



**Judicial  
Watch®**  
*Because no one  
is above the law!*

June 14, 2016

**VIA CERTIFIED MAIL**

St. Lucie County Sheriff's Office  
4700 West Midway Road  
Fort Pierce, Florida 34981

**Re: Florida Public Records Law Request**

Dear Sir or Madam:

Pursuant to the provisions of the Florida Public Records Law, Fla. Stat. § 119.01 *et seq.*, Judicial Watch, Inc. requests from the St. Lucie County Sheriff's Office the following records:

**Any and all records regarding, concerning, or related to a deceased individual named Omar Mateen, a/k/a Omar Mir Seddique. This individual was born on November 16, 1986, and died on June 12, 2016, in Orlando, Florida. This request includes, but is not limited to, any and all records of communication between any official, employee, or representative of the St. Lucie County Sheriff's Office and any other individual or entity regarding, concerning, or related to Mr. Mateen.**

**Any and all records regarding, concerning, or related to police activity at the location 937 SW Bayshore Blvd, Port St. Lucie, FL between September 2013 and the present.**

For the purposes of this request, the term "Record" means all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Fla. Stat. § 119.011(12)

Although the statute does not mandate a specific time for response, the Florida Supreme Court has stated that the only permitted delay in producing records "is the limited reasonable time allowed the custodian to retrieve the record and delete those portions of the record the custodian asserts are exempt." *Tribune Company v. Cannella*, 458 So. 2d 1075, 1078 (Fla. 1984), *appeal dismissed sub nom.*, *DePerte v. Tribune Company*, 105 S.Ct. 2315 (1985).

**Florida Public Records Law Request**

**June 14, 2016**

**Page 2 of 2**

Florida law mandates that fees for producing records should be limited only to the cost of finding and reproducing the documents, which may not exceed 15 cents per page. Fla. Stat. § 119.07(4)(a) Please notify us in advance if the expected cost is likely to exceed \$150.00.

If you do not understand this request or any portion thereof, or if you feel you require clarification, please contact us immediately at 202-646-5172 or [sdunagan@judicialwatch.org](mailto:sdunagan@judicialwatch.org). We look forward to receiving the requested documents in ten (10) days and a waiver of both search and duplication costs. Thank you for your cooperation.

Sincerely,



Sean Dunagan  
Judicial Watch, Inc.

**Sheriff**  
**KEN J. MASCARA**

4700 West Midway Road, Fort Pierce, Florida 34981



Member National Sheriffs' Association  
Member Florida Sheriffs' Association

Telephone: (772) 461-7300 • Fax: (772) 489-5851

Reply to: 772-462-3225

Fax: 772-462-3351

June 23, 2016

Mr. Sean Dunagan  
Judicial Watch  
425 Third Street, Ste. 800  
Washington, DC 20024

Re: Public Records Request

Dear Mr. Dunagan:

We have received your public records request of June 14, 2016; the following response is provided:

"Any and all records regarding, concerning, or related to a deceased individual named Omar Mateen, a/k/a Omar Mir Seddique. This individual was born on November 16, 1986, and died on June 12, 2016, in Orlando, Florida. This request includes, but is not limited to, any and all records of communications between any official, employee, or representative of the St. Lucie County Sheriff's Office and any other individual or entity regarding, concerning, or related to Mr. Mateen."

Attached please find the documents in our possession responsive to your request, which contains 63 pages of documents. Please remit \$9.45 for copies which is billed at \$.15 a copy. Please make the check payable to the "St. Lucie County Sheriff's Office", attention Office of the General Counsel.

"Any and all records regarding, concerning, or related to police activity at the location 937 SW Bayshore Blvd, Port St. Lucie, FL, between September 2013 and present."

The St. Lucie County Sheriff's Office is not in possession of any documents responsive to this request.

Sincerely,

A handwritten signature in black ink that reads "Catherine L. LaValle".

Catherine L. LaValle, FRP  
Paralegal to Adam Fetterman  
General Counsel



**ST. LUCIE COUNTY SHERIFF'S OFFICE  
PRELIMINARY REPORT OF VEHICLE ACCIDENT**

**CONFIDENTIAL**

The supervisor of any Agency member who is involved in a motor vehicle accident with an Agency owned or leased vehicle must obtain the following information. **The supervisor must submit this through the Chain of Command and Risk Management before 0900 hours** of the first workday following the date of the accident.

If the accident involves serious injury or death, contact Risk Management at 462-3208 during business hours, after hours contact Kristen Bernero by Nextel 519-1057 or contact Major Thomas McInerney by Nextel 370-2820 or home 344-0649.

Date of Accident: 5/25/05

Time of Accident: 1540 HRS

Unit #: 6208

Location: Kings Highway at intersection of Vinedale Ln

S.O. Unit Year/Make: 05/Ford

Agency Personnel Involved: D/S Fred Massoni ID #296

Brief Narrative of Circumstances: Deputy was responding to a Crash with injuries when he lost control of his Patrol vehicle and struck a Safety Rail and Tree.

At Fault Party: D/S Fred Massoni #296

Agency and Officer Conducting Investigation: St. Lucie Co. Sheriff's Office/Traffic Unit

Injuries? (Who?): Omar Mateen (Civilian Ride Along)

Transported to ER? (Who & Name of Hospital): St. Lucie Co. Fire/Rescue (Unit#15)/Lawnwood Medical Center

Other Vehicles	Vehicle #1	Vehicle #2	Vehicle #3
Year / Make / Model	05/Ford/Crown Victorian		
Driver's Name	Fred Massoni		
Address Phone#	4700 W. Midway Rd Ft. Pierce FL 34981 (772) 462-7300		
Insurance Policy# Phone#	Sheriff's Automobile Risk Program BA05A5687 462-3208		
Name & Info of Vehicle Owner	St. Lucie Co. Sheriff's Office 4700 W. Midway Rd Ft. Pierce FL 34981 (772) 462-7300		

Property Damage? (Other than vehicles) Aluminum Safety Rail

Property Owner: St. Lucie County

Sgt. Carl Muschweck 158  
SIGNATURE OF SUPERVISOR

5/25/05  
DATE

# FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

<b>Time &amp; Location</b>	DATE OF CRASH <b>05/25/2005</b>		TIME OF CRASH <b>3:17</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER NOTIFIED <b>3:21</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ARRIVED <b>3:29</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER <b>01-05-007506</b>		HSMV CRASH REPORT NUMBER <b>71920802</b>		
	COUNTY / CITY CODE <b>24 / 00</b>		FEET or MILE(S) <b>5</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		CITY OR TOWN <b>FORT PIERCE</b>		(Check if in City or Town)		COUNTY <b>ST LUCIE</b>				
	AT NODE NO. or FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES <b>2</b>		1. DIVIDED 2. UNDIVIDED <b>2</b>		ON STREET, ROAD OR HIGHWAY <b>KINGS HWY</b>		
AT THE INTERSECTION OF (street, road or highway)		FEET or MILE(S) <b>100</b>		<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		FROM INTERSECTION OF (street, road or highway) <b>VINDALE AVE</b>							

<b>Vehicle</b>	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A <b>03</b>		YEAR <b>2005</b>	MAKE <b>FORD</b>	TYPE <b>01</b>	USE <b>01</b>	VEH. LICENSE NUMBER <b>SHER 52069</b>	STATE <b>FL</b>	VEHICLE IDENTIFICATION NUMBER <b>2FAFP71W55X125804</b>		SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S) <b>2</b>					
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		POLICY NUMBER		VEHICLE REMOVED BY: <b>SPORTS TOWING</b>		EST. TRAILER DAMAGE <b>\$20000</b>				1. Disabling 2. Functional 3. No Damage <b>01</b>			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) <b>SHERIFF'S AUTOMOBILE RISK</b>				CURRENT ADDRESS (Number and Street) <b>BA05A-56-87</b>		CITY AND STATE		1. Tow Rotation List 2. Tow Owner's Request <b>02</b>				3. Driver 4. Other			
<b>Pedestrian</b>	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE									
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE									
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS									
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH <b>10/19/1960</b>										
DRIVER LICENSE NUMBER <b>M250-250-60-379-0</b>		STATE <b>FL</b>	DL TYPE <b>04</b>	REQ. END. <b>3</b>	ALCOHOL/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused <b>05</b>		RESULTS	ALC / DRUG <b>01</b>	PHYS. DEF. <b>01</b>	RES. <b>01</b>	RACE <b>01</b>	SEX <b>1</b>	INJ. <b>01</b>	S. EQUIP. <b>02</b>	EJECT. <b>01</b>	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <b>2</b>		PLACARDED 1 Yes 2 No <b>2</b>	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <b>2</b>		RECOMMEND DRIVER RE-EXAM, IF YES, EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.							

<b>Vehicle</b>	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A <b>03</b>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		POLICY NUMBER		VEHICLE REMOVED BY:		EST. TRAILER DAMAGE				1. Disabling 2. Functional 3. No Damage			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		1. Tow Rotation List 2. Tow Owner's Request				3. Driver 4. Other			
<b>Pedestrian</b>	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE									
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE									
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS									
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH										
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALCOHOL/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused		RESULTS	ALC / DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No		RECOMMEND DRIVER RE-EXAM, IF YES, EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.							

<b>Code Information</b>	<b>VEHICLE TYPE</b>		<b>VEHICLE USE</b>		<b>TRAILER TYPE</b>		<b>RESIDENCE (Driver / Ped.)</b>		<b>PHYSICAL DEFECTS</b>		<b>ALCOHOL / DRUG USE</b>		<b>LOCATION IN VEHICLE</b>	
	01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat) 07 Motor Home (RV) 08 Bus (driver + seats for 9 - 15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other		01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown  DL TYPE: 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper - Rest 7 None  RACE: 1 White 2 Black 3 Hispanic 4 Other  REQUIRED ENDORSEMENTS: 1 Yes 2 No 3 No Endorsement Required		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect  INJURY SEVERITY: 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALCOHOL/DRUG Test Results  SAFETY EQUIPMENT IN USE: 1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other  EJECTED: 1 No 2 Yes 3 Partial	

DRIVER		1. Exempt 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)										
Section Vehicle Pedestrian	TRAILER OR TOWED VEHICLE INFORMATION											1. Disabling 2. Functional 3. No Damage									
	VEHICLE TRAVELLING ON AT Est. MPH Posted Speed EST. VEHICLE DAMAGE											EST. TRAILER DAMAGE									
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER											VEHICLE REMOVED BY:									
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)											1. Tow Rotation List 3. Driver									
	NAME OF OWNER (Trailer or Towed Vehicle)											2. Tow Owner's Request 4. Other									
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)											US DOT or ICC MC IDENTIFICATION NUMBERS									
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											DATE OF BIRTH									
	DRIVER LICENSE NUMBER											S. EQUIP. EJECT.									
	HAZARDOUS MATERIALS BEING TRANSPORTED											DRIVER'S PHONE NO.									
	PROPERTY DAMAGED - OTHER THAN VEHICLES											EST. AMOUNT OWNER'S NAME ADDRESS CITY STATE ZIP									
PROPERTY DAMAGED - OTHER THAN VEHICLES											EST. AMOUNT OWNER'S NAME ADDRESS CITY STATE ZIP										
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN											VEHICLE DEFECT										
VEHICLE MOVEMENT											VEHICLE SPECIAL FUNCTIONS										
PEDESTRIAN ACTION											LOCATION TYPE										
FIRST / SUBSEQUENT HARMFUL EVENT(S)											ROAD SYSTEM IDENTIFIER										
ROAD SURFACE CONDITION											WEATHER										
ROAD CONDITIONS AT TIME OF CRASH											VISION OBSTRUCTED										
TRAFFIC CONTROL											SITE LOCATION										
TRAFFICWAY CHARACTER											TYPE SHOULDER										
Violator(s)											SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER										



# FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH <b>05/25/2005</b>	COUNTY / CITY CODE <b>24 / 00</b>	INVEST. AGENCY REPORT NUMBER <b>01-05-007506</b>	HSMV CRASH REPORT NUMBER <b>71920802</b>
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(NARRATIVE)

V-1 WAS SOUTH BOUND ON KINGS HIGHWAY. V-1 LEFT THE ROADWAY AND WENT ONTO THE WEST SIDE SHOULDER, WHERE THE VEHICLE COLLIDED WITH A SIDEWALK GUARD RAIL V-1 CONTINUED SOUTH THROUGH THE GUARD RAIL, UNTIL IT'S RIGHT SIDE COLLIDED WITH A TREE AND CAME TO A REST FACING EAST.

D-1 TOLD ME HE WAS DRIVING CODE TWO TO A ROLL OVER TRAFFIC CRASH ON S.R. 713.

D-1 SAID HE WAS TRAVELING ABOUT SIXTY MILES PER HOUR IN THE CENTER OF THE ROADWAY, BECAUSE THERE WAS STANDING WATER ON THE SHOULDER OF THE ROAD.

D-1 STATED HE SAW A VEHICLE TURN NORTH ONTO KINGS HIGHWAY FROM LIBERTY WAY. D-1 SAID HE SWERVED BACK INTO THE SOUTH BOUND LANE AND LOST CONTROL OF HIS VEHICLE.

W-1 TOLD ME HE WAS STOPPED AT KINGS HIGHWAY AND PALOMAR FACING NORTH. W-1 STATED HE SAW V-1 SOUTH BOUND RUNNING CODE. W-1 STATED V-1 WENT INTO A PUDDLE AND BEGAN TO HYDRO PANEL W-1 SAID V-1 WENT OFF THE WEST SIDE OF THE ROADWAY INTO THE GUARD RAIL AND CONTINUED SOUTH BOUND UNTIL HE CAME TO A STOP.

V-1 HAD A PASSENGER IN THE VEHICLE WHICH WAS TRANSPORTED BY AMBULANCE, TO LAWN WOOD REGIONAL HOSPITAL AT HIS REQUEST TO BE CHECKED OUT.

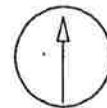
D-1 WAS AT FAULT FOR THE CRASH FOR DRIVING TO FAST FOR CONDITIONS.

SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
1	1	OMAR MATEEN - 664 NW STANFORD LN PORT ST LUCIE, FL 34983-				11/16/1986	01	1	03	02	02	01
SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

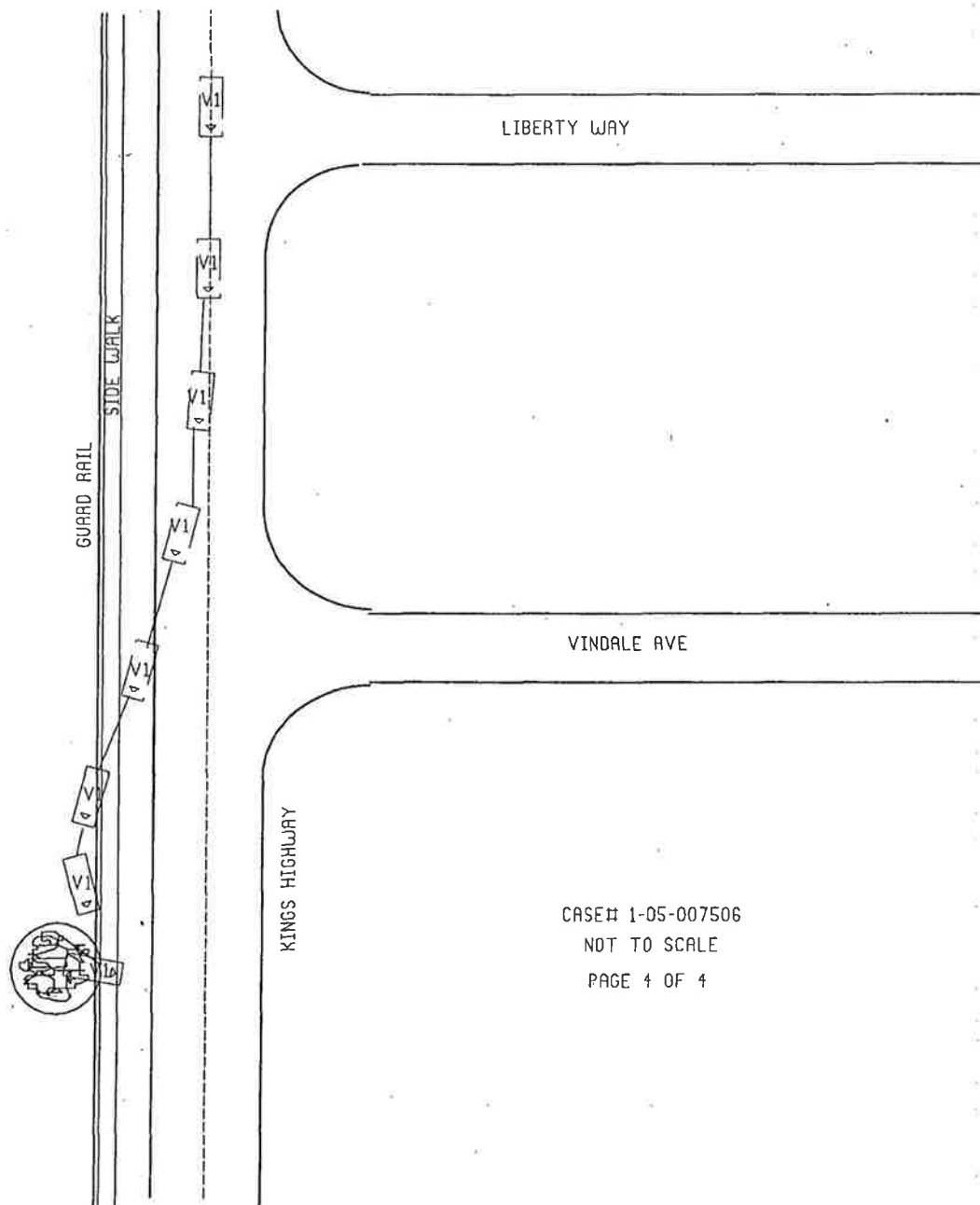
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)		CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)		CURRENT ADDRESS	CITY & STATE	ZIP CODE
DANIEL SMITH #1083 - 4700 W MIDWAY RD FORT PIERCE, FL 34981-									
FIRST AID GIVEN BY - NAME		1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer		4 Certified 1st Aider 5 Other	INJURED TAKEN TO:		BY - NAME		
ST. LUCIE FIRE, RESCUE		02		LAWNWOOD REG MEDICAL CENTER	AMBULANCE				
WAS INVESTIGATION MADE AT SCENE?	1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE?	1. YES 2. NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN?	1. YES 2. NO	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
1			1	1		05/25/2005	1	1	1
INVESTIGATOR - RANK & SIGNATURE			ID / BADGE NUMBER	DEPARTMENT			FHP SO PD OTHER		
MATTHEW BRIGLIA			400	ST LUCIE COUNTY SHERIFFS OFFICE			X		

