

REQUEST TO ESTABLISH DOCKET
(Please Type)

| | | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|
| Date: | 10/20/2004 | Docket No.: | 0A1214-TC |
| 1. Division Name/Staff Name: | Division Of Competitive Markets & Enforcement/Isler | | |
| 2. OPR: | Division Of Competitive Markets & Enforcement | | |
| 3. OCR: | Office Of The General Counsel | | |
| 4. Suggested Docket Title: | Request for two-year exemption from requirement of Rule 25-24.515(13), Florida Administrative Code, that each pay telephone station shall allow incoming calls by Com-Tech Resources, Inc. d/b/a Com-Tech Systems. | | |
| 5. Suggested Docket Mailing List (attach separate sheet if necessary) | | | |
| A. Provide NAMES OR ACRONYMS ONLY if a regulated company. | | | |
| B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.) | | | |
| 1. Parties and their representatives (if any): | | | |
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| 2. Interested persons and their representatives (if any): | | | |
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| | | | |
| | | | |
| 6. Check one: | | | |
| <input checked="" type="checkbox"/> Documentation is attached. | | | |
| <input type="checkbox"/> Documentation will be provided with recommendation. | | | |

Com-Tech Resources, Inc. d/b/a Com-Tech Systems
3709 Westway Street, Suite A
Tyler, TX 75703-6465

2004 OCT 12 PM 12:55
DIVISION OF
COMPETITIVE SERVICES

September 8, 2004

Ms. Beth Salak, Director
Division of Competitive Markets & Enforcement
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Dear Ms. Salak:

Enclosed is our request for a two-year waiver of Rule 25-24.515(13), Florida Administrative Code. We request that the pay telephones at the addresses below be exempt for a period of two years from the provisions of Rule 25-24.515(13), F.A.C., which requires all pay telephone stations to allow incoming calls to be received at all times "with the exception of those located at hospitals, schools, and locations specifically exempted by the Commission." The locations and telephone numbers are as follows:

Albertson's
814 North Nova Road
Daytona Beach, FL
386-257-9706
386-252-9783

First Coast Energy #3091
301 E. International Speedway
Daytona Beach, FL
386-253-9830

This waiver is being requested in accordance with the requirements of Section 120.542(2), Florida Statutes. Granting this waiver will not impede the continued provision of pay telephone service to the using public as intended by the underlying statute (Section 364.345, Florida Statutes).

In addition, granting this waiver will lift the "substantial hardship" that the rule imposes on law enforcement, the location provider, and the law abiding using public. The Police Department has requested that we submit this request because of the use of the pay telephones for alleged illegal activities. They believe the waiver will restrict the usefulness of the payphones for these individuals. The above locations do not fit within the delineated exceptions to the rule; therefore, this request for a rule waiver is appropriate.

Sincerely,


President

FLORIDA PUBLIC SERVICE COMMISSION

REQUEST TO BLOCK INCOMING CALLS

Original Request (check one) Subsequent Request

PAY TELEPHONE NUMBER: (ONE NUMBER PER REQUEST, NO EXCEPTIONS) 386-252-9783
PHYSICAL LOCATION OF PAY TELEPHONE (ADDRESS): 814 N. NOVA
DAYTONA BEACH, FL
NAME OF BUSINESS WHERE PAY TELEPHONE IS LOCATED: ALBERTSON'S #4370

To deter criminal activity facilitated by individuals receiving incoming calls at the pay telephone listed above, I request that I be granted an exemption from the requirement that incoming calls be received at the pay telephone location (Rule 25-24.515(13), F.A.C. I agree to provide central office based intercept at no charge to the end-user and to prominently display a written notice directly above or below the telephone number which states: "Incoming calls blocked at request of law enforcement."

I, the undersigned owner or officer of the pay telephone company named below, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF OWNER/OFFICER OF PAY TELEPHONE COMPANY: Ralph H. Tipple DATE: 7/2/04
NAME OF OWNER/OFFICER OF PAY TELEPHONE COMPANY (PRINT OR TYPE): Ralph H. Tipple
NAME OF PAY TELEPHONE COMPANY: COM-TECH RESOURCES DATA COM-TECH SYSTEMS
MAILING ADDRESS & TELEPHONE NUMBER: 3709 WEST WAY #A, TYLER TX 75703
903-509-9850

