

## OFFENSE INCIDENT REPORT

Agency Name

LARGO POLICE  
DEPARTMENTJUN  
1

Agency Report Number

8191-101-64410

EVENT

|                                                                                                              |                   |                                   |                             |                                         |                               |                                           |                    |
|--------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|-----------------------------|-----------------------------------------|-------------------------------|-------------------------------------------|--------------------|
| Description<br>Att Homicide                                                                                  |                   | A-Attempted<br>C-Committed        |                             | Statute Violation Number<br>71821042101 |                               | CS CODE<br>9120A                          |                    |
| Reported Day<br>SAT                                                                                          | Date<br>07/15/89  | Time (MIL)<br>0039                | Time Dispatched<br>0039     | Time Arrived<br>0041                    | Time Completed<br>0700        | Weather<br>Clear                          | Lighting<br>Indoor |
| Incident Type:<br>1. Felony<br>2. Traffic Felony<br>3. Misdemeanor<br>4. Traffic<br>5. Ordinance<br>6. Other |                   | Incident Day<br>SAT               | Date<br>7/15/89             | Time (MIL)<br>0001                      | Day<br>SAT                    | Date<br>7/15/89                           | Time (MIL)<br>1005 |
| Incident Location Street<br>4017 Audobon Dr                                                                  |                   | City<br>Largo                     | Zip<br>34640                | Type Location<br>03                     | Grid<br>361                   | Area<br>123                               | Code               |
| Business Name/Area Identifier<br>N/A                                                                         |                   | Occupancy:<br>0 N/A<br>1 Occupied |                             | 2 Unoccupied<br>3 Abandoned             |                               | Alcohol Related?<br>N                     | Drug Related?<br>N |
| # Offenses<br>5                                                                                              | # Victims<br>2    | # Offenders<br>1                  | # Veh. Stolen<br>0          | Type Weapon<br>05                       | Apparent Motive<br>Sexual Act | Modus Operandi<br>Threatened to kill baby |                    |
| Permitted Entry:<br>0 N/A<br>1 Yes                                                                           | # Prem. Ent.<br>1 | Point of Entry<br>Front door      | Point of Exit<br>Front door | Method of Entry<br>unlocked             | Tools Used<br>none            | Target<br>bedroom                         |                    |

CODES

|                                                                                  |                                                                 |                                                |                                                                  |                                                       |                                      |                                                     |                                          |                                                                               |                                                                           |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-----------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Person Code:<br>V-Victim<br>W-Witness<br>C-Reporting Person<br>L-Law Enforcement | S-Suspect<br>A-Arrested<br>P-Proprietor<br>O-Owner<br>E-Escapee | M-Missing<br>R-Recovered<br>Missing<br>Z-Other | Victim Type:<br>0 N/A<br>1 Juvenile<br>2 L.E. Officer<br>3 Adult | 4. Business<br>5. Government<br>6. Church<br>9. Other | Race:<br>N-N/A<br>W-White<br>B-Black | U-Unknown<br>M-American Indian<br>O-Orizental/Asian | Sex:<br>M-Male<br>F-Female<br>U-Unk. Sex | Residence Type:<br>0 N/A<br>1 City<br>2 County<br>3 Florida<br>4 Out-of-State | Resident Status:<br>0 N/A<br>1 Full Year<br>2 Part Year<br>3 Non-Resident |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-----------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|

PERSON

|                                      |                                                              |                                       |                |                       |                              |                                                 |             |
|--------------------------------------|--------------------------------------------------------------|---------------------------------------|----------------|-----------------------|------------------------------|-------------------------------------------------|-------------|
| Per. Cd. #<br>V11                    | Name (Last, First, Middle, or Business)<br>Hagan Cheryl Lynn |                                       |                | Race<br>W             | Sex<br>F                     | Date of Birth<br>03/29/69                       | Age<br>20   |
| Permanent Address<br>4017 Audobon Dr |                                                              | City<br>Largo                         | State<br>FL    | Zip<br>34640          | Res. Phone<br>(813) 538-4962 |                                                 |             |
| Occupation<br>None                   |                                                              | Business/School/Local Address<br>none |                |                       | Bus. Phone<br>( ) none       |                                                 |             |
| Res. Type<br>1                       | Res. Stat.<br>1                                              | Vic. Type<br>3                        | Relation<br>05 | Extent of Injury<br>0 | Injury Type<br>00            | Synopsis of Involvement<br>victim of sexual Act |             |
| Synopsis (Cont.)<br>forced           |                                                              |                                       |                |                       |                              |                                                 | Co-op?<br>Y |

PERSON

|                                      |                                                                  |                                                    |                |                        |                              |                                              |             |
|--------------------------------------|------------------------------------------------------------------|----------------------------------------------------|----------------|------------------------|------------------------------|----------------------------------------------|-------------|
| Per. Cd. #<br>V12                    | Name (Last, First, Middle, or Business)<br>Barfield Darrin Scott |                                                    |                | Race<br>W              | Sex<br>M                     | Date of Birth<br>01/31/66                    | Age<br>23   |
| Permanent Address<br>4017 Audobon Dr |                                                                  | City<br>Largo                                      | State<br>FL    | Zip<br>34640           | Res. Phone<br>(813) 538-4962 |                                              |             |
| Occupation<br>vacifier               |                                                                  | Business/School/Local Address<br>National Magazine |                |                        | Bus. Phone<br>( )            |                                              |             |
| Res. Type<br>1                       | Res. Stat.<br>1                                                  | Vic. Type<br>3                                     | Relation<br>05 | Extent of Injury<br>02 | Injury Type<br>02            | Synopsis of Involvement<br>was stabbed twice |             |
| Synopsis (Cont.)<br>during fight     |                                                                  |                                                    |                |                        |                              |                                              | Co-op?<br>Y |

PERSON

|                                                                                |                                                                  |                                                           |                |                       |                              |                                                            |             |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|----------------|-----------------------|------------------------------|------------------------------------------------------------|-------------|
| Per. Cd. #<br>A11                                                              | Name (Last, First, Middle, or Business)<br>Herrick Kevin Richard |                                                           |                | Race<br>W             | Sex<br>M                     | Date of Birth<br>11/01/66                                  | Age<br>22   |
| Permanent Address<br>4015 Audobon Dr                                           |                                                                  | City<br>Largo                                             | State<br>FL    | Zip<br>34640          | Res. Phone<br>(813) 535-1195 |                                                            |             |
| Occupation<br>lawn maint                                                       |                                                                  | Business/School/Local Address<br>Hilcrest mobil Home Park |                |                       | Bus. Phone<br>( )            |                                                            |             |
| Res. Type<br>1                                                                 | Res. Stat.<br>1                                                  | Vic. Type<br>0                                            | Relation<br>18 | Extent of Injury<br>0 | Injury Type<br>0             | Synopsis of Involvement or Charge:<br>Identified by Darrin |             |
| Synopsis (Cont.) or Date/Time/Location of Arrest<br>and Cheryl as the offender |                                                                  |                                                           |                |                       |                              |                                                            | Co-op?<br>Y |