DIAGRAM



INDICATE NORTH  
WITH ARROW



CASE# 1-05-007506  
NOT TO SCALE  
PAGE 4 OF 4

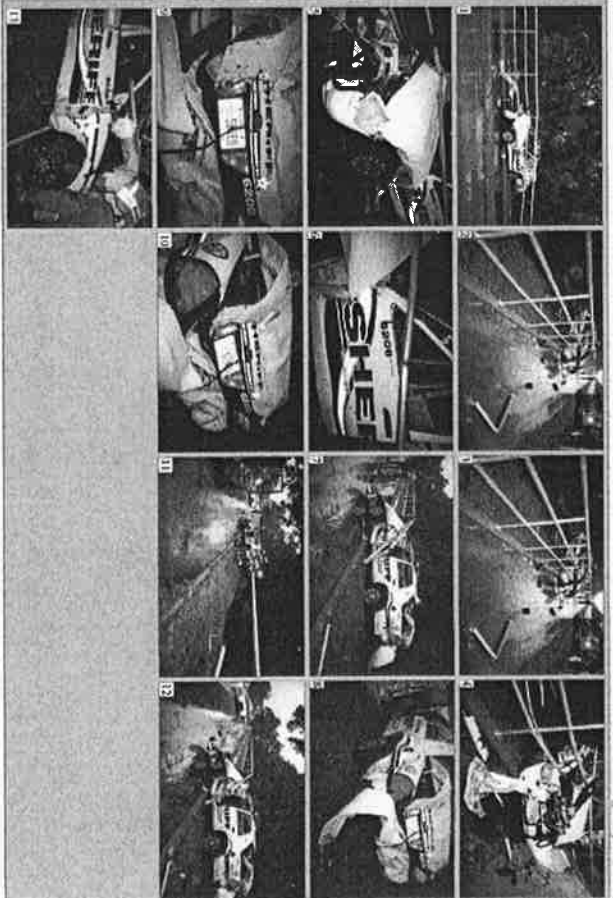




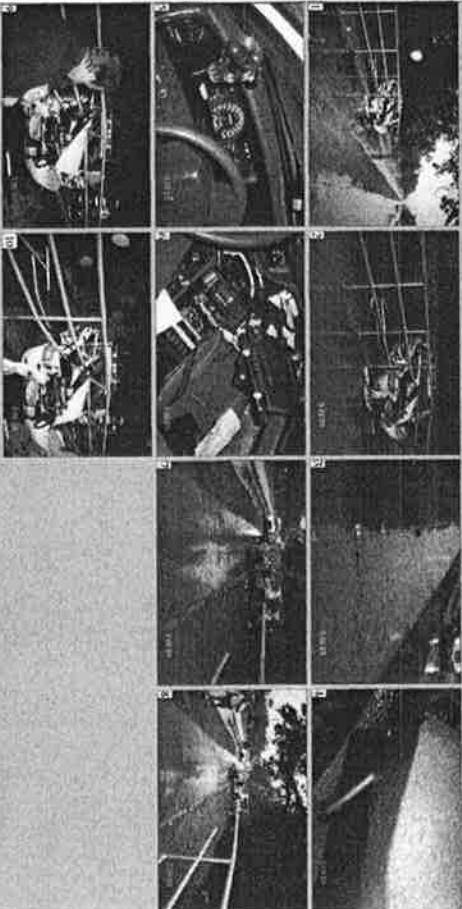




1-05-007806 SGT MUSCHWECK DEPT VEHICLE CRASH 52505 KINGS HWY AND VINEDALE LN R/A



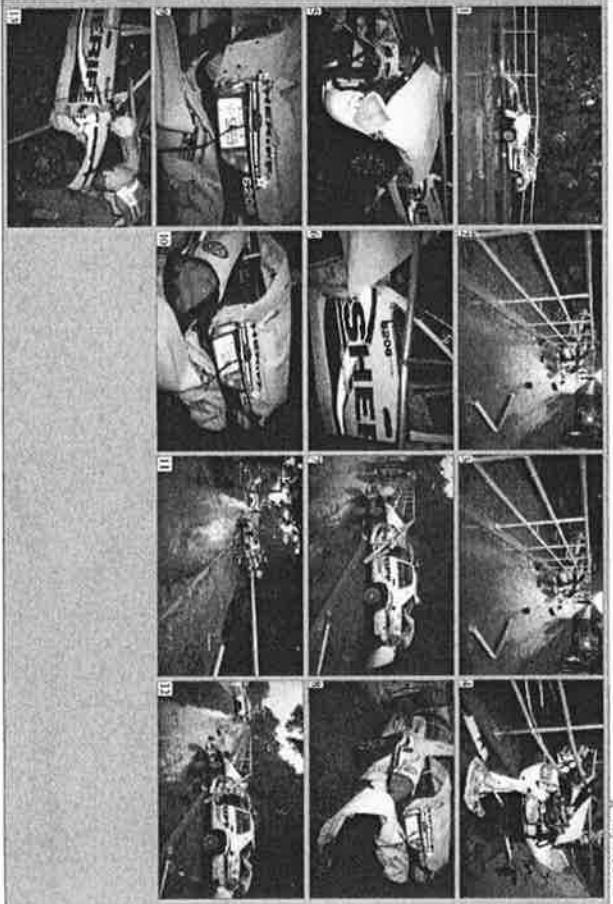
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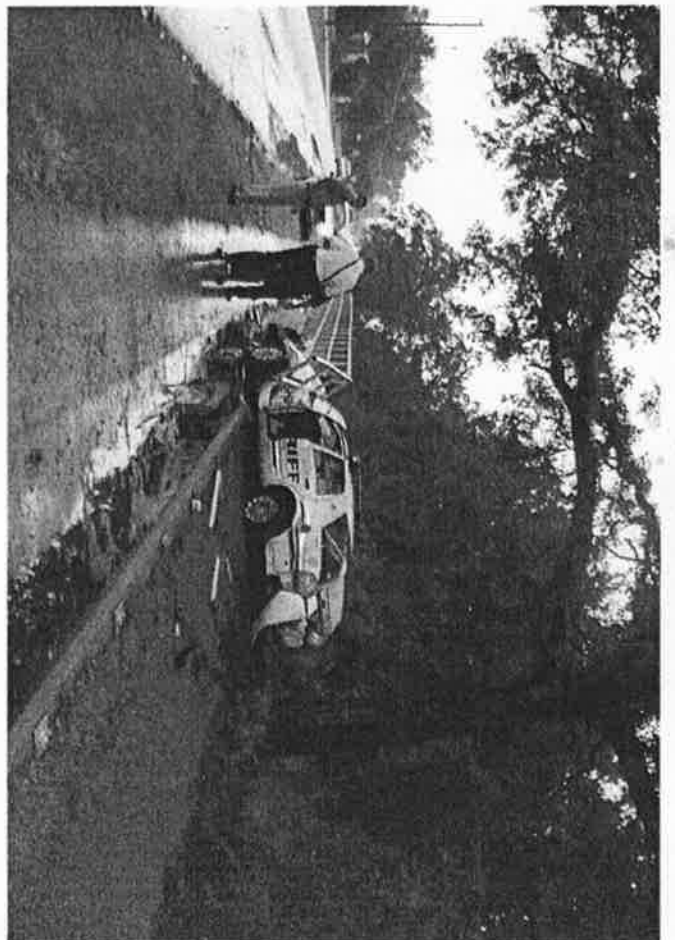
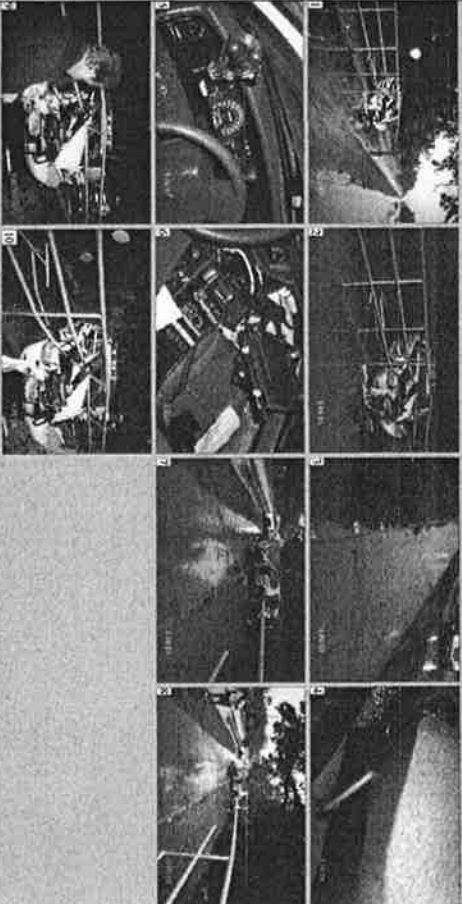
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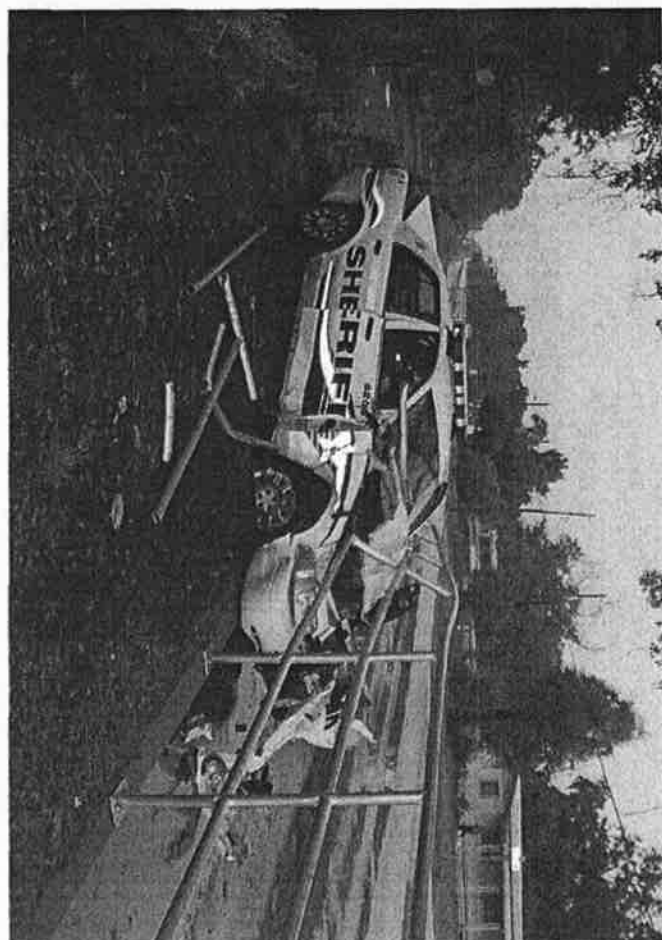
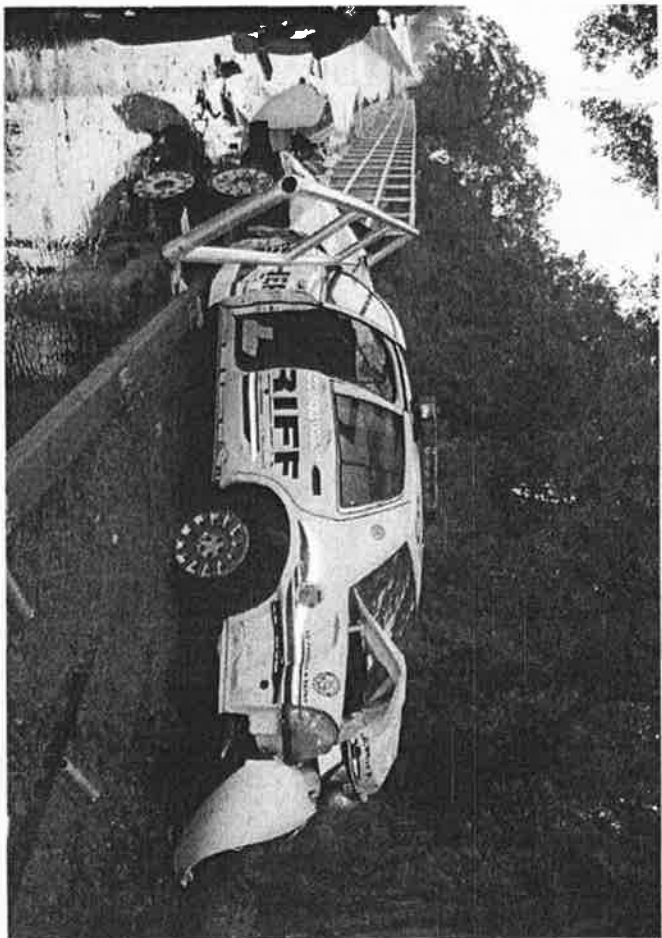
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May 27, 2005

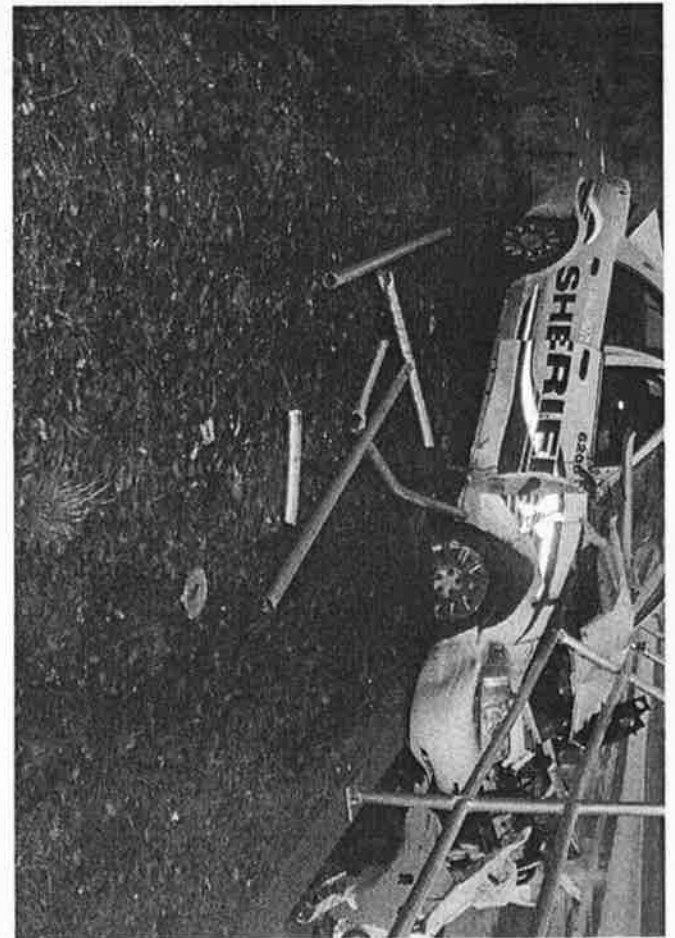
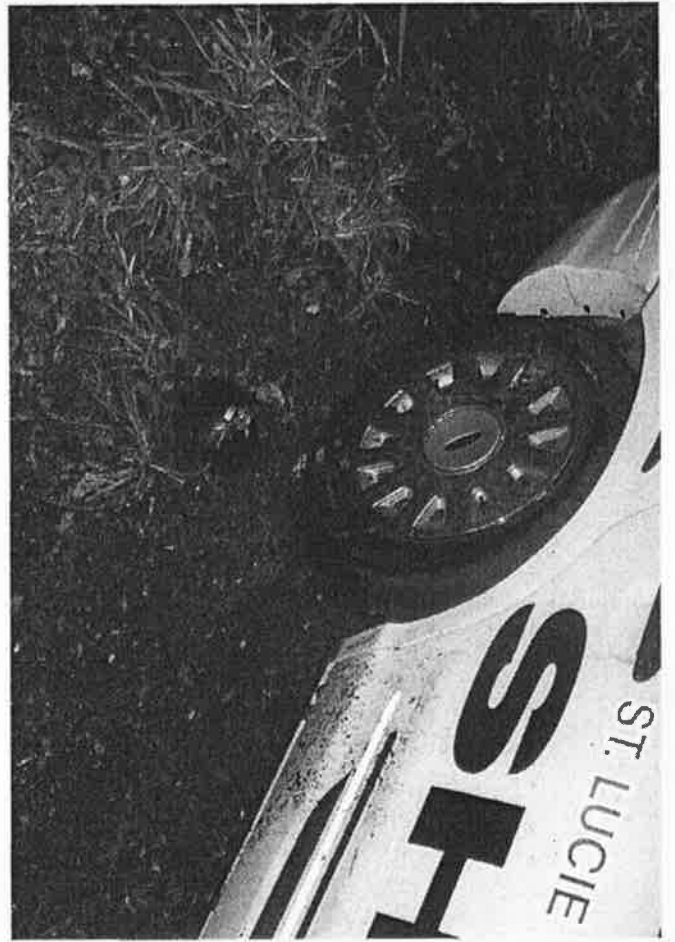


1-05-007506 DS BRIGLA DEPT VEHICLE CRASH 52505 KINGS HWY AND VINSDALE LN R/A

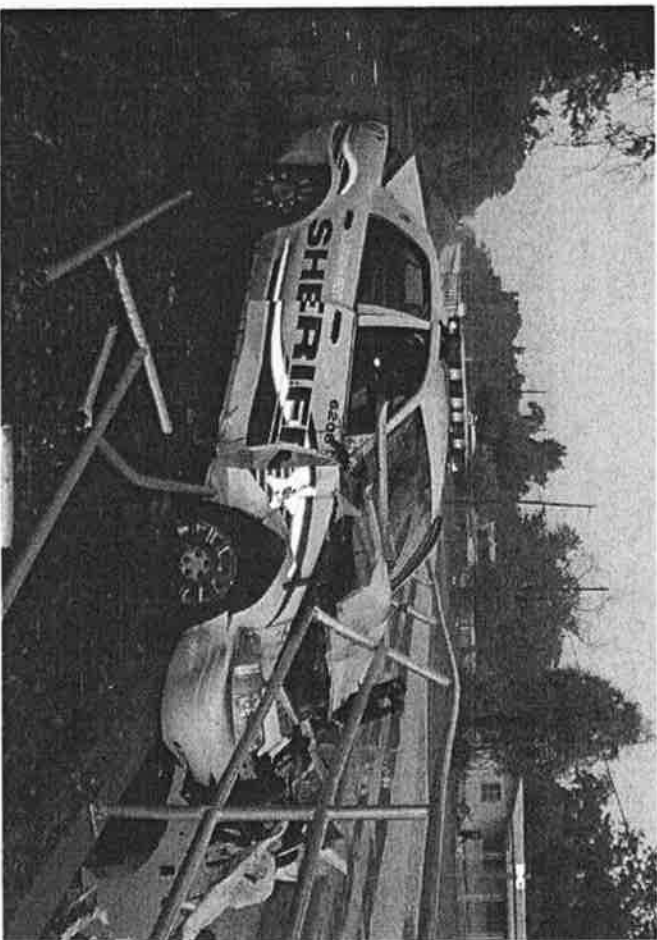
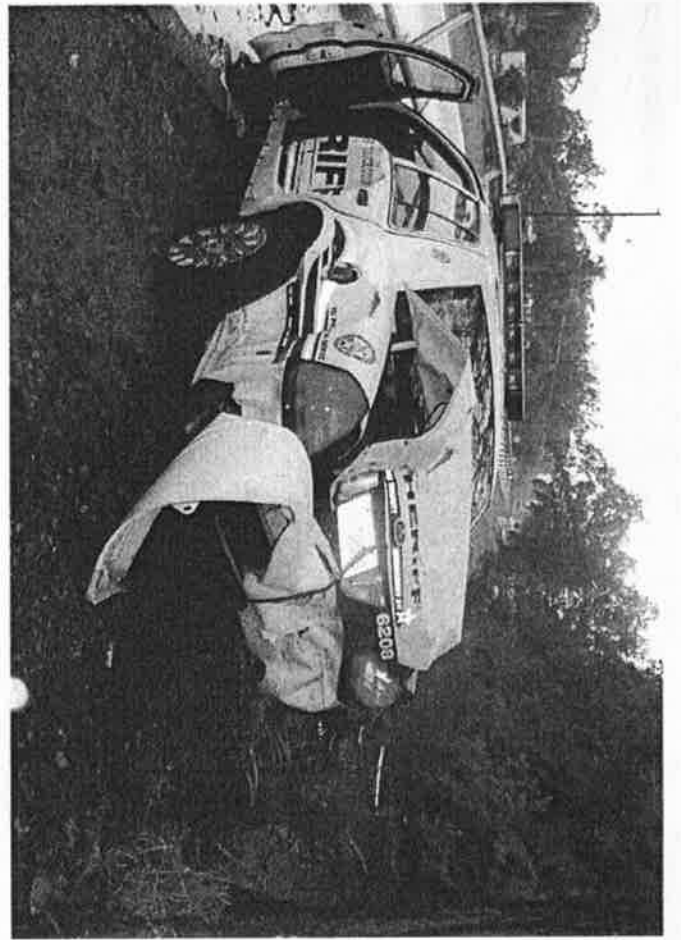
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May 27, 2005



