

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement
01-06-2010	1030	09-16-2009	7	090029492		2

1
2 Inv. Campanella authors this investigative supplement report in furtherance of this undetermined death investigation. Inv. Campanella last
3 supplemented this case regarding the investigation on the date of the incident through notification of next of kin, which occurred later that date.
4
5 On 09-17-2009 Inv. Campanella responded to the Volusia County Medical Examiner's Office and made contact with Associate Medical Examiner
6 Dr Bulic. Inv. Campanella briefed Dr Bulic on the facts of the investigation known thus far. Inv. Campanella stressed to Dr Bulic that prior to her
7 incarceration on 09-09-2009, Veira was consuming no less that 180 mg's of Oxycodone per day. According to Mullins, Veira had no medical
8 complaints or was not suffering from any illness upon her incarceration. While incarcerated, Veira was treated by Prison Health Services for
9 Opiate withdraw, nausea, frequent vomiting, and stomach pain. Veira was placed on a liquid diet for 3 days, but was provided solid foods just prior
10 to her death. Dr. Bulic was also advised that according to VCDC 52 records, at 0833 hours on 09-16-2009, Veira was documented as having
11 spoken with a housing unit supervisor.
12
13 After the briefing, Dr. Bulic performed an autopsy on Veira with Inv. Campanella being present. Dr. Bulic advised of several preliminary findings
14 during the autopsy. The preliminary findings were that Veira's stomach was very large and filled with bile and other fluids. Veira's lower bowels
15 appeared abnormally thin and appeared not to be functioning properly. Dr. Bulic's preliminary opinion at the conclusion of the autopsy was that
16 Veira may have been suffering from paralytic ileus. Due to the paralytic ileus, Veira vomited the contents of her stomach which eventually caused
17 her to aspirate and eventually die. Dr. Bulic advised that his final cause and manner of death, along with a medical diagnosis if possible, would be
18 detailed in his final report of autopsy which would be authored after the toxicology and histology results were returned and examined. Dr. Bulic did
19 state to Inv. Campanella that no signs of foul play, suspicious bruising, or any type of suspicious injury was noted during the autopsy. Inv.
20 Campanella informed Dr. Bulic that those specific findings were in concert with Inv. Campanella's investigation thus far.
21
22 Inv. Campanella then contacted Mullins by telephone and spoke with her at length regarding the preliminary findings of the autopsy. Mullins was
23 told Veira most likely suffered from paralytic ileus, which could be caused from opiate withdraw. Inv. Campanella added that no signs of foul play
24 were present, Veira suffered from no injuries, and that foul play was not a factor in her death. Mullins was further notified that the findings thus far
25 were preliminary and that Dr Bulic would author the cause and manner of death at the completion of the final report of autopsy.
26
27 Inv. Campanella began a review and analysis of all documents and reports submitted by Volusia County Corrections staff in reference to Veira's
28 death. The reports identified by Inv. Campanella as holding most value in this investigation are the VCDC-52 Special Inmate Watch Form and the
29 VCDC-401 Incident Report Form. From the VCDC-52 forms, Inv. Campanella found the following
30
31 09-12-2009
32 Veira was placed in medical segregation on that date and moved to the Rotunda. Veira vomited 2 times in her cell and 2 times while at the clinic.
33 Veira was placed on a special 3 day clear liquid diet on this date. Veira's appearance was noted to be "Good" all day.
34
35 09-13-2009
36 Veira continued on her special liquid diet but refused to eat and refused recreation. Veira was noted to have vomited 2 times; spoke with staff 2
37 times, visited the clinic 2 times, spoke with the Housing Unit Supervisor once, and received medications once. Veira's appearance was noted as
38 "Good" all day.
39
40

ADMINISTRATIVE	Final Case Status: 5	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			
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:			
	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
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date			
Campanella, Michael			1429		01-06-2010			
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date			

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EVT	41	
	42	09-14-2009
	43	Veira continued on her special diet on this date. Veira received medications 3 times this date, spoke with the housing unit supervisor 2 times,
	44	went to the clinic once, and spoke on the phone once. There were no notations regarding Veira having vomited on this date, and no notations that
	45	Veira spoke with staff other than the housing unit supervisor. Veira's appearance was noted as "Good" all day.
	46	
	47	09-15-2009
	48	Veira was no longer on the special liquid diet and notations indicate that Veira received her regular meals. Veira spoke with staff 3 times, spoke
	49	with the housing unit supervisor 2 times, received medication 2 times, and went to the clinic 1 time. Notations indicate that Veira did not vomit on
	50	this date and that her appearance was "Good" all day.
	51	
	52	09-16-2009
	53	Veira received one meal on this date and showered. Notations indicate that Veira was observed standing at her cell door 2 times, and that she
	54	spoke with the housing unit supervisor 1 time. Veira's appearance was noted as "Good" until the time she was observed unresponsive and on the
	55	floor.
	56	
	57	A closer review of the VCDC-52 on 09-16-2009 revealed the following:
	58	0200 hours: Veira showered and returned to her cell
	59	0500 hours: Veira was served a meal and the tray was picked back up by staff
	60	0600 hours: Veira was observed standing at her cell door
	61	0800 hours: Veira was noted as being present at head count
	62	0830 hours: Veira was noted speaking to the housing unit supervisor
	63	0954 hours: Veira was found unresponsive on the floor of her cell.
	64	
	65	
	66	Inv. Campanella received a copy of the Medical Examiner's Final Report of Autopsy on 01-04-2010. Dr Bulic authored that Veira's cause of death
	67	was aspiration bronchopneumonia due to paralytic ileus, and her manner of death was natural. This determination of cause and manner of death
	68	coincides with Inv. Campanella's investigation, which showed that Veira's death was due to a medical event, and not foul play. For details
	69	regarding Dr Bulic's finding, please refer to the Final Report of Autopsy.
	70	
	71	In conclusion, Inv. Campanella has determined that Veira's natural death investigation will be closed. The investigation revealed no foul play, and
	72	no evidence that Veira suffered any injury at the hand of another inmate or Correctional Officer.
	73	
	74	Case Status: Closed.
	75	
	76	
	77	
	78	
	79	

Final Case Status:	Final Case Status Codes:	Additional Forms Attached:	Victim Advocate	Triad	SA Referral
5	1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DCF Hotline	Spoke With:	Additional Forms Attached:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____
<input type="checkbox"/> CAC	Agency	Attached:	<input type="checkbox"/> FCIC / NCIC Cancel		
Connecting Report Number	Agency				
Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date	
Campanella, Michael	<i>M. Campanella</i>	1429		01-06-2010	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

NARRATIVE / CONTINUATION

ADMINISTRATIVE