

CASE REPORT

1001 Justice Ln Bunnell, FL 32110 2021-00076012

DETECTIVE ASSIGNED

CASE NO.

	-	SECTION - TYPE				ATTEMPT/COMMIT	COUNTS	DESCRIPTION				
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E	4											
N	4											
s	5											
Εļ	1											
	6											
_	_											
V	L	SUBJECT CODE			IN	IAME (LAST, FIRST, MIDI	DLE)					PRIMARY PHONE
v I	ľ	0000201 0002				own (Broth, Filter, Miles	JLL)					T KIND WET THOME
c												
T		STATEMENT TYPE			А	DDRESS (STREET ADD	RESS, CITY, S	TATE, ZIP)				OTHER PHONE
ı												
M	Ī	DOB	AGE	RACE				HEIGHT	WEIGHT	HAIR COLOR		SOCIAL SECURITY
1	1				In the state of		Lory				E/E 001 0B	
M	ľ	INJURY TYPE			INJURY - MEDI	CAL TREATMENT	SEX				EYE COLOR	
I S	-	SCHOOL/EMPLOYER	NAME								SCHOOL/EMPL	OYER PHONE
s												
Ī		SCHOOL/EMPLOYER	ADDRESS	S (STREET	ADDRESS, CIT	Y, STATE, ZIP)						
N												
G												
G												
G		SUBJECT CODE			N	IAME (LAST, FIRST, MIDI	DLE)					PRIMARY PHONE
G		SUBJECT CODE			N	IAME (LAST, FIRST, MIDI	DLE)					PRIMARY PHONE
								TATE, ZIP)				
S U		SUBJECT CODE				IAME (LAST, FIRST, MIDI		TATE, ZIP)				PRIMARY PHONE OTHER PHONE
s U			AGE	RACE				TATE, ZIP)	WEIGHT	HAIR COLOR		
s U s		STATEMENT TYPE	AGE		A	DDRESS (STREET ADDI			WEIGHT	HAIR COLOR		OTHER PHONE
S U S P E	1	STATEMENT TYPE	AGE		A				WEIGHT		EYE COLOR	OTHER PHONE
S U S P E C	1	STATEMENT TYPE DOB INJURY TYPE			A	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1	STATEMENT TYPE			lA	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT		EYE COLOR	OTHER PHONE SOCIAL SECURITY
S U S P E C	1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1	STATEMENT TYPE DOB INJURY TYPE	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E	1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1 1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1 1 1 1 1 1 1 1 1 1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
S U S P E C	1 1 1 1 1 1 1 1 1 1	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER	NAME		INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
SUSPECT	1 PE	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER UBLIC XEMPTION	NAME	S (STREET	INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
SUSPECT	1 I	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER UBLIC XEMPTION PORTED DATE/TIME	NAME	S (STREET	ADDRESS, CIT	DDRESS (STREET ADDI	RESS, CITY, S		WEIGHT			OTHER PHONE SOCIAL SECURITY
SUSPECT	1 1 PE	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER UBLIC XEMPTION PORTED DATE/TIME	NAME ADDRESS	S (STREET	INJURY - MEDI	DDRESS (STREET ADDI	RESS, CITY, S	HEIGHT	WEIGHT			OTHER PHONE SOCIAL SECURITY
SUSPECT	1 1 PE	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER WHICH WHIC	NAME ADDRESS	S (STREET	INJURY - MEDI ADDRESS, CIT	DDRESS (STREET ADDI	SEX	HEIGHT	WEIGHT			OTHER PHONE SOCIAL SECURITY
SUSPECT	1 I	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER WHICH WHIC	NAME ADDRESS	INCID SOCOL	INJURY - MEDI ADDRESS, CIT	DDRESS (STREET ADDI	SEX	HEIGHT				OTHER PHONE SOCIAL SECURITY
SUSPECT	1 I	STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SCHOOL/EMPLOYER PORTED DATE/TIME 8/24/2021 CURRED FROM DATE	NAME ADDRESS 18:02	INCID SOCOL	ADDRESS, CIT	DDRESS (STREET ADDI	SEX	HEIGHT				OTHER PHONE SOCIAL SECURITY