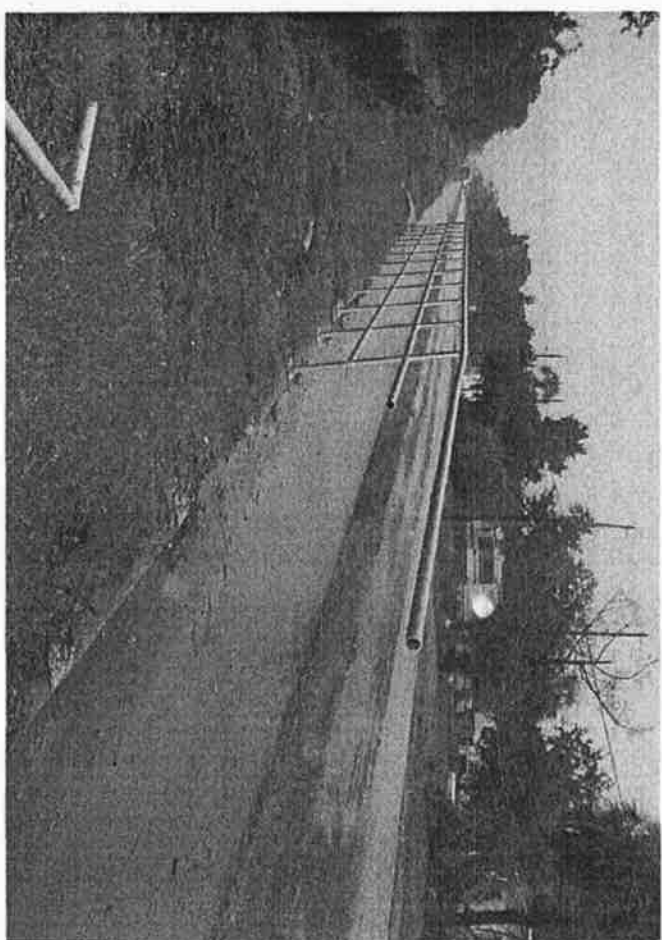
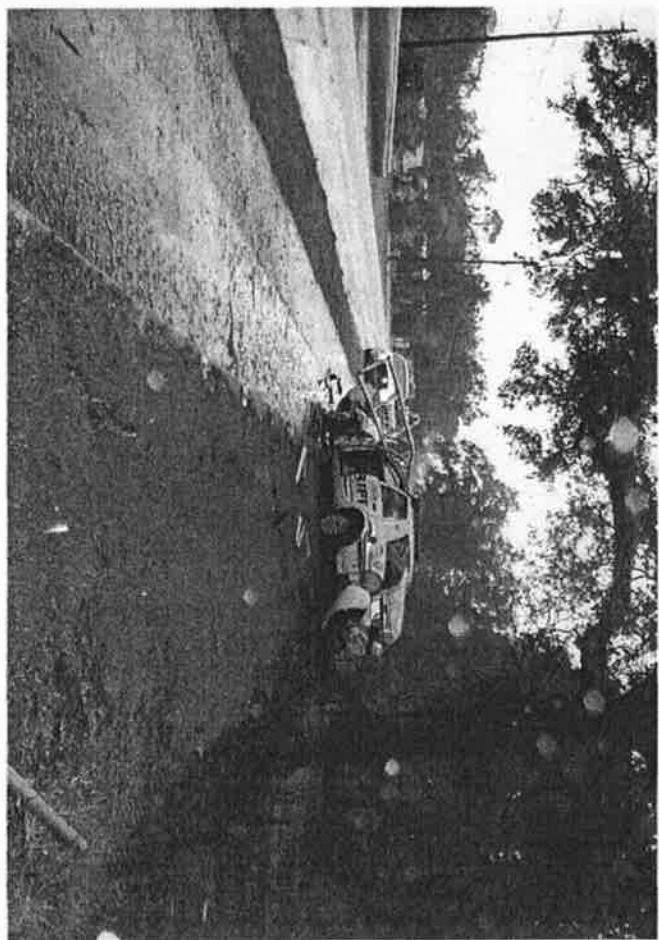
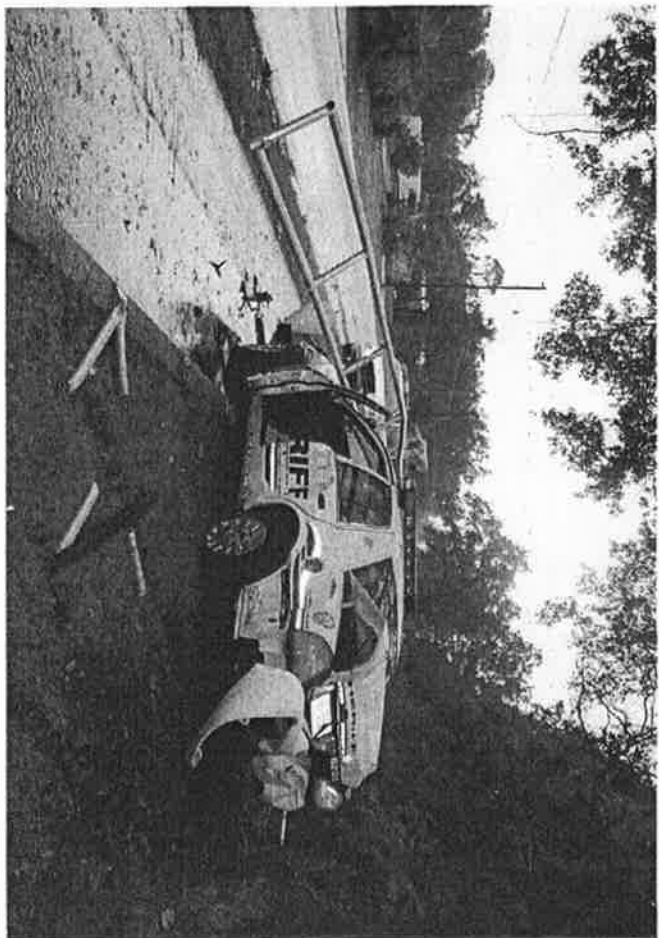


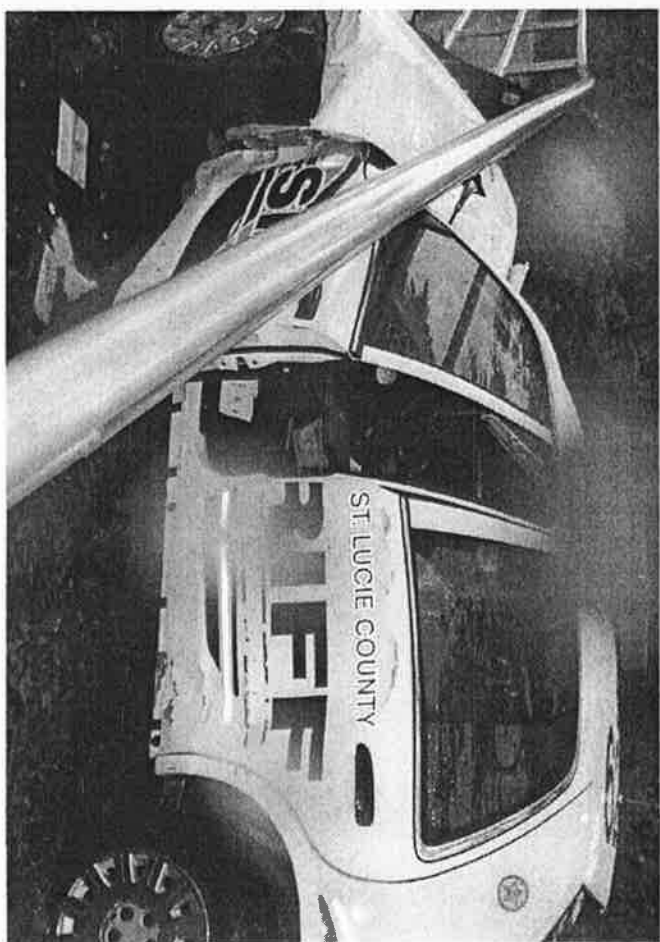
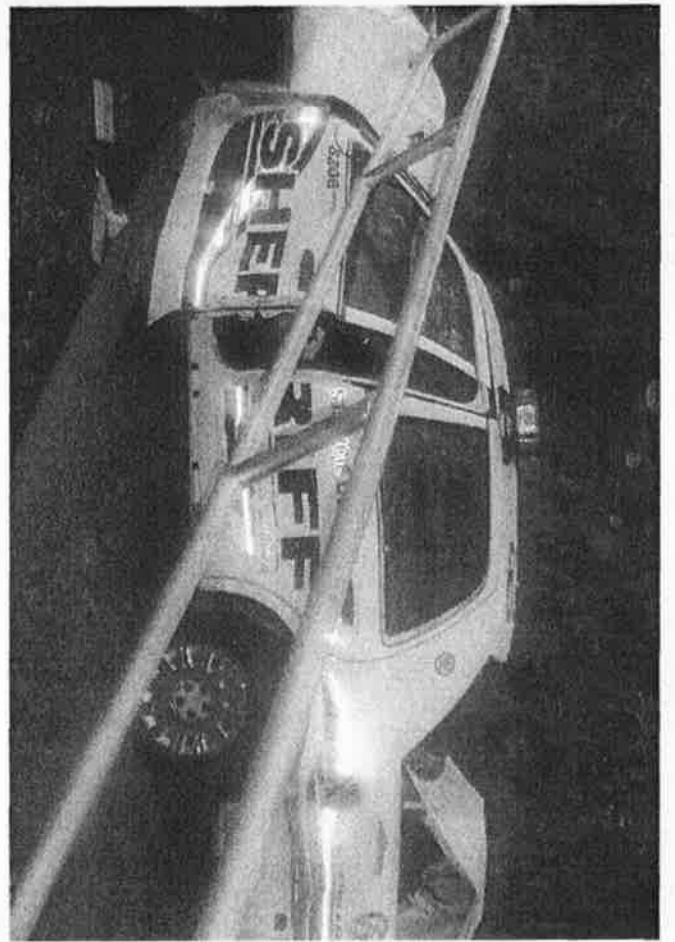


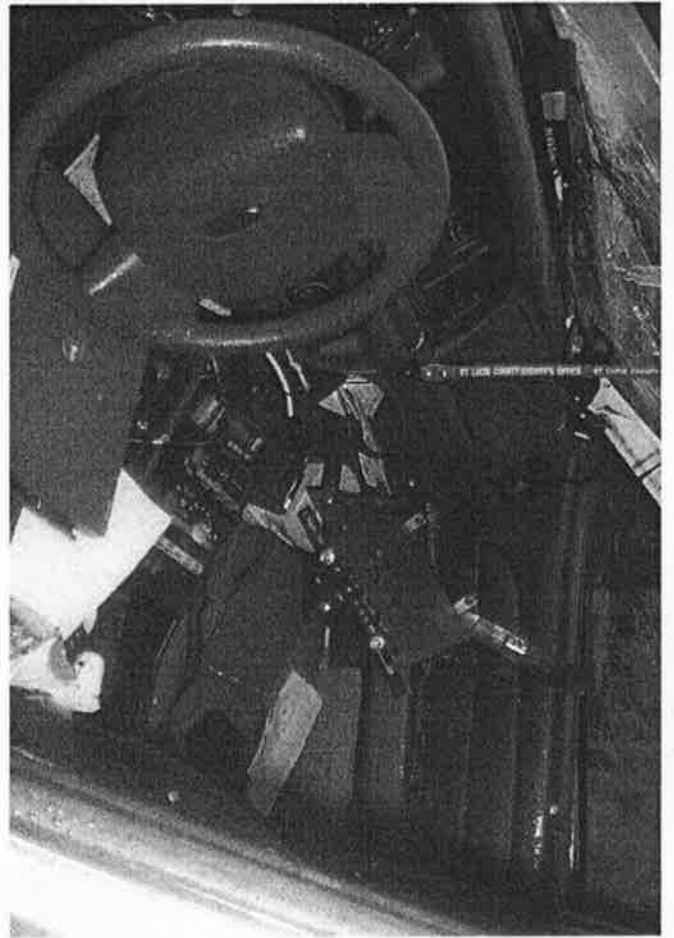
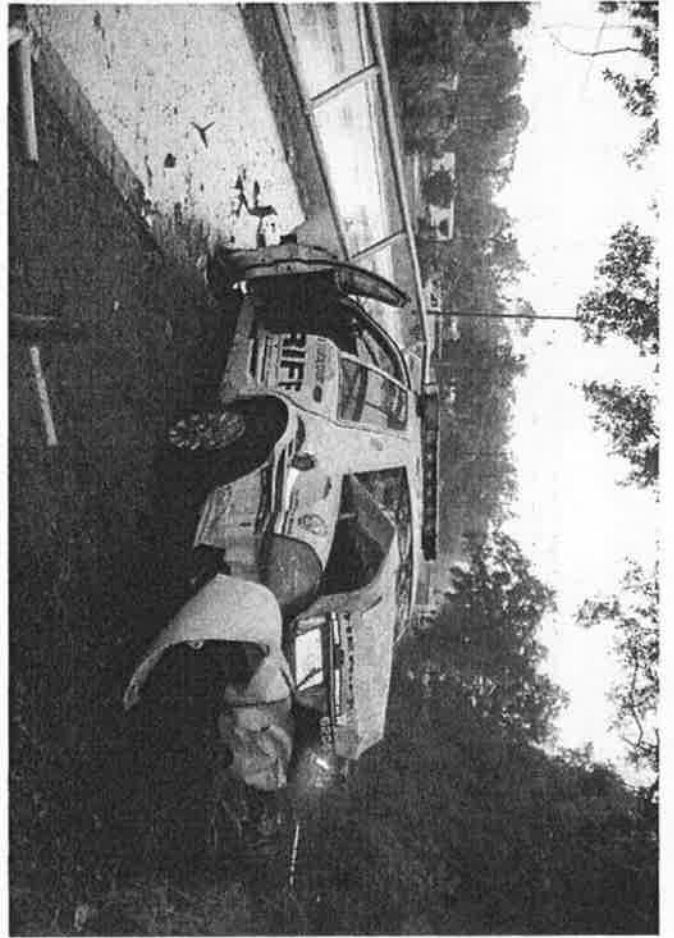




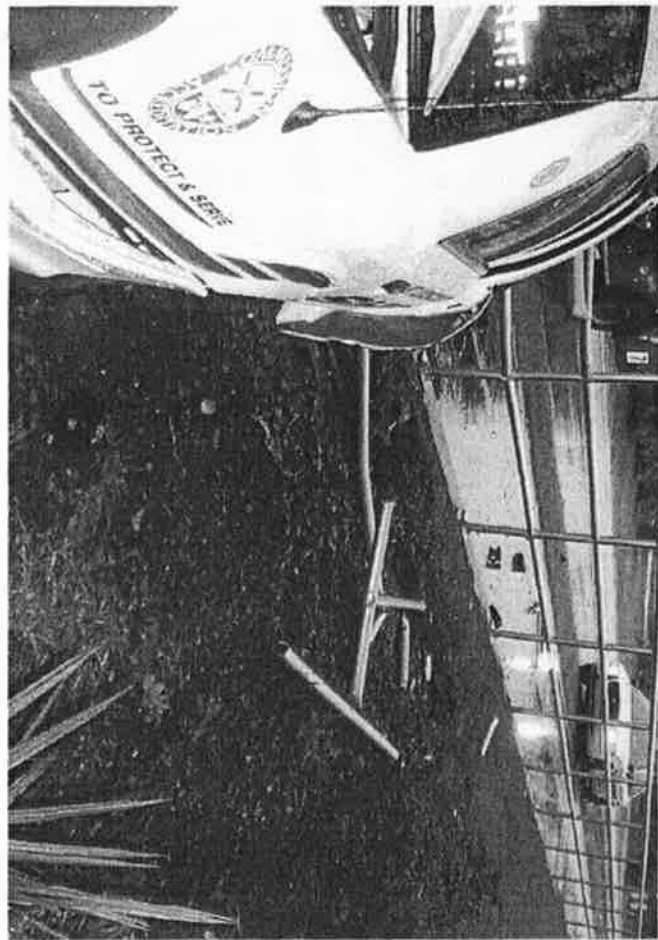
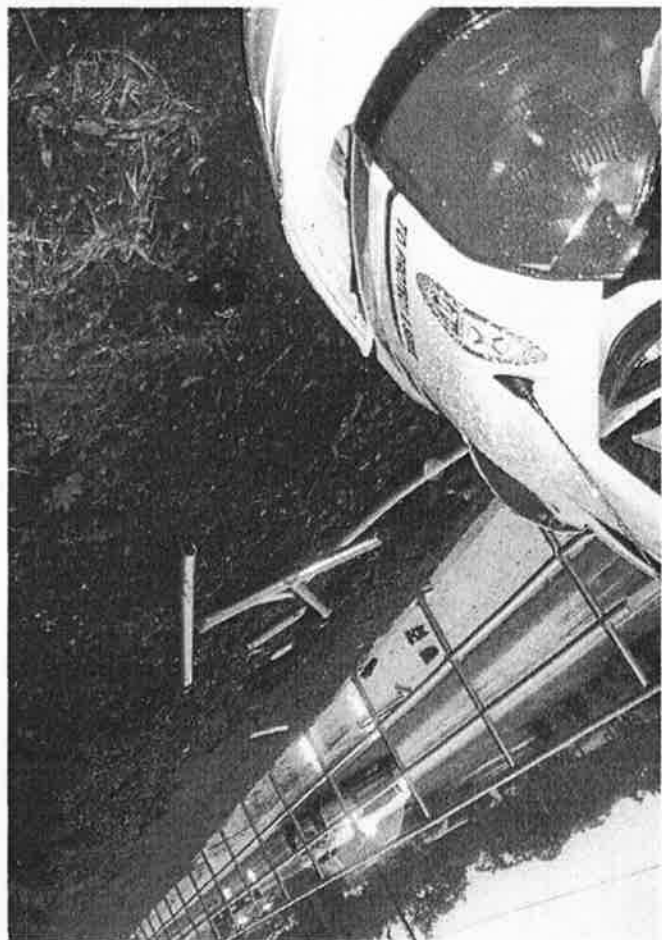
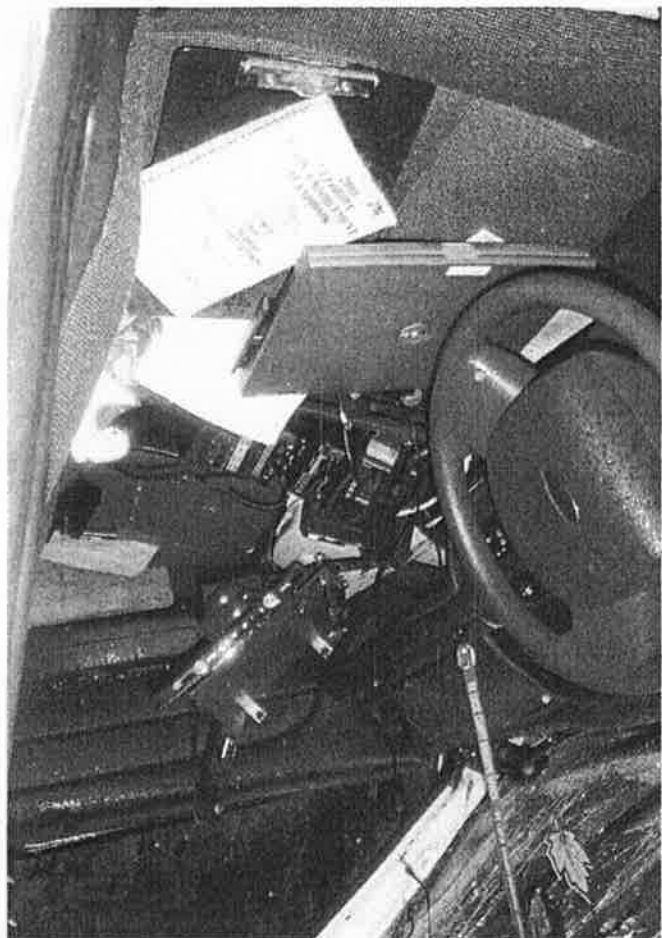


