

PERSON(S) REPORT

Agency Name LARGO POLICE DEPARTMENT		1. Orig. ☐ 2. Sup. ☐		JUV ☐		Agency Report Number 819 10010161140	
Agency Off. Number FLD 5 2 0 8 0 0							

CODES	Person Code: V-Victim W-Witness C-Reporting Person L-Law Enforcement		S-Suspect A-Arrestee P-Proprietor O-Owner E-Escapee		M-Missing R-Recovered Missing Z-Other		Victim Type: 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 7. Other		Race: W-White B-Black U-Unknown		M-Mexican Indian O-Other Asian		Sex: M-Male F-Female U-Unknown		Residence Type: 1. City 2. County		3. Rural 4. Out-of-State		Resid. Status: 1. Full Time 2. Part Time 3. Non-Resident	
	Name (Last, First, Middle, or Business) Raulson David																					
	Permanent Address City State Zip										Res. Phone ()											
	Occupation 2.0										Business/School/Local Address Largo PD 100 E Bay Dr Largo FL										Bus. Phone (813) 5876717	
PERSON	Synopsis of Involvement																					
	Synopsis (Cont.)																					
	Co-op? y																					
	Name (Last, First, Middle, or Business)																					
PERSON	Permanent Address City State Zip										Res. Phone ()											
	Occupation										Business/School/Local Address Address										Bus. Phone ()	
	Synopsis of Involvement																					
	Synopsis (Cont.)																					
PERSON	Co-op?																					
	Name (Last, First, Middle, or Business)																					
	Permanent Address City State Zip										Res. Phone ()											
	Occupation										Business/School/Local Address Address										Bus. Phone ()	
SUBJECT	Synopsis of Involvement or Charge:																					
	Synopsis (Cont.) or Date/Time/Location of Arrest																					
	Co-op?																					
	AKA																					
SUBJECT	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	Name (Last, First, Middle, or Business)																					
	Permanent Address City State Zip										Res. Phone ()											
	Occupation										Business/School/Local Address Address										Bus. Phone ()	
	Synopsis of Involvement or Charge:																					
SUBJECT	Synopsis (Cont.) or Date/Time/Location of Arrest																					
	Co-op?																					
	AKA																					
	Social Sec. No./Other ID Numbers																					
SUBJECT	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: 3. Involuntary 6. Voluntary Adult 1. Runaway 4. Disabled 7. Unknown 2. Parental 5. Endangered 8. Disaster Victim																					
	Foul Play Suspected?		Missing Before?		Fingerprints Avail?		Photos Avail?		Dental Records Av?		MCK 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: 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 [Signature] ID Number(s) 0387 819188 Unit 100 Date 7/19/89 Page 4 of 9																						

PERSON(S) REPORT

Agency Name

LARGO
POLICE DEPARTMENT

1. Orig.
2. Sup.

JUV

Agency Report Number

81910001611410

CODES

Person Code: V-Victim W-Witness C-Reporting Person L-Law Enforcement	S-Suspect A-Arrested P-Prosecutor O-Owner E-Escapee	M-Missing R-Recovered Missing Z-Other	Victim Type: 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 7. Other	Race: W-White B-Black O-Other	1. American Indian 2. Chinese 3. Other	Sex: M-Male F-Female U-Unknown	Residence Type: 1. City 2. County 3. Florida 4. Out of State	Resident Status: 1. Full Time 2. Part Time 3. Non-Resident
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PERSON

Name (Last, First, Middle, or Business) Crosby Howard		Date of Birth
Permanent Address City State Zip		Res. Phone
Occupation P.O.	Business/School/Local Address 100 E Bay Dr Largo FL 34640	Bus. Phone (813) 5876717
Synopsis of Involvement		Co-op?
Synopsis (Cont.)		

PERSON

Name (Last, First, Middle, or Business) Rich John		Date of Birth
Permanent Address City State Zip		Res. Phone
Occupation P.O.	Business/School/Local Address 100 E Bay Dr Largo FL 34640	Bus. Phone (813) 5876717
Synopsis of Involvement		Co-op?
Synopsis (Cont.)		