I, the undersigned owner of the above referenced pay telephone location, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF LOCATION OWNER: [Signature] DATE: 9/24/04
NAME OF PAY TELEPHONE LOCATION OWNER (PRINT OR TYPE): BERTSON'S
MAILING ADDRESS & TELEPHONE NUMBER: 814 N. NOVA RD. DAYTONA BEACH, FL 32117
386 238-1370

I, the undersigned Chief of the law enforcement agency in the jurisdiction in which the above-referenced pay telephone is located, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF CHIEF OF RESPONSIBLE LAW ENFORCEMENT AGENCY: Dennis M. Jones DATE: 10-4-04
NAME & POSITION/TITLE (PRINT OR TYPE): DENNIS M. JONES, Chief of Police
NAME OF LAW ENFORCEMENT AGENCY: DAYTONA BEACH POLICE DEPARTMENT
MAILING ADDRESS & TELEPHONE NUMBER: 990 Orange Avenue, DAYTONA Beach, FL
(386) 671-5100 32114

FLORIDA PUBLIC SERVICE COMMISSION

REQUEST TO BLOCK INCOMING CALLS

X Original Request (check one) □ Subsequent Request

PAY TELEPHONE NUMBER: (ONE NUMBER PER REQUEST, NO EXCEPTIONS) 386-257-9706

PHYSICAL LOCATION OF PAY TELEPHONE (ADDRESS): 814 N. NOVA DAYTONA BEACH, FL 32117

NAME OF BUSINESS WHERE PAY TELEPHONE IS LOCATED: ALBERTSON'S #4370

To deter criminal activity facilitated by individuals receiving incoming calls at the pay telephone listed above, I request that I be granted an exemption from the requirement that incoming calls be received at the pay telephone location (Rule 25-24.515(13), F.A.C. I agree to provide central office based intercept at no charge to the end-user and to prominently display a written notice directly above or below the telephone number which states: "Incoming calls blocked at request of law enforcement."

I, the undersigned owner or officer of the pay telephone company named below, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF OWNER/OFFICER OF PAY TELEPHONE COMPANY: Ralph H. Tipple DATE: 7-11-04

NAME OF OWNER/OFFICER OF PAY TELEPHONE COMPANY (PRINT OR TYPE): Ralph H. Tipple

NAME OF PAY TELEPHONE COMPANY: COM-TECH RESOURCES DATA COM-TECH SYSTEMS

MAILING ADDRESS & TELEPHONE NUMBER: 3709 WEST WAY #A, TYLER, TX 75703
903-509-9850

I, the undersigned owner of the above referenced pay telephone location, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF LOCATION OWNER: [Signature] DATE: 9-24-04

NAME OF PAY TELEPHONE LOCATION OWNER (PRINT OR TYPE): ALBERTSON'S

MAILING ADDRESS & TELEPHONE NUMBER: 814 N. NOVA DAYTONA BEACH, FL 32117
386 238-1390

I, the undersigned Chief of the law enforcement agency in the jurisdiction in which the above-referenced pay telephone is located, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF CHIEF OF RESPONSIBLE LAW ENFORCEMENT AGENCY: D. Jones DATE: 10-4-04

NAME & POSITION/TITLE (PRINT OR TYPE): DENNIS M. JONES, Chief of Police

NAME OF LAW ENFORCEMENT AGENCY: DAYTONA BEACH POLICE DEPARTMENT

MAILING ADDRESS & TELEPHONE NUMBER: 990 ORANGE AVE. DAYTONA BEACH, FL
(386) 671-5100 32114

FLORIDA PUBLIC SERVICE COMMISSION

REQUEST TO BLOCK INCOMING CALLS

X Original Request (check one) [] Subsequent Request

PAY TELEPHONE NUMBER: (ONE NUMBER PER REQUEST, NO EXCEPTIONS) 386-253-9830

PHYSICAL LOCATION OF PAY TELEPHONE (ADDRESS): 301 E. INTERNATIONAL SPEEDWAY DAYTONA BEACH, FL

NAME OF BUSINESS WHERE PAY TELEPHONE IS LOCATED: FIRST COAST ENERGY # 3091

To deter criminal activity facilitated by individuals receiving incoming calls at the pay telephone listed above, I request that I be granted an exemption from the requirement that incoming calls be received at the pay telephone location (Rule 25-24.515(13), F.A.C. I agree to provide central office based intercept at no charge to the end-user and to prominently display a written notice directly above or below the telephone number which states: "Incoming calls blocked at request of law enforcement."