REPORTING OFFICER	DATE	REVIEWING OFFICER	DATE
Pierre, Steve, ,	08/24/2021	Jacob, Trevor Jarrad 08/25/2021	



CASE REPORT

1001 Justice LN Bunnell, FL 32110

CAGE NO.
2021-00076012

ADDITIONAL SUBJECTS

0											_
	SUBJECT CODE				NAME (LAST, FIRST, MIDDI	_E)					PRIMARY PHONE
Т											
Н	Othe	er			NEWSHOLME, ROBERT EMMETT						(386)793-7156
E	STATEMENT TYPE			ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)					OTHER PHONE		
R	N	one			2 LEE PL PALM C	OAST, Flor	ida 32137				
1	DOB	AGE	RACE				HEIGHT	WEIGHT	HAIR COLOR		SOCIAL SECURITY
s ˈ	08/17/1955	66	WH	ITE			5 6.	150	GRAY OF	R PARTIALI	_Y [
U	INJURY TYPE			INJURY - M	EDICAL TREATMENT	SEX				EYE COLOR	
В						Male				BLUE	
J	SCHOOL/EMPLOYER	NAME								SCHOOL/EMP	LOYER PHONE
E											
С	SCHOOL/EMPLOYER	ADDRESS	(STREET	ADDRESS,	CITY, STATE, ZIP)						
Т											
0	SUBJECT CODE				NAME (LAST, FIRST, MIDDI	_E)					PRIMARY PHONE
Т											
Н	Othe	er			NEW	VSHOLME, 1	THOMAS	ANTHO	YV		(386)315-0736
E	STATEMENT TYPE				ADDRESS (STREET ADDRI						OTHER PHONE
R	v	/ritten S	Stateme	ent	2 LEE PL PALM C	OAST, Flor	ida 32137				
_	DOB	AGE	RACE				HEIGHT	WEIGHT	HAIR COLOR		SOCIAL SECURITY
s ²	08/29/1997	23	WH	ITE			5 9	260	BROWN		
U	INJURY TYPE			INJURY - M	EDICAL TREATMENT	SEX	_			EYE COLOR	<u> </u>
В						Male			BLUE		
J	SCHOOL/EMPLOYER	NAME								SCHOOL/EMP	LOYER PHONE
E											
С	SCHOOL/EMPLOYER	ADDRESS	(STREET	ADDRESS,	CITY, STATE, ZIP)					<u> </u>	
т											
•											
0	SUBJECT CODE				NAME (LAST, FIRST, MIDDL	_E)					PRIMARY PHONE
Т											(000)500 070 (
н	Othe	er	Other			NEWSHOLME, LINDA					(386)503-9734
_	STATEMENT TYPE			ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)							
E	STATEMENT TYPE										OTHER PHONE
E R	STATEMENT TYPE V	/ritten S	Stateme	ent	ADDRESS (STREET ADDRE						OTHER PHONE
R	DOB	AGE	RACE				ida 32137	WEIGHT	HAIR COLOR		OTHER PHONE SOCIAL SECURITY
	v						ida 32137		HAIR COLOR BROWN		
R s ³	DOB	AGE	RACE WH I	ITE		SEX	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	EYE COLOR	
R 3	DOB 04/04/1962	AGE	RACE WH I	ITE	2 LEE PL PALM C	COAST, Flor	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	EYE COLOR HAZEL	
R s U	DOB 04/04/1962	AGE 59	RACE WH I	ITE	2 LEE PL PALM C	SEX	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	
R s ³ U B	DOB 04/04/1962 INJURY TYPE	AGE 59	RACE WH I	ITE	2 LEE PL PALM C	SEX	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY
R S U B J E	DOB 04/04/1962 INJURY TYPE	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY
R 3 U B J E C	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY
R 3 U B J E C	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY
R 3 U B J E C T	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY
