

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Page 1 of 5 Pages

EVENT DATA	<input type="checkbox"/> Juvenile		<input type="checkbox"/> Hate Crime	
	<input type="checkbox"/> Gang		<input type="checkbox"/> Elderly Abuse / Exploitation	
	<input type="checkbox"/> Domestic Violence		VOR _____	
	<input type="checkbox"/> Endangered / Other _____			
		Agency Report Number 190001591		
		Agency ORI Number FL0640000		
		Zone # 31		
		Telephone Handled Call? (T.H.C.)		
		1. Yes 2. No		
		2		
Reported: Day		Date		
Time (mil.)		Time Dispatched (mil.)		
Time Arrived (mil.)		Time Completed (mil.)		
Nature of Call (Report Type)				
Sunday		01-20-2019		
0108		0109		
0112				
DEAD		Dead Person		
Incident Type:		3. Misdemeanor		
1. Felony		4. Traffic		
2. Traffic Felony		Misdemeanor		
5. Ordinance		9. Other		
Incident: Day		Date		
From		Time (mil.)		
Sunday		01-20-2019		
0100				
TO		Day		
		Date		
		Time (mil.)		
Sunday		01-20-2019		
0109				
Occurred During:		U - Unknown		
D - Day		N - Night		
N				
Offense #1		Type		
Statute Violation Number		Description		
77777777		Death/Missing Person/All other non-crimes		
A - Attempted		C - Committed		
C				
#2		Statute Violation Number		
Description		A - Attempted		
C - Committed				
Incident Location (Street, Apt. Number)		City		
2040 OCEAN SHORE BLVD OFFICE		ORMOND BEACH		
		Zip		
		32176		
Business Name / Area Identifier		# Prem. Entered		
Drug Related		Alcohol Related		
0. N/A 1. Yes 2. No		0. N/A 1. Yes 2. No		
1 2		1		
Forced Entry		Arson-Inhabited		
1. Yes 3. Attempted 2. No		1. Occupied 3. Abandoned 2. Unoccupied		
2		2		
Arson-Attempted		1. Yes 2. No		
2				
Location Type		Location Type Codes		
01.Residence-Single		05.Convenience Store		
02.Apartment/Condo		06.Gas Station		
03.Residence/Other		07.Liquor Sales		
04.Hotel/Motel		08.Bar/Nightclub		
09.Supermarket		10.Dept/Discount Store		
11.Specialty Store		12.Drug Store/Hospital		
13.Bank/Financial Inst.		14.Commercial/Office Bldg.		
15.Industrial/Mfg.		16.Storage		
17.Gov't/Public Bldg.		18.School/University		
19.Jail/Prison		20.Religious Bldg.		
21.Airport		22.Bus/Rail Terminal		
23.Construction Site		24.Other Structure		
25.Parking Lot/Garage		26.Highway/Roadway		
27.Park/Woodlands/Field		28.Lake/Waterway		
29.Motor Vehicle		30.Other Mobile		
88.Unknown		99.Other		
04				
V/W Code		Victim/Subject Type		
V-Victim N-Next of Kin		0. N/A 4. Business		
W-Witness O-Other		1. Juvenile 5. Government		
R-Reporting Person		2. L.E. Officer 6. Church		
		3. Adult 9. Other		
Address/Phone Type		Race		
B. Business/Work M. Message P. Pager		W-White O-Oriental/Asian		
C. Cell N. Next of Kin S. School		B-Black U-Unknown		
H. Home O. Other V. Vacation		I-American Indian		
Sex		Residence Type		
M-Male F-Female U-Unknown		0. NA 3. Florida 1. City 4. Out-of-State 2. County		
Residence Status		0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		
Means of Attack		Extent of Injury		
F-Firearm O-Other Dangerous		00.N/A 03.Laceration 06.Poss. Internal Injury 09.Abrasions/Bruises		
K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		01.Gunshot 04.Unconscious 07.Loss of Teeth 10.No Visible Injury		
		02.Stabbed 05.Poss.Broken Bones 08.Burns 99.Other Serious Injury		
Domestic Violence		Victim Relationship to Offender		
1. Yes 2. No		S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant		
Offense Indicator		V/W Code #		
1. #1 3. Both 2. #2		1 V 1 3		
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle)		
		ECKER DAVIS		
Address (Street, Apt. Number)		City State Zip Residence Phone		
2040 OCEAN SHORE BLVD		ORMOND BEACH FL 32176		
Business/School/Other Address (Street, Apt. Number)		City State Zip Address Type Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		
		VICTIM		
If Victim Type 1, 2, or 3		Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship		
W M 09-12-1991 27 N 2 1 F 01 2 H				
Offense Indicator		V/W Code #		
1. #1 3. Both 2. #2		1 R 1 3		
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle)		
		MORALES CHRISTINA		
Address (Street, Apt. Number)		City State Zip Residence Phone		
2040 OCEAN SHORE BLVD		ORMOND BEACH FL 32176		
Business/School/Other Address (Street, Apt. Number)		City State Zip Address Type Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		
		REPORTING PARTY		
If Victim Type 1, 2, or 3		Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship		
W F 08-03-1994 24 N 2 1 00 2 H				
Offense Indicator		V/W Code #		
1. #1 3. Both 2. #2				
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle)		
Address (Street, Apt. Number)		City State Zip Residence Phone		
Business/School/Other Address (Street, Apt. Number)		City State Zip Address Type Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		
If Victim Type 1, 2, or 3		Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship		
Offense Indicator		V/W Code #		
1. #1 3. Both 2. #2				
Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle)		
Address (Street, Apt. Number)		City State Zip Residence Phone		
Business/School/Other Address (Street, Apt. Number)		City State Zip Address Type Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement		
If Victim Type 1, 2, or 3		Race Sex Date of Birth Age Ethnicity Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship		