PERSON

Name (Last, First, Middle, or Business) Nelson Thomas		Date of Birth
Permanent Address City State Zip		Res. Phone
Occupation P.O.	Business/School/Local Address 100 E Bay Dr Largo FL 34640	Bus. Phone (813) 5876717
Synopsis of Involvement or Charge		Co-op?
Synopsis (Cont.) or Date/Time/Location of Arrest		

SUBJECT

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

PERSON

Name (Last, First, Middle, or Business) Hollingsworth Paul		Date of Birth
Permanent Address City State Zip		Res. Phone
Occupation P.O.	Business/School/Local Address 100 E Bay Dr Largo FL 34640	Bus. Phone (813) 5876717
Synopsis of Involvement or Charge		Co-op?
Synopsis (Cont.) or Date/Time/Location of Arrest		

SUBJECT

AKA		Social Sec. No./Other ID Numbers	
Height	Weight	Eye Color	Hair Color
Clothing		Hair Length	Hair Style
Words/Actions/Modus Operandi		Complexion	Build
Scars/Marks/Tattoos		Facial Hair	Method of Travel
		FCIC/NCIC	

MISSING

Incident Type: 1. Runaway 2. Parental	3. Involuntary 4. Disabled 5. Endangered	6. Voluntary Adult 7. Unknown 8. Disaster Victim	Foul Play Suspected?	Missing Before?	Fingerprints Avail?	Photos Avail?	Dental Records Avail?	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 Frequent								
Other Information								
Recovery Information: 1. Voluntary 2. Located 3. Hospitalized 4. MPO Custody		5. Law Enforcement Custody 6. Returned to Parent		Date		Time		Signature
Officer(s) Reporting		ID Number(s)		Unit		Date		Page
[Signature]		0138/EV/162		1213		7/15/89		31019