SUBJECT

|                                    |               |                   |                     |                                                   |                     |                   |                          |                         |
|------------------------------------|---------------|-------------------|---------------------|---------------------------------------------------|---------------------|-------------------|--------------------------|-------------------------|
| AKA                                |               |                   |                     | Social Sec. No./Other ID Number(s)<br>593 12 4402 |                     |                   |                          |                         |
| Height<br>61                       | Weight<br>200 | Eye Color<br>blue | Hair Color<br>brown | Hair Length<br>collar                             | Hair Style<br>curly | Complexion<br>med | Build<br>med             | Facial Hair<br>mustache |
| Clothing<br>Jeans Red Sharks shirt |               |                   |                     | Scars/Marks/Tattoos<br>Shila on rt upper arm      |                     |                   | Method of Travel<br>Foot |                         |
| Words/Actions/Modus Operandi       |               |                   |                     |                                                   |                     |                   | FCIC/MIC                 |                         |

NARRATIVE

Sexual Battery 794.011(3)  
Armed Burglary 810.02(6)  
Kidnapping 787.01  
Convicted Felon in possession of a firearm 790.23

I was dispatched to the above location reference a Sexual Battery just occurred. On arrival I was advised that Cheryl awoke and someone was on top of her. He tried to

ADMIN.

|                                                             |                                               |                                                                                                             |                                                                                                         |
|-------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Officer(s) Reporting<br>Bryan [Signature]                   | ID. Number(s)<br>01381549482                  | Unit<br>123                                                                                                 | Date<br>7/15/89                                                                                         |
| Officer Reporting (If App.)<br>Schultz                      | ID. Number<br>044/165311                      | Route To<br>SAD/Dire. Lavigne                                                                               | Assigned To<br>By<br>Date                                                                               |
| Case Status<br>Closed                                       | Clearance Type<br>1. Arrest<br>2. Exceptional | Exception Type<br>1. Expiration<br>2. Arrest of Primary<br>Offense Secondary Offense<br>Without Prosecution | 3. Arrest of Offense<br>4. With Probation<br>5. Prosecution Dis.<br>To Complete<br>6. Jur. Act. Country |
| State Attorney Information<br>Invest C2D 7/19/89 2013 10:00 |                                               | 8 Ver. Rec.<br>-0-                                                                                          | Page<br>1/1019                                                                                          |



