

FL0130900	Gang Related	N	OFFENSE-INCIDENT REPORT	Juvenile in Report	N	Juvenile Warn/Dismiss		1. Original		2. Supplement	1
ADM	Date of Supplement	Miami Springs Police Department			Agency Report Number	Primary Offense Description					
					1800522	ASLT/BAT SIMP					

Event Information																																														
Original Day Reported	MON	Date	04/09/2018	Time (mil)	1751	Time Dispatched (mil)	1751	Time Arrived (mil)	1751	Time Completed (mil)	1830																																			
Incident Type	1. Felony 3. Misdemeanor 5. Ordinance			Incident: Day	FRI	Date	04/06/2018	Time (mil)	1800	To	FRI 04/06/2018 1815																																			
OFFINC #1	Type	BATT/SIMP		A-Attempted		C-Committed	C	Statute Violation Number - Chapter, Section, Sub	784 - 03		NCIC/UCR Code	130B																																		
OFFINC #2				A-Attempted		C-Committed																																								
Incident Location (Street Number, Street, Apt.)			City			Zip	District	Grid	Area	Zone																																				
5301 NW 36ST			MIAMI SPRINGS			33166	05	1012		1012																																				
Business Name/Area Identifier						Forced Entry	Occupancy																																							
CLARION INN (RM# 431)						N/A	N/A																																							
<table border="0" style="width:100%; font-size: small;"> <tr> <td>01. Residence Single</td><td>05. Convenience Store</td><td>10. Dept/Discount Store</td><td>15. Industrial/Mfg.</td><td>20. Religious Bldg.</td><td>25. Parking Lot/Garage</td><td>30. Other Mobile</td> </tr> <tr> <td>02. Apartment/Condo</td><td>06. Gas Station</td><td>11. Specialty Store</td><td>16. Storage</td><td>21. Airport</td><td>26. Highway/Roadway</td><td>31. Other</td> </tr> <tr> <td>03. Residence-Other</td><td>07. Liquor Sales</td><td>12. Drug Store/Hospital</td><td>17. Gov't/Public Bldg.</td><td>22. Bus/Rail Terminal</td><td>27. Park/Woodlands/Field</td><td></td> </tr> <tr> <td>04. Hotel/Motel</td><td>08. Bar/Nightclub</td><td>13. Bank/Financial Inst.</td><td>18. School/University</td><td>23. Construction Site</td><td>28. Lake/Waterway</td><td></td> </tr> <tr> <td></td><td>09. Supermarket</td><td>14. Commercial/Office Bldg.</td><td>19. Jail/Prison</td><td>24. Other Structure</td><td>29. Motor Vehicle</td><td style="text-align:center;">Hotel/Motel</td> </tr> </table>												01. Residence Single	05. Convenience Store	10. Dept/Discount Store	15. Industrial/Mfg.	20. Religious Bldg.	25. Parking Lot/Garage	30. Other Mobile	02. Apartment/Condo	06. Gas Station	11. Specialty Store	16. Storage	21. Airport	26. Highway/Roadway	31. Other	03. Residence-Other	07. Liquor Sales	12. Drug Store/Hospital	17. Gov't/Public Bldg.	22. Bus/Rail Terminal	27. Park/Woodlands/Field		04. Hotel/Motel	08. Bar/Nightclub	13. Bank/Financial Inst.	18. School/University	23. Construction Site	28. Lake/Waterway			09. Supermarket	14. Commercial/Office Bldg.	19. Jail/Prison	24. Other Structure	29. Motor Vehicle	Hotel/Motel
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# OFFINC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon	Hands/Fist/Feet																																								
01	01	01	00	00	00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 14. Unknown 15. Other	Hands/Fist/Feet																																								

