

NI-1-1-88

FLORIDA OFFENSE / INCIDENT REPORT

Agency ORI Number

Agency Name

Agency Report Number

Juvenile

FLO 5 2 0 3 0 0

CLEARWATER P.D.

8806026

Incident Date (MDY) 02-27-88 Time (Mil.) 1245 Day SAT TO Date Reported (MDY) 02-27-88 Time (Mil.) 1245 Day SAT

Incident Type 1. Felony 2. Misdemeanor 3. Ordinance 4. Non-Criminal

Type 4 Incident Description ASSIST CITIZEN INFORMATION ONLY Statute Violation Attempt

Incident Location (Street, Apt. Number) 551 N. SATURN AVE (City) CLWR Zip Code 34625

Business Name/Area Identifier HACIENDA GARDENS Grid # 2883 CT # 459

Structure Occupied 1. N/A 2. Occupied 3. Unoccupied 4. Abandoned 5. Under Construction 6. Force Used 1. Yes 2. No 7. Number Of 8. Victims 9. Offenders 10. Prem. Ent. 11. Veh. Stolen 12. Type of Weapon 1. N/A 2. Firearm 13. 4. Other Dangerous Weapon 14. 5. Hands, Fists, Feet 15. 1

Location Type 1. Residence - Single Occ. 2. Other Residence 3. Convenience Store 4. Gas Station 5. Liquor Sales/Bar 6. Supermarket 7. Drug Store 8. Bank/Financial Inst. 9. Office Building 10. Industrial/Mfg. 11. Storage 12. Other Commercial 13. Government Bldg. 14. Public Bldg. 15. Air/Bus/Rail Term. 16. Other Structure 17. Parking Lot 18. Highway/Roadway 19. Motor Vehicle 20. Other Mobile 21. Other 01

Victim/Witness Code V. Victim L. Law Enforc. Officer R. Reporting Person W. Witness O. Owner X. Other Victim Type 1. N/A 2. Individual 3. Business 4. Gov't 5. Church 6. Other Residence Type 1. N/A 2. City 3. County 4. Florida 5. Out-Of-State Residence Status 1. N/A 2. Full Year 3. Part Year 4. Transient 5. Non-Res. Race N. N/A W. W. White B. Black I. Amer. Indian O. Oriental/Asian U. Unknown Sex N.A. M. Male F. Female U. Unknown Extent of Injury 1. None 2. Minor 3. Serious 4. Fatal Injury Type 1. N/A 2. Gunshot 3. Stabbed/Laceration 4. Unconscious 5. Possible Broken Bones 6. Possible Internal Injuries 7. Loss of Teeth 8. Burns 9. Abrasions/Contusions Victim Is, to Offender 1. N/A 2. Undetermined 3. Stranger 4. Spouse 5. Ex-Spouse 6. Co-Habitant 7. Parent 8. Brother/Sister 9. Child 10. In-Law 11. Other Family 12. Boyfriend/Girlfriend 13. Friend/Acquaintance 14. Neighbor 15. Employee/Employer 16. Landlord/Tenant 17. Other

Vic./Wit. Code/# R1 Name (Last, First, Middle or Business) MAXWELL, GARY D. Race W Sex M Date of Birth (MDY) 070455 Age 55 or Permanent Address (Street, Apt. Number) 507 EAST 5TH AVE #7 CHATTANOOGA TN (City) (State) Zip Residence Phone 61572674 Employer/School NONE Other Address (Street, Apt. Number) (City) (State) Zip Business Phone Place of Birth (City) (State) (Country) ID Type/Number Vic. Type Res. Type Res. Stat. Ext. of Inj. Injury Type(s) 1 5 5 1 001 0

Synopsis of Involvement REPORTED INFORMATION

Vic./Wit. Code/# Name (Last, First, Middle or Business) Race Sex Date of Birth (MDY) Age Permanent Address (Street, Apt. Number) (City) (State) Zip Residence Phone Employer/School Other Address (Street, Apt. Number) (City) (State) Zip Business Phone Place of Birth (City) (State) (Country) ID Type/Number Vic. Type Res. Type Res. Stat. Ext. of Inj. Injury Type(s) Victim Synopsis of Involvement

NARRATIVE RE REQUESTED P.O.'S ASSISTANCE TO GET HIS PERSONAL BELONGINGS FROM HACIENDA GARDENS, FOR FEAR OF BEING PHYSICALLY HARMED WHEN HE TRIED TO LEAVE

ADMINISTRATIVE Officer Reporting ZINGE, RICHARD ID Number 216 Date 02-27-88 Page 01 of 06 Case Status 2 UCR Clearance Status 1. Arrest/Adult 2. Arrest/Juvenile 3. Exceptional/Adult 4. Exceptional/Juvenile 5. Unfounded Date Cleared (MDY) OBTS Number Related Report Number Officer Reviewing (If Applicable) Sgt Gentile Det. Assigned State Attorney Information INTELLIGENCE

NI-1-001-88

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