R S U B J E C T	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY. LOYER PHONE
R S U B J E C T	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137 HEIGHT 5 4.	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY.
R 3 UBJECT OTH	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY.
R 3 UBJECT OTHE	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137	WEIGHT	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY LOYER PHONE PRIMARY PHONE
R 3 UBJECT OTHER	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE	AGE 59	RACE WH	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137	WEIGHT 220	HAIR COLOR BROWN	HAZEL	SOCIAL SECURITY LOYER PHONE PRIMARY PHONE
R 3 UBJECT OTHER 4	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE	AGE 59	RACE WHI	ITE INJURY- M	2 LEE PL PALM C	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL	PRIMARY PHONE OTHER PHONE
R 3 SUBJECT OTHER 5	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE	AGE 59	RACE WHI	ITE INJURY - M ADDRESS, (2 LEE PL PALM C	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL	PRIMARY PHONE OTHER PHONE
R SUBJECT OTHER SU	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE DOB	AGE 59	RACE WHI	ITE INJURY - M ADDRESS, (2 LEE PL PALM C EDICAL TREATMENT CITY, STATE, ZIP) NAME (LAST, FIRST, MIDDL ADDRESS (STREET ADDRE	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL SCHOOLÆMP	PRIMARY PHONE OTHER PHONE
R SUBJECT OTHER SUB	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE DOB	NAME ADDRESS	RACE WHI	ITE INJURY - M ADDRESS, (2 LEE PL PALM C EDICAL TREATMENT CITY, STATE, ZIP) NAME (LAST, FIRST, MIDDL ADDRESS (STREET ADDRE	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL SCHOOLÆMP	PRIMARY PHONE OTHER PHONE SOCIAL SECURITY
R SUBJECT OTHER SUBJ	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE DOB INJURY TYPE	NAME ADDRESS	RACE WHI	ITE INJURY - M ADDRESS, (2 LEE PL PALM C EDICAL TREATMENT CITY, STATE, ZIP) NAME (LAST, FIRST, MIDDL ADDRESS (STREET ADDRE	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL SCHOOL/EMP	PRIMARY PHONE OTHER PHONE SOCIAL SECURITY
R SUBJECT OTHER SUB	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE DOB INJURY TYPE	NAME AGE AGE AGE NAME	(STREET)	INJURY - M	2 LEE PL PALM C EDICAL TREATMENT CITY, STATE, ZIP) NAME (LAST, FIRST, MIDDL ADDRESS (STREET ADDRE	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL SCHOOL/EMP	PRIMARY PHONE OTHER PHONE SOCIAL SECURITY
R SUBJECT OTHER SUBJE	DOB 04/04/1962 INJURY TYPE SCHOOL/EMPLOYER SCHOOL/EMPLOYER SUBJECT CODE STATEMENT TYPE DOB INJURY TYPE SCHOOL/EMPLOYER	NAME AGE AGE AGE NAME	(STREET)	INJURY - M	2 LEE PL PALM C EDICAL TREATMENT CITY, STATE, ZIP) NAME (LAST, FIRST, MIDDL ADDRESS (STREET ADDRE	SEX Female	ida 32137	WEIGHT 220	BROWN	HAZEL SCHOOL/EMP	PRIMARY PHONE OTHER PHONE SOCIAL SECURITY