PERSON(S) REPORT

Agency Name

Agency OR# Number		Agency Name		1. Orig.		2. Sup.		Agency Report Number												
FLO 5 2 0 8 0 0		LARGO POLICE DEPARTMENT		1		1		8 9 0 0 0 6 1 1 0												
CODES	Person Codes		Suspect		Missing		Victim Type		Race		Sex		Residence Type		Resident Status					
	V-Victim W-Witness C-Reporting Person L-Law Enforcement		S-Suspect A-Arrested P-Proprietor O-Owner E-Escapes		M-Missing R-Recovered Missing Z-Other		1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 7. Other		N-NA W-White B-Black U-Unknown		M-Male F-Female U-Unknown		1. City 2. County 3. Florida 4. Out-of-State		1. Full Year 2. Part Year 3. Non-Resident			
PERSON	Per. Cd. #		Name (Last, First, Middle, or Business)								Race		Sex		Date of Birth		Age			
	2-1-1		Barfield Aaron Andrew								W		M		0 1 4 2 1 6 1 8 1 9		9 1 8			
	Permanent Address		City								State		Zip		Res. Phone					
	4017 Audobon Dr		Largo								FL		34640		(813) 538962					
	Occupation		Business/School/Local Address								Address		Bus. Phone							
none		none												() none						
Res. Type		Res. Stat.		Vic. Type		Relation		Extent of Injury		Injury Type		Synopsis of Involvement								
1-1		1-1		0		0-8		0		0		asleep in next room								
Synopsis (Cont.)																Co-op?				
PERSON	Per. Cd. #		Name (Last, First, Middle, or Business)								Race		Sex		Date of Birth		Age			
	2-1-2		Stewart David Lewis								W		M		1 1 2 1 1 9 1 6 1 0		2 1 9			
	Permanent Address		City								State		Zip		Res. Phone					
	4613 Audobon Dr		Largo								FL		34640		(813) 5355320					
	Occupation		Business/School/Local Address								Address		Bus. Phone							
none		none												() none						
Res. Type		Res. Stat.		Vic. Type		Relation		Extent of Injury		Injury Type		Synopsis of Involvement								
1-1		1-1		0		1-8		0		0		with V before V								
Synopsis (Cont.)		entered home														Co-op?				
PERSON	Per. Cd. #		Name (Last, First, Middle, or Business)								Race		Sex		Date of Birth		Age			
	2-1-1		McMullen Steve								W		M							
	Permanent Address		City								State		Zip		Res. Phone					
	K-9 P.O.		Largo P.D.								100 E Bay Dr		Largo FL		(813) 587-6717					
	Occupation		Business/School/Local Address								Address		Bus. Phone							
K-9 P.O.		Largo P.D.								100 E Bay Dr		Largo FL		(813) 587-6717						
Res. Type		Res. Stat.		Vic. Type		Relation		Extent of Injury		Injury Type		Synopsis of Involvement or Charge								
1-1		1-1		0		0		0		0		Tracked trail of								
Synopsis (Cont.) or Date/Time/Location of Arrest		Suspect														Co-op?				
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. #		Name (Last, First, Middle, or Business)								Race		Sex		Date of Birth		Age			
	2-1-2		Jones Steve								W		M							
	Permanent Address		City								State		Zip		Res. Phone					
	I.D. Tech P.O.		Largo P.D.								100 E Bay Dr		Largo FL		(813) 5876717					
	Occupation		Business/School/Local Address								Address		Bus. Phone							
I.D. Tech P.O.		Largo P.D.								100 E Bay Dr		Largo FL		(813) 5876717						
Res. Type		Res. Stat.		Vic. Type		Relation		Extent of Injury		Injury Type		Synopsis of Involvement or Charge								
1-1		1-1		0		0		0		0		I.D. Tech responded								
Synopsis (Cont.) or Date/Time/Location of Arrest		to process crime scene														Co-op?				
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:		3 Involuntary		8 Voluntary Adult		Foul Play Suspected?		Missing Before?		Fingerprints Aved?		Photos Aved?		Dental Records Av.?		MCIC 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:		0 Not Found		3 Hospitalized		6 Law Enforcement Custody		7 Deceased - 1/1		Date		Time		Location Found						
1 Voluntary		2 Located Not Returned		4 Not in Custody		8 Returned to Parent		9 Other												
Officer(s) Reporting		ID Number(s)		Unit		Date		Page		Page										
[Signature]		0137/119482		123		7/15/89		21019												