## PERSON(S) REPORT

Agency Name

|                                      |                                                                                                                                                                     |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------|--------------------|--|--------------|--|---------------------|--|---------------------|--|--------------|--|------|--|----------------|--|------|
| Agency ORI Number<br>FLO 5 2 0 8 0 0 |                                                                                                                                                                     | LARGO<br>POLICE DEPARTMENT                                           |                                                                      | 1. Orig.<br>2. Sup. 1                                      | AA                                                     | Agency Report Number<br>819 000 061110                    |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| CODES                                | Person Code:<br>V-Victim<br>W-Witness<br>C-Reporting Person<br>L-Law Enforcement                                                                                    | S-Suspect<br>A-Arrestee<br>P-Proprietor<br>O-Owner<br>E-Escapee      | M-Missing<br>R-Recovered<br>Missing<br>Z-Other                       | Victim Type:<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult | 4. Business<br>5. Government<br>6. Church<br>7. Other  | Race:<br>W-White<br>B-Black<br>O-Other/Asian<br>U-Unknown | Sex:<br>M-Male<br>F-Female<br>U-Unknown                   | Residence Type:<br>1. City<br>2. County | Resident Status:<br>1. Full Time<br>2. Part Time<br>3. Non-Resident |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      |                                                                                                                                                                     |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| PERSON                               | Per. Cd. 8                                                                                                                                                          | Name (Last, First, Middle, or Business)<br>211 Barfield Aaron Andrew |                                                                      |                                                            |                                                        | Race<br>W                                                 | Sex<br>M                                                  | Date of Birth<br>01/21/1989             |                                                                     | Age<br>29 |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Permanent Address<br>4017 Audobon Dr Largo FL 34640                                                                                                                 |                                                                      |                                                                      |                                                            | City<br>Largo                                          |                                                           | State<br>FL                                               | Zip<br>34640                            | Res. Phone<br>(813) 538-962                                         |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Occupation<br>none                                                                                                                                                  |                                                                      | Business/School/Local Address<br>none                                |                                                            |                                                        |                                                           | Address                                                   |                                         | Bus. Phone<br>( ) none                                              |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Res. Type                                                                                                                                                           | Res. Stat.                                                           | Vic. Type                                                            | Relation                                                   | Extent of Injury                                       | Injury Type                                               | Synopsis of Involvement:<br>asleep in next room           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Synopsis (Cont.)                                                                                                                                                    |                                                                      |                                                                      |                                                            |                                                        |                                                           | Co-op? <input type="checkbox"/>                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| PERSON                               | Per. Cd. 8                                                                                                                                                          | Name (Last, First, Middle, or Business)<br>212 Stewart David Lewis   |                                                                      |                                                            |                                                        | Race<br>W                                                 | Sex<br>M                                                  | Date of Birth<br>11/19/1960             |                                                                     | Age<br>29 |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Permanent Address<br>4613 Audobon Dr Largo FL 34640                                                                                                                 |                                                                      |                                                                      |                                                            | City<br>Largo                                          |                                                           | State<br>FL                                               | Zip<br>34640                            | Res. Phone<br>(813) 535-5320                                        |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Occupation<br>none                                                                                                                                                  |                                                                      | Business/School/Local Address<br>none                                |                                                            |                                                        |                                                           | Address                                                   |                                         | Bus. Phone<br>( ) none                                              |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Res. Type                                                                                                                                                           | Res. Stat.                                                           | Vic. Type                                                            | Relation                                                   | Extent of Injury                                       | Injury Type                                               | Synopsis of Involvement:<br>with V before Vc              |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Synopsis (Cont.)<br>entered home                                                                                                                                    |                                                                      |                                                                      |                                                            |                                                        |                                                           | Co-op? <input type="checkbox"/>                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| PERSON                               | Per. Cd. 8                                                                                                                                                          | Name (Last, First, Middle, or Business)<br>214 McMullen Steve        |                                                                      |                                                            |                                                        | Race<br>W                                                 | Sex<br>M                                                  | Date of Birth                           |                                                                     | Age       |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Permanent Address                                                                                                                                                   |                                                                      |                                                                      |                                                            | City                                                   |                                                           | State                                                     | Zip                                     | Res. Phone                                                          |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Occupation<br>K-9 P.O.                                                                                                                                              |                                                                      | Business/School/Local Address<br>Largo P.D. 100 E Bay Dr Largo FL    |                                                            |                                                        |                                                           | Address                                                   |                                         | Bus. Phone<br>(813) 587-6717                                        |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Res. Type                                                                                                                                                           | Res. Stat.                                                           | Vic. Type                                                            | Relation                                                   | Extent of Injury                                       | Injury Type                                               | Synopsis of Involvement or Charge:<br>Tracked trail of    |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Synopsis (Cont.) or Date/Time/Location of Arrest<br>Suspect                                                                                                         |                                                                      |                                                                      |                                                            |                                                        |                                                           | Co-op? <input checked="" type="checkbox"/>                |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| SUBJECT                              | AKA                                                                                                                                                                 |                                                                      |                                                                      |                                                            |                                                        | Social Sec. No./Other ID Number(s)                        |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Height                                                                                                                                                              | Weight                                                               | Eye Color                                                            | Hair Color                                                 | Hair Length                                            | Hair Style                                                | Complexion                                                | Build                                   | Facial Hair                                                         |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Clothing                                                                                                                                                            |                                                                      |                                                                      | Scars/Marks/Tattoos                                        |                                                        |                                                           | Method of Travel                                          |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Words/Actions/Modus Operandi                                                                                                                                        |                                                                      |                                                                      |                                                            |                                                        | FCIC/NCIC                                                 |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| PERSON                               | Per. Cd. 8                                                                                                                                                          | Name (Last, First, Middle, or Business)<br>212 Jones Steve           |                                                                      |                                                            |                                                        | Race<br>W                                                 | Sex<br>M                                                  | Date of Birth                           |                                                                     | Age       |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Permanent Address                                                                                                                                                   |                                                                      |                                                                      |                                                            | City                                                   |                                                           | State                                                     | Zip                                     | Res. Phone                                                          |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Occupation<br>I.D. Tech P.O.                                                                                                                                        |                                                                      | Business/School/Local Address<br>Largo P.D. 100 E Bay Dr Largo FL    |                                                            |                                                        |                                                           | Address                                                   |                                         | Bus. Phone<br>(813) 587-6717                                        |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Res. Type                                                                                                                                                           | Res. Stat.                                                           | Vic. Type                                                            | Relation                                                   | Extent of Injury                                       | Injury Type                                               | Synopsis of Involvement or Charge:<br>I.D. Tech responded |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Synopsis (Cont.) or Date/Time/Location of Arrest<br>to process crime scene                                                                                          |                                                                      |                                                                      |                                                            |                                                        |                                                           | Co-op? <input checked="" type="checkbox"/>                |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| SUBJECT                              | AKA                                                                                                                                                                 |                                                                      |                                                                      |                                                            |                                                        | Social Sec. No./Other ID Numbers                          |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Height                                                                                                                                                              | Weight                                                               | Eye Color                                                            | Hair Color                                                 | Hair Length                                            | Hair Style                                                | Complexion                                                | Build                                   | Facial Hair                                                         |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Clothing                                                                                                                                                            |                                                                      |                                                                      | Scars/Marks/Tattoos                                        |                                                        |                                                           | Method of Travel                                          |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Words/Actions/Modus Operandi                                                                                                                                        |                                                                      |                                                                      |                                                            |                                                        | FCIC/NCIC                                                 |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
| MISSING                              | Incident Type:<br>1. Runaway<br>2. Parental                                                                                                                         |                                                                      | 3. Involuntary<br>4. Disabled<br>5. Endangered<br>6. Disaster Victim |                                                            | 8. Voluntary Adult<br>7. Unknown<br>8. Disaster Victim |                                                           | Foul Play Suspected?                                      |                                         | Missing Before?                                                     |           | Fingerprints Avid? |  | Photos Avid? |  | Dental Records Av.? |  | MCIC Form Provided? |  |              |  |      |  |                |  |      |
|                                      | Date Last Seen                                                                                                                                                      |                                                                      | Time Last Seen                                                       |                                                            | Location Last Seen (Address, City, State)              |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  | Accompanied By      |  |                     |  |              |  |      |  |                |  |      |
|                                      | Mental/Physical Cond.                                                                                                                                               |                                                                      |                                                                      |                                                            | Medication Required/Type                               |                                                           |                                                           |                                         | Doctor/Dentist (Name, Phone)                                        |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Property Carried                                                                                                                                                    |                                                                      |                                                                      |                                                            | Mode of Travel                                         |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Possible Reason for Leaving                                                                                                                                         |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Possible Destination                                                                                                                                                |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Person Frequents                                                                                                                                                    |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Other Information                                                                                                                                                   |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  |              |  |      |  |                |  |      |
|                                      | Recovery Information:<br>1. Not Found<br>2. Located<br>3. Hospitalized<br>4. Not Returned<br>5. Not in Custody<br>6. Lost to Enforcement<br>7. Deceased<br>8. Other |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  | Date         |  | Time |  | Location Found |  |      |
|                                      | Officer(s) Reporting                                                                                                                                                |                                                                      |                                                                      |                                                            |                                                        |                                                           |                                                           |                                         |                                                                     |           |                    |  |              |  |                     |  |                     |  | ID Number(s) |  | Unit |  | Date           |  | Page |



# PERSON(S) REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------|--|
| Agency Name<br><b>LARGO POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | Agency Report Number<br><b>81910001611410</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | 1. Org. <b>1</b> 2. Sup. <b>1</b>             |  |
| Agency Code<br><b>FL0520800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | Agency Name<br><b>LARGO POLICE DEPARTMENT</b> |  |
| CODES<br>Person Code:<br>V-Victim<br>W-Witness<br>C-Reporting Person<br>L-Law Enforcement<br>S-Suspect<br>A-Arrested<br>P-Prosecutor<br>O-Owner<br>E-Escapes<br>M-Missing<br>R-Recovered<br>I-Injury<br>Z-Other<br>Victim Type:<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult<br>4. Business<br>5. Government<br>6. Church<br>7. Other<br>Race:<br>W-White<br>B-Black<br>O-Other<br>U-Unknown<br>Sex:<br>M-Male<br>F-Female<br>U-Unknown<br>Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br>5. Post<br>6. Post Year<br>7. Post Year<br>8. Post Year | Name (Last, First, Middle, or Business)<br><b>Crosby Howard</b>                        |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Permanent Address<br>City State Zip<br><b>Largo FL 31640</b>                           |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Occupation<br><b>P.O.</b>                                                              |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Business/School/Local Address<br><b>100 E Bay Dr</b>                                   |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Birth<br><b>10/11/81</b>                                                       |                                               |  |
| Synopsis of Involvement<br><b>(813) 5876717</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                               |  |
| Synopsis (Cont.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                               |  |
| Co-op?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                               |  |
| PERSON<br>Name (Last, First, Middle, or Business)<br><b>Rich John</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Permanent Address<br>City State Zip<br><b>Largo FL 31640</b>                           |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Occupation<br><b>P.O.</b>                                                              |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Business/School/Local Address<br><b>100 E Bay Dr</b>                                   |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Birth<br><b>10/11/81</b>                                                       |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Synopsis of Involvement<br><b>(813) 5876717</b>                                        |                                               |  |
| Synopsis (Cont.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                               |  |
| Co-op?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                               |  |
| PERSON<br>Name (Last, First, Middle, or Business)<br><b>Nelson Thomas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Permanent Address<br>City State Zip<br><b>Largo FL 31640</b>                           |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Occupation<br><b>P.O.</b>                                                              |                                               |  |
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| Synopsis (Cont.) or Date/Time/Location of Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                               |  |
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| SUBJECT<br>AKA<br>Social Sec. No./Other ID Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Height Weight Eye Color Hair Color Hair Length Hair Style Complexion Build Facial Hair |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Clothing Scars/Marks/Tattoos Method of Travel                                          |                                               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Birth                                                                          |                                               |  |
| PERSON<br>Name (Last, First, Middle, or Business)<br><b>Hollingsworth Paul</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Permanent Address<br>City State Zip<br><b>Largo FL 31640</b>                           |                                               |  |
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| MISSING<br>Incident Type:<br>1. Runaway<br>2. Parental<br>3. Involuntary<br>4. Disabled<br>5. Endangered<br>6. Voluntary Adult<br>7. Unknown<br>8. Disaster Victim<br>Foul Play Suspected?<br>Missing Before?<br>Fingerprint Available?<br>Photos Available?<br>Dental Records Available?<br>MCIC Form Provided?                                                                                                                                                                                                                                                                | Date Last Seen Time Last Seen Location Last Seen (Address, City, State)                |                                               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Doctor/Dentist (Name, Phone)                                                           |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Medication Required/Type                                                               |                                               |  |
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| Recovery Information:<br>1. Voluntary<br>2. Located<br>3. Hospitalized<br>4. MPO Custody<br>5. Law Enforcement<br>6. Returned to Parent<br>7. Deceased<br>8. Other                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                               |  |
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# PERSON(S) REPORT