CASE REPORT

1001 Justice LN Bunnell, FL 32110

CASE NO.
2021-00076012
2021-00070012

STOLEN/RECOVERED VEHICLES

	LOST	☐ DESTF	ROYED/DAMAGE	ED/VANDALIZED	☐ FOUND/INVOLVED	SAFEKEEPING		VALUE	
	RECOVE	_			☐ COUNTERFEIT	☐ SEIZED			
	PLATE		STATE	PLATE YR	VIN / SERIAL / HULL NUMBER		PROPERTY TYPE	l	
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V	VELLVE	VEHICLE TYPE		I MAKE				MODEL	
E	VEH YR	VEHICLE TYPE		MAKE				MODEL	
Н									
Ι 1	STYLE				COLOR		EVIDENCE VEHICLE L	OCATION	
С									
L	DAMAGE OR A	DITIONAL DESCRIP	TIVE INFORMAT	ION					
E									
_									
	OWNER APPLIE	D NIIMBED		HOW OWNER NO	TIEIED		Inctu	FIED DATE	
_	OVVINER APPLIE	-D MOMBEN		THOW OWNER IN	7 III ILD		Inoth	ILD DATE	
0	DECICE								
W	REGISTERED C	WNER NAME (BUSIN	NESS or INDIVID	UAL)			PHON	VE.	
N									
Е	RESIDENCE AD	DRESS							
R									
	·								
	LOST	□ DEST	ROYED/DAMAGE	ED/VANDALIZED	FOUND/INVOLVED	SAFEKEEPING		VALUE	
				DIVANDALIZED	_	_			
	RECOVE PLATE	RED STOLE	STATE	PLATE YR	COUNTERFEIT VIN / SERIAL / HULL NUMBER	SEIZED	PROPERTY TYPE		
	FLAIE		SIAIE	FLAIE YK	VIIV / SERIAL / HULL NUMBER		FINOPERIT TIPE		
V	L								
E	VEH YR	VEHICLE TYPE		MAKE				MODEL	
Н									
I 2	STYLE				COLOR		EVIDENCE VEHICLE L	OCATION	
С									
L	DAMAGE OR AL	DITIONAL DESCRIP	TIVE INFORMAT	ION					
E									
_									
	OWNER APPLIE	ED NUMBER		HOW OWNER NO	OTIFIED		INOTIF	FIED DATE	
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0	REGISTERED C	WNER NAME (BUSIN	JESS or INDIVID	UAL)					
W	LOIOTENED	INAME (BOOM	oo oi iivDiviD				PHON	-	
N	RESIDENCE AD	DDESS							
E	L'ESIDENCE AL	UNEOO							
R									
				FIREA	RMS				
	LOST	□ DESTE	ROYED/DAMAGE	ED/VANDALIZED	☐ FOUND/INVOLVED	SAFEKEEPING		VALUE	
	RECOVE				COUNTERFEIT	SEIZED			
G	SERIAL NUMBE			ER APPLIED NUMBER / MAR		L DISTOL		l	
G			[FISTUL			
U 1	3714931			BARREL LENGTH	Ruger US	LOCATION			
N	CALIBER	FINISH			SEIZED/RECOVERED GUN	LOCATION			
	.380 Calib			1 to 6					
	DESCRIPTION	ADDITIONAL IDENTI	FYING CHARAC	TERISTICS					
	<u> </u>								
	-								
	LOST	☐ DESTF	ROYED/DAMAGE	ED/VANDALIZED	FOUND/INVOLVED	SAFEKEEPING		VALUE	
	RECOVE				COUNTERFEIT	SEIZED			
G	SERIAL NUMBE			ER APPLIED NUMBER / MAR				I	
			[
U 2	CALIBER	FINISH		BARREL LENGTH	SEIZED/RECOVERED GUN	LOCATION			
N	J., LIJEI\	1			SEILEBINESSVEINED GOIN				
	DESCRIPTION	ADDITIONAL IDENT	EVING CUARA	TEDISTICS					
	DESCRIPTION	ADDITIONAL IDENTI	TING CHARAC	ILMOTICO					



