

FL0130900	Gang Related	N
ADM	Date of Supplement	

OFFENSE-INCIDENT REPORT

Juvenile in Report	N	Juvenile Warn/Dismiss		1. Original		2. Supplement	1
Agency Report Number	1800522	Primary Offense Description	ASLT/BAT SIMP				

Miami Springs Police Department

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 2. Traffic Felony			3. Misdemeanor	4. Traffic Misdemeanor	5. Ordinance	9. Other	Incident: Day	FRI	Date	04/06/2018	Time (mil)	1800	To	FRI	Date	04/06/2018	Time (mil)	1815	
OFF/INC #1	Type	3 BATT/SIMP		A-Attempted	C-Committed	Statute Violation Number - Chapter, Section, Sub			784 - 03 ()		NCIC/UCR Code	130B								
OFF/INC #2	Type			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											
Location Type																				
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			99. 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			Hotel/Motel		
09. Supermarket			14. Commercial/Office Bldg.			19. Jail/Prison			24. Other Structure			29. Motor Vehicle								
# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendary		13. Drugs		Hands/Fist/Feet			
01	01	01	00	00	00. N/A		01. Handgun		03. Shotgun		08. Poison		11. Threat/Intimidation		88. Unknown					

Persons Information

V/W 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	N-N/A W-White B-Black	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	03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		03. Parent		10. Step-Child		17. Friend		21. Employer	
00. N/A	04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-Law		18. Neighbor		22. Landlord/Tenant	
01. Gunshot	05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		12. Other Family		19. Sitter/Day Care		23. Acquaintance	
02. Stabbed	06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		13. Student		16. Boy/Girl Friend		99. Other Known	
OFF/INC Indicator	V/W Code	#	Person Type	Name (Last, First, Middle or Business)				Residence Phone						
1 - #1 2 - #2 3 - Both	1	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 V/W 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	05/16/1966	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	Date Cleared	Arrest Number	
CA - Cleared by Arrest	CU - Cleared Unfounded	A - Active	1.Arrest 2.Exceptional			
CE - Cleared Exceptionally		P - Pending	3.Unfounded			
Exception Type	1.Extradition Declined		2.Arrest on Primary Offense		3. Death of Offender	
	Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		5. Prosecution Declined	
			6. Juvenile/No Custody		Related Report Number(s)	
					Number Arrested	

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								1800522		ASLT/BAT SIMP											
CODES	Suspect Race		Suspect Sex		Hair Length		Hair Style			Complexion		Build		Facial Hair							
	N-N/A W-White B-Black		I-American Indian O-Oriental/Asian U-Unknown		N-N/A M-Male F-Female U-Unknown		L-Long M-Medium S-Short		A-Afro B-Braided C-Curly			P-Ponytail S-Straight X-Bald		ACN-Acne DK-Dark LT-Light MED-Medium		HEV-Heavy MED-Medium MUS-Muscular THN-Thin		B-Beard/Goatee C-Beard & Mustache E-Ear Ring(s)		G-Glasses M-Mustache	
SUSPECT OR MISSING PERSONS	OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)										
	1 - #1 2 - #2 3 - Both		S-Suspect A-Arrestee		E-Escapee R-Rec. Missing M-Missing Z-other		S 01		N		CULLISON GEORGE ARTHUR										
	Maiden Name				Nickname/Street Name				Place of Birth		Residence Phone										
											863 808-3628										
	Last Known Address (Street, Apt. Number)						City		State		Zip		Business Phone								
	4711 SOUTHWOOD 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								
	C42530163056				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		02/16/1963		55		R		509		170		BRO		BRO		S		W	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers											
L,T		THN																			

Narrative

Watts contacted MSPD and advised he was battered by his employer Cullison on the listed date and between the listed times at the listed hotel. Watts stated he and Cullison were staying at the Clarion Inn (rm# 431). Watts stated Cullison then confronted him about talking about a subject that Cullison did not want Watts talking about with other employees. Cullison 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 Cullison were traveling back to Lakeland in Cullison's vehicle, at which time Cullison 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.

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