

NICEVILLE POLICE DEPARTMENT ARREST REPORT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------------------|--|--|--|--|---|--|--|--|---|--|--------------------|--|--|--|--|--|---|--|-----------------------------|--|---|--|------------------------|--|-----------|--|
| CASE NUMBER | | | | | | | | | | AGENCY ORI NUMBER | | | | | | | | | | <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE | | | | | | | | | | | |
| FULL NAME (Last, First, Middle) MANDEL, MIKE ERON | | | | | | | | | | DRIVER'S LICENSE NO & STATE M534545763110/FL | | | | | | | | | | SEX M | | RACE W | | DATE OF BIRTH 08 31 1976 | | | | | | AGE 34 | |
| AKA / NICKNAME / MAIDEN N/A | | | | | | | | | | SOC SEC NO [REDACTED] | | | | | | | | | | HEIGHT 5'11" | | WEIGHT 205 | | COLOR OF EYES BROWN | | | | COLOR OF HAIR BROWN | | | |
| ADDRESS (STREET, APT. NUMBER) 116 ALAN A DALE ST, NICEVILLE, FL 32578 | | | | | | | | | | PERMANENT ADDRESS (IF APPLICABLE) N/A | | | | | | | | | | PHONE | | | | OCCUPATION SELF EMPLOYED | | | | | | | |
| SCARS, MARKS, TATTOOS, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION) RIGHT SHOULDER-SHARK, STOMACH-LIZARD | | | | | | | | | | PLACE OF EMPLOYMENT SELF | | | | | | | | | | | | | | | | | | | | | |
| NAME OF PARENTS / GUARDIAN IF APPLICABLE Not Applicable | | | | | | | | | | ADDRESS N/A | | | | | | | | | | PHONE NUMBER N/A | | | | | | | | | | | |
| NOTIFIED BY (NAME) N/A | | | | | | | | | | DATE N/A | | TIME (MIL) N/A | | JUVENILE DISPOSITION 1. Handled / Processed within Dept and Released 3. Incarcerated (County Jail) N/A | | | | | | | | | | | | | | | | | |
| RELEASED TO N/A | | | | | RELATIONSHIP N/A | | | | | DATE N/A | | TIME (MIL) N/A | | Signature of Defendant / Juvenile & Parent or Guardian | | | | | | | | | | | | | | | | | |
| COURT INFORMATION <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR | | | | | | | | | | COURT DATE | | | | | | | | | | COURT TIME | | COURT LOCATION | | | | | | | | | |
| CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PAU <input type="checkbox"/> FFS <input type="checkbox"/> ORD | | | | | | | | | | STATUTE NO | | | | | | | | | | SUB-SECTION | | CTS | | BOND AMOUNT CHARGE 1 | | BOND TYPE CHARGE 1 | | | | | |
| OUT OF COUNTY WARRANT | | | | | | | | | | 9 0 1 0 4 | | | | | | | | | | | | 0 1 | | \$ | | <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER | | | | | |
| CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PAU <input type="checkbox"/> FFS <input type="checkbox"/> ORD | | | | | | | | | | STATUTE NO | | | | | | | | | | SUB-SECTION | | CTS | | BOND AMOUNT CHARGE 2 | | BOND TYPE CHARGE 2 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | \$ | | <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER | | | | | |
| CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PAU <input type="checkbox"/> FFS <input type="checkbox"/> ORD | | | | | | | | | | STATUTE NO | | | | | | | | | | SUB-SECTION | | CTS | | BOND AMOUNT CHARGE 3 | | BOND TYPE CHARGE 3 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | \$ | | <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER | | | | | |
| CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PAU <input type="checkbox"/> FFS <input type="checkbox"/> ORD | | | | | | | | | | STATUTE NO | | | | | | | | | | SUB-SECTION | | CTS | | BOND AMOUNT CHARGE 4 | | BOND TYPE CHARGE 4 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | \$ | | <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER | | | | | |
| HOLD FOR FIRST APPEARANCE DO NOT BOND OUT REASON | | | | | | | | | | <input checked="" type="checkbox"/> HOLD FOR OTHER AGENCY WALTON AGENCY COUNTY VERIFICATION | | | | | | | | | | RELEASE DATE | | | | RELEASE TIME | | RELEASING OFFICER | | | | | |
| PLACE OF ARREST SR 20 AT NICEVILLE HIGH SCHOOL | | | | | | | | | | ZONE 01 | | DATE 09/08/10 | | | | TIME (MIL) 0454 | | LOCATION OF INCIDENT SR 20 AT NICEVILLE HIGH SCHOOL | | | | ZONE 01 | | | | | | | | | |
| WEAPON SEIZED / TYPE | | | | | | | | | | DRUG ACTIVITY | | | | | | | | | | N | | DRUG TYPE | | | | | | | | | |
| 00. Not Applicable 02. Rifle 05. Knife/Cutting Instrument 08. Explosive 01. Handgun 03. Shotgun 06. Blunt Object 09. Fire/Incendiary 04. Other Firearm 07. Poison 10. Simulated Weapon | | | | | | | | | | N-Not Applicable D-Deliver B-Buyer E-Use K-Dispense/Distribute M-Manufacture/Prod/Cut/valc P-Posses R-Smuggle S-Sell T-Traffic U-Unknown Z-Other | | | | | | | | | | | | N-Not Applicable M-Marjuana A-Amphetamine O-Opius/Oxycotin B-Barbiturat P-Paraphemalia C-Cocaine S-Synthetic E-Heroin U-Unknown H-Hallucinogen Z-Other | | | | | | | | | |
| RESIDENCE TYPE 1. City 3. Florida 2. County 4. Out of State | | | | | | | | | | INFLUENCE DRUG 1. Yes 2. No 3. Unknown | | INFLUENCE ALCOHOL 1. Yes 2. No 3. Unknown | | NUMBER CLEARED | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | 3 | | 3 | | 0 1 | | | | | | | | | | | | | | | | | |
| COMP. ARRESTANT DYANA CHASE | | | | | | | | | | ADDRESS WALTON COUNTY SO | | | | | | | | | | PHONE | | | | | | | | | | | |
| PROBABLE CAUSE (Be Specific) The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named defendant committed the following violation of law. (Locations, include Name of Business) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PER FCIC/NCIC HIT AND CONFIRMATION, MIKE ERON MANDEL HAS BEEN HELD, TRANSPORTED AND DELIVERED TO THE OKALOOSA COUNTY JAIL, CRESTVIEW FLORIDA, FOR THE WALTON COUNTY WARRANT. THEY HOLD AN ACTIVE WARRANT FOR AN ATTEMPT TO OBTAIN CONTROLLED SUBSTANCE BY FRAUD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I swear that the above statement is correct and true to the best of my knowledge and belief. | | | | | | | | | | Sworn to and subscribed before me, the undersigned authority this | | | | | | | | | | The Court reviewed this advisory and finds that there <input type="checkbox"/> is <input type="checkbox"/> is no probable cause to hold and bind over the defendant for trial. | | | | | | | | | | | |
| [Signature] Officers / Complainant Signature | | | | | | | | | | DATE <u>SEPT 8 2010</u> Name/Title of Person Authorized to Administer Oath: [Signature] 16 Full Time Law Enforcement Officer ID No | | | | | | | | | | Judge's Name Judge's Signature Date | | | | | | | | | | | |
| ROBERT W. STOVALL 015 | | | | | | | | | | Page <input type="checkbox"/> of <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| Officer / Complainant ID No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBTS NO. | | | | | | | | | | OCA NUMBER | | | | | | | | | | ENTERED NCIC FCIC | | | | | | | | | | | |