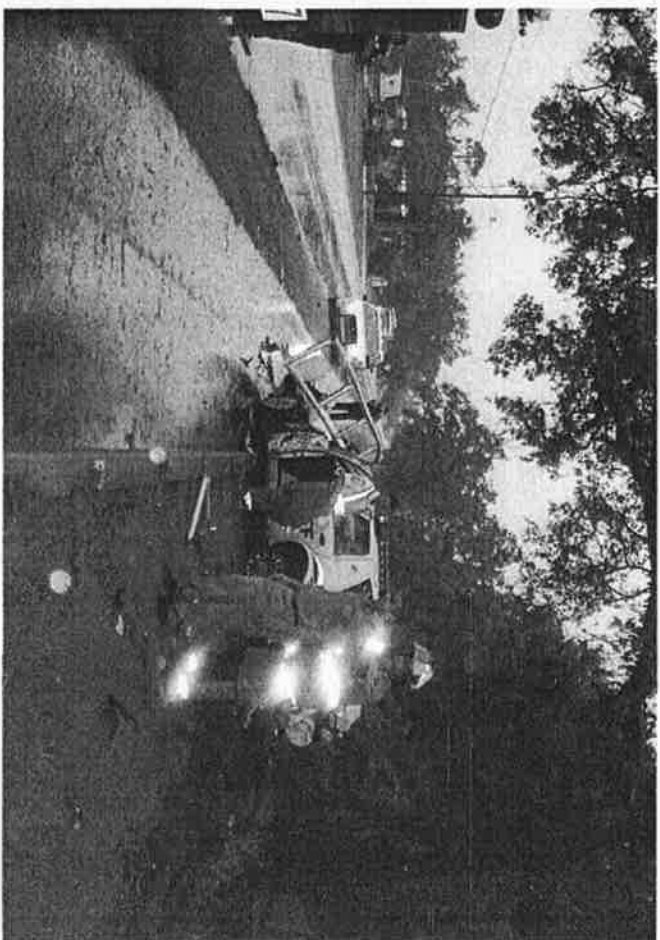
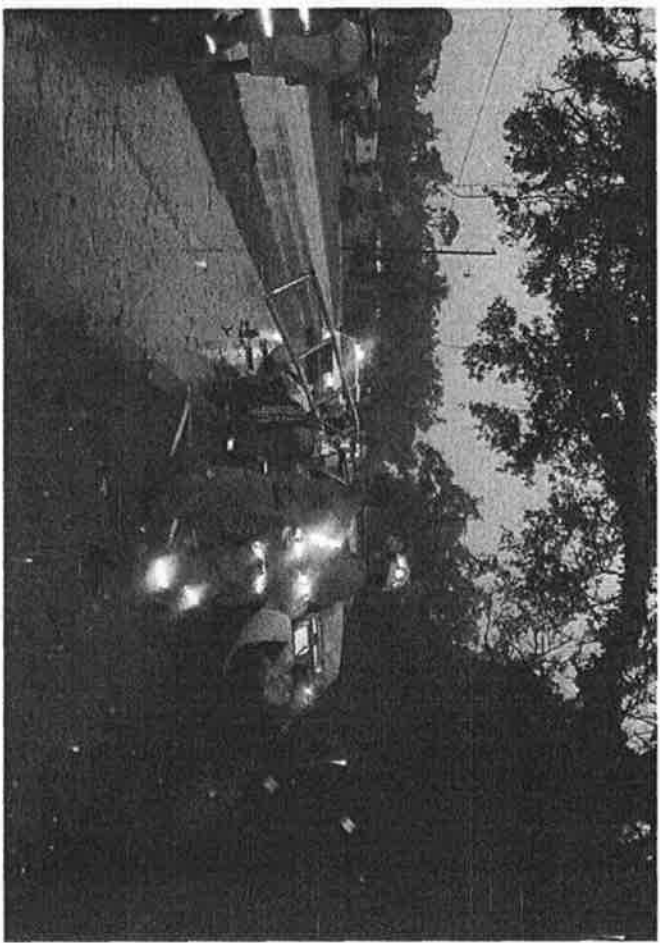
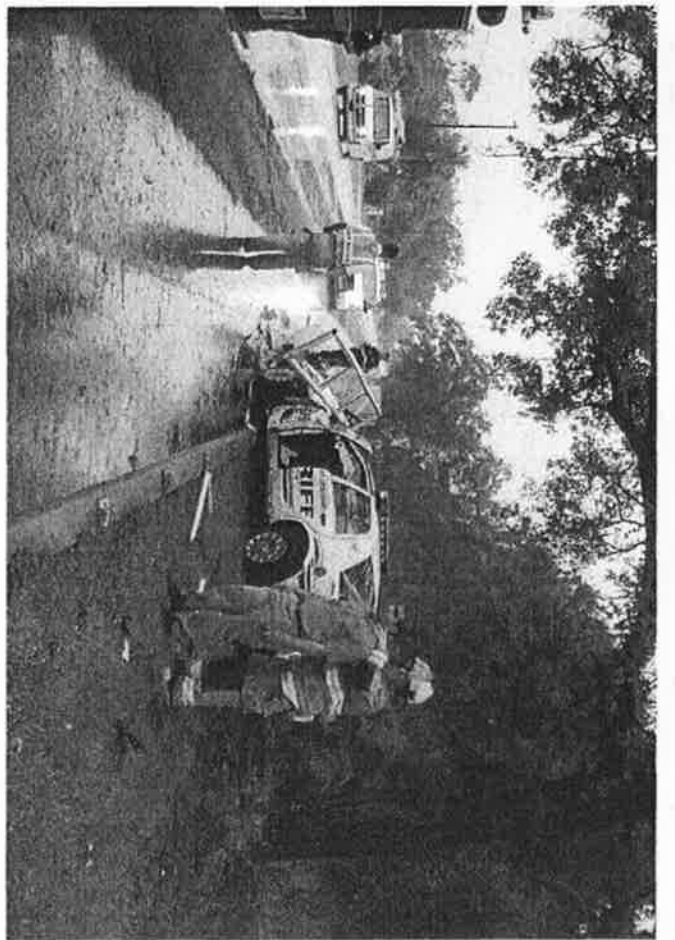
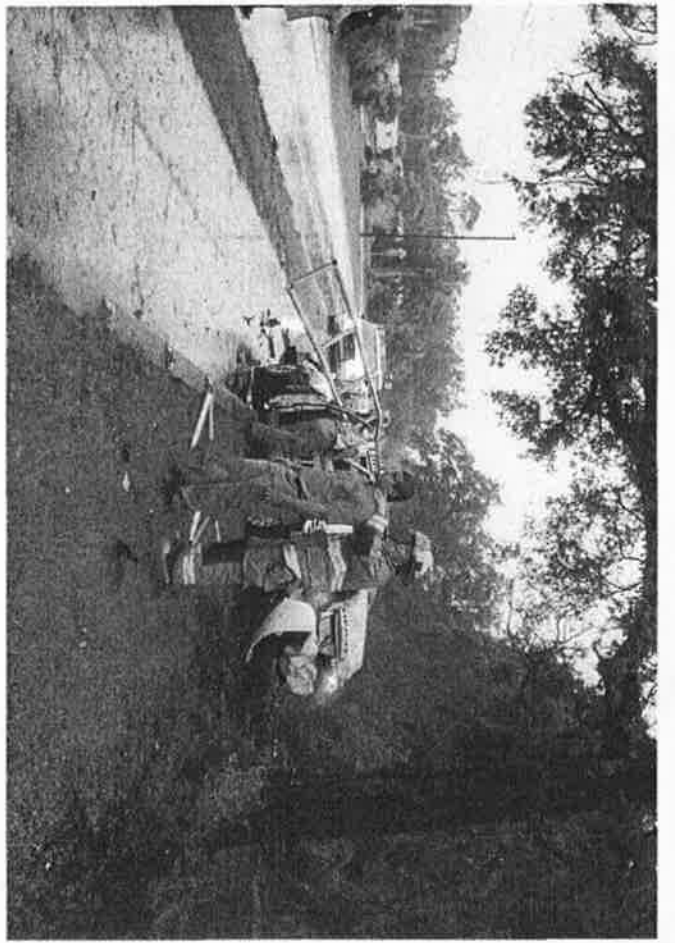


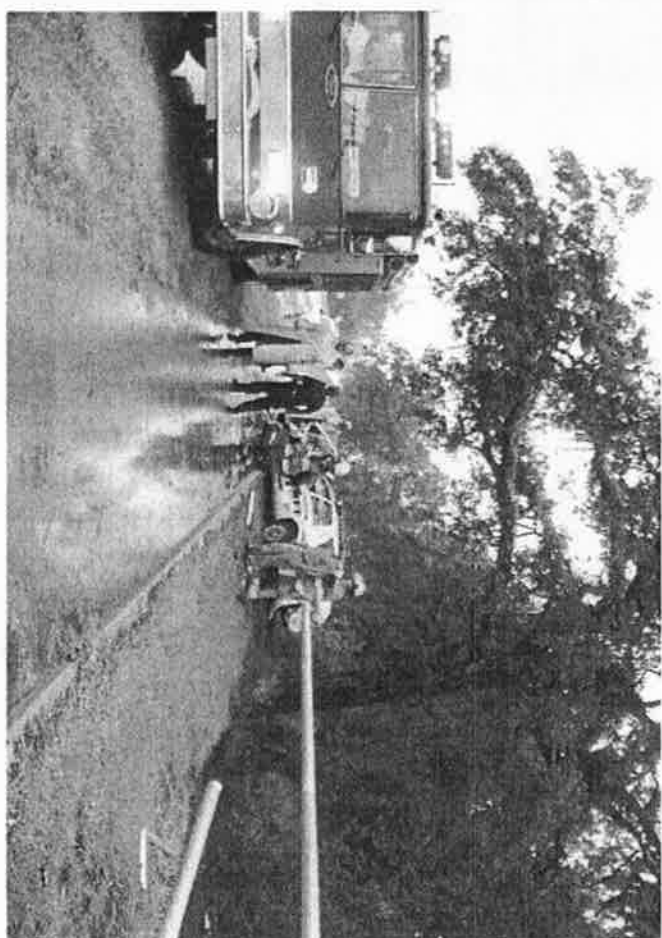
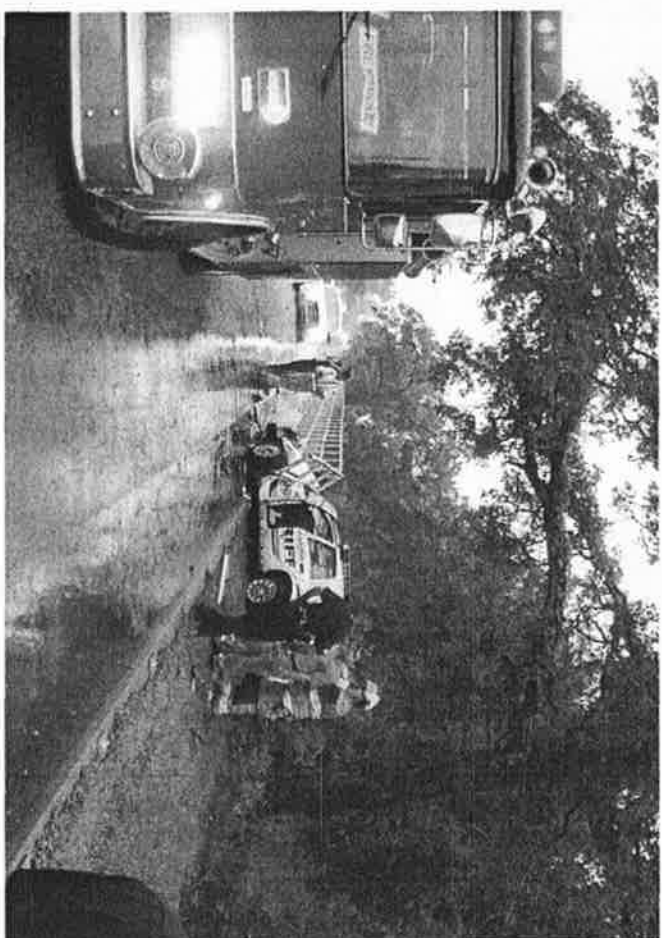
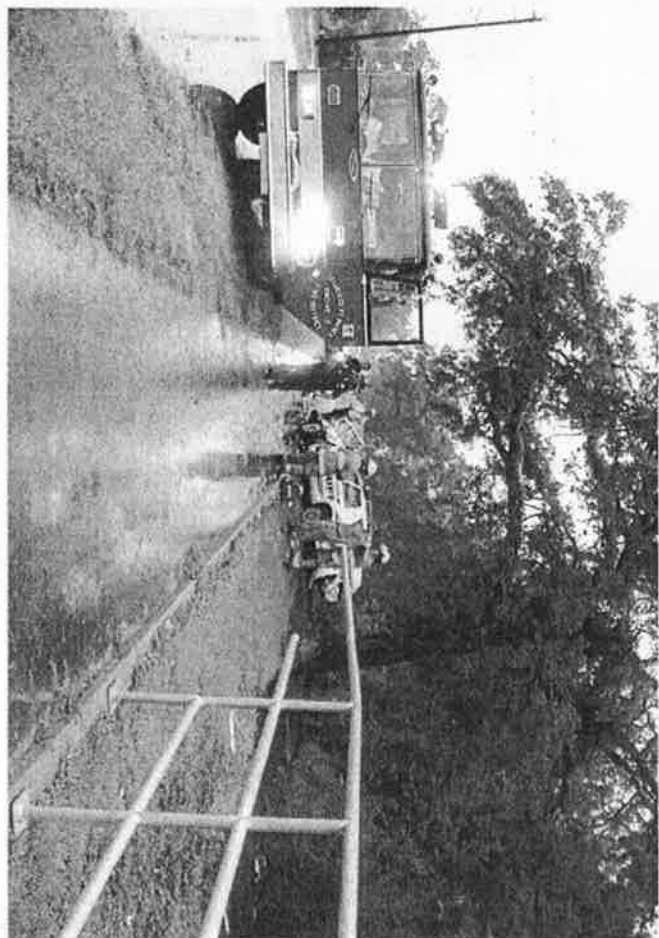
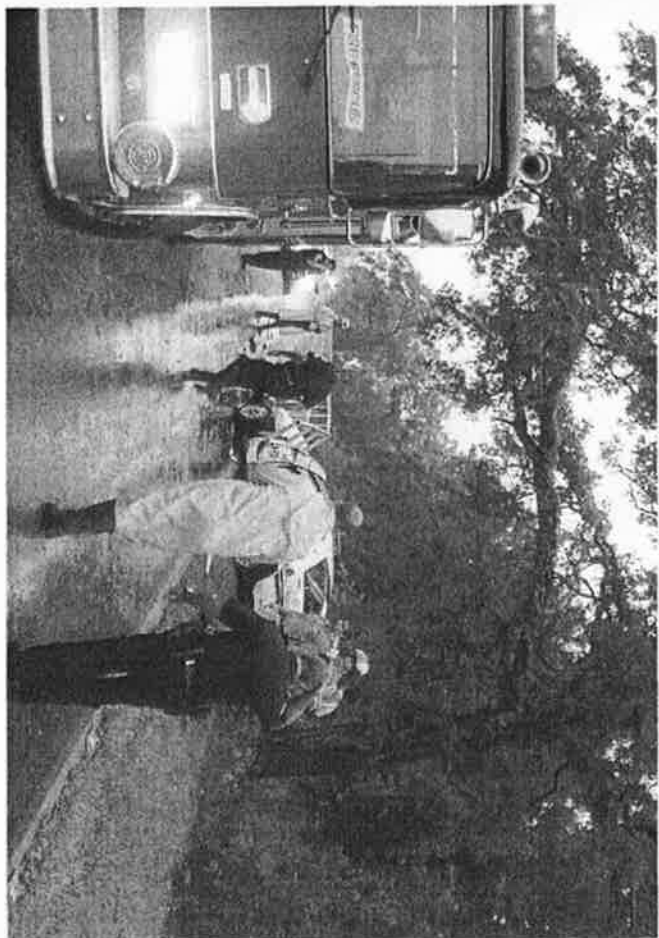