|                                               |  |                       |     |                                                |  |
|-----------------------------------------------|--|-----------------------|-----|------------------------------------------------|--|
| Agency Name<br><b>LARGO POLICE DEPARTMENT</b> |  | 1. Orig.<br>2. Sup. / | JOY | Agency Report Number<br><b>819 10010161140</b> |  |
| Agency Off. Number<br><b>FLD 5 2 0 8 0 0</b>  |  |                       |     |                                                |  |

  

|              |                                                                                  |  |                                                                 |  |                                                |  |                                                            |  |                                                       |  |                                          |  |                                   |  |                                         |  |                                         |  |                             |  |                                                                   |  |
|--------------|----------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|------------------------------------------------|--|------------------------------------------------------------|--|-------------------------------------------------------|--|------------------------------------------|--|-----------------------------------|--|-----------------------------------------|--|-----------------------------------------|--|-----------------------------|--|-------------------------------------------------------------------|--|
| <b>CODES</b> | Person Code:<br>V-Victim<br>W-Witness<br>C-Reporting Person<br>L-Law Enforcement |  | S-Suspect<br>A-Arrestee<br>P-Proprietor<br>O-Owner<br>E-Escapee |  | M-Missing<br>R-Recovered<br>Missing<br>Z-Other |  | Victim Type:<br>1. Juvenile<br>2. L.E. Officer<br>3. Adult |  | 4. Business<br>5. Government<br>6. Church<br>7. Other |  | Race:<br>W-White<br>B-Black<br>U-Unknown |  | M-Mexican Indian<br>O-Other Asian |  | Sex:<br>M-Male<br>F-Female<br>U-Unknown |  | Residence Type:<br>1. City<br>2. County |  | 3. Rural<br>4. Out-of-State |  | Resid. Status:<br>1. Full Time<br>2. Part Time<br>3. Non-Resident |  |
|              |                                                                                  |  |                                                                 |  |                                                |  |                                                            |  |                                                       |  |                                          |  |                                   |  |                                         |  |                                         |  |                             |  |                                                                   |  |
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| <b>PERSON</b> | Name (Last, First, Middle, or Business)<br><b>Raulson David</b> |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Date of Birth   |  |                         |  |     |  |                   |  |
|               | Permanent Address                                               |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | City            |  | State                   |  | Zip |  | Res. Phone<br>( ) |  |
|               | Occupation                                                      |  |  |  | Business/School/Local Address |  |  |  |           |  |  |  |          |  |  |  |                 |  | Address         |  | Bus. Phone<br>( )       |  |     |  |                   |  |
|               | Rel. Type                                                       |  |  |  | Rel. Stat.                    |  |  |  | Vis. Type |  |  |  | Relation |  |  |  | Event of Injury |  |                 |  | Synopsis of Involvement |  |     |  |                   |  |
|               | Synopsis (Cont.)                                                |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Co-op? <b>Y</b> |  |                         |  |     |  |                   |  |

  

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| <b>PERSON</b> | Name (Last, First, Middle, or Business) |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Date of Birth |  |                         |  |     |  |                   |  |
|               | Permanent Address                       |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | City          |  | State                   |  | Zip |  | Res. Phone<br>( ) |  |
|               | Occupation                              |  |  |  | Business/School/Local Address |  |  |  |           |  |  |  |          |  |  |  |                 |  | Address       |  | Bus. Phone<br>( )       |  |     |  |                   |  |
|               | Rel. Type                               |  |  |  | Rel. Stat.                    |  |  |  | Vis. Type |  |  |  | Relation |  |  |  | Event of Injury |  |               |  | Synopsis of Involvement |  |     |  |                   |  |
|               | Synopsis (Cont.)                        |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Co-op?        |  |                         |  |     |  |                   |  |

  

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| <b>PERSON</b> | Name (Last, First, Middle, or Business)          |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Date of Birth |  |                                    |  |     |  |                   |  |
|               | Permanent Address                                |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | City          |  | State                              |  | Zip |  | Res. Phone<br>( ) |  |
|               | Occupation                                       |  |  |  | Business/School/Local Address |  |  |  |           |  |  |  |          |  |  |  |                 |  | Address       |  | Bus. Phone<br>( )                  |  |     |  |                   |  |
|               | Rel. Type                                        |  |  |  | Rel. Stat.                    |  |  |  | Vis. Type |  |  |  | Relation |  |  |  | Event of Injury |  |               |  | Synopsis of Involvement or Charge: |  |     |  |                   |  |
|               | Synopsis (Cont.) or Date/Time/Location of Arrest |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Co-op?        |  |                                    |  |     |  |                   |  |

  

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| <b>SUBJECT</b> | AKA                          |  |        |  |           |  |                     |  |             |  |            |  |            |  |       |  |                  |  | Social Sec. No./Other ID Number(s) |  |  |  |
|                | Height                       |  | Weight |  | Eye Color |  | Hair Color          |  | Hair Length |  | Hair Style |  | Complexion |  | Build |  | Facial Hair      |  |                                    |  |  |  |
|                | Clothing                     |  |        |  |           |  | Scars/Marks/Tattoos |  |             |  |            |  |            |  |       |  | Method of Travel |  |                                    |  |  |  |
|                | Words/Actions/Modus Operandi |  |        |  |           |  |                     |  |             |  |            |  |            |  |       |  |                  |  | FCIC/NCIC                          |  |  |  |
|                |                              |  |        |  |           |  |                     |  |             |  |            |  |            |  |       |  |                  |  |                                    |  |  |  |