863-7834



WALTON COUNTY SHERIFF'S OFFICE WARRANT REQUEST FORM

661044002517

FELONY:

MM:

DEFENDANT: Mandel, Mike Erro

AGENCY CASE #: 10-002916

OFFENSE: attempt to obtain controlled substance by fraud

F.S.S.: 893.13(7)(a)9

LOCATION OF OFFENSE: Santa Rosa Pharmacy

DATE/ TIME: 05/24/2010 1430hrs

CO-DEFENDANT(S): N/A

COMPLAINANT: State of Florida (Inv. Dyana Chase)

ADDRESS: WCSO

HOME PHONE: _____

WORK PHONE: 350-892-8186

Complete and submit the following items with the intake cover sheet:



COMPLAINT



OFFENSE/ INCIDENT REPORT



OFFICER'S PROBABLE CAUSE STATEMENT



REPORT OF INTERVIEW(S) WITH WITNESS(S)

(may be incorporated in offense/ incident report or officer's probable cause statement)



REPORT OF INTERVIEW WITH DEFENDANT

(may be incorporated in offense/ incident report or officer's probable cause statement)



PHYSICAL/ DOCUMENT EVIDENCE (list):

EXJF-01: Counterfeit prescription

EXDC-01: Photo lineup of suspect

INVESTIGATING AGENCY: Walton County Sheriff's Office

OFFICER/ INVESTIGATOR: Dyana Chase

SUPERVISOR APPROVAL: Sgt. K. Bowling #6626 08/17/10

FOR STATE ATTORNEY OR COURT USE ONLY:

WARRANT RECOMMENDED:

SUMMONS RECOMMENDED:

INSUFFICIENT EVIDENCE:

INVESTIGATION INCOMPLETE:

ASA: [Signature]

DATE: 8/19/10

COMMENTS: _____

AUG 18 2010



MICHAEL A. ADKINSON, JR., SHERIFF
Office of the Sheriff, Walton County

August 27, 2010

Okaloosa County Sheriff's Office
Attn: Warrants Division
1250 Eglin Parkway
Shalimar, FL 32579

Dear Sheriff,

Subject: Mandel, Mike Eron W/M DOB: 08/31/76
Address: 4095 Raky St. Niceville, FL 32578

Enclosed is our warrant/ capias for the arrest of the above subject. If arrested, please notify this department by ORI #: FL0660001 or S66000006, by phone (850) 892-8111, or by fax (850) 892-9453.

If subject cannot post bond or has a no bond warrant, please place a hold on subject, and we will pick up.

Due to the increasing number of legal actions being brought against law enforcement officers by subjects being arrested, the Walton County Sheriff's Office cannot accept documents for service when a physical description is not provided. This information will help us in the apprehension of the wanted subject and will prevent an innocent person from incarceration. If this information can be provided, we will be happy to assist you.

Please call for a court date.

Thank You,
Leah R. McLeod
Leah R. McLeod
Warrants Division

WARRANT

STATE OF FLORIDA
vs. MIKE ERON MANDEL

Court Case Number

In Court WALTON, State of FLORIDA

To all and singular the Sheriffs of the State of FLORIDA
Whereas Inv. Diana Chase has made an oath that on the
24 day of May A.D., 2010 in the County of aforesaid on
MIKE ERON MANDEL
did unlawfully violate

893.13.7a9 <FRAUD> OBTAIN CONTROLLED SUBSTANCE BY

contrary to the law in such case and provided, and against the peace and dignity of the State of FLORIDA.

Bond Set By Judge

5,000

- None
- Cash
- Any
- Pro
- PtrIQ

- ROR/Sign
- PTR

Purge:

SC:

Hold Until: _____ or Hold Until Otherwise Directed

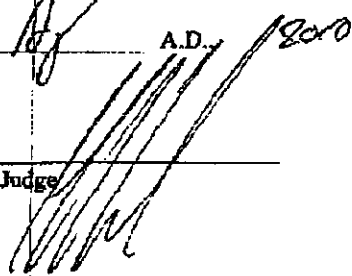
Recall On or After: _____

This Warrant is a command to ARREST instanter the above named
MIKE ERON MANDEL
and bring said person before the court to be dealt with according to law.

Given under my hand and seal this 27 day of May A.D., 2010

(seal)

Judge



08-26-10P02:45 RCYB

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR WALTON COUNTY, FLORIDA

WARRANT/OTTC AFFIDAVIT

WALTON COUNTY SHERIFFS OFFICE

REPORT NO: WCSO10ARR003128

| | | | |
|-----------------|-------------------------------|-----------------------------|------|
| Jail Booking No | Offense No WCSO10OFF002916 | Other No WCSO10CAD049301 | OBTS |
|-----------------|-------------------------------|-----------------------------|------|

[SUSPECT]

| | | | | | | | | | |
|-----------------------|----------------------|--|--------------|---------------------------------|-----------------|-------------------------|----------------------|---------------------|-----------------|
| <u>Last</u> MANDEL | <u>First</u> MIKE | <u>Middle</u> ERON | <u>Title</u> | <u>Race</u> W | <u>Sex</u> M | <u>DOB</u> 8/31/1976 | <u>Age</u> 33 | <u>Hgt</u> 5'11" | <u>Wgt</u> 0 |
| <u>Eyes</u> | <u>Hair</u> | <u>MNI Number</u> BRO WCSO10MNI006002 | <u>SSN</u> | <u>ID. No.</u> M534545763110 | <u>St</u> FL | <u>Type</u> | <u>OCA/Agency ID</u> | | |