I, the undersigned owner or officer of the pay telephone company named below, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF OWNER/OFFICER OF PAY TELEPHONE COMPANY: [Signature] DATE: 7/1/04

NAME OF OWNER/OFFICER OF PAY TELEPHONE COMPANY (PRINT OR TYPE): [Name]

NAME OF PAY TELEPHONE COMPANY: COM-TECH RESOURCES DBA COM-TECH SYSTEMS

MAILING ADDRESS & TELEPHONE NUMBER: 3109 WESTWAY #A TYLER, TX 75703 903-509-9850

I, the undersigned owner of the above referenced pay telephone location, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF LOCATION OWNER: [Signature] DATE: 8/1/04

NAME OF PAY TELEPHONE LOCATION OWNER (PRINT OR TYPE): JAMES CRAWN

MAILING ADDRESS & TELEPHONE NUMBER: 7014 A.C. SIMMONS PKWY, STE 290

I, the undersigned Chief of the law enforcement agency in the jurisdiction in which the above-referenced pay telephone is located, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public-servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

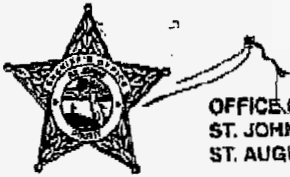
SIGNATURE OF CHIEF OF RESPONSIBLE LAW ENFORCEMENT AGENCY: Dennis M. Jones DATE: 8/26/04

NAME & POSITION/TITLE (PRINT OR TYPE): Dennis M. Jones, Chief of Police

NAME OF LAW ENFORCEMENT AGENCY: Daytona Beach Police Department

MAILING ADDRESS & TELEPHONE NUMBER: 990 Orange Avenue, Daytona Beach, FL 32114 (386) 671-5110

GENERAL OFFENSE/INCIDENT REPORT



OFFICE OF THE SHERIFF
ST. JOHNS COUNTY
ST. AUGUSTINE, FLORIDA

DCR 04-258129

| | | | | | | | | | | | | | | | |
|-------------------------------------------------------------|--|--|--|--------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------|--|--|--|
| Zone 9 | | | | T/C F | | | | Attempted/Committed () X | | | | M.C.I. | | | |
| Complainant (Last Name, First, Middle) HACKETT ROBERT A. | | | | Telephone 386 846-9035 | | | | Victim (Last Name, First, Middle) COM TECH SYSTEMS | | | | City State TYLER TX 75703 | | | |
| Complainant's Address 1110 LITTLE GARDEN CIRCLE | | | | City/State PORT ORANGE FL 32120 | | | | Sex Race M W | | | | D.O.B. 11-01-38 | | | |
| Complainant's Place of Empl./School COM TECH SYSTEMS | | | | Bus. Phone 386 846-9035 | | | | Victim's Place of Empl./School | | | | Home Phone Bus. Phone 750-5298 | | | |
| Method Used to Gain Entry/Instrument Used N/A | | | | Victim Type BUSINESS | | | | Residence Status NON-RES. | | | | Residence Type OUT OF STATE | | | |
| Physical Evidence (Description) Fax 386 756-8804 | | | | Injury Type N/A | | | | Victim's Relationship to Offender N/A | | | | Describe Nature of Injuries (Victim #1) None Minor Serious Fatal N/A (X) | | | |
| Disposition of Evidence Property Room () Other () | | | | Property Control No. | | | | Exact Location of Victim #1 on Premises N/A | | | | Will Victim Prosecute? Yes No Unk. N/A () | | | |
| Weather Conditions Clear Cold Cloudy Hot | | | | Lighting Conditions Day Night | | | | Street Light On? Yes No | | | | Building LRP Yes No Inside Outside | | | |
| Detective Called to Scene (Name, I.D. Number) N/A (X) | | | | Victim #2 (Last Name, First, Middle) N/A (X) | | | | Victim #2 Address City State | | | | Victim #2's Place of Empl./School Home Phone Bus. Phone | | | |
| Location Type 06 - GAS STATION | | | | Forced Entry 0 N/A | | | | Victim Type N/A | | | | Residence Status N/A | | | |
| Point of Entry UK UNKNOWN | | | | Point of Exit UK UNKNOWN | | | | Injury Type N/A | | | | Victim's Relationship to Offender N/A | | | |
| No. of Premises Entered 1 | | | | Weapon Type N/A | | | | Describe Nature of Injuries (Victim #2) None Minor Serious Fatal N/A () | | | | Exact Location of Victim #2 on Premises Will Victim Prosecute? Yes No Unk. N/A () | | | |
| No. of Offenses 1 | | | | No. of Victims 1 | | | | No. of Suspects UK UNKNOWN | | | | Weapon Seized Type N/A | | | |
| Alcohol Related Yes No Unk. | | | | Drug Related Yes No Unk. | | | | Latent Prints Yes No | | | | Photographs Taken Yes No | | | |
| F.I. Card Yes No | | | | Suspicious Vehicle(s) in Area (Tag # Color Make) No | | | | Neighbors Contacted Yes No | | | | Suspect Contacted Yes No | | | |
| Victim Statement Yes No | | | | Witness Statement Yes No | | | | Suspect Statement Yes No | | | | Kidnapping Circumstances N/A | | | |
| Witness #1 (Last Name, First, Middle) N/A | | | | Witness #2 (Last Name, First, Middle) N/A | | | | Address | | | | Address | | | |
| Sex Race D.O.B. Age Home Phone | | | | Sex Race D.O.B. Age Home Phone | | | | Relationship to Victim Occupation Business Phone | | | | Relationship to Victim Occupation Business Phone | | | |
| Witness #3 (Last Name, First, Middle) N/A | | | | Witness #4 (Last Name, First, Middle) N/A | | | | Address | | | | Address | | | |
| Sex Race D.O.B. Age Home Phone | | | | Sex Race D.O.B. Age Home Phone | | | | Relationship to Victim Occupation Business Phone | | | | Relationship to Victim Occupation Business Phone | | | |