  

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| <b>PERSON</b> | Name (Last, First, Middle, or Business)          |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Date of Birth |  |                                    |  |     |  |                   |  |
|               | Permanent Address                                |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | City          |  | State                              |  | Zip |  | Res. Phone<br>( ) |  |
|               | Occupation                                       |  |  |  | Business/School/Local Address |  |  |  |           |  |  |  |          |  |  |  |                 |  | Address       |  | Bus. Phone<br>( )                  |  |     |  |                   |  |
|               | Rel. Type                                        |  |  |  | Rel. Stat.                    |  |  |  | Vis. Type |  |  |  | Relation |  |  |  | Event of Injury |  |               |  | Synopsis of Involvement or Charge: |  |     |  |                   |  |
|               | Synopsis (Cont.) or Date/Time/Location of Arrest |  |  |  |                               |  |  |  |           |  |  |  |          |  |  |  |                 |  | Co-op?        |  |                                    |  |     |  |                   |  |

  

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| <b>SUBJECT</b> | AKA                          |  |        |  |           |  |                     |  |             |  |            |  |            |  |       |  |                  |  | Social Sec. No./Other ID Numbers |  |  |  |
|                | Height                       |  | Weight |  | Eye Color |  | Hair Color          |  | Hair Length |  | Hair Style |  | Complexion |  | Build |  | Facial Hair      |  |                                  |  |  |  |
|                | Clothing                     |  |        |  |           |  | Scars/Marks/Tattoos |  |             |  |            |  |            |  |       |  | Method of Travel |  |                                  |  |  |  |
|                | Words/Actions/Modus Operandi |  |        |  |           |  |                     |  |             |  |            |  |            |  |       |  |                  |  | FCIC/NCIC                        |  |  |  |
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| <b>MISSING</b> | Incident Type: 3. Involuntary 6. Voluntary Adult |  | Foul Play Suspected? |  | Missing Before? |  | Fingerprints Avail? |  | Photos Avail?                             |  | Dental Records Av? |  | MCK Form Provided? |  |  |  |                              |  |  |  |  |  |  |  |
|                | 1. Runaway 4. Disabled 7. Unknown                |  |                      |  |                 |  |                     |  |                                           |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |
|                | 2. Parental 5. Endangered 8. Disaster Victim     |  |                      |  |                 |  |                     |  |                                           |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |
|                | Date Last Seen                                   |  |                      |  | Time Last Seen  |  |                     |  | Location Last Seen (Address, City, State) |  |                    |  | Accompanied By     |  |  |  |                              |  |  |  |  |  |  |  |
|                | Mental/Physical Cond                             |  |                      |  |                 |  |                     |  | Medication Required/Type                  |  |                    |  |                    |  |  |  | Doctor/Dentist (Name, Phone) |  |  |  |  |  |  |  |
|                | Property Carried                                 |  |                      |  |                 |  |                     |  | Mode of Travel                            |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |
|                | Possible Reason for Leaving                      |  |                      |  |                 |  |                     |  |                                           |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |
|                | Possible Destination                             |  |                      |  |                 |  |                     |  |                                           |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |
|                | Person Frequents                                 |  |                      |  |                 |  |                     |  |                                           |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |
|                | Other Information                                |  |                      |  |                 |  |                     |  |                                           |  |                    |  |                    |  |  |  |                              |  |  |  |  |  |  |  |

  

|                                                                                                                                                       |  |                    |  |            |  |                |  |             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|------------|--|----------------|--|-------------|--|
| Recovery Information:<br>1. Voluntary 2. Located 3. Hospitalized 4. MRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other |  | Date               |  | Time       |  | Location       |  |             |  |
| Officer(s) Reporting                                                                                                                                  |  | ID Number(s)       |  | Unit       |  | Date           |  | Page        |  |
| <b>B. J. [Signature]</b>                                                                                                                              |  | <b>0387 819188</b> |  | <b>100</b> |  | <b>7/19/89</b> |  | <b>4/09</b> |  |



**SUPPLEMENT/CONTINUATION**

Agency Name

**LARGO POLICE  
DEPARTMENT**

1. Orig.  
2. Sup. 1

JAN -

Agency Report Number

81910101016141410

ADMIN.

Agency Off. Number  
FD 520800

Offense Description

Att Homicide

Location

4017 Audubon Dr

Victim Name

Darrin / Cheryl

force her to have oral sex with him. Darrin came home in the meantime. Darrin and the subject got into a fight in the bedroom; during which Darrin was stabbed twice. The Subject fled the scene.

The building in which these events happened is a Tri-Plex. Cheryl and Darrin live in the East unit; David lives in the West unit; Kevin lives in the middle of the two (the South unit). The Tri-Plex itself is shaped like a squared 'U'. Cheryl's bedroom is in the north west corner of the apartment. The babies bedroom is East of Cheryl's bedroom. The family room is in the southeast section of the apartment. The front door is on the East side of the apartment, opening to a hallway, leading to a perpendicular hallway which connects the family room and the bedrooms. The rear sliding glass door is in the southeast corner of the family room. The front door opens to a common area for the Tri-Plex and faces David's front door. Kevin's front door faces North also opening into this common area.

When I arrived on scene FD was also there waiting outside. When I determined it safe I had them respond inside to treat Darrin's wounds.

I then spoke with Cheryl about what had happened that evening. She told me that she was woken up by a man who was on top of her. He was in a kneeling position, one leg to each side of her body. He was holding her arms down in such a way that she could not move. He told her to cooperate with him or he would kill her baby. The baby was asleep in the next bedroom. She told me he had no pants or underpants on. He was dressed only in a shirt. He put a knife, or similar object to her throat. He put his penis to her mouth and told her to "suck it or I'll kill your baby. She said that his penis did

NARRATIVE/CONTINUATION

Scene Proc? 14 By OFC J. Joiner

Photos Y-N

14

Latent Proc? 14

Officer(s) Reporting

*Brian [Signature]*

ID Number

038/819482

Unit

123

Date

2/15/89

Officer Reviewing (If App)

ID Number

Route To

Referred To

Assigned To

By

Date

Case Status  
Closed

Clearance Type  
1 Arrest 3 Unsubstantiated 2 Exceptional

Exception Type  
1 Exonerated 2 Declined

2 Arrest of Primary Offense Secondary Offense Without Prosecution

3 Death of Offender 4 With Refused To Cooperate 5 Prosecution Dead 6 Juvenile Custody

A-Sub A

APR 1

Date Closed

017115819

State Attorney Information

Y-N Rec - 0 -

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ADMINISTRATION



## Agency Name

1. Orig.  
2. Sup. 1

31

Agency Report Number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 9 | 1 | 0 | 0 | 0 | 6 | 4 | 4 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| Agency OFI Number |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| FLO               | 5 | 2 | 0 | 8 | 0 | 0 |

| Offense Description | Count | Amount | Category | Disposition |
|---------------------|-------|--------|----------|-------------|
| ...                 | ...   | ...    | ...      | ...         |