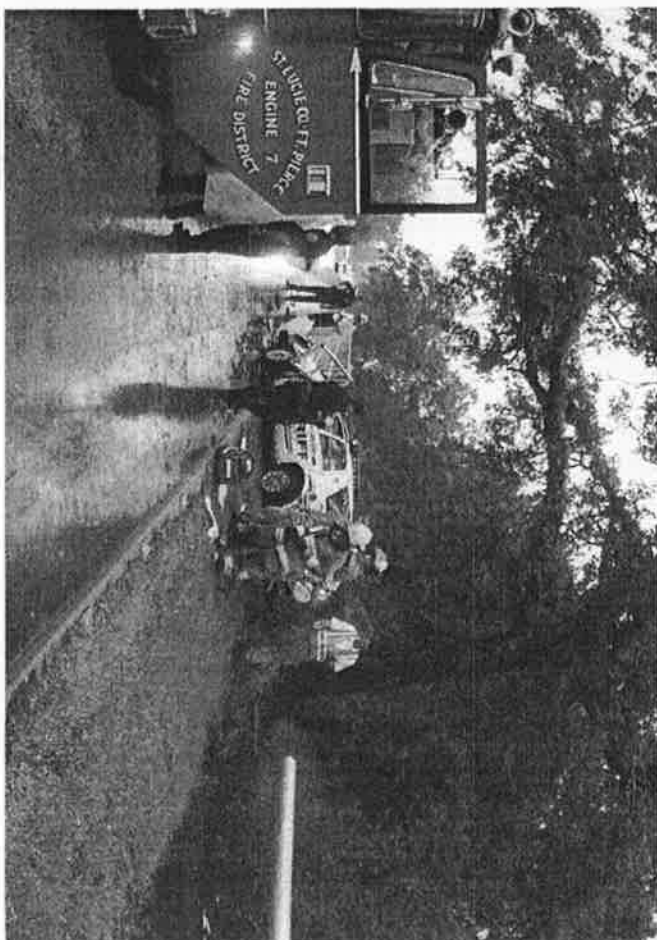
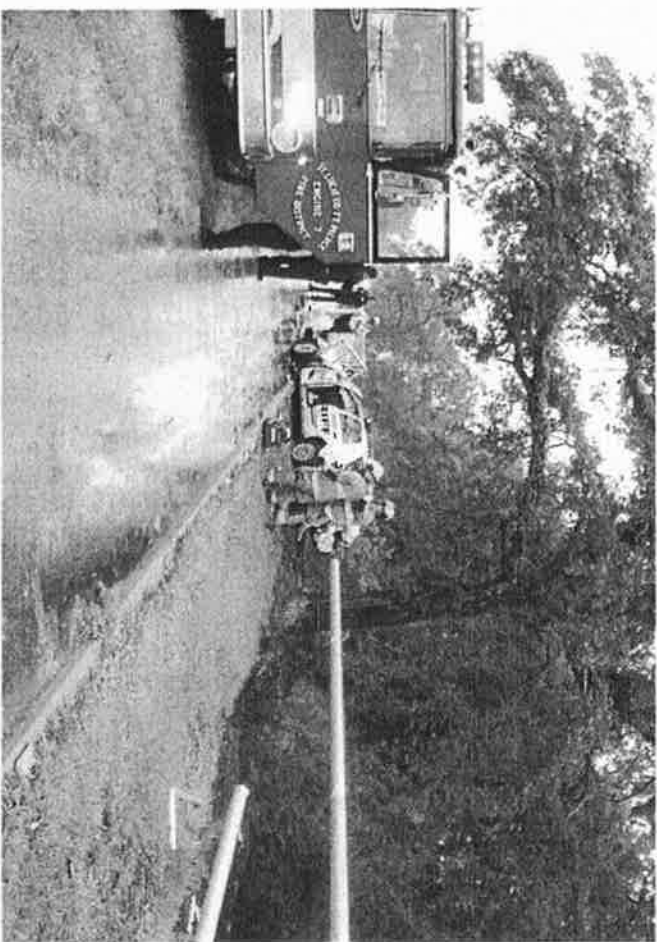
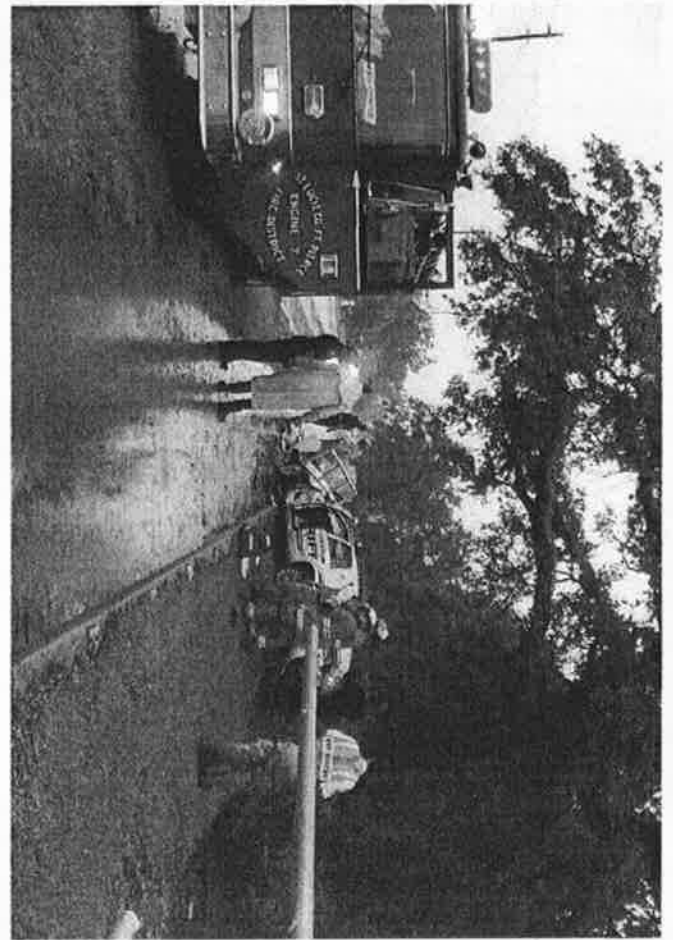
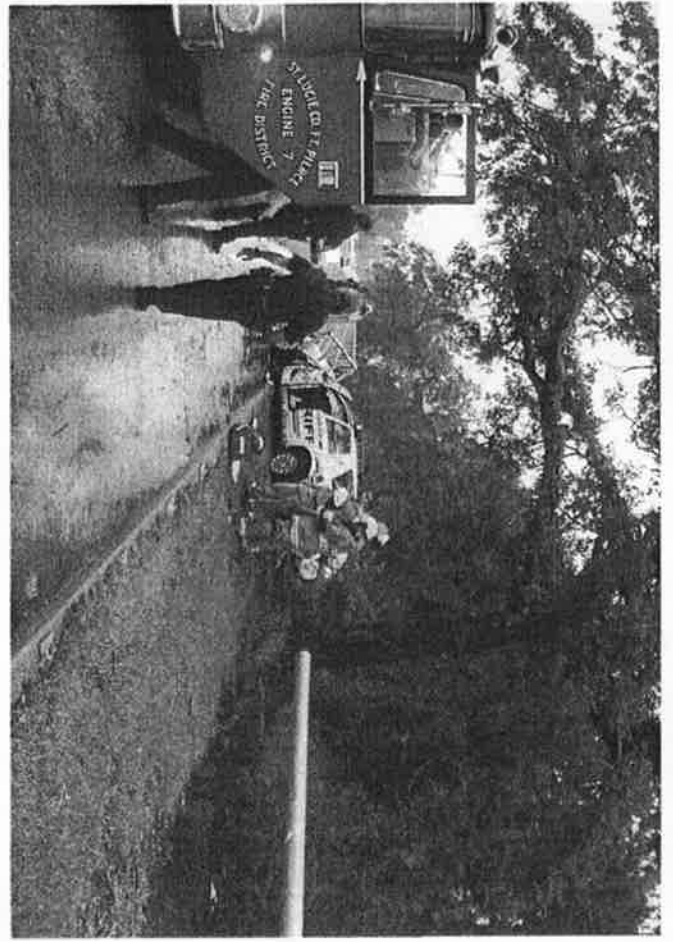




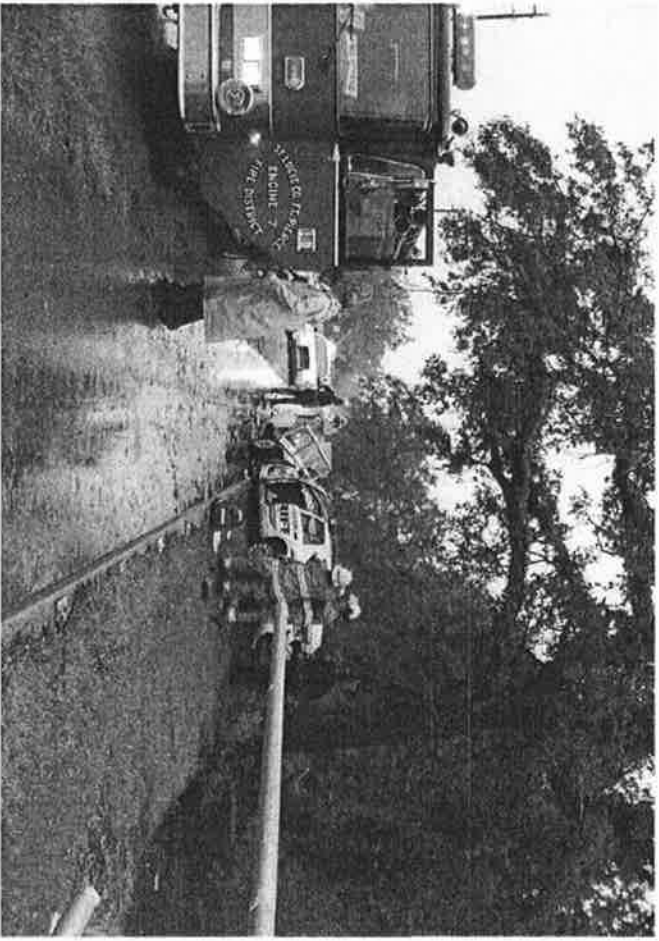












## St. Lucie County Sheriff's Office Contact Sheet

DATE	TIME	SPOKE TO:	COMMENTS
------	------	-----------	----------

**From:** Andrea Brinley  
**To:** Roz Williams  
**Date:** 6/3/05 3:01:03 PM  
**Subject:** Omar Mateen

Hello!

Omar was just in to see me. He brought a hospital bill but nothing more. I will get it off to you along with his signed medical records release form.

I asked him about his doctors visit yesterday and he said that they were extremely busy and he didn't have the time to wait to see the doctor, however, he is on his way right now to see him. (Fort Pierce Walk-In Clinic)

I told him to get in touch with me sometime on Monday and bring his doctor's note.  
Have a wonderful weekend!

[illegible]


# St. Lucie County Sheriff's Office Contact Sheet

MATEEN

DATE	TIME	SPOKE TO:	COMMENTS
5/26/05		Omar	Left Beeper my number & left a message on machine
		772/486-9225	
5/31/05	2:15	Roz Williams	SHE HASN'T BEEN ABLE TO GET OMAR. SHE IS SENDING HIM A LETTER.
6/1/05		OMAR MATEEN	4/m ON OUR A/m AT 3:45 pm
	4:00pm	(772)486-9225	I 4/m ON HIS A/m.
6/1/05	4:30pm		HE WILL BE BY TO SEE ME TOMORROW MORNING RE: ACCIDENT. HIS NECK IS STILL QUITE SORE. HE WILL BRING HIS HOSPITAL WORK
6/2/05	3:30	OMAR	HE CAME BY THIS AFTERNOON W/O HIS HOSPITAL PAPERWORK. HE SAID HE WILL BRING IT BY TOMORROW. I SENT HIM TO FT. PIERCE WALK-IN.
6/3/05	10:30	OMAR	4/m ON A/m TO SEE WHAT DOCTOR SAYING. NEED PAPERWORK.
6/3/05		JEANNIE/WALK IN	SHE SAID HE CAME IN AND THEN LEFT W/O SEEING DOCTOR.
6/3/05	1:15	Roz Williams	SINCE OMAR IS BEING WISHY WASHY ABOUT MED. TREATMENT, SHE SUGGESTS SHE SEND AN ADJUSTED OUT FOR A STATEMENT. I SAID OK AND I WOULD ADVISE KB.

## MEMORANDUM

**TO:** Major Thomas J. McInerney, Director  
Department of Administration

**FROM:** Sergeant Chris Cicio   
Training Unit Supervisor

**DATE:** June 16, 2005

**SUBJECT:** Intern Omar Mateen

On 5/25/05, Omar Mateen (IRCC Academy Track Intern) was a passenger in Deputy Fred Massoni's vehicle when he was involved in a vehicle crash. Following the crash, Mateen was transported to the emergency room.

Approximately 1 week later, I received a phone call from Andrea Brinley (risk management) who advised that Mateen was not returning her calls. I contacted Mateen and left a voice message. Upon his return call, I advised him that Risk Management was trying to contact him and that he should contact them tomorrow at the start of business.

On 06/16/05, I was informed by Andrea Brinley (risk management) that Omar Mateen had contacted her and ultimately came to see her about his injuries sustained from the automobile accident with Deputy Massoni. According to Brinley, Mateen told her he still had pain in his neck. Brinley said she referred him to the Walk-In Clinic to be seen by a doctor. The next day, Brinley was conducting a follow-up with the doctor and was advised that Mateen signed in, waited and left without seeing the doctor. Brinley contacted Mateen who stated that he waited at the doctor for a time, but had to leave. Brinley told him that he should make an attempt to see the doctor again. Brinley also advised that Deputies Geisler, Masters and Harbin have witnessed Mateen at the Gym working out without any difficulty since the accident with Deputy Massoni.

At approximately 1145 hours, I was contacted by Sgt. Bill McMahon who asked what time Mateen was scheduled to be at the jail for his internship. I advised at 1300 hours. At approximately 1400 hours, I contacted McMahon who advised Mateen did not show up for his scheduled internship.

I then contacted Lt. Diane Thompson to see if Mateen appeared for last week's scheduled internship with the Detective Bureau. Lt. Thompson advised that Mateen was there today and she saw him with Sgt. Gary Pearl. After speaking with Sgt. Pearl, I was directed to Det. Mark Colangelo who stated that Mateen was with him during the morning and supposed to show again after lunch at 1300 and did not. I called Mateen and left a message on his voice mail.

At 1501 hours, Mateen returned my call. Mateen said he was with detectives this morning and they sent him home. I told Mateen that I was advised by Det. Colangelo that he was supposed to return at 1300. Mateen then said that he had to do something and did not return. I then asked Mateen to come to the office and meet with me.

At 1525 hours, Mateen arrived at my office. He said that Sgt. Pearl gave him the option of taking the rest of the day off or coming back after lunch. Mateen told him that he would return after lunch, but he did not show up. I later spoke with Sgt. Pearl who advised that he specifically told Mateen to return at 1:30 pm to meet with Det. Colangelo. When asked about why he did not go to his assigned locations as indicated on his schedule, Mateen said that he lost his schedule during the accident. It should be noted that both Mr. Richard Dewey (IRCC Academy Track Coordinator) and myself have copies of his schedule and could have provided it if he had made the request. Mateen further stated that his schedule got messed up with all of the worker's comp and doctor issues. When asked why he did not meet with the Traffic Unit as planned, Mateen said that he could not find them. It should be noted that the B.A.T. mobile was parked in public view at the feed store at Midway Road and US-1; where Mateen was supposed to meet them. Mateen also stated that he had seen the doctor, but had not gotten back with Risk Management, nor had he gone to his follow-up treatment that was advised by his doctor.

Immediately following my meeting with Mateen, he went to see Andrea Brinley. According to Brinley, Mateen said he did see the doctor, but did not go to a follow-up visit that was scheduled for this week. Mateen told Brinley that he was fine and did not need anymore treatment. Brinley advised Mateen that should he inadvertently receive any bills from the medical providers, he should bring them to Risk Management immediately so that his credit would not be adversely affected.

Mateen's internship with this agency ends on Sunday, June 19. Today was his last scheduled day. At this point, Mateen is 20 hours short of the time required by Indian River Academy to complete the internship program.

Cc: Capt. Michael Graves  
Lt. Jerry Rothman  
Kristen Bernero



May 26, 2005

### **Acknowledgement of Assignment**

**SHARP**

Attn: Kristen Bernero

Fax: 772-462-3606

RE: Claim Number:	EVSH2005028859
Claimant:	Omar Mateen
Insured:	SHARP
Date of Loss:	09/25/2005
Our File #:	13-10652
Type of Assignment:	Client Specific

Client Program #: 6777

We acknowledge receipt of your assignment dated 05/26/2005. We have assigned this claim to Joe Cantor.

The assignment will be billed in accordance with your specific program instruction (if applicable) or per Crawford's Standard Billing Policies (U.S.), which can be viewed at Crawford's web site: [www.crawfordandcompany.com](http://www.crawfordandcompany.com). If you have chosen Crawford's Limited Assignment Menu of Services, this is also located on our web site. A hard copy of the Billing Policies and Limited Assignment Menu is available upon request.

We appreciate your selection of Crawford & Company for this assignment.

Sincerely,

Curtis Hicks  
Branch Manager  
Crawford & Company

**FIRST REPORT OF INJURY OR ILLNESS****FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

For assistance call 1-800-342-1741  
or contact your local EAO Office  
Report all deaths within 24 hours 1-800-219-8953 Or (850) 802-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE
05/26/2005		

PLEASE PRINT OR TYPE

**EMPLOYEE INFORMATION**

NAME (First, Middle, Last) Omar Moleen		Social Security Number [REDACTED]	Date of Accident (Month-Day-Year) 05/25/2005	Time of Accident 1530 PM
HOME ADDRESS Street/Apt. # 584 Stanford Lane		EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include cause of injury) Employee was involved in a motor vehicle accident, hit the guard rail - [REDACTED]		
City: Port St. Lucie	State: FL	Zip: 34883		
TELEPHONE ( 772 ) 4868225	Area Code	Number		
OCCUPATION volunteer	INJURY/ILLNESS THAT OCCURRED [REDACTED]		PART OF BODY AFFECTED [REDACTED]	
DATE OF BIRTH 11/16/1986	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			

**EMPLOYER INFORMATION**

COMPANY NAME: St. Lucie County Sheriff's Office		FEDERAL I.D. NUMBER (FEIN) 58600838	DATE FIRST REPORTED (Month/Day/Year) 05/25/2005
DBA:		NATURE OF BUSINESS Law Enforcement	POLICY/NUMBER NUMBER 04WC-60-95
Street: 4700 W Midway Rd		DATE EMPLOYED 04/23/2005	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
City: Ft Pierce	State: FL	Zip: 34881	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES
TELEPHONE ( )	Area Code	Number	LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP [REDACTED]
EMPLOYER'S LOCATION ADDRESS (if different) Administration		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE	RATE OF PAY \$ _____ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> DAY <input type="checkbox"/> MO
Street: 4700 W Midway Rd		DATE OF DEATH (if applicable)	Number of hours per day _____ Number of hours per week _____ Number of days per week _____
City: Ft Pierce	State: FL	Zip: 34881	NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL Longwood Regional Medical 1700 S 23rd St Fort Pierce FL 34950 772 4814000
LOCATION # (if applicable)		AGREE WITH DESCRIPTION OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	AUTHORIZED BY EMPLOYER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF ACCIDENT (Street, City, State, Zip) Kings Highway & Vindal Ave		Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 44Q.105(7), F.S. I have reviewed, understand and acknowledge the above statement.	
Street:		EMPLOYEE SIGNATURE (if available to sign) Christine Bernero 772 - 4623208	
City: Ft Pierce		DATE 05/26/2005	
State: FL		DATE 05/26/2005	
Zip:		DATE 05/26/2005	
COUNTRY OF ACCIDENT:		DATE 05/26/2005	

**CLAIMS-HANDLING ENTITY INFORMATION**

<input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8th Day of Disability _____ Entity's Knowledge of 8th Day of Disability _____
<input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached	
<input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____ Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____	
Date First Payment Mailed _____ AWW _____ Comp Rate _____	
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY	
Penalty Amount Paid in 1st Payment \$ _____ Interest Amount Paid in 1st Payment \$ _____	

REMARKS:

INSURER CODE # 0861	EMPLOYEE'S CLASS CODE 8510	EMPLOYER'S NAICS CODE 922120	INSURER NAME Florida Sheriff's Worker's Compensation Self Insurance Fund CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE Unisource Administrators, Inc. P.O. Box 18558 Sarasota, FL 34276-2558 1-888-457-1400 Fax 1-941-342-6839
SERVICE CODE/PA CODE # 6173	CLAIM-HANDLING ENTITY FILE # 197264		

Form 941-75-500 (1-03-05)





Employee: Omar Mateen  
Employer: St. Lucie County Sheriff's Office  
Claim#: 197264  
SS#: XXXXXXXXXX  
D/A: 05/25/2005

## RECORDS/WAGE INFORMATION AUTHORIZATION

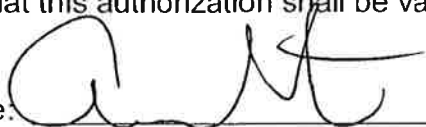
I authorize any physician, medical practitioner, hospital, clinic, other health facility or employer to release any and all medical and non-medical information in its possession about me to Unisource Administrators, Inc., or its legal representative. Medical information means all information in the possession of or derived from providers of healthcare regarding the medical history, mental or physical condition, or treatment of me.

I know that I may request and receive a copy of this authorization.

I agree that a photocopy of this authorization shall be as valid as the original.

I agree that this authorization shall be valid for two and one-half years from the date shown below.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

6/3/05

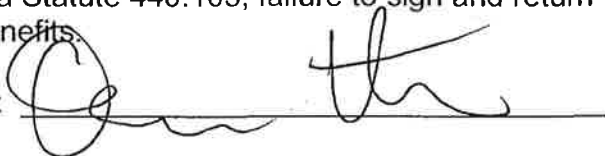
## Fraud Statement Acknowledgement

*Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, a felony of the third degree, and is punishable as provided in s. 817.234.*

I have reviewed, understand and acknowledge the above statement.