INFORMATION & INVESTIGATION

WITNESSES

04-258129

GENERAL OFFENSE/INCIDENT REPORT
 Offense/Incident: **TARGET OF PAY PHONE INSTALLATION**
 CCR Number: **04 258129**

Document Status: **4**
 Name of Bank: _____ City: _____ Made Payable To: _____ Signature on Page: _____
 Name on Account: _____ Account Number: _____ Person Handling Transaction: _____

| Property Status | Stolen | Recovered | Other | Day | Date | Time | of Recovery | |
|------------------|-------------------------------------------------------------|--------------------------|--------------------------|-----|------|------------------|---------------|-----------------|
| 01 STOLEN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Quan. | Description (I.D. Number, color, model, manufacturer, etc.) | | | | | Value Stolen | Value Damaged | Value Recovered |
| 1 | PAY PHONE INSTALLATION* | | | | | \$1500.00 | | |
| | * PHONE-ENCLOSURE - PEDALSTILE | | | | | | | |
| 1 | CASH (COINS IN BOX (W/FR. FROM COMPUTER)) | | | | | 43.80 | | |
| | TOTAL: \$1543.80 | | | | | | | |

This is to acknowledge that I have received/retained the property described in the narrative
 this day of 20 Signature: _____

Vehicle Information:
 Status: _____ Type: _____ Year: _____ Make: _____ Model: _____ Color: _____ License Number, State, Year: _____
 I.D. Number: _____ Verified by Officer: _____
 Recovery Code: _____ Location Recovered: _____
 Value Stolen: _____ Value Damaged: _____ Value Recovered: _____ No. of Veh. Stolen: _____ Day/Date/Time Recovered: _____
 NCIC Notified? Yes () No () Date/Time: _____ Number: _____ No. of Veh. Recovered: _____ If Towed, Location of Garage: _____

I am the owner/custodian of this vehicle and I will prosecute the offender if apprehended. If my vehicle is recovered and efforts to contact me fail or if after being contacted I am unable to immediately pick it up at the recovery location, I authorize the Sheriff's Office to tow and store my vehicle. I will be responsible for any towing and storage charges.

Signature of Owner: _____ Date and Time: _____
 Suspect A (Last Name, First, Middle): _____ Suspect Code: _____ At Large () Arrested () Arrest No. _____
 Charge: _____

Suspect A Physical Description:
 Sex: _____ Race: _____ D.O.B.: _____ Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks/Characteristics: _____
 Hair Length: _____ Hair Style: _____ Facial Hair: _____ Complexion: _____ Voice: _____ General Appearance: _____
 Clothing Description: _____

Suspect B Information:
 Suspect B (Last Name, First, Middle): _____ Suspect Code: _____ At Large () Arrested () Arrest No. _____
 Charge: _____
 Suspect B Physical Description:
 Sex: _____ Race: _____ D.O.B.: _____ Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks/Characteristics: _____
 Hair Length: _____ Hair Style: _____ Facial Hair: _____ Complexion: _____ Voice: _____ General Appearance: _____
 Clothing Description: _____