CASE REPORT

1001 Justice LN Bunnell, FL 32110

CASE	NO.			
20	21-0	00760)12	

STOLEN/RECOVERED PROPERTY

Р	LOST COUNTERFEIT/FORGE	D DESTROYED/DAMAGED/VANDALIZED	☐ FOUND/INVOLVED	VALUE
R	☐ RECOVERED ☐ SAFEKEEPING	☐ EVIDENCE ☐ STOLEN	☐ STOLEN/RECOVERED	
0	OUALITIE / DECREET / TVDE		PROPERTY CLASS	
P				
ı		OWNER APPLIED NUMBER/MARKS	EVIDENCE LOCATION	
E R	'			
Τ				
Y		ITH RI OOD STAIN		
Ι'	I BEOL I GEO SIIIKI W	IIII BEOOD STAIN		
_				VALUE
P		_	FOUND/INVOLVED	VALUE
R		☐ EVIDENCE ☐ STOLEN	STOLEN/RECOVERED	
0	QUANTITY PROPERTY TYPE		PROPERTY CLASS	
P	6 Miscellaneous			
E	2 SERIAL NUMBER	OWNER APPLIED NUMBER/MARKS	EVIDENCE LOCATION	
R				
Т	ITEM DESCRIPTION	L		
Ι'n		ON CAPSULES 4 WHITE CAPSU	JLES 1 YELLOW CAPSU	LE AND 1
Р	LOST COUNTERFEIT/FORGE	D DESTROYED/DAMAGED/VANDALIZED	FOUND/INVOLVED	VALUE
ı				
R	OUANTED / DRODEDT / T/DE	☐ EVIDENCE ☐ STOLEN	STOLEN/RECOVERED	
0	I I		PROPERTY CLASS	
P				
E	3 SERIAL NUMBER	OWNER APPLIED NUMBER/MARKS	EVIDENCE LOCATION	
R				
Т	ITEM DESCRIPTION		•	
Υ	6 .380 HORNADY UNSPI	ENT ROUNDS		
ľ				
	•			
Р	LOST COUNTERFEIT/FORGE	D DESTROYED/DAMAGED/VANDALIZED	☐ FOUND/INVOLVED	VALUE
P			☐ FOUND/INVOLVED ☐ STOLEN/RECOVERED	VALUE
R	RECOVERED SAFEKEEPING	D DESTROYED/DAMAGED/VANDALIZED DEVIDENCE STOLEN	FOUND/INVOLVED STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE	☐ EVIDENCE ☐ STOLEN	☐ STOLEN/RECOVERED	VALUE
R O P	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Spen	□ EVIDENCE □ STOLEN	STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O P E	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Spel 4	☐ EVIDENCE ☐ STOLEN	☐ STOLEN/RECOVERED	VALUE
R O P E R	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number	□ EVIDENCE □ STOLEN	STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O P E R T	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Spet SERIAL NUMBER ITEM DESCRIPTION 1 380 HORNADY SPENT	■ EVIDENCE ■ STOLEN nt) OWNER APPLIED NUMBER/MARKS	STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O P E R	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Spet SERIAL NUMBER ITEM DESCRIPTION 1 380 HORNADY SPENT	□ EVIDENCE □ STOLEN	STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O P E R T	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Spet SERIAL NUMBER ITEM DESCRIPTION 1 380 HORNADY SPENT	■ EVIDENCE ■ STOLEN nt) OWNER APPLIED NUMBER/MARKS	STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O P E R T Y	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) ITEM DESCRIPTION 1.380 HORNADY SPENT	DEVIDENCE STOLEN OWNER APPLIED NUMBER/MARKS T SHELL CASING ROUND	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION	
R O P E R T	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) ITEM DESCRIPTION 1.380 HORNADY SPENT	DESTROYED/DAMAGED/VANDALIZED	STOLEN/RECOVERED PROPERTY CLASS	VALUE
R O P E R T Y	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 4 SERIAL NUMBER ITEM DESCRIPTION 1 .380 HORNADY SPENT	DEVIDENCE STOLEN OWNER APPLIED NUMBER/MARKS T SHELL CASING ROUND	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED STOLEN/RECOVERED	
R O P E R T Y	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 1 SERIAL NUMBER ITEM DESCRIPTION 1 .380 HORNADY SPENT LOST	DESTROYED/DAMAGED/VANDALIZED	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED	
R O P E R T Y	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 1 .380 HORNADY SPENT LOST COUNTERFEIT/FORGE RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE	DESTROYED/DAMAGED/VANDALIZED	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED STOLEN/RECOVERED	
R O P E R T Y P R O P	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 1 SERIAL NUMBER ITEM DESCRIPTION 1 .380 HORNADY SPENT 1 LOST COUNTERFEIT/FORGE RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE	DESTROYED/DAMAGED/VANDALIZED	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED STOLEN/RECOVERED	
R O P E R T Y P R O P E	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 1 .380 HORNADY SPENT LOST COUNTERFEIT/FORGE RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 5 SERIAL NUMBER	T SHELL CASING ROUND Destroyed/damaged/vandalized ED Destroyed/damaged/vandalized Stolen	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED STOLEN/RECOVERED PROPERTY CLASS	
R O P E R T Y P R O P E R	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 1 .380 HORNADY SPENT LOST COUNTERFEIT/FORGE RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 5 SERIAL NUMBER	T SHELL CASING ROUND Destroyed/damaged/vandalized ED Destroyed/damaged/vandalized Stolen	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED STOLEN/RECOVERED PROPERTY CLASS	
R O P E R T Y P R O P E R T	RECOVERED SAFEKEEPING QUANTITY PROPERTY TYPE 1 Ammo (Live or Special Number) 1 .380 HORNADY SPENT 1 .380 HORNADY SPENT LOST	T SHELL CASING ROUND Destroyed/damaged/vandalized ED Destroyed/damaged/vandalized Stolen	STOLEN/RECOVERED PROPERTY CLASS EVIDENCE LOCATION FOUND/INVOLVED STOLEN/RECOVERED PROPERTY CLASS	
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FLAGLER COUNTY SHERIFF'S DEPARTMENT NARRATIVE