OFFENSE INCIDENT REPORT

Agency Name		LARGO POLICE DEPARTMENT		Agency Report Number		8191-101-64410	
Description		Att Homicide		Status Violation Number		718210421001	
Reported Day		Date		Time (MIL)		Time Dispatched	
SAT		07/15/89		0039		0039	
Time Arrived		Time Completed		Weather		Lighting	
0041		0700		Clear		Indoor	
Incident Type		Incident Day		Date		Time (MIL)	
2. Misdemeanor & Ordinance		SAT		7/15/89		0001	
1. Felony		Day		Date		Time (MIL)	
2. Traffic Felony		SAT		7/15/89		0001	
Incident Location Street		City		Zip		Type Location	
4017 Audobon Dr		Largo		34640		03	
Business Name/Area Identifier		Occupancy		Alcohol Related?		Drug Related?	
N/A		1 Occupied		N		N	
# Offenses		# Victims		# Offenders		# Veh. Stolen	
5		2		1		0	
Type Weapon		Apparent Motive		Modus Operandi			
05		Sexual Act		Threatened to kill baby			
Point of Entry		Point of Exit		Method of Entry		Tools Used	
Front door		Front door		unlocked		none	
Target						bedroom	
Person Code		S-Suspect		M-Missing		Victim Type	
V-Victim		A-Arrested		R-Recovered		0. N/A	
W-Witness		P-Proprietor		Missing		1. Juvenile	
C-Reporting Person		O-Owner		Z-Other		2. L.E. Officer	
L-Law Enforcement		E-Escapee				3. Adult	
Race		Sex		Date of Birth		Age	
W		F		03/29/69		210	
Permanent Address		City		State		Zip	
4017 Audobon Dr		Largo		FL		34640	
Occupation		Business/School/Local Address		Address		Res. Phone	
None		None				(813) 538-4962	
Res. Type		Res. Stat.		Vic. Type		Relation	
1		1		3		05	
Extent of Injury		Injury Type		Synopsis of Involvement		Co-op?	
0		00		victim of sexual Act		Y	
Synopsis (Cont.)							
forced							
Per. Cd.		Name (Last, First, Middle, or Business)		Race		Sex	
V11		Hagan Cheryl Lynn		W		F	
Permanent Address		City		State		Zip	
4017 Audobon Dr		Largo		FL		34640	
Occupation		Business/School/Local Address		Address		Res. Phone	
None		None				(813) 538-4962	
Res. Type		Res. Stat.		Vic. Type		Relation	
1		1		3		05	
Extent of Injury		Injury Type		Synopsis of Involvement		Co-op?	
0		00		was stabbed twice		Y	
Synopsis (Cont.)							
during fight							
Per. Cd.		Name (Last, First, Middle, or Business)		Race		Sex	
V12		Barfield Darrin Scott		W		M	
Permanent Address		City		State		Zip	
4017 Audobon Dr		Largo		FL		34640	
Occupation		Business/School/Local Address		Address		Res. Phone	
N/A		National Magazine				(813) 538-4962	
Res. Type		Res. Stat.		Vic. Type		Relation	
1		1		3		05	
Extent of Injury		Injury Type		Synopsis of Involvement		Co-op?	
02		02		was stabbed twice		Y	
Synopsis (Cont.)							
during fight							
Per. Cd.		Name (Last, First, Middle, or Business)		Race		Sex	
A11		Herrick Kevin Richard		W		M	
Permanent Address		City		State		Zip	
4015 Audobon Dr		Largo		FL		34640	
Occupation		Business/School/Local Address		Address		Res. Phone	
lawn maint		Hilcrest mobil Home Park				(813) 535-1195	
Res. Type		Res. Stat.		Vic. Type		Relation	
1		1		0		18	
Extent of Injury		Injury Type		Synopsis of Involvement or Charge		Co-op?	
0		0		Identified by Darrin		Y	
Synopsis (Cont.) or Date/Time/Location of Arrest							
and Cheryl as the offender							
AKA		Social Sec. No./Other ID Number(s)		593		12 4402	
Height		Weight		Eye Color		Hair Color	
61		200		blue		brown	
Clothing		Scars/Marks/Tattoos		Method of Travel		Facial Hair	
Jeans Red Striped shirt		Shila on rt upper arm		Foot		unshaven	
Words/Actions/Modus Operandi							
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							
Officer(s) Reporting		ID Number(s)		Unit		Date	
B. J. [Signature]		0138/549482		123		7/15/89	
Officer Reporting (If App)		ID Number		Route To		Assigned To	
S. J. [Signature]		044/165311		SAD/Dire. Lavigne		By	
Case Status		Clearance Type		Exception Type		Arrest of Primary	
Closed		1. Arrest 2. Unsubstantiated		1. Exclusion 2. Arrest of Primary		Arrest of Primary	
State Attorney Information		7/19/89 2:03 10:00					
Invest CPO							