Per Florida Statute 440.105, failure to sign and return this document will cause suspension of your benefits.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

6/3/05



1700 S. 23<sup>RD</sup> ST.  
FT PIERCE, FL 34954-2108

OMAR MATEEN  
664 NW STEPPORD LANE  
PORT ST LUCIE FL 34983

MAY 28, 2005

Acct: 96508537  
HFMI: 1123759  
Balance: \$1,193.00  
Date of Service: 05/25/2005

Dear Patient/Guardian,

This letter is in regard to your recent visit to Lawnwood Regional Medical Center. Their records indicate that you are uninsured. If you do have insurance, please contact us immediately.

As an uninsured patient, we have been retained by the hospital to assist you in applying for medical coverage through one of the various governmental programs. If you are approved, this could help pay for this and future medical bills. There is a time limit in applying for assistance so please call as soon as possible.

If we do not hear from you within two weeks we will assume that you do not need any assistance in paying your hospital bill. The account will be returned to the hospital and the full balance will be your responsibility.

You may reach me by calling our office in Lawnwood Regional Medical Center at (772) 467-8114 at your convenience. Thank you for your prompt attention to this matter.

Sincerely,

Lourdes M. Soto

Esta carta es en relacion con su visita al hospital Lawnwood Regional Medical Center. Sus expedientes indican que usted no tiene seguro. Si usted tiene seguro, por favor entrar en contacto con nosotros inmediatamente.

Como paciente sin seguro, el hospital nos ha encargaado para asistirle en solicitar asistencia para cubrir su factura medica con uno de los varios programas gubernamentales. Si usted es aprobado, esto podría ayudarle a pagar esta y las cuentas medicas futuras. Hay un tiempo limitado en solicitar ayuda, por eso, por favor llame lo mas pronto posible.

Si no oímos de usted en el plazo de dos semanas, asumiremos que usted no necesita ninguna ayuda en pagar su cuenta del hospital. La cuenta será devuelta al hospital y el balance completo será su responsabilidad.

Usted puede llamar nuestra oficina en el hospital Lawnwood Regional Medical Center al número (772) 467-8114.

Gracias por su atención a este asunto.



# ST. LUCIE COUNTY FIRE DISTRICT

2400 RHODE ISLAND AVENUE  
FORT PIERCE, FL 34950-4852  
PHONE (772) 462-8304  
FAX (772) 462-8464

PATIENT NAME: OMAR MATEN

INSURANCE:

OMAR MATEN  
664 NW STANFORD LANE  
Port St. Lucie, FL 34983-3417

PATIENT NUMBER: 89546

CALL NUMBER: 4099424

DATE OF CALL: 05/25/2005

TIME OF CALL: 03:38 PM

CALLER:

FROM: 5300 N KINGS HWY

TO: LAWNWOOD REG. MEDICAL CTR-HO

REASON(S)

FOR

TRANSPORT

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
ALS EMERGENCY NO ALS TREATM Q3019	1.0	310.00	310.00
Ambulance Mileage A0425	11.0	6.00	66.00
Total Charges			376.00

Cam #197264

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
			OFFICE OF 4/13/06 <b>RECEIVED</b> RISK MANAGEMENT Total Credits 0.00
PLEASE PAY THIS AMOUNT ➡			\$376.00

DETACH ALONG PERFORATION ABOVE AND RETURN THIS STUB WITH YOUR PAYMENT

PATIENT NAME: MATEN, OMAR  
PATIENT NUMBER: 89546

CALL NUMBER: 4099424  
BILLING DATE: 08/16/2005

AMOUNT DUE \$ 376.00  
AMOUNT \$  
ENCLOSED

This account is PAST DUE! This is the second invoice for ambulance service provided to you. Please send your payment immediately or contact our office to make payment arrangements.

faxed to Laurie 4/13/06

ST. LUCIE COUNTY FIRE DISTRICT

2400 RHODE ISLAND AVENUE • FORT PIERCE, FL 34950-4852 • PHONE (772) 462-8304 • FAX (772) 462-8464



# ST. LUCIE COUNTY FIRE DISTRICT

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PATIENT NAME: OMAR MATEN

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CALL NUMBER: 4099424  
DATE OF CALL: 05/25/2005  
TIME OF CALL: 03:38 PM  
CALLER:  
FROM: 5300 N KINGS HWY  
TO: LAWNWOOD REG. MEDICAL CTR-HO

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FOR  
TRANSPORT

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
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Ambulance Mileage A0425	11.0	6.00	66.00
<i>Mailed to Roy 8/12/05</i>			
Total Charges			376.00

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
Total Credits			0.00
PLEASE PAY THIS AMOUNT ➡			\$376.00

DETACH ALONG PERFORATION ABOVE AND RETURN THIS STUB WITH YOUR PAYMENT

PATIENT NAME: MATEN, OMAR  
PATIENT NUMBER: 89546

CALL NUMBER: 4099424  
BILLING DATE: 07/19/2005

AMOUNT DUE \$ 376.00  
AMOUNT \$  
ENCLOSED

We will be happy to file a claim with the insurance company on your behalf. Please fill out the form on the reverse side and return it to us ASAP. (PLEASE NOTE: YOUR SIGNATURE IS REQUIRED TO BILL MEDICARE AND/OR YOUR INSURANCE)

## ST. LUCIE COUNTY FIRE DISTRICT

2400 RHODE ISLAND AVENUE • FORT PIERCE, FL 34950-4852 • PHONE (772) 462-8304 • FAX (772) 462-8464

(866) 816-2822  
HOURS: 8:00AM TO 4:30PM  
EMAIL: [patient\\_services@embcc.com](mailto:patient_services@embcc.com)

**SHOW AMOUNT PAID HERE \$**

**MAKE CHECKS PAYABLE TO:**

ST LUCIE EMERGENCY GROUP LLC  
P.O. BOX 400  
SAN ANTONIO TX 78292-0400



PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

[illegible]

PLEASE CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS.



1700 S. 23<sup>RD</sup> ST.  
FT PIERCE, FL 34954-2108

JULY 1, 2005

OMAR MATEEN  
664 NW STEPPORD LANE  
PORT ST LUCIE FL 34983

Acct: 96508537  
HFMI: 1123759  
Balance: \$1,193.00  
Date of Service: 05/25/2005

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Gracias por su atención a este asunto.

## NOTICE OF DENIAL

### FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

200 East Gaines Street  
Tallahassee, Florida 32399-4226

COMPLETE ALL APPLICABLE SECTIONS BEFORE FILING WITH THE DIVISION

SENT TO DIVISION DATE	DIVISION RECEIVED DATE
SENT TO DWC JUN 03 2005 UAI	

PLEASE PRINT OR TYPE X

SOCIAL SECURITY NUMBER [REDACTED]	EMPLOYEE NAME (First, Middle, Last) Omar Mateen	DATE OF ACCIDENT: (Month-Day-Year) 05/25/2005
EMPLOYEE ADDRESS 664 Stanford Lane Port St. Lucie FL 34983	EMPLOYER NAME St. Lucie County Sheriff's Office 4700 W Midway Rd Ft Pierce FL 34981	

ATTACH ADDITIONAL PAGE(S) IF NECESSARY

DENIED BENEFITS (List below)

Indemnity benefits.

REASON FOR DENIAL OF BENEFITS (Provide detailed information to support reason(s) for denial)

1. Injured employee is a unpaid volunteer and is not eligible for indemnity benefits.
2. The Employer/Carrier/Servicing Agent reserves the right to these and any other defenses that may become apparent.

DATE DENIAL RESCINDED: \_\_/\_\_/\_\_ Description of benefits reinstated or started:

CC: (Name and Address)

Omar Mateen, 664 Stanford Lane , Port St. Lucie FL 34983  
St. Lucie County Sheriff's Office, 4700 W Midway Rd , Ft Pierce FL 34981  
File

OFFICE OF  
**RECEIVED**  
RISK  
MANAGEMENT  
6/6/05  
OB

ADJUSTER NAME Roz Williams		ADJUSTER TELEPHONE 8884571400
INSURER CODE 0961	DATE PREPARED 06/03/2005 W	INSURER NAME Florida Sheriff's Worker's Compensation Self Insurance Fund
SVC. CO/TPA CODE 6173	CLAIMS-HANDLING ENTITY FILE # 197264	CLAIMS-HANDLING ENTITY NAME AND ADDRESS Unisource Administrators, Inc. PO Box 19559 Sarasota FL 34276

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S.  
Form DFS-F2-DWC-12 (08/2004)





## CITIZEN RIDE ALONG PROGRAM REQUEST TO RIDE

The office of the Sheriff of St. Lucie County encourages community interest and involvement in the Law Enforcement process and the daily activities of their deputies. To further community interest and assist in educating the citizens, the Office of the Sheriff offers this Citizen Ride Along Program.

We request you provide the following information, along with the date and shift you would like to participate as an observer. Proper attire to be worn. When choosing a date to ride please allow five (5) working days for your request to be processed and scheduled. Once the request is processed and scheduled, you will be notified as to the time you are to meet the assigned deputy at the Sheriff's Office, 4700 West Midway Road, Fort Pierce. This program is limited to a four hour time limit and all ride alongs must cease no later than 2:00 a.m.

Requested date to ride _____  Name (please print) <u>Omar Mateen</u>  Street Address <u>664 Stanford LN</u>  City <u>Port St. Lucie</u>  Telephone <u>(772) 486-9225</u>  Occupation <u>Cashier</u>  Observer Assigned to Ride with Deputy Sheriff/ID# _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">7:00 a.m. - 3:00 p.m.</td> <td style="width: 33%;"></td> </tr> <tr> <td>Evening</td> <td>3:00 p.m. - 11:00 p.m.</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(please check one)</td> </tr> <tr> <td>Date of Birth</td> <td>Sex</td> <td>Race</td> </tr> <tr> <td><u>11/16/86</u></td> <td style="text-align: center;"><u>M</u></td> <td style="text-align: center;"><u>W</u></td> </tr> <tr> <td colspan="3">Social Security Number <u>[REDACTED]</u></td> </tr> <tr> <td colspan="3">Emergency Notification _____</td> </tr> <tr> <td colspan="3">Telephone _____</td> </tr> <tr> <td colspan="3">Reason for Request <u>internship</u></td> </tr> <tr> <td colspan="3">Actual Time Participated _____</td> </tr> </table>	Day	7:00 a.m. - 3:00 p.m.		Evening	3:00 p.m. - 11:00 p.m.	<input checked="" type="checkbox"/>	(please check one)			Date of Birth	Sex	Race	<u>11/16/86</u>	<u>M</u>	<u>W</u>	Social Security Number <u>[REDACTED]</u>			Emergency Notification _____			Telephone _____			Reason for Request <u>internship</u>			Actual Time Participated _____		
Day	7:00 a.m. - 3:00 p.m.																														
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(please check one)																															
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Emergency Notification _____																															
Telephone _____																															
Reason for Request <u>internship</u>																															
Actual Time Participated _____																															



## CITIZEN RIDE ALONG PROGRAM RELEASE OF LIABILITY

I, Omar Mateen, hereby fully release the St. Lucie County Sheriff's Office and all personnel thereof from any and all liability arising from their permission for me to ride as an observer.

I further understand as an observer that I will obey any instructions given by the deputy with whom I am assigned, and I am prohibited from performing any law enforcement tasks and carrying a firearm. Failure to obey instructions will constitute immediate termination of my privilege to ride as an observer.

A handwritten signature in black ink, appearing to read "Omar Mateen", written over a horizontal line.

Signature

Mr.  
Mrs.  
Miss

\_\_\_\_\_ may ride as an observer from

\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Division/Watch Commander

\_\_\_\_\_  
Notary/Witness

Personal Inquiry Waiver  
Authority for Release of Information

TO: Concerned Person or  
Authorized Representative  
of any Organization, Institution  
or Repository of Records

APPLICANT'S NAME:

Omar Mateen

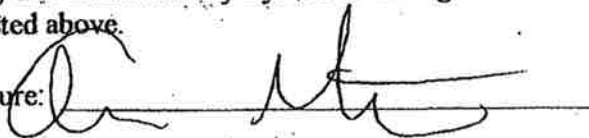
DOB:

11 / 16 / 86

I respectfully request and authorize you to furnish the St. Lucie County Sheriff's Office any and all information that you may have concerning my work records, school records, military record, and reputation. Please include any and all medical, physical, and mental records or reports including all information of a confidential or privileged nature, and Photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Sheriff's Office.

I hereby release Ken J. Mascara, Sheriff of St. Lucie County Florida, the St. Lucie County Florida Sheriff's Office, their officers, agents, deputies, representatives and employees from any and all liability and claims for any injuries or damages which may result from furnishing the information requested above.

Signature:



Date:

4/23/05

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF ST LUCIE

Before me personally appeared \_\_\_\_\_ who is personally known or who has produced \_\_\_\_\_ as identification and is known to be the person described in and who executed the foregoing instrument and acknowledged to and before me that he/she executed said instrument of their own free will and accord, with full knowledge of the purposes therein expressed.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Notary Public Stamp: \_\_\_\_\_

Office Use Only  
COP ( )  
Citz. Acad. ( )  
Office Work ( )  
Internship ( )

## ST. LUCIE COUNTY SHERIFF'S OFFICE VOLUNTEER SERVICE APPLICATION

Name: Mateen Omar S  
Last First Middle  
Address: 664 Stanford LN E-Mail Onpatool86@yahoo.com  
Street  
Port St. Lucie FL 34983 (772) 486-9225  
City State Zip Phone  
SS#: [REDACTED] DOB: 11/16/84 Place of Birth: Long Island NY  
City State  
Drivers License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Race: W Height: 5'11 Weight: 240 Eyes: B Hair: B  
Last Year of Education Completed: (Please Circle) 8 9 10 11 12 13 14 15 16 17 18 19 20  
Languages Other than English: Farsi Fluent: Yes: ☒ No: \_\_\_\_\_  
Present Employer Name: Walgreens  
Address: US1 and prime Vista Phone: ( ) 878-0955  
Present Occupation: Cashier Prior Occupation: \_\_\_\_\_  
List Areas of Interest: ☒ COP Marine, Office Work, Explorers, other \_\_\_\_\_

Indicate Times and Approx. Hours Per Week Available: Monday through  
Indicate Days Available: Mon ☒ Tues ☒ Wed ☒ Thurs ☒ Fri ☒ Sat ( ) Sun ( )  
Skills: \_\_\_\_\_

Year Round Resident: Yes: ☒ No: \_\_\_\_\_

### ..... EMERGENCY NOTIFICATION.....

Name: Seddique Mateen Relationship: Father  
Phone No: (772) 486-9224 Alternate No: (772) 621-8581

Please mail to Crime Prevention, SLSO, 4700 West Midway Road, Fort Pierce, FL 34981  
Phone (772) 871-5398



# May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7 <del>10:00 AM</del>
8	9 BEGIN	10	11 5:00 AM 2:30-11P	12	13 10:00 PM	14 7:00 AM
15 7:00 AM	16	17 7:30-9:00 AM	18 5:00 AM 6:30-3P	19	20 10:00 PM	21 7:00 AM
22	23	24 7:30-9:00 AM	25 5:00 AM 2:30-11P	26	27 10:00 PM	28 7:00 AM
29 7:00 AM	30 ALL DAY OFF	31 7:30-9:00 AM				

SLSO/IRCC INTERNSHIP CALENDAR  
Summer I: May 9 - June 19

Student Name Omar Moten

Phone Number (772) 486-9225

2005

# June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4 7:00AM
5 7:00AM	6 7:30-9:00AM	7	8	9 D.B. parser 1/2 property 1/2	10	11 7:00AM
12 7:00AM	13	14 7:30-9:00AM	15	16 1/2 COUNT 1/2 JAIL	17	18 7:00AM
19 END	20	21 M	22	23	24	25
26	27	28	29	30		

## SLSO/IRCC INTERNSHIP CALENDAR

Summer I: May 9 - June 19

Student Name

Dmas Noteen

Phone Number

(772) 486-9225

# 2005

# UNISOURCE

ADMINISTRATORS   
A DECADE OF EXCELLENCE



May 27, 2005

St. Lucie County Sheriff's Office  
4700 W Midway Rd  
Ft Pierce, FL 34981

Re: Employee: Omar Mateen  
Employer: St. Lucie County Sheriff's Office  
Claim#: 197264  
SS#: [REDACTED]  
D/A: 05/25/2005

Dear St. Lucie County Sheriff's Office:

I have received the Notice of Injury form for the workers' compensation claim of the employee named above.

I am the Claims Representative handling this file and ask that you direct all questions and correspondence to my attention. Please refer to the above captioned claim number when referring to this claim.

I have enclosed a Wage Statement, as required by Florida Workers' Compensation Law (F.S. 440). Please complete and return this form immediately. Florida Law gives you 14 days from the date of KNOWLEDGE of injury/accident to submit this completed form to us. If we do not receive the Wage Statement within 14 days, you may be fined \$100 by The Florida Division of Workers' Compensation.

For any claims where the date of accident 10-01-03 or after, please comply with the new Florida Workers' Compensation Law (F.S. 440.14).

*"If the injured employee has worked in the employment in which she or he was working on the date of the accident, whether for the same or another employer, during substantially the whole of 13 weeks immediately preceding the accident, her or his average weekly wage shall be one-thirteenth of the total amount of wages earned in such employment during the 13 weeks. As used in this paragraph, the term "substantially the whole of 13 weeks" means the calendar period of 13 weeks as a whole, which shall be defined as the 13 calendar*

OFFICE OF  
**RECEIVED**  
RISK  
MANAGEMENT  
6/2/05  
AB

May 27, 2005

*weeks before the date of the accident, excluding the week during which the accident occurred. The term "during substantially the whole of 13 weeks" shall be deemed to mean during not less than 75 percent of the total customary hours of employment within such period considered as a whole."*

In order to pay proper benefits to your injured employee, we must have the Wage Statement form completed and returned as quickly as possible. Also, please provide us with a copy of the Post Employment Medical Questionnaire and Employment Application.

We are committed to providing quality medical care to your injured employee and returning them to work quickly. Your prompt attention to this claim will help your company control its insurance costs.

For additional information regarding your rights and responsibilities under Florida law governing Workers' Compensation, please refer to the booklet: "Employer Facts: Important Workers' Compensation Information For Florida's Employer's." This booklet can be found in your Claims Kit. Additional copies are available upon request.

If I can be of any assistance to you, please do not hesitate to call.

Sincerely,

Roz Williams  
Claim Representative

Enclosure

cc: File



# WAGE STATEMENT

## FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

**NOTICE TO EMPLOYEE:** If you have any questions about the information contained on this form, please contact your employer or claim-handling entity. If further assistance is needed, contact the Division's Employee Assistance Office at 1-800-342-1741.