Att Homicide

Location

4017 Audubon Dr

**Victim Name**

Puccia / Cherry

## NARRATIVE/CONTINUATION

touch her lips. She struggled against him and told him that her boyfriend would be home at any time now. He replied that she'd better hurry up then. He threatened again to kill the baby. She told me that the next thing she knew was that her boyfriend was in the room and then Darrin and the assailant were fighting. They broke apart from fighting. The assailant was waving the knife and telling Darrin to step back. Darrin did so. The subject exited the room closing the door behind him. She and Darrin were both at the door pulling on it to get out but it was holding it shut. He struggled for them to stop or he'd kill the baby. They let off the handle for a moment. Shortly they tried it again; it yielded to them this time. She told me she rushed straight for the baby. Darrin went to the family room. She heard Darrin yell "that door's locked use the front door." She went out and both Darrin and assailant were gone. Shortly Darrin returned. She gave me a brief description of the suspect. She advised me that he seemed tall, heavy set with dark curly hair. She told me then that she couldn't be sure but she thought it was Kevin her neighbor. He has been in their apartment in the past. He comes in the front door and always leaves by the sliding glass door. He also knows of the baby. She said the door to the babies bedroom was closed but for an inch; the light was off. She said it sort of looked and sounded like Kevin but due to the lighting (lack of light) she couldn't be 100% sure.

I then spoke with Darrin He advised me he came home and found the situation in the bedroom. They fought during which he was stabbed by the knife twice. Once in the chest and once in the upper

## ADMINISTRATION

**Scene  
Proc.?**

|    |             |
|----|-------------|
| 14 | By ofc Junc |
|----|-------------|

Photo  
Y-N

14

PROC

Officer(s) Reporting

ID Number: 24

Und

Date \_\_\_\_\_

On 22 February 1941

10. Number

Route To

Returned To

Assigned To

by

Date \_\_\_\_\_

Case Study  
e/ased

Clearance Type 0  
1 Area 3 Unbounded  
2 [unclear]

Language Type  
1 - Unknown  
2 - Unknown

Arrest of Primary  
Officer Secondary Officer  
Without Possession

3. Death of Oliver  
4. 1919 National & Preservation Day  
19. Congress & the 19th Century

三三三

0 APR 1

Date Cleared  
017/1/19

State Attorney Information

• York Road

Page 22

0 Vol. 100

Page 61010



# SUPPLEMENT/CONTINUATION

Agency Name

LARGO POLICE  
DEPARTMENT

1. Orig.  
2. Sup. 1

JV 7

Agency Report Number

51910101016141410

Agency ORI Number

FO 5 2 0 8 0 0

Offense Description

Att Homicide

Location

4617 Audubon Dr

Victim Name

Darna/Cheryl

NARRATIVE/CONTINUATION

Stomach area. When he ran out to the family room he saw the subject vainly trying to open the sliding glass door. He got his first good look at the assailant. He yelled for him to go out the front door. Then he chased him out the front door. They ran south "for about 3 houses" Then he returned home. Darnin would not or could not give a description of the suspect. Before I could talk to him further he was transported by paramedics to the Humana Hospital.

I then spoke with David. He advised me that he had gone with Darnin to his mother's house. They were gone less than an hour. He heard all the shouting and went outside to see what was happening. When he saw Darnin bleeding he phoned the authorities.

I then spoke with Kevin. He advised me he was asleep throughout all and didn't know anything. He seemed nervous and had been milling around outside during the investigation. I first saw him approximately 1/2 an hour after arriving. He was wearing blue jeans and a red sleeveless t-shirt.

I examined the bedroom briefly but did not touch anything. I had called for an I.D. Tech to process the scene. There was blood and fingerprints on the sliding glass door around the handle. There was also blood on the inside door handle to the front door. Cheryl was not physically injured during the incident nor was there evidence of the crime on her person. Therefore S.A.U.F. was not contacted. I left Cheryl L.P.D. witness statement forms for her to fill out as well as for her boyfriend to fill out. Her mother had responded also. I asked her to call if she found out or remembered anything further.

ADMINISTRATION

Scene Proc. 7

By Cfc Jones

Process Y-N

14

Latent Proc. 7

14

Officer(s) Reporting

B. Jones

ID Number(s)

0138/349482

Unit

123

Date

7/15/89

Officer Reporting (If App)

ID Number

Route To

Referred To

Assigned To

By

Date

Case Status

Closed

Charge Type

1 Arrest 3 Unfounded 2 Exceptional

Exception Type

1 Extradition 2 Declined

2 Arrest of Primary Offense Secondary Offense Without Prosecution

3 Death of Offender 4 Will Refused 5 Prosecution Declined To Charge 6 Juvenile Custody

A. Hour

11

B. APR

1

Date Closed

07/15/89

9. Ver. Rec.

-0-

Page

7 of 9

Page

7 of 9



**SUPPLEMENT/CONTINUATION**

|               |                                     |                                               |                                |          |                                     |
|---------------|-------------------------------------|-----------------------------------------------|--------------------------------|----------|-------------------------------------|
| <b>ADMIN.</b> | Agency OPI Number<br>FD 5120800     | Agency Name<br><b>LARGO POLICE DEPARTMENT</b> | 1. Orig<br>2. Sup 1            | JUV<br>- | Agency Report Number<br>81900006440 |
|               | Offense Description<br>Att Homicide | Location<br>4017 Audubon Dr                   | Victim Name<br>Darcia / Cheryl |          |                                     |

  

NARRATIVE/CONTINUATION

She and her baby went to stay with her mother.

I was advised at approximately 0400 hrs that Darcia had been released from the hospital. He had phoned L.P.D. and spoke with Lt. Pehl. This was being related to me through ofc Willson. Darcia informed Lt. Pehl that Kevin was definitely the assailant in this case. He wasn't sure when they were still in the house; but when they ran outside into the full light of the common area he recognized that it was indeed Kevin. He didn't tell me on scene because he wanted to get some friends and take care of Kevin. On further thinking he realized this wasn't the proper action to take and decided to advise us of this knowledge.

Myself, ofc Willson, ofc Paulsen, ofc Hollingsworth, and ofc McMullen went to Kevin's residence. When we knocked on the door and asked him to come out he did so he was handcuffed and informed of the charges he was under arrest for. I then transported him to L.P.D. The other officers remained on scene. Be advised this residence is not Kevin's permanent residence. The Porrey's are the legal residents of this address.

