

INCIDENT/INVESTIGATION REPORT

| | | | | | | | | | |
|---|--|------|-------------------------|---|---|---------------------------------------|--|----------------------|---------------|
| I N C I D E N T D A T A | Agency Name Gainesville Police Department | | | | Case# 02-24-000809 | | | | |
| | ORI FL0010100 | | | | | | | | |
| | Location of Incident Gainesville FL 32605 | | | | Gang Relat UNK | Premise Type Residence/home | Zone/Sector C, 1 | | |
| | | | | | Date / Time Reported 01/15/2024 03:48 Mon | | Last Known Secure 01/15/2024 03:37 Mon | | |
| | | | | At Found 01/15/2024 03:37 Mon | | | | | |
| #1 | Crime Incident(s) Shooting/throwing A Deadly Missile Into A Dwelling/vehicle - 790-19 | | | | (Com) F | Weapon / Tools Rifle | | Activity G | |
| | Entry | | Exit | | Security | | | | |
| | | | | | Weapon / Tools | | Activity | | |
| #2 | Crime Incident | | | | () | Entry | | Exit | |
| | Security | | | | | | | | |
| #3 | Crime Incident | | | | () | Entry | | Exit | |
| | Security | | | | | | | | |
| MO Evidence/Shell Casings, Presence Of Victim/On Premises - Sleeping, Weapon/Rifle | | | | | | | | | |
| V I C T I M | # of Victims 2 | | Type: INDIVIDUAL | | Injury: None | | Domestic: N | | |
| | Victim/Business Name (Last, First, Middle) V1 ZIERMAN, JASON JAMES | | | | Victim of Crime # 1, | DOB Age 33 | Race | Sex | |
| | Home Address | | | | Email | | Home Phone | | |
| | Employer Name/Address | | | | Business Phone | | Mobile Phone | | |
| | VYR | Make | Model | Style | Color | Lic/Lis | VIN | | |
| | CODICES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim) | | | | | | | | |
| O T H E R S | Type: INDIVIDUAL | | Injury: None | | | | | | |
| | Code Name (Last, First, Middle) V2 SUN, SHUJIA | | | | Victim of Crime # 1, | DOB Age | Race | Sex | |
| | Home Address | | | | Email | | Home Phone | | |
| | Employer Name/Address | | | | Business Phone | | Mobile Phone | | |
| | Type: | | Injury: | | | | | | |
| | Code Name (Last, First, Middle) | | | | Victim of Crime # | DOB | Race | Sex | |
| Home Address | | | | Email | | Home Phone | | | |
| Employer Name/Address | | | | Business Phone | | Mobile Phone | | | |
| I N V O L V E D | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction) | | | | | | | | |
| | VI # | Code | Status Firm/Tc | Value | OJ | QTY | Property Description | Make/Model | Serial Number |
| | | 59 | EVID | \$0.00 | | 10 | SHELL CASINGS | 556M/ | |
| | | 03 | SUSV | \$0.00 | | 1 | SIL, FL | OTHE Sedan | |
| | | | | | | | | | |
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| Officer/ID# JOHNSON, D. L. (1164) | | | | | | | | | |
| Invest ID# DET CID (DET CID) | | | | Supervisor RAPPA, J. P. (0733) | | | | | |
| Complainant Signature | | | | Case Status Open | | Case Disposition: | | Page 1 | |
| | | | | 01/15/2024 | | | | | |