1001 Justice LN Bunnell, FL 32110

2021-00076012

CASE NO

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On Tuesday, August 24, 2021, at 1808 hours, Deputy S. Pierre responded to 2 Lee Pl., Palm Coast, Florida, in reference to a shooting.

Flagler County Sheriff's Office Dispatch received a phone call from the location mentioned above in reference to a male who was shot in the chest. The reporting party, who identified herself as Linda, informed Flagler County Sheriff's Office Dispatch that her husband is sick and then stated her husband shot himself in the chest. Linda also stated to Flagler County Sheriff's Office dispatch that her husband then identified her husband to Flagler County Sheriff's Office dispatch as Robert. Linda told dispatch that she could see the gun used and that she was not going to touch it. Linda told Flagler County Sheriff's Officer dispatch that her husband was still breathing. Linda stated her location within the residence was in the bedroom, and she was also with her son. She said her son stated Robert told him he shot himself in the chest. Linda stated Robert stated he shot himself this morning and is not having difficulties breathing. Flagler County Sheriff's Office dispatch was then landline with Linda's son who was identified as Thomas. Thomas stated his father, Robert is breathing. He further stated that his father had Covid, but Robert admitted to Thomas that he shot himself this morning at an unknown time frame. Thomas stated to Flagler County Sheriff's Office dispatch he was unaware of the make and model of the gun Robert used. It was later discovered that the incident occurred at 0830 this morning. Thomas stated he does not see blood coming out of the wound and thinks that this father was done bleeding.

Deputy S. Pierre was dispatched to the residence and upon his arrival to the residence, contact was made with Deputy M. Dorsey, who stated the following information.

"On August 24, 2021, at approximately 1800 hours I, Deputy M. Dorsey, responded to 2 Lee Place in reference to a shooting.

Upon arrival, I located the male subject in bed with a gunshot wound to the chest. He was alert and conscious. I made contact with the wife who said she heard a loud bang while letting the dogs out around 7 or 8 am. She said she thought it was something hitting the fence. Her and their son advised he's been in bed all day and assumed it was Covid related as they've been waiting for home kits to test him. When asked about his history they said he's and commented about not wanting to go through this anymore. The son advised when he went into the room this evening he noticed his fathers labored breathing and asked if he's okay. The subject confided to him that he had shot himself earlier this morning."

See Deputy M. Dorsey's supplement case report for further.

Deputy S. Pierre went into the bedroom located on the left side of the residence after walking in from the front door. He observed a white male lying on his left side on the bed. Male has had a blanket covering the lower half of his body. Male was observed with a long sleeved platted shirt/ sweater and a blue polo shirt underneath. He also had blue jean on with bare feet. Upon further investigation, a hole on the left side was observed on the blue shirt and underneath was a single gunshot entry wound to the left side of the male's upper abdomen area with no exit wound. The injured male was later identified as Robert Emmett Newsholme. Flagler County Fire Rescue arrived on scene to render Robert with further medical assistance. For further medical



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treatment, Robert was treated while on scene for his gunshot wound (GSW) and transported to Halifax hospital in Dayton Beach, Florida. Deputy J. Jeckovich followed Flagler County Fire Rescue to Halifax. A Baker Act Assessment Form was also completed by Deputy Jeckovich who turned the paperwork over to hospital staff at Halifax.

Deputy S. Pierre obtained Digital photographs of the scene. The initial incident took place inside of the residence in the bedroom. The firearm involved what appeared to be a black Ruger LCP handgun .380 caliber serial #371493179, was located on the (left side) of the bed underneath the blanket. Deputy S. Pierre observed the spent round on the bed as well, indicating a single fired round. In the magazine were 6 live Hornady rounds. There were also six unknown medication capsules located on the bed. (4) white capsules, (1) yellow capsules, and (1) purple and white capsule. A complete digital photograph of the scene was obtained by Deputy S. Pierre and was uploaded to AEGIS while on scene.

