

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number 160003563								
Agency ORI Number FL0640000				Zone # 35	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2							
Reported: Day Wednesday		Date 02-10-2016	Time (mil.) 2319	Time Dispatched (mil.) 2320	Time Arrived (mil.) 2333	Time Completed (mil.) _____						
Nature of Call (Report Type) SO Sex Offense - Non UCR												
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Tuesday	Date 02-09-2016	Time (mil.) 1800						
TO Wednesday		Date 02-10-2016	Time (mil.) 0600	Occurred During: D - Day U - Unknown N - Night N								
Offense #1 1		Type 1	Statute Violation Number 794.011(4)	Description Sex Battery - Victim 12 YOA or Older with		A - Attempted C - Committed C						
Offense #2 _____		Type _____	Statute Violation Number _____	Description _____		A - Attempted C - Committed _____						
Incident Location (Street, Apt. Number) 1300 RED JOHN DR						City DAYTONA BEACH	Zip 32124					
Business Name / Area Identifier VOLUSIA COUNTY BRANCH JAIL		# Prem. Entered 1	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No	Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned	Arson-Attempted 1. Yes 2. No					
Location Type 04. Hotel/Motel		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/V Code V-Victim W-Witness R-Reporting Person		N-Next of Kin O-Other	Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Address/Phone Type B. Business/Work C. Cell H. Home	M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	Race W-White B-Black I-American Indian	O-Oriental/Asian U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 1. City 2. County 3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.	Extent of Injury 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones	06. Poss. Internal Injury 07. Loss of Teeth 08. Burns	09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury	Domestic Violence 1. Yes 2. No	Victim Relationship to Offender S-Spouse P-Parent C-Child	B-Sibling O-Other Family H-Co-Habitant	Z-Other _____		
Offense Indicator 1. #1 2. #2		V/W Code 1	# 1	V. Type 3	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 VICTIM/INMATE						
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth _____	Age 18	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack O	Extent of Injury 99	Domestic Violence 2	Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code 1	# 1	V. Type 3	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 MOTHER OF VICTIM						
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth _____	Age 51	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code 1	# 2	V. Type 3	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 O	
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement STEP-FATHER OF VICTIM						
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth _____	Age 52	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code 1	# 3	V. Type 2	Nature of Call (for Victim, if different from Incident) _____	Name (Last/Business) SMITH	(First) EARNEST	(Middle) _____				
		Address (Street, Apt. Number) _____	City _____	State _____	Zip _____	Residence Phone (386) 238-4780						
Business/School/Other Address (Street, Apt. Number) 3840 OLD DELAND RD						City DAYTONA BEACH	State FL	Zip 32124	Address Type B	Business/School/Other Phone _____	Phone Type _____	
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement DJJ STAFF						
If Victim Type 1, 2, or 3	Race U	Sex M	Date of Birth _____	Age _____	Ethnicity U	Res. Type _____	Res. Status _____	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____	
Offense Indicator 1. #1 2. #2		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 1, 2, or 3	Race _____	Sex _____	Date of Birth _____	Age _____	Ethnicity _____	Res. Type _____	Res. Status _____	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____	

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Form for Subject/Missing Section 1. Includes fields for Offense Indicator, Subject Code, Name, Date of Birth, Address, and various physical characteristics.

SUBJECT / MISSING SECTION

Form for Subject/Missing Section 2. Includes fields for Offense Indicator, Subject Code, Name, Date of Birth, Address, and various physical characteristics.

NARRATIVE

1 On 02-10-2015, at 2320 hours, Deputy Rittenour responded to the Department of Juvenile Justice (3840 Old Deland Rd, Daytona Beach) in
2 reference to a report of sexual battery. Upon arrival, Deputy Rittenour met with DJJ staff who provided Deputy Rittenour with a written statement
3 from [REDACTED] (V1), an 18 year old male, claiming that he was sexually battered while incarcerated at the Volusia County Brand Jail.
4
5 Deputy Rittenour read the written statement. DJJ staff member Earnest Smith (O3) witnessed the written statement made by [REDACTED] but had
6 went home (off-duty) for the evening. [REDACTED] initiated his statement with an apology for his actions that caused him to become incarcerated. He
7 then went on to advise the following:
8
9 [REDACTED]
10

ADMINISTRATIVE

Administrative section including Final Case Status, DCF/CAC, Connecting Report Number, and Officer Reporting/Reviewing information.

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement	1
	02-10-2016	2319	02-10-2016	SO	160003563			

11 [REDACTED]

12 [REDACTED]

13 Also Included in his statement, he advised the following:

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 Deputy Rittenour then met with [REDACTED] in a counseling office inside DJJ. Deputy Rittenour verified the written statement as [REDACTED]'s

18 statement provided to DJJ staff. [REDACTED] immediately became reluctant to tell Deputy Rittenour what happened. [REDACTED] would only offer very

19 little details of the incident. He eventually advised [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED] further insisted that he wanted to make a phone call to his mother, [REDACTED] (O1), for advice. However, he also advised

26 Deputy Rittenour that he wanted to seek medical attention for the incident. [REDACTED] advised [REDACTED]

27 [REDACTED]

28 [REDACTED]

29 [REDACTED]

30 Based on [REDACTED]'s willingness to seek medical attention, Deputy Rittenour contacted on-call CID Investigator J. Paul to advise him of the

31 incident. Inv Paul responded to DJJ and conducted an interview with [REDACTED]. See Inv Paul's supplement for additional information.

32 [REDACTED]

33 Deputy Rittenour collected [REDACTED]'s written DJJ statement as evidence. [REDACTED] also provided a sworn written VCSO statement declining to

34 press charges until he spoke with his family.

35 [REDACTED]

36 This case will require further investigation and was turned over to CID.

37 [REDACTED]

38 Case Status: Active

NARRATIVE / CONTINUATION

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
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date: By:
Connecting Report Number	Agency	Additional Forms Attached:	<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: STATEMENT	
Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Rittenour, Corey		7756	1A33	02-11-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date