ORANGE COUNTY SHERIFF'S OFFICE

Incident Report

Administrative Information

Agency	Report No	Supplement No	CAD Call No.	Reported Date	Reported Time	Status	
ORANGE COUNTY SHERIFF'S OFFICE	24-011313	.020					
Nature of Call	**Location of Occurrence**		**City**	**ZIP Code**	**Area**	**Beat**	**From Date/Time**

Officer Summary

Supplementing	Assignment
FREEZE, LEILA / 6804	SQUAD CHILD ABUSE

Offense Summary

Offense #	Offense	Description

Person Summary

Vehicle Summary

Property Summary

Involvement	Item	Description
RCVD	1	CLOTHES/FURS YELLOW

Gun Summary

Drug Summary

KIPD 24-001896
000124

ORANGE COUNTY SHERIFF'S OFFICE

Incident Report

Suspect/Defendant

Victim

Organization Victim 1

[redacted]

Property

Item	Involvement	In Custody?	Value	Description	Category	Brand
1	RCVD	☐	$0.00		Clothes/Furs	

Gun

Drug

KIPD 24-001896
000125

ORANGE COUNTY SHERIFF'S OFFICE

Incident Report

Narrative

*****Supplemental Report*****

On Wednesday February 27, 2024, I, Detective Freeze, responded to the area of 5244 Los Palma Vista Drive, Orlando FL 32837. Upon my arrival, I made contact with Deputy Andrews who advised that pieces of unknown article had been located near the pond that sits behind the residence, and other homes in the neighborhood.

Photos of the item was taken by Deputy Andrews.

Contact was made with the homeowner, Yolanda Nunez, who advised she did not recognize the article.

The article is a soft cloth material which is yellow in color. The item was ripped in three different pieces.

This concludes my involvement in this case.

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence ☐ online notarization,

this _____ day of _____ _____

by _____
(name of person making statement)

Notary Public ☐ Law Enforcement or Correction Officer ☐
Personally Known ☐ Produced Identification ☐
Type of Identification _____

_____
Signature of Law Enforcement/Notary

NOTARY PUBLIC
STATE OF
FLORIDA

I swear/affirm my (check one) ☐Incident ☑Supplement Report dated _____ is true & correct.

Leila Freeze
Signature of Affiant

02/14/2024
Date

6804
Officer EID

Notice to Defendant Regarding Social Security Number: This Law Enforcement Agency has collected your social security number (SSN) as required by FSS 119.071. This agency will use it for the purpose of confirming your identity, and sharing it with other governmental agencies to identify records linked to that SSN. This collection and use of your SSN is required by this agency to fulfill its lawful duties and responsibilities

_____
Notary Name

KIPD 24-001896
000126