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name				Place of Birth - City			County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)							City	State	Zip	Address Type	Phone	Phone Type
	Other Address (Street, Apt. Number)							City	State	Zip	Address Type	Phone	Phone Type
	Driver's License State/Number				Social Security Number			Other ID Number			ID Type		
	Clothing (Describe) / / / /							Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style / / /		Skin	Build	Facial Features / / /			Speech/Voice /	Deformity / /		Glasses		
	If Subject:	Demeanor /	Mask	Weapon Type / / /			If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	IF MISSING	Date of Last Contact		Date of Emancipation		Caution	Caution Reason			Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:			Mental Condition:			Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.													

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name				Place of Birth - City			County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)							City	State	Zip	Address Type	Phone	Phone Type
	Other Address (Street, Apt. Number)							City	State	Zip	Address Type	Phone	Phone Type
	Driver's License State/Number				Social Security Number			Other ID Number			ID Type		
	Clothing (Describe) / / / /							Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style / / /		Skin	Build	Facial Features / / /			Speech/Voice /	Deformity / /		Glasses		
	If Subject:	Demeanor /	Mask	Weapon Type / / /			If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	IF MISSING	Date of Last Contact		Date of Emancipation		Caution	Caution Reason			Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:			Mental Condition:			Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.													

NARRATIVE	1	**** BWC RECORDING ****
	2	
	3	On 01-20-19 at 0109 hours Deputy Armstrong responded to 2040 Ocean Shore Blvd (Ocean Crest Motel), Ormond Beach in reference to an
	4	attempted suicide complaint. Upon arrival Deputy Armstrong and Deputy Cowger observed a female standing outside the office area of the Ocean
	5	Crest Motel. The female had blood on her hands and arms, was crying and asking for someone to please help "him". Deputy Armstrong and
	6	Deputy Cowger were told the person who attempted suicide was located in the apartment connected to the office. Deputy Armstrong and Deputy
	7	Cowger made entry into the apartment and began to clear the rooms looking for a male with a gun. Deputy Armstrong and Deputy Cowger
	8	proceeded down a narrow hall and made entry into the kitchen. After clearing the kitchen the deputies approached the living room area and
	9	observed a white male wearing green pants and a white shirt laying on the floor face up behind the couch.
	10	

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded						<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date:	By:	
	Connecting Report Number		Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____						
	Officer Reporting - Printed Armstrong, William			Officer Reporting - Signature			ID. Number 1674	Unit 1B31	Date 01-20-2019	
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

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EVNT	Report Date 01-20-2019	Report Time 0108	Orig. Reported Date 01-20-2019	Nature of Call (for Incident) DEAD	Agency Report Number 190001591	1.Original 2.Supplement	1	
NARRATIVE / CONTINUATION	<p>11 Deputies Armstrong and Cowger approached the male and observed a black handgun with a brown handle laying on the floor near hid left foot.</p> <p>12 Deputy Armstrong used his left foot to swipe the gun away from the victim approximately 2 feet from the body for officer safety reasons. Deputy</p> <p>13 Armstrong observed the victim to have a large amount of blood surrounding his head and he was not breathing.</p> <p>14</p> <p>15 Deputy Cowger cleared the rest of the apartment and notified dispatch the scene was clear for rescue. VCFS Station 14 responded and</p> <p>16 Paramedic Lucas pronounced the victim who was later identified as Davis Ecker(V1) deceased. Sgt Savercool was notified and responded.</p> <p>17 Deputy Armstrong made contact with Christina Morales(R1) who was still outside the apartment. Morales advised that she and Ecker lived</p> <p>18 together in the apartment. Morales stated Ecker had been drinking all day and has a drinking problem. Ecker stated to her that he was going</p> <p>19 outside to smoke a cigarette. After walking around looking for cigarette butts to smoke he came back into the apartment and asked her to take him</p> <p>20 to the store. Morales said she did not want to take him and he became upset. Morales told him it was late and she wanted to stay home and make</p> <p>21 dinner. Morales said she cooked dinner and they ate. After eating Morales told Ecker she was going to bed and gave him a kiss goodnight.</p> <p>22 Morales advised she was laying in bed for a short period of time playing on her phone when she heard what sounded like something getting</p> <p>23 knocked over in the living room. Morales went out into the living room and observed Ecker laying on the floor with what appeared to be a gunshot</p> <p>24 wound to the head. She went to him and tried to assist him prior to going outside and asking for help. Morales stated Ecker never gave any</p> <p>25 indication he wanted to harm himself.</p> <p>26</p> <p>27 Deputies Armstrong and Cowger secured the scene. Deputy Armstrong started and maintained a crime scene log. Sgt. Savercool notified on call</p> <p>28 Sgt. Turner. Detective Cloutier CSU detective Mott responded. Deputy Armstrong notified the medical examiners office who responded and</p> <p>29 removed Ecker's remains. No further action was taken by Deputy Armstrong. The case was turned over to ISS.</p>							
ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded				<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:		Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: By:
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe:					
	Officer Reporting - Printed Armstrong, William		Officer Reporting - Signature			ID. Number 1674	Unit 1B31	Date 01-20-2019
	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date