Deputy J. Zalak established a crime scene at 1813 hours.

Deputy S. Pierre made contact with the other male who was later identified by Florida Driver's license as Thomas Anthony Newsholme (son).

Thomas stated the following information to Deputy S. Pierre during the initial investigation.

Today on August 24, 2021, his father, Robert, stayed home from work. Thomas informed Deputy S. Pierre that his father usually wakes up at 0800 hours and gets ready for work which he is at work by 1000 hours. Thomas stated he thought his father Robert had Covid and was staying home from work due to his illness. Thomas stated his father remained in the bedroom all day under the blanket and did not walk out. Thomas stated he checked on his father Robert several times during the day but only got a verbal conformation. At 1755 hours, Thomas stated to Deputy S. Pierre that he went to bring his father a bottle of water into the bedroom. When Thomas asked his father how he was feeling, Robert stated he needed to admit something to Thomas. Thomas stated his father paused for a few seconds and admitted that he shot himself this morning. After receiving the news, Thomas told his mother Linda and called Flagler County Sheriff's Office to report the incident immediately. Thomas further stated to Deputy S. Pierre that his father, Robert and currently takes . Furthermore, Robert has that he is dealing with. Thomas completed a voluntary witness statement and was sworn into his statement by Deputy S. Pierre while on scene.

Deputy S. Pierre then made contact with the female, who was later identified by Florida Driver's license as Linda Newsholme (spouse).

Linda stated the following information to Deputy S. Pierre during the initial investigation.

On August 24, 2021, she woke up at 0700 hours and sat outside on the pool deck with her dogs. Robert woke up and joined her for coffee and cigarettes at 0730 hours. After 0800 hours, Robert went into the residence to get dressed and ready for work. After getting ready, Robert joined Linda back out on the pool deck for a second cup of coffee and cigarettes. Once Robert was done, Linda thought Robert left the residence for work which she remained outside on the pool deck. At 0950 hours Linda stated she heard what appeared to be a



information.

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loud "bang". She told Deputy S. Pierre she was still sitting outside because she thought someone or something hit her fence. Linda said the loud "bang" sound appeared to come from outside and didn't think the sound come from within the residence. Linda stated she checked the backyard perimeter and the sides along the fence and

After 1000 hours, Linda stated she realized Robert was still home after noticing his vehicle still in the driveway. When she went to check on him in the bedroom, she asked Robert why he was still home, which he replied to Linda he had the chills and felt like he had a fever. Linda stated she then continued with her day and checking on Robert from time to time. Linda stated Robert was in bed with a blanket which she thought he had Covid symptoms. During the evening, just before 1800 hours, Linda asked her son Thomas to bring Robert a water bottle. Linda said at this moment is when Thomas noticed Robert's breathing was irregular and labored. Linda stated Thomas asked his father, Robert if he wanted to go to "Mediquick" to see a doctor. Robert then admitted to Thomas that he shot himself in the chest earlier this morning. Thomas then notified Linda of the incident and what Robert had just revealed to him. Linda stated she then called 911 and reported the incident to the Flagler County Sheriff's Office. Linda also stated to Deputy S. Pierre that her husband Robert . A few days ago, Linda stated that Robert asked

Linda completed a voluntary witness statement and was sworn into her statement by Deputy S. Pierre while on scene. Linda also completed a consent to search form while on scene.

her for her bank checking account number and stated he overpaid for something. She then noticed a large amount of cash under her computer and was unsure why the cash or Robert wanted her bank account

Detective A. Cangialosi arrived on scene at 1921 hours. Deputy S. Pierre turned over the scene to Detective A. Cangialosi and briefed him on the information gathered.

Crime scene was broken down at 2048 hours.

Evidence collected a black Ruger LCP handgun .380 caliber serial #371493179, (1) spent round, (6) live Hornady rounds, (6) unknown medication capsules located on the bed. (4) white capsules, (1) yellow capsules, and (1) purple and white capsule, and the blue polo shirt with bloodstain. All items were collected and submitted into evidence by Deputy S. Pierre.

Axon body worn camera footage will be uploaded to Evidence.com in a timely manner.

Deputy S. Pierre took no further action.

did not observe anything suspicious.