Birth Location: City: County: State: Nation: Citizenship:
Address

4095 RAKY ST NICEVILLE FL 32578

Occupations (Current/Last Known is Listed First)

* none found in MNI *

Aliases (Last, First Middle Title DOB)

* none found in MNI *

Street Names

* none found in MNI *

[INCIDENT INFORMATION]

Occurred Date Range: 5/24/2010 04:30 to 5/24/2010 05:30 Lat / Long 30.34786 / -86.23023
No. Di Street Apt/Lot City ST Zip (GEO)
19 TOWN CENTER LOOP SANTA ROSA BEACH FL 32459 3 - 3B - DUNE -

[CHARGES]

893.13.7a9

FRAUD

OBTAIN CONTROLLED SUBSTANCE BY

| | | | | | | | |
|--------------------|------------------------|------------------------|-------------------------|------------|-------------|--------------------|--------------------|
| <u>Counts</u> 1 | <u>Level</u> Felony | <u>Degree</u> Third | <u>GOC</u> Principal | <u>UCR</u> | <u>NCIC</u> | <u>AON</u> 2699 | <u>Bond Amount</u> |
|--------------------|------------------------|------------------------|-------------------------|------------|-------------|--------------------|--------------------|

[STATEMENT OF PROBABLE CAUSE / NARRATIVE]

According to Certified and Registered Pharmacy Technician, Tammy Berger, of Santa Rosa Pharmacy, on May 24, 2010, Mike Eron Mandel presented a prescription for sixty (60) tablets of 30mg Adderall to be filled (exhibit# JF-01). After examining the prescription, Certified and Registered Pharmacy Technician, Pallas Dixon, of Santa Rosa Pharmacy determined that it was a photocopied prescription. The counterfeit prescription was under Emerald Coast Psychiatric Care, Dr. Victor F. deMoya, in Fort Walton Beach, Florida.

On July 21, 2010, Dr. deMoya was presented with the prescription that was passed at Santa Rosa Pharmacy. Dr. deMoya confirmed that it had been altered from the original prescription he issued. Additionally, Dr. deMoya commented that he has received multiple complaints, regarding similar incidents, involving the same individual.

Mike Eron Mandel was positively identified by Tammy Berger through the use of a photo line-up (exhibit# DC-01). Tammy Berger, Pallas Dixon, and Dr. Victor F. deMoya completed sworn Voluntary Statements regarding the incident.

Adderall is a brand-name for an Amphetamine mixture. Amphetamine (including any material, compound, mixture, or preparation which contains any quantity of Amphetamine) is a Schedule II Controlled Substance. This violation of Florida State Statute 893.13(7)(a)9 occurred in Walton County, Florida.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

