars, Marks, and Tattoos)**

**Contact Information**

Home Phone #: **443 2967** Bus. Phone #: **2963200** Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Primary Identification**

Type of ID Given: ID: Issuing State:

**Home Address**

**Mailing Address**

**Alternate Address**

**3809 LAVISTA CIR**  
**JACKSONVILLE, FLORIDA 32207**

Sub-sector: TAZ:

**Employment/School**

Employer: **SELF EMPLOYED/ PHYSICIAN** 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: S784.03(1)(B) - BATTERY / SIMPLE**

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**Witness/Complainant #1 - GRAY, KATIEL**

Type: **WITNESS**

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

**Demographics**

Race: **WHITE** Sex: **FEMALE** Date of Birth: **02/02/1989**  
Ethnicity:  
Age: **12**

**Contact Information**

Home Phone #: **7318732** Bus. Phone #: Ext.: Alt. Phone #:  
Cell Phone #: Cell Phone Provider:  
Email Address:

**Home Address**

**Mailing Address**

**4319 LANDOVER DR**  
**JACKSONVILLE, FLORIDA 32207**

Sub-sector: TAZ:

**Employment/School**

Employer: Occupation:  
School Last Attended:

**Witness/Complainant Relationship to Victim(s):**

Relationship: **CHILD** To: **Victim (01) - GRAY, PAIGE HILTON**

Additional Information

RESPONDED TO AN UNVERIFIED 911 CALL TO 836 PRUDENTIAL DR SUITE 1506, A WOMANS PLACE. ON ARRIVAL I MET THE VICTIM AND HER DAUGHTER,(WITNESS) AT THE ELEVATOR. F.S.S. 365.171(12) THE SUSPECT, VANSCRIVER WOULD NOT LET HER OUT OF HER OFFICE AND KEPT PUSHING HER BACK AGAINST HER DESK. THE ALTERCATION WAS OVER HOWEVER, AND THE VICTIM WAS LEAVING THE BUILDING. MS GRAY OWNS THE PRACTICE OF " A WOMANS PLACE" AND VANSCRIVER IS A CONTRACT OB/GYN PHYSICIAN IN THE PRACTICE. MS GRAY ADVISED THAT THE ARGUMENT WAS OVER VANSCRIVER'S CONTRACT EXPIRING IN A FEW MONTHS AND VANSCRIVER ASK FOR A MEETING TO DISCUSS THIS. GRAY TOLD HER THAT SHE WAS NOT ABLE TO DISCUSS THE CONTRACT AND ADVISED VANSCRIVER TO HAVE HER ATTORNEY CONTACT MS GRAY'S ATTORNEY. MS GRAY SAID THAT VANSCRIVER BECAME ANGRY AND TOLD HER THAT THEY WERE NOT LEAVING THE OFFICE UNTIL IT WAS SETTLED. THIS IS WHEN THE SUSPECT BLOCKED THE DOOR AND REFUSED TO LET GRAY OUT OF THE OFFICE. MS GRAY ADVISED SHE WAS NOT INJURED BUT WAS VISIBLY UPSET OVER THE INCIDENT. I GAVE GRAY A CASE CARD AND STATE ATTORNEY CARD AND ADVISED HER HOW TO PURSUE THE CASE. MCI OFFICE FOLLOWUP.

Misc Information

Clearance Status: PATROL EFFORTS SUSPENDED Clearance Code: Date Case Was Cleared: Suspended Type: Number of Cases Cleared: Is there additional information included on a continuation report?: NO Are there other Pertinent Reports?: NO 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: Victim Other Explanation Address: N/A

Handouts

Bias Motivation(s)

Investigation Time #1

Hour(s): 01 Minute(s): 00 Cost Amount: \$14.46

Signature

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

Signature(s)

Reporting Officer #1: T.B.BUCK ( #5317 ) Division: PATROL Section/Unit: ZONE 3 Reporting Officer #2: N/A Division: Section/Unit: Report submitted on: 01/03/2002 19:15 Report Reviewer: C.L.WILSON ( #5493 ) Status: Approved Report approved on: 01/03/2002 19:48