COPY MADE FOR INFO

Case Clearance: 1. () Cleared by Arrest, 2. () Exceptionally Cleared, 3. () Unfounded, 4. () Investigation Cont., 5. () Inactive, 6. () Not a Crime
 Exemption Type: _____ Date Cleared: _____
 Are there additional victims in the narrative? Yes () No ()
 Are there additional suspects in the narrative? Yes () No ()
 Is there additional property listed in the narrative? Yes () No ()
 Are there other reports pertinent to this incident? Yes () No ()
 Distribution: State Atty., Other **PROPERTY**, S.A.P.D., H.P.D.
 Reporting Deputy: **H. SCHEVITZ PSA 7692** I.D. Number: _____ Date/Time: **09-14-04 1630**
 Supervisor: **SA C.J. SMITH 2197** I.D. Number: _____ Date/Time: **9-14-04 1227**
 Reporting Deputy: _____ I.D. Number: _____
 Watch Commander: _____ I.D. Number: _____ Reviewer: _____ I.D. Number: _____

NARRATIVE REPORT

SAINT JOHNS SHERIFFS OFFICE
ST. AUGUSTINE, FLORIDA

| | | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------|---------------------------------|
| Page <u>3</u> of <u>14</u> | Offense/Incident <u>THEFT OF PAY PHONE INSTALLATION</u> | Case # <u>912.014.281</u> | CCR Number <u>04 258 129</u> |
| Victim's Name and Address <u>COM TECH SYSTEMS 3709 W. WAY TYLER, TX 75703</u> | | | |

I WAS DISPATCHED TO THE SHELL GAS STATION AT SR 16 AND I 67 TO MEET WITH THE COMPLAINANT, ROBERT A. HACKETT, WHO SERVICES PAY PHONE INSTALLATIONS FOR THE VICTIM.

R. HACKETT STATED THAT WHEN HE ARRIVED AT THE SHELL GAS STATION AT I 67 AND I 67 TO SERVICE THE TWO (2) INSTALLATIONS AT THIS LOCATION, HE DISCOVERED THAT ONE (1) OF THE INSTALLATIONS WERE MISSING.

R. HACKETT TOLD ME THAT HE BELIEVES THAT THE THIEF(S) PULLED OUT THE ENTIRE INSTALLATION USING A ROPE OR CHAIN ATTACHED TO A VEHICLE.

R. HACKETT SAID HE DIDN'T REPORT THIS CRIME UNTIL TODAY WHEN HIS OFFICE INSTRUCTED HIM TO DO SO FOR INSURANCE PURPOSES.

I COULDN'T FIND ANY EVIDENCE AT THE SCENE OF THE CRIME.

| | | | | | |
|----------------------------------------|----------------------------|-----------------------------------|-----------------------------|-------------|--------------------------------|
| Reporting Deputy <i>[Signature]</i> | I.D. Number <u>7692</u> | Date/Time <u>09/14/04 1630</u> | Reporting Deputy | I.D. Number | Date/Time |
| Supervisor <i>[Signature]</i> | I.D. Number <u>2197</u> | Date/Time <u>9-14-04 1732</u> | Watch Commander | O. Number | Reviewer <i>[Signature]</i> |
| C 11 0117 AM | | | SAINT JOHNS SHERIFFS OFFICE | | |

Pg. 4 of 4

STATEMENT

CCR: 04-258129

NAME: ROBERT A. HACKETT ADDRESS: 1110 LITTLE GARDEN CIR. ^{PORT ORANGE FL}

PHONE: 386 846-9038 AGE: 65 OCCUPATION: PAYPHONE REPAIR

STATEMENT MADE AT: SHELL STATION SR16 HOUR: 12:30 DATE: 9-14-04

STATEMENT MADE BY ABOVE NAMED PERSON:

I ARRIVED AT 120 CENTER PLAGE WAY ST. AUGUSTINE FL
(SHELL SERVICE STATION) AT 1 PM 9-8-04 AND
DISCOVERED ONE OF TWO PAYPHONE INSTALLATIONS
MISSING. FROM 16 YRS OF EXPERIENCE, IT APPEARS
THEY PUT A CHAIN OR ROPE AROUND PEDESTAL AND
YANKED IT OUT AND MOST PROBABLY LOADED IT
ON A TRUCK. THE PAYPHONE COIN BOX HAD
\$43.80 IN IT. TOTAL VALUE OF LOSS \$150.00