Dyana Chase
Signature

CHASE, DYANA ALLISON
Name

V070
ID/SSN



**NICEVILLE POLICE DEPARTMENT
CALL HISTORY RECORD**

| | | | | | | | | | | | |
|--|---|----------------------------|-----------------------------------|--------|--------------------------------------|------------|-----------------------------------|--|-----------------------------------|---------------------|----------------------------------|
| DISPATCH TO LOCATION | | | | | | | | | | | |
| Address 800 E JOHN SIMS PKWY NICEVILLE HIGH SCHOOL 833-4114 X2[N CEDAR AV] | | | | | Apt / Lot | | | | | | |
| Cross Street N PALM BLVD | | | | | | | | | | | |
| City NICEVILLE | | Incorporated? No | State FL | County | Zip Code 32578 | | | | | | |
| Sectors 01 | Beat C-2 | | Box C-2 | | RunArea | RescueArea | District C-2 | Grid | SubGrid | Wrecker ALL | |
| LOCATION OF OCCURRENCE | | | | | | | | | | | |
| Address 800 E JOHN SIMS PKWY NICEVILLE HIGH SCHOOL 833-4114 X2[N CEDAR AV] | | | | | Apt / Lot | | | | | | |
| Cross Street N PALM BLVD | | | | | | | | | | | |
| City NICEVILLE | | Incorporated? No | State FL | County | Zip Code 32578 | | | | | | |
| Sectors 01 | Beat C-2 | | Box C-2 | | RunArea | RescueArea | District C-2 | Grid | SubGrid | | |
| Complaint Type / Call Nature T CRASH | | | Priority 1 | Weapon | Complainant | | | Phone Number | Ext | Contact 911 N | |
| Primary Unit 015 NPD | | BackUp Units 016 NPD | | | Dispatcher DKNESS | | | Disposition Codes (1) 0-0 (4) (2) (5) (3) (6) | | | |
| Incident Number NPD10CAD019456 | CALL DATES & TIMES (Note: Individual Unit Times & Close/Code Times are listed after the Call Notes) | | | | | | | | | | |
| | Received 09/08/2010 03:55:13 | | Shipped 09/08/2010 03:55:33 | | Dispatched 09/08/2010 03:55:37 | | Enroute 09/08/2010 03:55:37 | | Onscene 09/08/2010 03:55:51 | | Closed 09/08/2010 05:12:50 |
| CALL STATISTICS | | | | | | | | | | | |
| Create Time 00:00:20 | | | Hold Time 00:00:04 | | Rollout Time 00:00:00 | | Enroute Time 00:00:14 | | Onscene Time 01:16:59 | | |
| Dispatch Time 00:00:24 | | | Response Time 00:00:14 | | Total Call Time 01:17:37 | | | | | | |



NICEVILLE POLICE DEPARTMENT CALL HISTORY RECORD

SUBJECT RECORD

Date Added 09/08/2010 Time Added 04:42:48 Added By DKNESSE Subject Type

Last Name GATES First Name TERRY Middle Name LYNN Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
W M 10/16/1967 42 0'00" 0

SSN DL/ID Number State
G320812673760 FL

Description/Comments

Activity UNKNOWN Drinking Drugs Weapon Weapon Description

Extent of Injuries N/A Seat Belt Required? Airbag Installed? Childseat Used?
 Seat Belt Used? Airbag Deployed? Childseat Required?

Next of Kin

Notified? Notified by:

Allow Public Release of Information on this Subject? Approved for Release By:

SUBJECT RECORD

Date Added 09/08/2010 Time Added 04:43:17 Added By DKNESSE Subject Type

Last Name MANDEL First Name MIKE Middle Name ERON Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
W M 8/31/1976 34 0'00" 0

SSN DL/ID Number State
M534545763110 FL

Description/Comments

Activity UNKNOWN Drinking Drugs Weapon Weapon Description

Extent of Injuries N/A Seat Belt Required? Airbag Installed? Childseat Used?
 Seat Belt Used? Airbag Deployed? Childseat Required?

Next of Kin

Notified? Notified by:

Allow Public Release of Information on this Subject? Approved for Release By:



NICEVILLE POLICE DEPARTMENT CALL HISTORY RECORD

VEHICLE RECORD

Date Added 09/08/2010 Time Added 04:01:08 Added By DKNESS

State FL Tag Number EB58DZ Tag Year Description

VIN Year Make Model Color

Vehicle Type Vehicle Activity Crash Type

ROTATION TOW Company: NICEVILLE PAINT AND BODY, Date/Time: 09/08/2010 04:27:11, User: DKNESS, Area: ALL, Class: CRAS

Towed? Rotation? Requested? Other Tow Type Description of Other Tow Type

Abandoned? Cleared? Abandoned On Date/Time: Removal Due On Date/Time:

VEHICLE RECORD

Date Added 09/08/2010 Time Added 04:00:46 Added By DKNESS

State FL Tag Number L350WF Tag Year Description

VIN Year Make Model Color

Vehicle Type Vehicle Activity Crash Type

ROTATION TOW Company: GENE'S WRECKER SERVICE, Date/Time: 09/08/2010 04:28:17, User: DKNESS, Area: ALL, Class: CRAS

Towed? Rotation? Requested? Other Tow Type Description of Other Tow Type

Abandoned? Cleared? Abandoned On Date/Time: Removal Due On Date/Time:



**NICEVILLE POLICE DEPARTMENT
CALL HISTORY RECORD**

COLLISION DATA COLLECTION

Date Added: 09/08/2010 Time Added: 03:55:13 Added By: DKNES

Crash Type: W Personal Injuries: U

Location: 800 E JOHN SIMS PKWY x(N PALM BLVD) [NICEVILLE HIGH SCHOOL 833-4114 X2(N CEDAR AV)] [NICEVILLE]

Complainant: Complainant Phone:

Received: 03:55:13 Enroute: 03:55:37 Onscene: 03:55:51 Cleared: 03:55:51

Call Number: 015 Agency: NPD PerNo: NPD000PER000050

Remarks

Driver State Tag Number Tow Type
FL E858DZ R Rotation
Driver State Tag Number Tow Type
FL L350WF R Rotation

CALL NOTES

| Added By | Date | Time | Note |
|-----------|------------|----------|---|
| DKNES | 09/08/2010 | 03:57:12 | POSSIBLE INJURIES |
| DKNES | 09/08/2010 | 04:12:26 | HAD TO CUT CHAIN LINK FENCE FOR HELO TO LAND ON BB FIELD |
| DKNES | 09/08/2010 | 04:15:17 | WEST BOUND JOHN SIMS SHUT DOWN AT PALM |
| DKNES | 09/08/2010 | 04:27:11 | ROTATION TOW: NICEVILLE PAINT AND BODY (PH: (950)678-9596) FOR: FL E858DZ AREA: ALL CLASS: CRAS |
| DKNES | 09/08/2010 | 04:28:17 | ROTATION TOW: GENE'S WRECKER SERVICE (PH: (850)678-1205) FOR: FL L350WF AREA: ALL CLASS: CRAS |
| DKNES | 09/08/2010 | 04:31:22 | FHP WILL SEND DOT FOLKS TO CHECK OVERPASS |
| DKNES | 09/08/2010 | 04:42:43 | ONE LANE OF JOHN SIMS OPEN AT THIS TIME |
| DKNES | 09/08/2010 | 04:54:29 | W/M 10-15 |
| DKNES | 09/08/2010 | 04:57:01 | UNIT 15 ENROUTE TO PD WITH SUBJ MIL IS 67007 |
| DKNES | 09/08/2010 | 04:58:50 | 67007 ENDING MIL |
| SANDERSON | 09/08/2010 | 06:33:14 | LINK CREATED BETWEEN INCIDENT [NPD10CAD019466] AND INCIDENT [NPD10CAD019456] |

UNIT / CALL TIMES

| DATE | TIME | CALLNO | AGENCY | DESCRIPT | DISPATCHER |
|------------|----------|--------|--------|-----------|------------|
| 09/08/2010 | 03:55:37 | 015 | NPD | ENROUTE | DKNES |
| 09/08/2010 | 03:55:40 | 003 | NPD | ENROUTE | DKNES |
| 09/08/2010 | 03:55:51 | 015 | NPD | ONSCENE | DKNES |
| 09/08/2010 | 03:55:51 | 015 | NPD | REPORTING | DKNES |
| 09/08/2010 | 03:56:07 | 003 | NPD | ONSCENE | DKNES |
| 09/08/2010 | 04:54:21 | 016 | NPD | ENROUTE | DKNES |
| 09/08/2010 | 05:03:18 | 016 | NPD | ONSCENE | DKNES |
| 09/08/2010 | 05:06:06 | 003 | NPD | REMOVED | DKNES |
| 09/08/2010 | 05:12:50 | | | CLOSED | DKNES |
| 09/08/2010 | 05:12:52 | | | CODED | DKNES |