RECEIVED BY CLAIMS-HANDLING ENTITY

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER [REDACTED]	EMPLOYEE NAME (First, Middle, Last) Omar Mateen	DATE OF ACCIDENT (Month-Day-Year) 05/25/2005
EMPLOYER NAME & ADDRESS St. Lucie County Sheriff's Office 4700 W Midway Rd Ft Pierce FL 34981	CONCURRENT EMPLOYER NAME & ADDRESS (if applicable)	ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE? YES NO SIMILAR EMPLOYEE'S NAME
TELEPHONE	TELEPHONE	OCCUPATION OF SIMILAR EMPLOYEE
EMPLOYEE'S CUSTOMARY WORK WEEK (ex. Saturday thru Friday - Use 7 calendar day period)	EMPLOYEE'S CUSTOMARY DAYS WORKED/WEEK (ex. 5 days/week)	EMPLOYEE'S CUSTOMARY HOURS WORKED/WEEK (ex. 40 hours/week)
EMPLOYER'S CUSTOMARY WORK WEEK (ex. Saturday thru Friday - Use 7 calendar day period)		

**NOTICE TO EMPLOYER:** Please read all instructions on the back of this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Wage Statement with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

Please list wages earned for the 13 calendar weeks (Sunday through Saturday) immediately preceding the accident. Do Not Report Any Wages Earned During The Week of the Accident - Use The 13 Calendar Weeks Immediately Preceding The Accident					GRATUITIES AS REPORTED TO THE	FRINGE BENEFITS (employee rec'd) EMPLOYER COST ONLY		
WEEK NO	WEEK		# OF DAYS WORKED THAT WEEK	# HOURS WORKED THAT WEEK	GROSS PAY	EMPLOYER IN WRITING AS TAXABLE INCOME	HEALTH INSURANCE	RENT/ HOUSING
1	FROM	TO						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
**								
RETURN THIS FORM TO: (Claims-handling entity Name, Address & Telephone #)  Unisource Administrators, Inc. PO Box 19559 Sarasota FL 34276 1-888-457-1400					TOTAL	WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS? __YES__ NO __YES__ NO		
					TOTAL FRINGE BENEFITS \$			
					TOTAL OF GROSS PAY, GRATUITIES AND FRINGES (FOR CLAIMS-HANDLING ENTITY USE ONLY)			
					AWW			COMP RATE

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7) F.S.

## WAGE STATEMENT REPORTING INSTRUCTIONS

**General:** Florida law requires disabled employees to be compensated at a certain percentage of their average weekly wage. If the injured employee worked during "substantially the whole of 13 calendar weeks" immediately preceding the accident, the employee's average weekly wage is one-thirteenth of the total amount of wages earned during the 13 calendar weeks. The term "substantially the whole of 13 calendar weeks" means not less than 75% of the total customary full-time hours of employment during that period.

**NOTICE TO EMPLOYER:** Please read all instructions on this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Form DWC-1a (Wage Statement) with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

- **DO NOT combine wages of two or more employees.**
- **Calendar Week:** means a seven-day period of time, which starts on Sunday and continues through Saturday.

**Week of Accident – DO NOT** report any wages earned during the week of the accident. Use the 13 calendar weeks immediately preceding the week of the accident and start with the most recent full calendar week before the week of the accident. For example, if the accident occurred on a Wednesday, then week No. 1 should begin the preceding Sunday and end the preceding Saturday.

**Reporting Gross Pay:** Complete all columns, as applicable. Report the actual **gross** earnings of the injured employee for the consecutive 13 calendar week period immediately preceding the accident. The 13 calendar week period includes Saturdays, Sundays, holidays, and other non-working days. Remember to include all overtime and any bonuses paid during the 13 calendar week period. If the injured employee was not employed for you for approximately 68 days during that period, enter the wages of a similar employee in the same employment who was employed for approximately 68 days of the 13 calendar week period. **DO NOT** combine wages for two or more employees to yield wages for the 13 calendar weeks. The spaces immediately following week #13 are to be used for reporting the wages earned in a partial week when requested.

**Reporting Gratuities & Fringe Benefits:** Gratuities reported should include only those gratuities reported to the employer in writing as taxable income received in the course of employment from others than the employer. The reportable value of a fringe benefit is the actual cost to the employer for the benefit furnished. The only fringe benefits that can be included for dates of accident occurring on or after 07/01/1990 are employer contributions for health insurance for the employee or the employee's dependents, and the reasonable value of housing furnished to the employee by the employer which is intended as the permanent year-round housing of the employee.

**If you have questions or need assistance in the completion of this required form, please contact the claims-handling entity listed on the front of this form.**

## INCIDENT DATA

# PROPERTY

# Incident Report Additional Name List

St. Lucie County Sheriff's Office

OCA: 14-13986

Additional Name List

Page 2

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	MATEEN, OMAR MIR SEDDIQUE		11/16/1986	28	O	M
Address	2513 S 17th St , Fort Pierce, FL 34982-		H: 772-489-2583			
Empl/Addr			B: - -			
			Mobile #: - -			

By: BEATYB, RD8771 06/13/2016 10:35

St. Lucie County Sheriff's Office

Case# 14-13986

[illegible]

*SELPH, J. (1543)*

Suspect Hate / Bias Motivated: *None*

Page 3

NARRATIVE



# REPORTING OFFICER NARRATIVE

St. Lucie County Sheriff's Office

OCA

14-13986

Victim

VEGA, ENRIQUE A

Offense

ASSAULT / BATTERY

Date / Time Reported

Sat 12/13/2014 07:58

I responded to PGA Reserve in reference to a call about a person driving a red suv recklessly through the community. I was further advised that security was out with the person driving the vehicle and that person had struck the officer in the chest.

I made contact with the victim, Enrique A Vega at 8127 Links Way. Enrique stated he was alerted by residents in the community about a white male driving at high speeds thru the community and being reckless. Enrique stated he began driving around looking for the suspect vehicle at which time he was notified by the front guard house, the vehicle was there. As Enrique was responding to the guard house, he noticed the vehicle driving on Plantation Lakes Blvd at which time he began following the vehicle. Enrique stated the vehicle stopped, and a white male got out. Enrique stated he stepped out to speak with the person when for no reason the white male walked up to him and struck him in the chest and stated for him to stop following him. Enrique stated the male then got back in the vehicle and fled the scene.

Upon my arrival the vehicle was not present. I began speaking with Enrique about the incident when the vehicle started to drive back to the scene. Enrique pointed to the vehicle and stated that was the person who struck him in the chest and he wanted to pursue charges on him for battery.

I exited my marked patrol car and flagged the male over to the side of the road. I asked the male for his license and registration and he stated he did not have either of those. The male then started to scream and yell at myself, telling me I better call my boss as I had no idea who I was messing with. The male seemed very hostile and upset. I had the male turn off the vehicle and began speaking with him. I could smell a very strong odor of an alcoholic beverage coming from his face as he spoke. I noticed his eyes were bloodshot and watery. The male was very belligerent and combative. The male kept saying that I did not know who I was messing with and needed to call my boss. The male was becoming more aggressive and hostile. I asked the male to remove the keys from the ignition and attempted to have him exit the vehicle. The male refused and attempted to insert the keys in an attempt to restart the car. I opened the car door at which time the male took the keys and gave them to myself. I then secured the male in handcuffs as I felt he was a flight risk and I further advised him I was placing him under arrest for Battery.

Once secured in my patrol car, the male was identified as Fabian Leon and an NCIC/FCIC check showed that his license was suspended on the following dates and notice was given, 08/04/2014 fail to pay, 08/20/2014 twice for fail to pay, 09/02/2014 fail to pay and 09/29/2014 fail to pay. It further showed that on 05/12/2009 and 07/15/2014 he was found guilty of driving with license suspended.

Due to the aggressive and belligerent behavior the suspect showed along with the possible flight risk, I felt it wasn't safe to conduct road sides on the suspect. I read the suspect implied consent from my card and he agreed to take a breath test.

The suspect was transported to the county jail at which time the breath test was given. The results were 0.048g/210L and 0.048g/210L.

The suspect was issued Florida DUI Citation AOZ5TAP for DUI and given Florida Uniform Citation #A1JOTMP for DWLS with knowledge.

## REPORTING OFFICER NARRATIVE

St. Lucie County Sheriff's Office

Victim <i>VEGA, ENRIQUE A</i>	Offense <i>ASSAULT / BATTERY</i>	OCA <i>14-13986</i> Date / Time Reported <i>Sat 12/13/2014 07:58</i>
----------------------------------	-------------------------------------	---

The suspect was charged with battery for striking the security officer, along with DUI and driving while license suspended.

Written statements were obtained from Enrique and Omar Mateen (witness).

The vehicle was towed from the scene by Reliable Towing and taken to their compound for safekeeping. A vehicle inventory was completed and turned in. Contact was made with the vehicle's owner, Crystal Giblo who was advised of the vehicle being towed.

A DUI packet and a felony packet were completed and turned in.

# Incident Report Suspect List

St. Lucie County Sheriff's Office

OCA: 14-13986

1	Name (Last, First, Middle) <i>LEON, FABIAN</i>					Also Known As					Home Address <i>900 N ROCK RD - DE-DORM 12 FORT PIERCE, FL 34945 772-626-7159</i>																																													
	Business Address																																																							
	DOB. <i>06/03/1985</i>	Age <i>29</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>H</i>	Hgt <i>602</i>	Wgt <i>210</i>	Hair <i>BLK</i>	Eye <i>BRO</i>	Skin <i>FAR</i>	Driver's License / State. <i>L500-240-85-203-0 FL</i>																																													
Scars, Marks, Tattoos, or other distinguishing features <i>PRCD TONG / PIERCED TONGUE</i>																																																								
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="3">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> <td colspan="2"></td> </tr> </table>															Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN			Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel			VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN				
Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																													
Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel																																													
VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN																																															
<div>Notes</div> <div>Physical Char</div>																																																								

# Incident Report Related Vehicle List

St. Lucie County Sheriff's Office

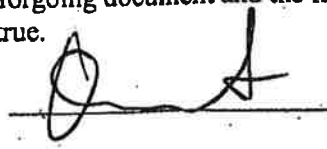
OCA: 14-13986

1	VehYr/Make/Model 2003 HOND, Crv		Style SUV		Color RED/RED		Lic/Lis /Decal 289YYE FL 2015		Vin SHSRD78483U112247	
	IBR Status Towed		Date 12/13/2014		Location 8127 LINKS WAY, PORT SAINT LUCIE FL					
	Condition USED		Value \$2,000.00		Offense Code 0810		Jurisdiction Locally		State # NIC #	
	Name (Last, First, Middle) Giblo, Crystal Ann				Also Known As			Home Address 251 SW COVINGTON RD PORT SAINT LUCIE, FL 34953 772-333-4705		
	Business Address									
	DOB. 04/04/1986		Age 28	Race W	Sex F	Hgt 504	Wgt 504	Scars, Marks, Tattoos, or other distinguishing features		

Notes

St. Lucie County Sheriff's Office  
Statement Form

Please fill out in full

Date of Statement: 12/13/14	Time: 07:50	Case #: 14-13986
Code: W	Code Definitions: V= Victim S= Suspect W= Witness C= Complainant O= Other	
Name (Last, First, Middle): MATEEN, OMAR	Age: 28	DOB: 11/16/86
Address (Res.): 9701 RESERVE	Zip: 34986	Race: W Sex: M
Address (Bus.):	Zip:	Phone: (772) 489-2583
D.L. #: M350-653-86-416-0	State: FL	Other ID (Specify # & Type):
I, OMAR MATEEN do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any persons whomsoever.		
(Narrative): WHILE AT WORK IN PGA VILLAGE, I WAS DISPATCHED TO LINKS WAY AT 07:50 AM, AS I PULLED UP, I SAW THE SUSPECT PUSH MY COWORKER LT. VEGA IN THE CHEST AND THEN DROVE AWAY AGGRESSIVELY. A FEW MINUTES LATER, HE DROVE BACK TOWARDS US. WE BLOCKED THE STREET WITH TWO SECURITY PATROL VEHICLES. HE STOPPED AND THEN SAID "YOU DONT WANNA FUCK WITH ME, I HAVE THE DEA AFTER ME, DO YOU SPEAK SPANISH?" AFTER THAT HE SPOKE IN SPANISH WHICH I DID NOT UNDERSTAND. HE MADE A U TURN AND THEN CAME BACK AGAIN ON LINKS WAY WHEN S/O DEPUTY SARVES ARRIVED.		
ORIGINAL		
DEC 15 2014		
Sworn To and Subscribed Before Me, This 13 Day of December, 2014 DIS #252 Law Enforcement <input checked="" type="checkbox"/> Notary Public <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input checked="" type="checkbox"/> Type: FL DL		Under penalties of perjury, I declare that I have read the forgoing document and the facts stated in it are true. Signature: 



# St. Lucie County Sheriff's Office Statement Form

Please fill out in full

Date of Statement: 12-13-14	Time: 8:32 AM	Case #: 14-13986
Code: V	Code Definitions: V= Victim S= Suspect W= Witness C= Complainant O= Other	
Name (Last, First, Middle): Vega Enrique	Age: 31	DOB: 09-23-83
Address (Res.): 9701 Reserve Blvd	Zip: 34986	Phone: 772-489-2583
Address (Bus.):	Zip:	Phone:
D.L. #: V200-201-83-343-0	State:	Other ID (Specify # & Type):

I, Enrique Vega do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any persons whomsoever.

(Narrative): On December 13, 2014 at 0750 hours, I officer Vega was dispatch to crosby place in reference to a reckless driver. Upon arrival to the area I made contact to a white male driving a Honda CRV. When this white male saw me in my patrol vehicle he got out of the vehicle and start walking towards me. I also got out of my vehicle and told him to stay in the car. He said "fuck you" and pushed me away and then he drove off. After 3 minutes he came back and ask me if I speak spanish. I Told him "yes" and he stated "you are dead".

ORIGINAL

DEC 15 2014

Sworn To and Subscribed Before Me, This

13 Day of December, 20 14

D/S #253

Law Enforcement ☒ Notary Public ☐ Personally Known ☐

Produced Identification ☒ Type: FL DL

Under penalties of perjury, I declare that I have read the forgoing document and the facts stated in it are true.

Signature:

Enrique A. Vega

## Troy Church

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**From:** Troy Church  
**Sent:** Friday, September 27, 2013 11:29 AM  
**To:** Michael Graves; Mark Schimpf  
**Subject:** Re: G4S Offcr. Omar Mateem

I did speak with Omar this morning and was obviously distressed about the interview, although he did not say anything regarding it. We spoke specifically about the comments issue and he seemed relieved. As usual, he is very respectful, but he was candid with his feelings, which I asked him to be. I did discuss with the troops who were here today about the comments and I will do so, again, on Monday, to the rest. I will simply reiterate the Sheriffs Office policy as to that issue. Now, this email and the followup emails all came out AFTER the 8:00 Roll-call. So, though I did not go into detail, I did share there had been an investigation.

Troy

Michael Graves <GravesM@stluciesheriff.com> wrote:

FBI concluded a several month long thorough investigation of one of our G4S employees, Omar Mateem, who works at the courthouse. Last night, I spoke with FBI SAC Rand Glass who informed me they believe this individual has been making comments about his capabilities via his alleged middle eastern terrorist contacts as a form of tit for tat - who is the biggest and baddest rhetoric. Reportedly, Mateem told FBI he did this because a deputy who no longer works at the courthouse kept calling him a "towel head." Mateem denied saying some things the FBI knows he did say. If he were smart he should not lie to them about any portion of the investigation (federal offense). They plan to speak to him again regarding the discrepancy.

Rand told me "We do NOT believe he is a terrorist." Yesterday, the FBI spoke with him in person and reportedly Mateem became very upset that someone contacted the FBI. Regarding this demeanor Rand said, "I don't believe he will go postal or anything like that."

However, just to be on the safe side, I briefed Capt. Schimpf last night and told him to brief Lt Church. In addition, I directed that Lt. Church speak with Mateem about all of these issues this morning.

It has been expressed to me that Mateem is otherwise a good worker. So, I do not plan to have him reassigned. However, If he continues with the stupid terrorist talk even just once in the future, maintains an angry unacceptable attitude as a result of the FBI inquiry, his work performance or ability to get along with coworkers and/or the public we serve suffers, we will

not hesitate to ask G4S to promptly replace him. If he continues to refuse to "level" with the FBI I will consider him not trustworthy enough for assignment to our courthouses and request he be removed.

If you are in disagreement with my decision please advise.

Sent from my iPhone

## Troy Church

---

**From:** Ken Mascara  
**Sent:** Friday, September 27, 2013 9:20 AM  
**To:** Pat Tighe  
**Cc:** Michael Graves; Garry Wilson; Mark Schimpf; Troy Church; SSRA FBI Randal Rand A. Glass  
**Subject:** Re: G4S Offcr. Omar Mateem

We will discuss at staff on Monday.

Sent from my iPhone

On Sep 27, 2013, at 8:48 AM, "Pat Tighe" <TigheP@stluciesheriff.com> wrote:

> I disagree respectfully. Based on the information you provide the administration of G4S should be made aware immediately. We should also request that this contract employee be reassigned to another work location other than in St. Lucie County.

> Sufficient reasonable belief has been established that there is a probability for security to be compromised at his current location.

>

> Sent from my iPhone

>

>> On Sep 27, 2013, at 8:30 AM, "Michael Graves" <GravesM@stluciesheriff.com> wrote:

>>

>> FBI concluded a several month long thorough investigation of one of our G4S employees, Omar Mateem, who works at the courthouse. Last night, I spoke with FBI SAC Rand Glass who informed me they believe this individual has been making comments about his capabilities via his alleged middle eastern terrorist contacts as a form of tit for tat - who is the biggest and baddest rhetoric. Reportedly, Mateem told FBI he did this because a deputy who no longer works at the courthouse kept calling him a "towel head." Mateem denied saying some things the FBI knows he did say. If he were smart he should not lie to them about any portion of the investigation (federal offense). They plan to speak to him again regarding the discrepancy.

>>

>> Rand told me "We do NOT believe he is a terrorist." Yesterday, the FBI spoke with him in person and reportedly Mateem became very upset that someone contacted the FBI. Regarding this demeanor Rand said, "I don't believe he will go postal or anything like that."

>>

>> However, just to be on the safe side, I briefed Capt. Schimpf last night and told him to brief Lt Church. In addition, I directed that Lt. Church speak with Mateem about all of these issues this morning.

>>

>> It has been expressed to me that Mateem is otherwise a good worker. So, I do not plan to have him reassigned. However, If he continues with the stupid terrorist talk even just once in the future, maintains an angry unacceptable attitude as a result of the FBI inquiry, his work performance or ability to get along with coworkers and/or the public we serve suffers, we will not hesitate to ask G4S to promptly replace him. If he continues to refuse to "level" with the FBI I will consider him not trustworthy enough for assignment to our courthouses and request he be removed.

>>

>> If you are in disagreement with my decision please advise.

>>

>> Sent from my iPhone



## Troy Church

---

**From:** Troy Church  
**Sent:** Wednesday, October 02, 2013 3:32 PM  
**To:** mark.dolan@usa.g4s.com  
**Cc:** Mark Schimpf; Michael Graves  
**Subject:** G4S Officer Omar Mateen (Post #1) - 2nd Street Courthouse  
**Importance:** High

Mr. Dolan,

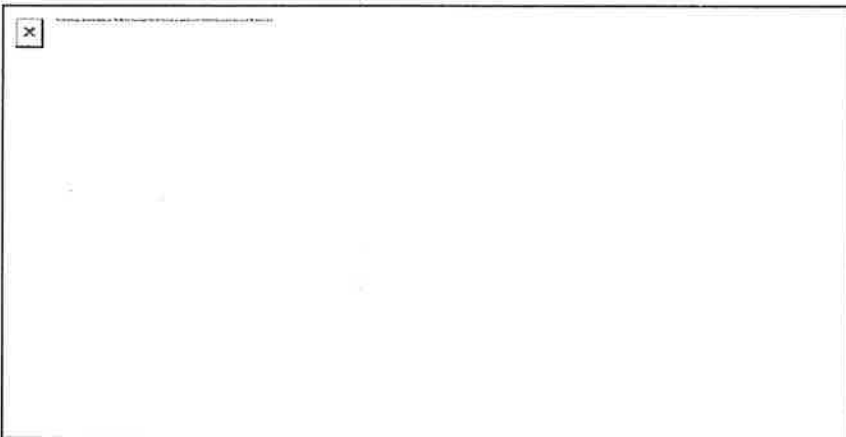
It has come to my attention through several of my staff and by my own observations that we have a difficult and borderline hostile working relationship/environment involving Officer Omar Mateen. Today, Officer Mateen exhibited behaviors not conducive to the Court atmosphere (aggressive posturing, raising his voice, and seemingly attempting to incite his co-worker). This behavior was exhibited in the presence of Court staff, Sheriff's Office employees, and members of the public.

