

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number: 200004263
Agency ORI Number: FLO640000
Zone #: 35
Telephone Handled: 1. Yes, 2. No

Reported: Day: Monday, Date: 02-24-2020, Time (mil.): 0429, Time Dispatched (mil.): 0442, Time Arrived (mil.): 0501, Time Completed (mil.):
Nature of Call (Report Type): DEAD Dead Person

Incident Type: 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 9. Other
Incident: Day From: Monday, Date: 02-24-2020, Time (mil.): 0429, TO: Monday, Date: 02-24-2020, Time (mil.): 0600
Occurred During: D - Day, U - Unknown, N - Night

Offense #1: Type 9, Statute Violation Number 77777777, Description DEAD PERSON, A - Attempted, C - Committed
Offense #2: Statute Violation Number, Description, A - Attempted, C - Committed

Incident Location (Street, Apt. Number): 1354 INDIAN LAKE RD, City: DAYTONA BEACH, Zip: 32124

Business Name / Area Identifier: CORRECTIONS FACILITY, # Prem. Entered, Drug Related, Alcohol Related, Forced Entry, Arson-Inhabited, Arson-Attempted

Location Type: 19, Location Type Codes: 01. Residence-Single, 02. Apartment/Condo, 03. Residence/Other, 04. Hotel/Motel, 05. Convenience Store, 06. Gas Station, 07. Liquor Sales, 08. Bar/Nightclub, 09. Supermarket, 10. Dept/Discount Store, 11. Specialty Store, 12. Drug Store/Hospital, 13. Bank/Financial Inst., 14. Commercial/Office Bldg., 15. Industrial/Mfg., 16. Storage, 17. Gov't/Public Bldg., 18. School/University, 19. Jail/Prison, 20. Religious Bldg., 21. Airport, 22. Bus/Rail Terminal, 23. Construction Site, 24. Other Structure, 25. Parking Lot/Garage, 26. Highway/Roadway, 27. Park/Woodlands/Field, 28. Lake/Waterway, 29. Motor Vehicle, 30. Other Mobile, 88. Unknown, 99. Other

V/W Code, Victim/Subject Type, Address/Phone Type, Race, Sex, Residence Type, Residence Status

Means of Attack, Extent of Injury, Domestic Violence, Victim Relationship to Offender

Offense Indicator, V/W Code, #, V. Type, Nature of Call (for Victim, if different from Incident), Name (Last/Business), (First), (Middle)

Address (Street, Apt. Number), City, State, Zip, Residence Phone

Business/School/Other Address (Street, Apt. Number), City, State, Zip, Address Type, Business/School/Other Phone, Phone Type

Other Contact Info (Time Available, Interpreter, etc.), Synopsis of Involvement

If Victim Type, Race, Sex, Date of Birth, Age, Ethnicity, Res. Type, Res. Status, Means of Attack, Extent of Injury, Domestic Violence, Relationship

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INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name			Place of Birth - City		County	State	Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Other Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)					Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity		Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

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1 *BWC*

2

3 On the above date and time, Deputy Maldonado responded to the Volusia County Corrections Facility in reference to a dead inmate. Upon arrival,

4 the patient, Tina Giovino (V1), was placed into the EVAC ambulance and was being transported to Halifax Hospital in Daytona Beach where she

5 was later determined to be dead at approximately 0530 hours by Doctor Halpern.

6

7 Deputy Maldonado reported to the North Wing section of the facility. Deputy Maldonado entered pod G and made contact with inmate

8 [REDACTED] (W1) who stated the following:

9

10 [REDACTED]

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:
	<input type="checkbox"/> CAC	Spoke With:	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>STMTS</u>				
	Connecting Report Number	Agency	Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
		Maldonado, Jose	[Signature]	8917	1C33	02-24-2020	
		Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 02-24-2020	Report Time 0429	Orig. Reported Date 02-24-2020	Nature of Call (for Incident) DEAD	Agency Report Number 200004263	1.Original 2.Supplement	1
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NARRATIVE / CONTINUATION

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 Deputy Maldonado made contact with [REDACTED] (W2) who stated the following:

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 Deputy Maldonado made contact with Lieutenant Jason Johnson (R1) who stated he heard heard the entire cell block screaming which caused he, Officer Colon, Officer Webber, Sergeant Miller, nurse Carr, and nurse Fernandez to responded to the cell. After observing Giovino was not responsive they attempted to provide medical services and first aid to Giovino.

21

22

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

26 [REDACTED] The nursing staff further explained Giovino's health and appearance at the time of this incident were consistent with a drug overdose.

27

28

29 Deputy Maldonado was not able to observe Giovino's person as she was transported to the hospital. Deputy Maldonado was unable to observe Giovino's holding cell as it was on lock down by the jail.

30

31

32 Sergeant Grunder was made aware of this incident and responded to the scene. Sergeant Grunder notified EDU who later responded to the scene and conducted further investigation.

33

34

35 It should be noted, the next of kin has not been notified.

36

37 Case Status: Active

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: STMTS				
	Officer Reporting - Printed Maldonado, Jose	Officer Reporting Signature 	ID. Number 8917	Unit 1C33	Date 02-24-2020	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		