END OF CALL HISTORY RECORD



NICEVILLE POLICE DEPARTMENT

CALL HISTORY RECORD

| | | | | | | | | | | |
|-------------------------------------|------|--|-----------------|----------------------|----------------|---------------------|--------------------|--------------------------|---------------------|------------------------|
| DISPATCH TO LOCATION | | | | | | | | | | |
| Address | | | | | Apt / Lot | | | | | |
| 1200 E JAMES LEE BLVD | | | | | | | | | | |
| OKALOOSA COUNTY JAIL 689-5690 | | | | | | | | | | |
| Cross Street | | | | | | | | | | |
| AKA/ E HWY 90 | | | | | | | | | | |
| City | | Incorporated? | State | County | Zip Code | | | | | |
| CRESTVIEW | | No | FL | | 32539 | | | | | |
| Sectors | Beat | Box | | | RunArea | RescueArea | District | Grid | SubGrid | Wrecker |
| 02 | | | | | | | | | | ALL |
| LOCATION OF OCCURRENCE | | | | | | | | | | |
| Address | | | | | Apt / Lot | | | | | |
| 1200 E JAMES LEE BLVD | | | | | | | | | | |
| OKALOOSA COUNTY JAIL 689-5690 | | | | | | | | | | |
| Cross Street | | | | | | | | | | |
| AKA/ E HWY 90 | | | | | | | | | | |
| City | | Incorporated? | State | County | Zip Code | | | | | |
| CRESTVIEW | | No | FL | | 32539 | | | | | |
| Sectors | Beat | Box | | | RunArea | RescueArea | District | Grid | SubGrid | |
| 02 | | | | | | | | | | |
| Complaint Type / Call Nature | | | Priority | | Weapon | | Complainant | | Phone Number | |
| PRISONER TRANSPORT | | | 4 | | | | SPINELLA, OFFICER | | Ext Contact 911 | |
| | | | | | | | | | N | |
| Primary Unit | | BackUp Units | | | | Dispatcher | | Disposition Codes | | |
| 019 | | | | | | SANDERSON | | (1) 0-0 (4) | | |
| NPD | | | | | | | | (2) (5) | | |
| | | | | | | SANDERSON | | (3) (6) | | |
| Incident Number | | CALL DATES & TIMES (Note: Individual Unit Times & Close/Code Times are listed after the Call Notes) | | | | | | | | |
| NPD10CAD019456 | | Received | Shipped | Dispatched | Enroute | Onscene | Closed | | | |
| | | 09/08/2010 | 09/08/2010 | 09/08/2010 | 09/08/2010 | 09/08/2010 | 09/08/2010 | | | |
| | | 06:31:53 | 06:31:58 | 06:32:27 | 06:32:27 | 06:32:27 | 07:26:32 | | | |
| CALL STATISTICS | | Create Time | | Hold Time | | Rollout Time | | Enroute Time | | Onscene Time |
| | | 00:00:05 | | 00:00:29 | | 00:00:00 | | 00:00:00 | | 00:54:05 |
| | | | | Dispatch Time | | | | Response Time | | Total Call Time |
| | | | | 00:00:34 | | | | 00:00:00 | | 00:54:39 |



NICEVILLE POLICE DEPARTMENT

CALL HISTORY RECORD

SUBJECT RECORD

Date Added 09/08/2010 Time Added 06:33:17 Added By SANDERSON Subject Type SUSPECT

Last Name MANDEL First Name MIKE Middle Name ERON Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
W M 8/31/1976 0 BRO BRO 5'11" 200

SSN [REDACTED] DL/ID Number M534545763110 State FL

Description/Comments

Activity UNKNOWN
 Drinking Drugs Weapon
 Weapon Description

Extent of Injuries N/A
 Seat Belt Required? Airbag Installed? Childseat Used?
 Seat Belt Used? Airbag Deployed? Childseat Required?

Next of Kin

Notified? Notified by:

Allow Public Release of Information on this Subject? Approved for Release By:

SUBJECT RECORD

Date Added 09/08/2010 Time Added 06:32:17 Added By SANDERSON Subject Type COMPLAINANT

Last Name SPINELLA First Name OFFICER Middle Name Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
0 0 0 0

SSN DL/ID Number State

Description/Comments

Activity
 Drinking Drugs Weapon
 Weapon Description

Extent of Injuries
 Seat Belt Required? Airbag Installed? Childseat Used?
 Seat Belt Used? Airbag Deployed? Childseat Required?

Next of Kin

Notified? Notified by:

Allow Public Release of Information on this Subject? Approved for Release By:

CALL NOTES

| Added By | Date | Time | Note |
|-----------|------------|----------|---|
| SANDERSON | 09/08/2010 | 06:32:03 | SM: 52220 |
| SANDERSON | 09/08/2010 | 06:32:10 | 10-51 COUNTY JAIL WM 10-15 |
| SANDERSON | 09/08/2010 | 06:33:14 | LINK CREATED BETWEEN INCIDENT [NPD10CAD019466] AND INCIDENT [NPD10CAD019455] |
| SANDERSON | 09/08/2010 | 07:26:30 | EM: 52240 |