On scene at L.P.D. ofc Crosby and myself interviewed Kevin. I read him Miranda per the SAC card. He refused to talk about the crime without a lawyer. He told us he didn't do anything and that we had the wrong guy. I asked him if he would be willing to submit pubic hair and head hair samples for evidence. This he agreed to. I collected the samples and forwarded them to the I-DLE for processing. I also received evidence from ofc Willson from the Porrey residence pertaining to this crime. I entered these into Property as evidence. I forwarded the shirt

  

|                |                                                         |                    |                                                  |              |                                                       |                 |                                       |  |
|----------------|---------------------------------------------------------|--------------------|--------------------------------------------------|--------------|-------------------------------------------------------|-----------------|---------------------------------------|--|
| ADMINISTRATION | Scene Proc 7                                            | By<br>ofc S. Jauer | ID Number(s)<br>0138/849482                      | Unit<br>1213 | Date<br>7/15/89                                       | Photos Y-N<br>Y | Latent Proc 7<br>Y                    |  |
|                | Officer(s) Reporting<br><i>[Signature]</i>              |                    | Referred To                                      |              | Assigned To                                           |                 | By                                    |  |
|                | Officer Reviewing (if Applicable)<br><i>[Signature]</i> |                    | Route To                                         |              | Date                                                  |                 |                                       |  |
|                | Case Status<br>Closed                                   |                    | Exception Type 1<br>Escorted                     |              | Exception Type 2<br>Arrest at Primary                 |                 | Exception Type 3<br>Death of Offender |  |
|                | State Attorney Information                              |                    | Exception Type 4<br>Witness Refused To Cooperate |              | Exception Type 5<br>Prosecution Does Not Have Custody |                 | Date Cleared<br>07/21/89              |  |

Page  
- 0 -

Page  
81019



# SUPPLEMENT/CONTINUATION

Agency Name

LARGO POLICE  
DEPARTMENT

1. Orig.  
2. Suppl

JUV

Agency Report Number

81910101016141410

Agency Off Number

FL05208000

Offense Description

Att Homicide

Location

4917 Audubon Dr

Victim Name

Darin / Cheryl

pants and knife also for processing. See ofc Millson's  
Raulson's' supplements for further regarding  
the collection of evidence at the Barry residence.  
See ofc Jancos supplement regarding the processing  
of the crime scene. Ofc McMullen responded  
to Darin the second time to obtain a written  
statement regarding the identification of the suspect.  
See his supplement. See 89-6444 LPD reported  
by ofc Hollingsworth.

Ofc Hollingsworth transported Kevin to County  
Jail. Reference the criminal charge pertaining to  
FS 790.23 see ofc. Millson's and ofc Raulson's  
Supplement. NFI

NARRATIVE/CONTINUATION

|                                                             |                                                 |                                                  |                   |
|-------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------|
| ASSIGNED<br>TO: LA Vigne                                    | TYPE<br>OFFENSE: Att Homicide                   | DATE<br>07/15/89                                 | REPORT<br>89-6440 |
| NOTES/REMARKS/LOCATION/LEADS<br>Results of invest           |                                                 |                                                  |                   |
| REVIEW                                                      | DATE                                            | COMMENTS/LEADS                                   | APPROVE           |
| 5 DAY                                                       | 07/21/89                                        | S.A.G. will File Charges                         |                   |
| 10 DAY                                                      |                                                 |                                                  |                   |
| 15 DAY                                                      |                                                 |                                                  |                   |
| 20 DAY                                                      |                                                 |                                                  |                   |
| 25 DAY                                                      |                                                 |                                                  |                   |
| SOLVABILITY FACTORS:                                        |                                                 | DISPOSITION:                                     | FELONY            |
| <input type="checkbox"/> WITNESS                            | <input type="checkbox"/> VEHICLE I.D. (SUSPECT) | <input checked="" type="checkbox"/> C.W.A.       | ADULT             |
| <input type="checkbox"/> SUSPECT NAME                       | <input type="checkbox"/> TRACEABLE PROPERTY     | <input type="checkbox"/> EXCEPTIONAL CLEAR       | JUVENILE          |
| <input type="checkbox"/> SUSPECT LOCATION                   | <input type="checkbox"/> SIGNIFICANT EVIDENCE   | <input type="checkbox"/> UNFOUND                 |                   |
| <input type="checkbox"/> SUSPECT DESCRIBE                   | <input type="checkbox"/> SIGNIFICANT M.O.       | <input type="checkbox"/> INACTIVE                |                   |
|                                                             | <input type="checkbox"/> SUSPECT PHOTO          | <input type="checkbox"/> OTHER                   |                   |
| CASE CLOSED ON INITIAL INVESTIGATION<br>NO FOLLOW UP NEEDED |                                                 | STATE ATTORNEY'S INVESTIGATION SUPPLEMENT DUE ON |                   |

ADMINISTRATION

|                               |             |                                                                                   |                                  |             |                   |                                                                   |
|-------------------------------|-------------|-----------------------------------------------------------------------------------|----------------------------------|-------------|-------------------|-------------------------------------------------------------------|
| Scene<br>Proc. 7              | 14          | By<br>Ofc Jancos                                                                  | Photos<br>Y-N                    | 14          | Latent<br>Proc. 7 | 14                                                                |
| Officer(s) Reporting          | [Signature] |                                                                                   | ID Number(s)                     | 0381849480  | Unit              | 1213                                                              |
| Officer(s) Reviewing (If App) | ID Number   | Route To                                                                          | Referred To                      | Assigned To | By                | Date                                                              |
| Case Status                   | Closed      | Charge Type #                                                                     | 1 Arrest 2 Unfound 3 Exceptional | 1           | Exemption Type    | 2 Arrest of Primary Offense Secondary Offense Without Prosecution |
| State Attorney Information    |             | 3 Death of Offender 4 With Refused 5 Prosecution Did To Complete 6 Jur Ats County | 1                                | Adult Juv   | 1                 | APR                                                               |
|                               |             | Date Closed                                                                       | 07/15/89                         | APR         | 1                 | 07/15/89                                                          |
|                               |             | State Attorney                                                                    | 07/15/89                         |             |                   |                                                                   |



