

# NARRATIVE REPORT

1. Offense  2. Arrest  Juvenile  1. Original  2. Supplement

Agency ORI Number  
FLD 5,9,05,0,0

Agency Name  
SANFORD POLICE DEPT

Agency Report Number  
0,0,12-50001,300

Original Date Reported  
2/20/12

Case Reference

NAME: [REDACTED] D.L.#: [REDACTED]  
 ADDRESS: [REDACTED] HGT: [REDACTED]  
 D.O.B.: [REDACTED] WGT: [REDACTED]  
 SS#: [REDACTED] EYES: [REDACTED]  
 PHONE: [REDACTED] HAIR: [REDACTED]  
 CITY: Sanford

I was sitting on my sofa watching tv with my fiance with the door open to the back porch. All of a sudden we heard people scuffling in the back area for a few seconds. Then we heard someone screaming for help at least 20 times. We both were making our way upstairs with 911 on the phone when we heard a loud pop of an m. We stayed upstairs until we heard cops outside.

Signature of person making statement  
Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Law Enforcement Officer or Notary

Report Contains		Related Report Number(s)	
Officer(s) Reporting <i>M. WARNER</i>	ID. Number(s)	Unit	Date
Officer Reviewing (if Applicable)	ID. Number	Routed To	Referred To
Assigned To	By	Date	
Case Status	Clearance Type 1. Arrest 3. Unfounded 2. Exceptional	A-Adult J-Juvenile	Date Cleared
Exception Type 1. Extradition Declined	2. Arrest or Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. W/W Refused to Cooperate	5. Prosecution Declined 6. Juvenile / No Custody
Arrest Number	OBTS Number	Page	Page