After conferring with my chain-of-command, it has been decided that it is not in the best interest of the Courts, the Sheriff's Office, the public or Officer Mateen for him to remain at the St. Lucie County Court post, nor any property under the responsibility of the St. Lucie County Sheriff's Office. His credentials for the Court facilities will be revoked as of 5:00pm, today (Wednesday, October 2, 2013), and he will not be allowed to continue in his position as a guard at any of the St. Lucie County Court facilities, nor will he have any access to any area that the public does not already have regular access.

If Officer Mateen has any items of a personal nature that are left after 5:00pm today, he is welcome to provide a list of those items and if located, they will be gathered and sent to G4S for him to retrieve. If you have any questions, please do not hesitate to call.

Sincerely,

Lt. Troy A. Church



## **Troy Church**

---

**From:** Troy Church  
**Sent:** Wednesday, October 02, 2013 5:10 PM  
**To:** LevinS@circuit19.org; Thomas Genung; godwinm@stlucieco.gov; Joe Smith (Joe@stlucieclerk.com); Kara Hilson  
**Cc:** Court Security; Mark Schimpf; Michael Graves  
**Subject:** G4S Officer Omar Mateen  
  
**Importance:** High

### **FOR YOUR INFORMATION AND ACTION:**

As of 5:00pm, today (Wednesday, October 2, 2013), G4S Officer Mateen is no longer at post in the St. Lucie Co. Court system. His credentials will be revoked and he will not be allowed access to any areas not already allowed by the general public.

Mr. Genung,

Please forward to Court Security units for Indian River, Okeechobee and Martin Counties

Thank you,

Lt. Troy A. Church

## Bryan Beaty

---

**From:** "Michael Hogsten" <michael.hogsten@usa.g4s.com>  
**Sent:** Thursday, November 21, 2013 10:04 AM  
**To:** Mark Schimpf  
**Cc:** "Ed Rodriguez"  
**Subject:** G4S - Omar Mateen  
**Attachments:** 20131121105348945.pdf; Interview of Omar Mateen 6 November 2013- Notes to.pdf

Captain Schimpf:

Thank you for meeting with us to discuss G4S employee Omar Mateen.

As promised, attached is Mateen's written statement and excerpts from my notes taken during my interview of Mateen. Of course, please let me know if you need additional information.

Best Regards,

Mike

Michael J. Hogsten, Esq.  
Chief Compliance Officer - Americas Region

Vice President - Legal and Compliance  
G4S Secure Solutions (USA) Inc.  
1395 University Blvd.  
Jupiter, FL 33458  
(561) 691-6437  
[michael.hogsten@usa.g4s.com](mailto:michael.hogsten@usa.g4s.com)



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Interview of Omar Mateen 6 November 2013 and call 7 November  
Excerpts from Michael Hogsten's notes – relevant to St. Lucie County Employees

- 1) Mateen was assigned to the St. Lucie Courthouse – Ft. Pierce – 9/2011
  - a) Al Reffsin – stopped by saying – need to do perimeter checks more frequently because someone could put a bomb there. All deputies – walked by – Mateen felt like they were checking him out –
    - i) Thinks Sheriff's Deputy - Michael Robinson stopped by and Mateen thinks all the attention was meant to impact him.
  - b) Most of the deputies – did not like him but Sheriff's recommendation kept him there.
  - c) Questioned by deputies – why doing security – Response from Mateen - wants to stay close to parents –
    - i) Deputies say - this doesn't make sense – are you trying to have a regular schedule to act normal and then strike (attributed to Al Reffsin, Michael Robinson)
      - (1) Like the Boston bomber and Ft. Hood Shooter – act normal then strike out of the blue.
      - ii) Was a constant topic – during 8-10 hours per day
- 2) These types of comments went on during whole time – 9/2011 until he left the position. Comments that Mateen claims were made by St. Lucie Courthouse Sheriff's Deputies:
  - a) Multiple deputies commented about - Workout regimen – and boxing – must be getting ready for Jihad –
  - b) After the Boston Bombings – things got very nasty cold and sour. Mateen looks like Ft. Hood shooting guy. They don't like Mateen's posture and face – they say he stares too much – very observant – in a way that you are brewing something in your head
    - i) Three or four deputies bumped into him – right after bombings. This would happen when he was picking up or delivering the bond hearing list and courtroom hearing list. He would drop the documents at central command and at roll call room – so each deputy has paperwork of schedule for the day. As walking or opening the door – when coming into room – the deputies would intentionally bump him with their shoulder. Attributed specifically to:
      - (1) Rusty Wright
      - (2) Al Reffsin
  - c) Sgt Jeff Buchannen – claims that before working at the courthouse – was doing economics investigations as a detective. – was with Torres, Neal Spector, Macnamarra, & Richard Dody – sat on chair – and we've done investigations on cartels, mobs and they get caught – but you Muslims are very sneaky at getting away with it – you use Western Union.
    - i) Mateen was in shock – just stood there – said – are you serious – what made you come up with that – he mentioned – how did investigations on gas stations and convenience stores – use Western Union for Money laundering – said father is a financial planner and two sisters work as respiratory therapists and one sister opening a salon – we're honest – not all of us are bad.

- (1) One deputy said – yeah right – and they laughed – think it was Spector but not sure.
- (2) Torres said – yeah right. – you’re full of shit. – Mateen – said – it’s not like that.
- (3) Then conversation changed and everyone went to eat.
- d) John Rouleau – said – “don’t you Arabs sleep with goats?”
- e) Robert Macnamarra –
  - i) Would say that Alan West knows how to take care of things and we need to kill all the fucking Muslims
  - (1) He would stand there and clip and unclip his holster
  - ii) Thinks they took his gun and made him retire because of PTSD. He talked about wars – Persian Gulf War –
- f) Deputy Steven Harless – “tell your Muslim buddies not to build a graveyard in my neighborhood.”
  - i) George Dean – mentioned.
- g) Michael Robinson –
  - i) Muslims are a blood sucking cult and best at IEDs
  - ii) Robinson sitting on chair – asked Kasey Folbrecht – “what would you do Kasey – if some Muslim man said – you have to wear a rag head to toe?” – Kasey said – “I would kill them all!” she then left the room – slamming the door.
- h) Walter Hughes – mentioned.
- i) Kasey Folbrecht – responded to above comment of Robinson
- j) Troy Church – After Obama election – Mateen was happy
  - i) Church took an assault rifle in back and loaded it and said – Obama is going to make this a third world country – Mateen did not feel comfortable –
    - (1) Was the day after Obama won.
    - (2) Was working front – and Church said – “I’m keeping an eye on the front door – especially because you are working the front door.” Was pointing – saying “especially you Omar.” Mateen did not respond.
- k) Rick Doss – every day would say – what’s up camel Jockey –
- l) Mark Colangelo – need to nuke Muslim lands –
- m) Deputies commented that it is wrong to celebrate Eidaladha – the holiday commemorating when Abraham was tested to put knife to throat of his son – because it is violent
  - i) Comments from Deputies: Colangelo Wright, Vajayni
  - n) Scott Vajayni provided a document titled – “Arab Confederacy against Israel.”
- 3) Got along with the following deputies (friendly smile – bathroom breaks – courtesy gentleman thing – get water, etc.):
  - i) Deputy – Torres
  - ii) Deputy – Avril
- 4) FBI – two agents came to house – twice
  - a) First time – very respectful – 9/26/13 –
    - i) Just knocked on door – said – can we talk – identified selves. – Came inside – wife and son were home and parents came a few minutes later because wife called.

- (1) Was alone with FBI – were very respectful and courteous. Not rough or disrespectful at all. Asked if related to Ft. hood shooter, or Boston bomber, asked if Obama was a Muslim – asked if Obama was a citizen – were asking about conspiracy things at work.
  - (a) After Boston bombings occurred – everyone got really nasty – I said – know what I'm related to Boston bomber is my first cousin and matter of fact – related to ft. hood shooter – I know the Kenya mall shooters – said so they would leave me alone.
  - (b) Explained to FBI – that I said this to get them off my back -
  - (c) When go back to work – leave religion and politics - and try not to talk about it. Record it and let human resources manager know. Notify HR – should have done earlier. – should have notified HR and others instead of sweeping under the rug.
  - (d) FBI – explained – have it on recording – did you say these things – yes I exaggerated to everything off the news so they would leave me alone
    - (i) Said – I know Obama is a Muslim – and other conspiracy theories
    - (ii) Sheriff deputies were recording
  - (e) Initially he denied – saying things; however, one agent said- they have it on recording – and then he admitted making statements.
- b) Second time – thinks – 10/28/13 - with detective from St. Lucie County Sheriffs –
  - i) Met with father in advance – called in advance – brought sheriff detective – he's the one that was taking care of the recording.
    - (1) Detective was the one in charge of recording – was acting like they should have done something against Mateen -
    - (2) David Torres – part of it.
    - (3) Once I said – I'm affiliated with them – they all stopped. It wasn't as tense – because they knew where they got me. What stopped – was the rude talk – like there's a mat under the water fountain – take your magic carpet and camel jockey – towel head – sand nigger -- Because they said – we got him.
  - ii) Sheriff's office deputy recorded for months –
  - iii) Was wrong to say – but they assembled words
  - iv) Boston bomber, fort hood, said – I am Hezzbollah – which mean party of God,
- 5) Someone put two Alan West stickers on his car and someone took air out of tires – front two. Tires were not popped.
  - i) Was after Alan West recount.



I Omar Mateen employee of G4S started to work at the Saint Lucie County courthouse in September 2011 to October 2013 and faced a lot of harassment by St. Lucie County Sheriff's deputies and G4S co workers. When I started at the courthouse G4S Lt. David Torres told other deputies that I'm a Muslim extremist and potential terrorist. He personally told me he did that due to seeing me pray in a hotel in Alabama on the 2010 BP oil spill deployment. He and other deputies would say comments while me working at the front door of the courthouse. G4S LT. David Torres told me that "Muslims are similar to Jews and that they rape the system and monopolize". He mentioned that "G4S secure solutions is owned by a Jew and that's why they monopolize". During one occasion when boxes would come into the courthouse from Fed Ex and UPS would come through he would say "We have a fuckin terrorist here and we have to be careful Omar might send us a bomb and he will get his 72 virgins". There would be other deputies around and they would laugh with him. This happened multiple times and every time this would happen there was be two to four deputies around laughing hysterically. He would also make comments about my bulletproof vest saying "hope it's not a suicide vest." On one occasion as I got paperwork for the bond hearing list I would routinely drop it off in central command room and roll call room. As I'm walking towards the roll call room I bumped into Deputy Rusty Wright. I told him "good morning" after I said that he points towards a dirty mat under the water fountain and says "Isn't it your prayer time, take your magic carpet and pray to your Allah and make sure it's in the east". He also said on another occasion that "I have pork oil on my fingers, would you get mad if I rubbed it on your shirt and X ray machine." He also said "your Allah is dead" On another occasion I had Deputy Scott Vajayni and Deputy John Rouleau come to the front door where I was working and Deputy Scott Vajayni said "I talked to judge Shahood and he is from Lebanon, He told me about the persecutions and killings that the Christians are facing by the Muslims. Islam is not a peaceful religion and it just teaches to kill non believers and your Muhammad is a false prophet. The Arab Muslims are a cursed nation in the bible. Obama shouldn't help the Muslims and let them get what they deserve." He said "I need to do research on my belief "and gave me paperwork saying how much the Arabs and Muslims are cursed and evil. I attached the paperwork he gave me to this statement. He also said "all the

Muslims believe America and Israel are great satans." On another occasion I was working with G4S hunter Dennis and Deputies Tom Ladly and Rick Doss came to the front door and Deputy Ladly said "Omar you're not going to get 72 virgins, you're going to get 72 men to please you in paradise." While working on another occasion Lt Troy Church came to the front door and said randomly "I am keeping an eye at the front and especially since you are working at the front Omar." He took his index finger and pointed it at me and leaned forward while saying that. At the end of the 2012 presidential elections there were multiple deputies in the central control room in the morning. I was happy about the election and showed enthusiasm about the outcome. Lt Troy church loads a magazine into a assault rifle and says "Obama is going to make this country a third world country" and then looks at me. When he said that comment and loaded the assault rifle I didn't feel comfortable. In central control room Deputy Rick Doss would call me "camel jockey" almost every time I dropped off the bond hearing list every morning and everyone would laugh. Almost every morning George King would walk by me he would say "Eat some bacon, it's good for you; you should try some pork roast." On another occasion Sgt Mark Colangelo came to me in the front and said "We need to nuke all the Muslims" one time he walked with a book that said the mossad on the front cover. He said to me while walking by "these guys know how to deal with people like you". On another occasion Deputy Robert Macnamara would say "Allen West knows how to deal with them and we need to kill all the fuckin Muslims because of the september 11 2001 attacks on the world trade center." A lot of Deputies would say to me that he is like that towards me because he was in the military during desert storm and had a bad experience with Muslims. Deputy Rusty Wright said "you better be careful, Mac might get you" while I would work in the front of the courthouse Deputy Robert Macnamara would stand behind me and try to intimidate me by making his gun holster clip and unclip. On another occasion Sgt Jeff Buchanan came to me and said "I did economics investigation for a few years and Italian mobs get caught and drug cartels get caught but you Muslim Arabs are sneaky and know how to do it without getting into trouble. You guys do a lot of western union". He would also question me if I agreed with the Muslim brotherhood. On another occasion I had Deputy Al Reffsin say "you Muslims are the only people in the world who blow

themselves up and sing allah hu akbar and think you get paradise for that". He would also say "you Muslims are trying to infiltrate the United States and bring sharia law." On another occasion when I was dropping off the bond hearing list in the morning I went into central control room and Deputy Kasey Folbrecht, Deputy Rick Doss and Deputy Michael Robinson was there. As I walked in, deputy Michael Robinson asks Deputy Kasey Folbrecht "how would you feel if some Muslim man told you to cover yourself with a rag from head to toe and not to let you drive." Deputy Kasey Folbrecht replied "I will kill and slaughter them all". Deputy Michael Robinson would say to me "you need to teach me how to make some of those fuckin IEDs. You people are the best at it" he also said on occasion."You guys had your Arab spring now it's time for our redneck spring." Deputy Bobby Dimarco would call me "alladin" on the sheriff's radio multiple times. Deputy Doty would sing to me "allahhhhhh hu akbarrrrrr" throughout the hallway of the courthouse and bystanders would laugh. Deputy George Dean would come to me and say "your people are in the Stone Age and your people didn't develop anything. All the weapons your people uses are from Russia and Europe. You people are backwards and undeveloped." On another occasion I was taking my lunch break to go to Friday prayer. G4S David Torres told me "when you go pray and prostrate imagine sgt Buchanan doing you from behind". On another occasion I had a cut on my face from shaving when I came into work. G4S Torres told me that "did you get that cut on your face from fighting with you wife, you arabs put it down on your women". I also had Deputy Doty come and say "did you beat your wife and did she try to protect herself." G4S Torres also told me that "you arabs abuse your wife and children, When I was in New York, I knew this Arab guy and he would chain his son against the wall and beat him" on another occasion when the Clerk of Courts had a suspicious package sent with powder and there was a evacuation. At the end of my shift of that day when I did my security round to make sure the Law Library door was locked. There was Deputies Rusty Wright, Tom Ladly and Robert Macnamara saying "look he is happy and acting like nothing happened, something is fishy". The following days after the evacuation G4S Torres would say "did you send it Omar, as soon as you come here things go wrong". On another occasion when G4S Hunter Dennis, G4S David Torres and Deputy Robert Macnamara were altogether with me at the front door. G4S

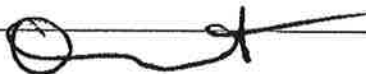
Hunter said "Omar you looked like a Haji I killed in Iraq". After that G4S Torres said "fuck ayeee Omar looks like a guy I see get killed by Serbs in Bosnia" and then G4S torres said "Omar I had rifle training in the military I can shoot up to 200 yards away ,If I hear you saying Allah hu akbar I will shot you in the head." Then they all laughed. The following days after the Boston Bombing occurred, G4S Torres told me "since you work at the front Omar Lt church told me to check the boxes extra since you're here". After every terrorist event that would occur internationally on the news. I would get confronted by Deputies throughout that day saying what I taught about it and if I knew more about it. From the time I would come in to the time I would leave. G4S David Torres and Deputy Al Reffsin said while laughing to me "you look like the Fort Hood shooter and act funny like him." I had multiple deputies come and mention that they don't feel comfortable with my posture and the way I look and stand. In conclusion, I was thinking how to protect and defend myself and my job that I loved in the courthouse which I worked there for two and a half years with not even a single complaint from civilians. I dealt with 1400 people on a daily basis. Not even one person complained, that shows love, loyalty, patriotism and dedication towards my country, my job and my community. Again dealing with 1400 people a day shows my popularity and honesty toward my American brothers and sisters. They awarded me with hugs, love and gifts. Again in the two and a half years I worked I never got a complaint in the courthouse, in being this young age of 26 years old. It is essential to keep my family lifestyle and having a good work schedule. I learned if I boast about the terrorist events they would get the satisfaction and they would leave me alone in the courthouse. But I was surprised to learn otherwise. I want to tell you I was born in New York. I love the United States. The boasting I did it just to satisfy the gang of coworkers who ganged up against me. There is no fact to it. I'm 1000% pure American. I'm ready to give up my live defending the United States. I'm against these terrorists anyone of them. They are against Americans and their own people. They only want their own way

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which is killing innocent civilians. In their view a regular Muslim like man like me they would consider as the enemy because I was brought up in the west. I'm 1000% American. My father from an early age childhood has been teaching me right from wrong. In my father's view these terrorist organizations deserve one

thing to get wiped out from the face of the earth. He is a sworn enemy of these terrorist organizations. I'm mentally and physically 1000% percent against any of those terrorist organizations which are anti humanity and anti American. And nobody agrees with them amongst good real Muslims. That's why they have no room amongst good real Muslims. So I just want to confirm myself, I'm a dedicated honest patriot American. I'm grateful in a country like the United States with all its freedoms and justice. Especially people that loves this country they value my relationship and 100% loyalty, the individuals who work and know me, especially my Operations Manager Mark Dolan. I never missed a day of work in the five in half years I have been working for G4S Secure Solutions. They gave me the most important job assignments. For example, the BP oil spill in Alabama gulf coast. That shows in dedication and my loyalty to my work and company. When the company treats me in a respectable way there are people within my company that gets jealous and try to being me down. Again I want to emphasize that I'm a honest American patriot and that I'm 1000% anti terrorist organizations and their ideas. That's why I chose to have a future career in Law Enforcement. Maybe to become a ATF, Customs or FBI agent. By the end I want to mention that I got interviewed by FBI gentlemen and they spoke to me in the utmost professional way which I'm grateful. By the way I forgot to mention that Mr. David Torres and Deputy Harless were making remarks about Sherriff Mascara and the muslim graveyard subject. Davidd Torres would say "you muslims are paying off the Sherriff and county commissioners to get it your way." I also had Deputy Harless tell me "tell your muslim buddies not to build a graveyard in my neighborhood".

OMAR MATEEN

A handwritten signature in black ink, appearing to be 'Omar Mateen', written over a horizontal line.