## SUPPLEMENT/CONTINUATION

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                 |     |                                           |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|-----|-------------------------------------------|
| ADMIN.                 | Agency Off. Number<br>FLO 5 2 0 8 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Agency Name<br>LARGO POLICE<br>DEPARTMENT | 1 On<br>2 Sub 2 | JUV | Agency Report Number<br>8 9 - - - 6 4 4 0 |
|                        | Offense Description<br>ACC HOMICIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Location<br>4017 ANDERSON DR.             | Victim Name     |     |                                           |
| NARRATIVE/CONTINUATION | <p>UPON MY ARRIVAL AT THE SCENE I SPoke TO THE U-1 (CAGAYL HAYAN) SHE STATED SHE'S SURE THAT THE PERSON THAT BROKE INTO HER HOUSE WAS HER NEIGHBOR (A-1) - KENNEDY. SHE WENT ON TO SAY THAT THE MAN WAS THE SAME AND HIS VOICE SOUNDED THE SAME. SHE STATED THAT A-1'S PANTS WERE COMPLETELY OFF AND WHEN HE PUT HIS PANTS BACK ON SHE NOTICED THAT THE BELT BUCKLE WAS JUST LIKE THE TYPE A-1 WEARS, HE WAS ALSO WEARING A TANK TOP AND A-1 ALWAYS WEARS TANK TOPS. WHEN HER BOYFRIEND CAME IN AND THEY BEGAN TO FIGHT THE SUSPECT (A-1) ATTEMPTED TO GO OUT THE SIDE GLASS DOOR. THEY TOLD HIM AS THEY WERE BEING HELD AT KNIFEPOINT THAT IT IS LOCKED AND TO GO OUT THE FRONT DOOR. U-1 STATED THAT THE SUSPECT ALWAYS USES THE SLIDING GLASS DOOR WHEN HE COMES OVER AND NOT THE FRONT DOOR. AND SHE HAS SEEN HIM GO BACK A FEW TIMES IN OTHER PEOPLE'S YARDS. U-1 FELT IT WAS UNUSUAL FOR THE SUSPECT TO GO OUT THE SIDE DOOR WHEN THE FRONT DOOR WAS UNLOCKED, UNLESS HE WAS USED TO USING THE SIDE DOOR. U-1 SAID TO U-2 "I THINK IT WAS KENNEDY (A-1)" U-2 AGREED. U-2 WAS TRANSPORTED TO THE HOSPITAL AND WAS LATER INTERVIEWED. I WENT OUTSIDE AND SPOKE TO A-1 SINCE HE WAS STANDING AROUND. HE ACTED VERY NERVOUS AND I COULD TELL THROUGH HIS SHIRT THAT HE HAD A RAPID HEART BEAT. I GOT THE BASIC INFO ON HIM AND TOLD HIM THAT WE WERE GETTING INFO ON EVERYONE THAT WAS IN OR AROUND THE AREA. I TURNED THE INFO OVER TO OFFER LAUIGNE. I THEN LEFT THE SCENE. LATER THAT NIGHT I WAS ADVISED THAT A-1 WAS ARRESTED BECAUSE THEY GOT A POSITIVE ID ON HIM FROM U-2. A-1 WAS BROUGHT TO LPD. OFFER LAUIGNE AND MYSELF INTERVIEWED THE SUSPECT. OFFER LAUIGNE READ HIM HIS RIGHTS (CARD) AND THE SUSPECT REFUSED TO TALK TO US HE SAID HE WOULD COOPERATE BUT WOULD NOT MAKE OR WRITE ANY STATEMENTS SINCE HIS LAWYER TOLD HIM SO THE LAST TIME HE WAS ARRESTED. THE SUSPECT WAS PLACED BACK INTO THE HOLDING CELL. OFFER JOHNSON AND MYSELF WENT BACK TO THE SUSPECT AND ASKED HIM IF HE COULD GET SOME SAMPLES OF HIS PUBIC/HEAD HAIR FOR COMPARISONS. WE ALSO ADVISED HIM THAT IF HE DID NOT WANT TO CONSENT THEN IT WAS OK THAT HE DIDN'T HAVE TO. HE SAID "GO AHEAD IT MAY PROVE MY INNOCENCE." I WITNESSED OFFER LAUIGNE PULL THE HAIRS AND PUT THEM IN A PLASTIC BAG, WHICH WAS LATER TEST SERIED. NPI</p> |                                           |                 |     |                                           |
|                        | <p>Scene Proc ? By</p> <p>Officer Reporting <i>[Signature]</i> ID Number <i>47/10012</i> Unit <i>R-8</i> Date <i>7-1-87</i></p> <p>Officer Receiving/Att App <i>[Signature]</i> ID Number <i>044/K65212</i> Route To <i>47/10012</i> Referred To <i>R-8</i> Assigned To <i>R-8</i> By <i>R-8</i> Date <i>7-1-87</i></p> <p>Case Status <i>Closed</i> Decision Type <i>1 Arrest 3 Unsub 2 Exception</i> Exception Type <i>1 Exclusion</i> Arrest of Primary Offense Secondary Offense <i>1 Death of Offender 2 1st Degree 3 Prejudicial Error To Convict 4 2nd Degree 5 3rd Degree</i> Date Cleared <i>10/1/1585</i></p> <p>State Attorney Information</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                 |     |                                           |
| ADMINISTRATION         | <p>Page 1 of 1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                 |     |                                           |



# SUPPLEMENT/CONTINUATION

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                         |                                         |                           |                                                                 |                                       |                                                                  |  |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------|-----------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------|--|
| ADMIN.                                           | Agency Name<br>LARGO POLICE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               | 1. Org. 2. Sup. 2                       |                                         | JUN                       |                                                                 | Agency Report Number<br>8191-01064410 |                                                                  |  |
|                                                  | Agency File Number<br>FD 520800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               | Offense Description<br>ATTEMPT HOMICIDE |                                         | Location<br>4017 ARSON DR |                                                                 | Victim Name<br>HAGAN                  |                                                                  |  |
| NARRATIVE/CONTINUATION                           | <p>On this date I responded to the above for a shooting that just occurred. Upon arrival, I spoke with a witness who was bleeding from two wounds from the chest. I requested FD to respond. The witness gave a brief synopsis of the events and stated he chose not to call the police. First E/A then S/A to a fence. I deployed K-9 units and began to track. We could only track where the witness stated he ran. We did not meet until the witness was located. K-9 units met with negative results. I then returned back to the scene.</p> <p style="text-align: center;">N/A</p> |                                                               |                                         |                                         |                           |                                                                 |                                       |                                                                  |  |
|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                         |                                         |                           |                                                                 |                                       |                                                                  |  |
| ADMINISTRATION                                   | Scene Proc ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               | By                                      |                                         | Photo Y-N                 |                                                                 | Latent Proc ?                         |                                                                  |  |
|                                                  | Officer(s) Reporting<br>OFC [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               | ID Number(s)<br>540041/0113             |                                         | Unit<br>K-9               |                                                                 | Date<br>7-15-89                       |                                                                  |  |
| Officer Reviewing (If Applicable)<br>[Signature] |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Route To                                                      |                                         | Referred To                             |                           | Assigned To                                                     |                                       | By                                                               |  |
| Case Status                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Clearance Type<br>1. Arrest 2. Unsubstantiated 3. Exceptional |                                         | Exception Type<br>1. Exemption Declined |                           | Arrest of Primary Offense Secondary Offense without Prosecution |                                       | Death of Offender<br>1. Refused To Cooperate 2. Juvenile Custody |  |
| State Attorney Information                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date Cleared                                                  |                                         | Date Cleared                            |                           | Date Cleared                                                    |                                       | Date Cleared                                                     |  |
|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Page 1 of 1                                                   |                                         | Page 1 of 1                             |                           | Page 1 of 1                                                     |                                       | Page 1 of 1                                                      |  |