Fax Transmittal



Lake County Sheriffs Office 360 West Ruby Street Tavares, Florida 32778 Phone: 352-343-9500

Date:

08/18/2008

LAKE COUNTY PUBLIC WORKS

Attention:

TREEVA WALL

Case Number Faxed: 08-135401

Fax number:

669-2836

Number of pages

(Including this page)

From: LINDA COFFEY

Records Department

If you do not receive all pages, please notify the sender as soon as possible at: 352-343-9547 (Records Department)

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Printed: 08/13/2008 03:23 Agency Ori: FL0350000 Report: 08135401 OFFENSE INCIDENT REPORT --- LAKE COUNTY SHERIFFS OFFICE NF 623/300 COVER SHERT [INCIDENT TIMES]___ Reported Date Reported Time Unit Disp Arvd Clear 08/12/2008 2122 623 16:24 16:51 17:30 Incident Date/Time: Aug 12, 2008 1624 -0'0-Aug 12, 2008 1730 [INCIDENT LOCATION]_ Street City Zipcode Zone STATE PARK AT SWIFT RD DELAND 32720 [VICTIM INFORMATION]_. Victim Name: Street City Zipcode [OFFRNSRS]__ Off# DO Offense Description AT/CO Statute# UCR# 6 POLICE INFORMATION 777.7 7777 02 03 04 05 06

[UCR INFORMATION]____

Location Type #Victims #Offenders #Prem_Ent #Veh_Stolen Weapon_Type XXXXXXXXX XXX XXX XXX XXX XXX XXX Adult Arrests: 0 Juvenile Arrests: 0

[SYNOPSIS]_

07

[RKFORT ATTACHMENTS]__ JAKKIDAVIJ'S JBAKER ACT TRANSPORT]BOOKING WORKSHEET]CONSKNT TO SKARCH IDOMESTIC VIOLENCE WORKSHEET JINTAKK CHECKLIST JINTAKK WITNESS JINTENT TO PROSECUTE **JJCR** INO INTENT JPROPERTY RECKIPT]SAO JVEHICLE IMPOUNDED JVRHICLE STOLEN JVICTIMS RIGHTS IVICTIMS WITHES OTHER Ľ

SCANNED

[APPROVAL]_
Reporting Deputy
(623) HOLCOMH, R.
Approving Deputy
(300) HARDEN, S.

JEXEMPT FROM PUBLIC RECORD

Date of Report Aug, 12 2008 Date of Approval 2008-08-13 02:11:31

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Printed: 08/13/2008 03:23

Agency Ori: FL0350000

Report: 0B135401

OFFENSE INCIDENT REPORT -- LAKE COUNTY SHEELFES OFFICE

REPORT NARRATIVE

Evidence:

NON E

Crime Scene:

INTERVIEWED

Attachments:

NONE

Canvass Area:

N/A

Narrative:

ON 08/12/2008 I RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A CIVIL

UPON ARRIVAL I MADE CONTACT WITH OTHER ONE, WARREN POPLIN, WHO STATED OTHER TWO, MARTIN SMITH, AND THE STATE OF FLORIDA ARR ENGAGED IN CIVIL LITIGATIONS OVER THE OWNERSHIP OF THE PROPERTY LOCATED AT THE ENTRANCE OF THE STATE PARK OF SWIFT RD. OTHER ONE, WHO IS AN EMPLOYER OF THE DEPARTMENT OF ENVIRONMENTAL PROTECTION AND THE PARK MANAGER, POINTED OUT OTHER TWO HAD RUN A BARB WIRE FENCE ACHOES THE ROADWAY TO THE ENTRANCE OF THE PARK. OTHER TWO ALSO LEFT A CLOSED. OTHER ONE STATED THERE HAS ALREADY BEEN ONE REPORT GENERATED BY THIS AGENCY IN REFERENCE TO OTHER INCIDENTS INVOLVING OTHER TWO. OTHER ONE ASKED IN THIS COULD BE DOCUMENTED AND STATED HE WOULD BE REMOVING THE FENCE TO THE RINGE OTHER ONE REMOVED THE FENCE HE PLACED ALL THE FENCE WIRING AS WELL AS THE POST ON OTHER TWO S PROPERTY, WHICH IS IMMEDIATELY ALONG SIDE THE PARK ENTRANCE. OTHER TWO WAS NOT PRESENT AT THE

THIS REPORT WAS GENERATED FOR INFORMATION PURPOSES ONLY.

NOTHING FURTHER.

[APPROVAL]_
Reporting Deputy
(623) HOLCOMB, R.
Approving Deputy
(300) HARDEN, S.

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Date of Report Aug, 12 2008 Date of Approval

SCANNED

08/18/08 WOW 08:35 PAX 3523439540 E1-80-8008 IN CO SHERIFF DE

Printed: 08/13/2008 03:23

Agency Ori: FL0350000

Report: 08135401

OFFENSE INCIDENT REPORT -- LAKE COUNTY SHERIFFS OFFICE

INVOLVED PERSONS LIST

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Name: POPLIN, WARREN
                             DOB;
                                          Age:
   ARA:
    Related Crimes:
  Contact Information----
   Address: 1800 WRKIWA CIR APOPKA FI. 32712
   Mailing Address:
   Home Phone: 407-884-2008 Alt Phone:
  Personal Information----
   Race: W Sex: M Ethnicity: Height: Weight: Build: Complexion: Kye Color: Hair Color:
   Scars/Marks/Tatoos:
   Clothing/Description:
   SSN:
   License: State: EXP: CLASS: Birthplace - City: State/Country: Citizen:
   License:
   Comments:
  Employer Information----
   Employer:
   Address: Appt:
   Work Phone:
Name: SMITH, MARTIN
                             DOB: 12/06/1961 Age: 46
   AKA:
   Related Crimes:
  Contact Information
   Address: 1801 VICK RD APOPKA FL 32715
   Mailing Address:
 Race: W Sex: M Ethnicity: Height: Weight: Build: Complexion: Kye Color: Hair Color:
   Scars/Marks/Tatoos:
   Clothing/Description:
   License: S530564614460 State: FL KXP: CLASS:
   Hirthplace - City: State/Country: Citizen:
   Comments:
 Employer Information-----
   Employer:
   Address:
          Appt:
  Work Phone:
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[APPROVAL]_
Reporting Deputy
(623) HOLCOMM, R_
Approving Deputy
(300) HARDEN, S.

Date of Report Aug, 12 2008 Date of Approval

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2008-08-13 02:11:31