Persons Information													
VW Code	Person Type		Race		Sex	Residence Type		Residence Status		Extent of Injury			
V - Victim W - Witness	C - Complainant O - Other	1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	N-N/A W-White B-Black O-Oriental/Asian U-Unknown	N-N/A M-Male F-Female U-Unknown	0. N/A 1. City 2. County	3. Florida 4. Out-of-State	0. N/A 1. Full Year 2. Part Year 3. Non-Resident	0. None 1. Minor 2. Serious 3. Fatal				
Injury Type	Victim Relationship To Offender												
00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruses 99. Other	00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sister/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known				
OFFINC Indicator	VW Code	#	Person Type	Name (Last, First, Middle or Business)				Residence Phone					
1 - #1 2 - #2 3 - Both	V	01	3	WATTS GORDON WAYNE				863 608-9880					
Address (Street, Apt. Number)			City	State	Zip		Business Phone						
821 ALICIA RD			LAKELAND	FL	33801								
Other Contact Info. (Time Available, Interpreter, etc.)						Synopsis of Involvement							
CELL# (863) 404-2109/ EMAIL: GWW1210@GMAIL.COM						V-1/ VICTIM OF BATTERY							
If VW Code is V, W or C Fill in this Line	Dom. Violence	Race	Sex	Date of Birth	Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)		Relationship	Ethnicity	Will Victim prefer charge?
	N	W	M	04/19/1966	51	3	1	1	03 00		20		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ADMINISTRATIVE	Signature of Officer Reporting		Name of Officer Reporting		I.D. Number/Locator Code	Unit#	Date
			ROBBINS, J		0163	216	04/09/2018
	Signature of Officer Reviewing		Officer Reviewing (If Applicable)		I.D. Number	Date	
			LOPEZ, T		0170	04/09/2018	
Case Status	CF - Filed with State Atty	I - Inactive	Clearance Type		A-Adult	Date Cleared	Arrest Number
CA - Cleared by Arrest CE - Cleared Exceptionally	CJ - Cleared Unfounded	A - Active P - Pending	1. Arrest 2. Exceptional 3. Unfounded				
Exemption Type		3. Death of Offender		5. Prosecution Declined		Related Report Number(s)	
1. Extradition Declined		4. V / W Refused to Cooperate		6. Juvenile/No Custody		Number Arrested	

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								1800522		ASLT/BAT SIMP							
CODES	Suspect Race		Suspect Sex		Hair Length		Hair Style		Complexion		Build		Facial Hair				
	N-NIA W-White B-Black		N-NIA F-Female M-Male U-Unknown		L-Long M-Medium S-Short		A-Afro B-Braided C-Curly		ACN-Acne DK-Dark MED-Medium		HEV-Heavy MED-Medium THN-Thin		B-Beard/Goatee C-Beard & Mustache E-Ear Ring(s)				
SUSPECT OR MISSING PERSONS	OFFINC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)						
	1 - #1 2 - #2 3 - Both		S-Suspect A-Arrestee		S		01		N								
	Maiden Name				Nickname/Street Name				Place of Birth		Residence Phone						
											863						
	Last Known Address (Street, Apt. Number)						City		State		Zip		Business Phone				
	LANE						LAKELAND		FL		33813						
	Occupation				Employer/School				Address				Social Security Number				
	CONSTRUCTION																
	Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number		OBTS Number		SCIC/NCIC				
	FL																
Clothing (Describe)						Scars/Marks/Tatoos (Location/Describe)											
Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style	
W		M				509		170		BRO		BRO		S		W	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Social Identifiers							
LT		THN															

Narrative

Watts contacted MSPD and advised he was battered by his employer [REDACTED] on the listed date and between the listed times at the listed hotel. Watts stated he and [REDACTED] were staying at the Clarion Inn (rm# 431). Watts stated [REDACTED] then confronted him about talking about a subject that [REDACTED] did not want Watts talking about with other employees. [REDACTED] then became irate and pushed Watts onto the bed and then started slapping him numerous times in his face, causing a minor cut to Watt's right eyebrow. Watts stated he did not fight back or call the police because he was worried about not having transportation back to Lakeland the next day.

The following day Watts and [REDACTED] were traveling back to Lakeland in [REDACTED]'s vehicle, at which time [REDACTED] back handed Watts in the face because Watt's was talking to much. It is unknown if the battery inside the Watt's vehicle occurred in Miami Springs jurisdiction. Watts stated he took photos of his injuries and e-mail them to the Miami Springs CPO. This report was taken over the telephone since victim is back in Lakeland.

ADMINISTRATIVE	Signature of Officer Reporting		Name of Officer Reporting		I.D. Number/Locator Code		Unit#		Date		
			ROBBINS, J		0163		216		04/09/2018		
	Signature of Officer Reviewing		Officer Reviewing (If Applicable)		I.D. Number				Date		
			LOPEZ, T		0170				04/09/2018		
Case Status		Clearance Type		A-Adult		Date Cleared		Arrest Number			
CA - Cleared by Arrest CE - Cleared Exceptionally		CF - Filed with State Atty CU - Cleared Unfounded		I - Inactive A - Active P - Pending		1 - Arrest 2 - Exceptional		J - Juvenile			
Exception Type		1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate			
								5. Prosecution Declined 6. Juvenile/No Custody			
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