OFFENSE INCIDENT REPORT

Agency Name

Agency Call Number 05208000		LARGO POLICE DEPARTMENT		JUN		Agency Report Number 819100064410																	
Description Att Homicide		A-Attempted C-Committed		Statute Violation Number 71821042191		CS Code 9120A																	
Reported Day SAT		Date 07/15/89		Time (MIL) 010319		Time Dispatched 010319		Time Arrived 010411		Time Completed 010700		Weather Clear		Lighting Indoor									
Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic 5. Other		Incident Day SAT		Date 7/15/89		Time (MIL) 0001		Day SAT		Date 7/15/89		Time (MIL) 0015		Type Security NIA									
Incident Location Street 4017 Audobon Dr		City Largo		Zip 34640		Type Location 03		Grid 361		Area 123		Code											
Business Name/Area Identifier NIA		Occupancy: 0 N/A 1 Occupied		2 Unoccupied 3 Abandoned		11		Alcohol Related? N		Drug Related? N													
# Offenses 5		# Victims 2		# Offenders 1		# Veh. Stolen 10		Type Weapon 05		Apparent Motive Sexual Act		Modus Operandi Threatened to kill baby											
Perpetrator: 0. N/A 1. Yes		# Prem. Ent. 11		Point of Entry Front door		Point of Exit Front door		Method of Entry unlocked		Tools Used none		Target bedroom											
Person Code: V-Victim W-Witness C-Reporting Person L-Law Enforcement		S-Suspect A-Arrestee P-Proprietor O-Owner E-Escapee		M-Missing R-Recovered Missing Z-Other		Victim Type: 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 7. Other		Race: N-N/A W-White B-Black U-Unknown		Sex: M-Male F-Female U-Unknown		Residence Type: 0. N/A 1. City 2. County 3. Florida 4. Out-of-State		Resident Status: 0. N/A 1. Full Year 2. Part Year 3. Non-Resident							
Per. Cd. # V11		Name (Last, First, Middle, or Business) Hagan Cheryl Lynn		City Largo		State FL		Zip 34640		Res. Phone (813) 538-4962		Age 210											
Permanent Address 4017 Audobon Dr		Business/School/Local Address none		Address none		Res. Type 1		Res. Stat. 1		Vic. Type 3		Relation 05		Extent of Injury 0		Injury Type 00		Synopsis of Involvement victim of sexual Act		Co-op? y			
Synopsis (Cont.) forced		Per. Cd. # V12		Name (Last, First, Middle, or Business) Barfield Darrin Scott		City Largo		State FL		Zip 34640		Res. Phone (813) 538-4962		Age 213									
Permanent Address 4017 Audobon Dr		Business/School/Local Address National Magazine		Address none		Res. Type 1		Res. Stat. 1		Vic. Type 3		Relation 05		Extent of Injury 02		Injury Type 02		Synopsis of Involvement was stabbed twice		Co-op? y			
Synopsis (Cont.) during fight		Per. Cd. # A11		Name (Last, First, Middle, or Business) Herrick Kevin Richard		City Largo		State FL		Zip 34640		Res. Phone (813) 535-1195		Age 212									
Permanent Address 4015 Audobon Dr		Business/School/Local Address Hilcrest mobile home Park		Address none		Res. Type 1		Res. Stat. 1		Vic. Type 0		Relation 18		Extent of Injury 0		Injury Type 0		Synopsis of Involvement or Charge: Identified by Darrin		Co-op? y			
Synopsis (Cont.) or Date/Time/Location of Arrest and Cheryl as the offender		AKA		Social Sec. No./Other ID Number(s) 593 12 4402		Height 61		Weight 200		Eye Color blue		Hair Color brown		Hair Length collar		Hair Style curly		Complexion med		Build med		Facial Hair unshaven	
Clothing Jeans Red Striped shirt		Scars/Marks/Tattoos Scar on rt upper arm		Method of Travel Foot		Words/Actions/Modus Operandi		FIC/NCIC															
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																							
Officer(s) Reporting Sgt. [Signature]		ID. Number(s) 044/165312		Route To SAD/Dt. Lavigne		Date 7/15/89		Unit 123		By [Signature]		Date 7/15/89											
Case Status Closed		Charges Type 1. Arrest 2. Unsubstantiated 3. Exceptional		Exception Type 1. Arrest of Primary Offense Secondary Offense Without Prosecution		2. Arrest of Primary Offense Secondary Offense With Prosecution		3. Arrest of Primary Offense Secondary Offense With Prosecution		4. Arrest of Primary Offense Secondary Offense With Prosecution		5. Arrest of Primary Offense Secondary Offense With Prosecution		6. Arrest of Primary Offense Secondary Offense With Prosecution		7. Arrest of Primary Offense Secondary Offense With Prosecution		8. Arrest of Primary Offense Secondary Offense With Prosecution		9. Arrest of Primary Offense Secondary Offense With Prosecution		10. Arrest of Primary Offense Secondary Offense With Prosecution	
State Attorney Information Invest CPO		7/19/89		2013		10:00		8. Ver. Rec. -0-		Page 1017													