

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 150028607	
Agency ORI Number FL0640000				Zone # 35	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2
Reported: Day Tuesday	Date 10-27-2015	Time (mil.) 0009	Time Dispatched (mil.) 0022	Time Arrived (mil.) 0028	Time Completed (mil.) _____
Nature of Call (Report Type) ASUI Attempted Suicide					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From Tuesday		Date 10-27-2015		Time (mil.) 0009	
TO Tuesday		Date 10-27-2015		Time (mil.) 0028	
Occurred During: D - Day N - Night		U - Unknown N		_____	
Offense #1 Type 77777777		Statute Violation Number 77777777		Description Attempted Suicide	
Offense #2 Type _____		Statute Violation Number _____		Description _____	
A - Attempted C - Committed C		A - Attempted C - Committed _____		_____	
Incident Location (Street, Apt. Number) 1300 RED JOHN DR					
City DAYTONA BEACH			Zip 32117		
Business Name / Area Identifier VCBJ Cell Block D-2		# Prem. Entered _____	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	Forced Entry 1. Yes 2. No 3. Attempted
Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned _____		Arson-Attempted 1. Yes 2. No	
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 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 3. Both		V/W Code 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) Attempted Suicide
Name (Last/Business) Tarvom		(First) Vincent		(Middle) M	
Address (Street, Apt. Number) 84 Utica Path					
City PALM COAST		State FL		Zip 32164	
Residence Phone _____		Address Type _____		Business/School/Other Phone _____	
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____			
Synopsis of Involvement Attempted Suicide					
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 09-06-1986	Age 29	Ethnicity N
Res. Type 1	Res. Status 1	Means of Attack _____	Extent of Injury 99	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2 3. Both		V/W Code 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) Attempted Suicide
Name (Last/Business) Fones		(First) Nickolas		(Middle) _____	
Address (Street, Apt. Number) 340 North St					
City DAYTONA BEACH		State FL		Zip 32114	
Residence Phone _____		Address Type _____		Business/School/Other Phone _____	
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____			
Synopsis of Involvement V1's Cell Mate					
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 07-03-1981	Age 34	Ethnicity N
Res. Type 2	Res. Status 1	Means of Attack _____	Extent of Injury 00	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2 3. Both		V/W Code 1	# 2	V. Type 3	Nature of Call (for Victim, if different from Incident) Attempted Suicide
Name (Last/Business) Jones		(First) Barry		(Middle) I	
Address (Street, Apt. Number) 340 North St					
City DAYTONA BEACH		State FL		Zip 32117	
Residence Phone _____		Address Type _____		Business/School/Other Phone _____	
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____			
Synopsis of Involvement Found V1					
If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth 04-23-1969	Age 46	Ethnicity N
Res. Type 2	Res. Status 1	Means of Attack _____	Extent of Injury 00	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2 3. Both		V/W Code 1	# 1	V. Type 2	Nature of Call (for Victim, if different from Incident) Attempted Suicide
Name (Last/Business) Sanchez		(First) _____		(Middle) _____	
Address (Street, Apt. Number) 1300 Red John Dr					
City DAYTONA BEACH		State FL		Zip 32120	
Residence Phone _____		Address Type B		Business/School/Other Phone _____	
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) Badge #1250			
Synopsis of Involvement Corrections Officer					
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth _____	Age _____	Ethnicity H
Res. Type 2	Res. Status 1	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2 3. Both		V/W Code 1	# 2	V. Type 2	Nature of Call (for Victim, if different from Incident) Attempted Suicide
Name (Last/Business) Weedon		(First) _____		(Middle) _____	
Address (Street, Apt. Number) 1300 Red John Dr					
City DAYTONA BEACH		State FL		Zip 32120	
Residence Phone _____		Address Type B		Business/School/Other Phone _____	
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) Badge # 1273			
Synopsis of Involvement Corrections Officer					
If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth _____	Age _____	Ethnicity N
Res. Type 2	Res. Status 1	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____

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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	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		
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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
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1 On 10/27/2015 at approximately 0022 hours, Deputy Mascall responded the Volusia county Branch Jail located at 1300 Red John Dr, Daytona
 2 Beach regarding an attempted suicide. Upon arrival, Deputy Mascall made contact with Ofc Sanchez (O1) and Ofc Weedon (O2) who advised the
 3 following:
 4
 5 Sanchez advised on the above date, inmate Barry Jones (W2) entered cell block D to clean the showers. Sanchez stated a short time later, Jones
 6 rushed up the stairs and informed him of an inmate hanging from a bunk (Unit D-2) by the neck. Sanchez advised corrections staff immediately
 7 entered the cell to find Vincent Tarvin (V1) to be hanging from the top bunk with a blue sheet tied around his neck. Sanchez stated Tarvin was in
 8 the seated position facing the cell door. Sanchez advised corrections staff removed the blue sheet from Tarvin's neck and began CPR. Sanchez
 9 stated EMS and VCFS arrived on scene a short time later and transported Tarvin to Halifax Medical Center for further medical treatment.
 10

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 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 type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed Mascall, Trey	Officer Reporting - Signature 	ID. Number 8433	Unit 1X36	Date 10-27-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 10-27-2015	Report Time 0009	Orig. Reported Date 10-27-2015	Nature of Call (for Incident) ASUI	Agency Report Number 150028607	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11 Due to the nature of the incident, Sgt. Savercool notified on call VCSO CID.
 12
 13 It should be noted Tarvin had a cell mate, Nicholas Fones (W1) who was in the cell when the incident occurred.
 14
 15 Deputy Mascall made contact with Fones who advised the following:
 16
 17 Fones advised on the above date, he was asleep in his bunk when he was awoken by corrections staff who were conducting CPR on Tarvin.
 18 Fones stated he last observed Tarvin conscious at approximately 2300 hours right before he went to sleep. Fones advised he went to sleep at
 19 approximately 2315 hours and was awoken by corrections staff at approximately 0000 hours. Fones stated he had minimal conversation with
 20 Tarvin due to him just recently being assigned to his cell. Fones advised he last spoke to Tarvin earlier in the day. During this conversation, Fones
 21 stated Tarvin informed him his girlfriend hung herself on Saturday. Fones indicated Tarvin never made any suicidal statements, but told him he
 22 was going through withdrawals on some unknown narcotic. Fones stated during his short stay with Tarvin, they never had a verbal or physical
 23 argument. Fones completed a written statement detailing the incident.
 24
 25 Deputy Mascall observed Fones who had no suspicious injuries to his person. Deputy Mascall took digital photographs of Fones. The photographs
 26 were later uploaded to the Digital Crime Scene Database.
 27
 28 On 10-27-2015 at approximately 0201 hours, on call VCSO CID Inv. Shephard arrived on scene and took over the investigation. During this time,
 29 Tarvin was pronounced brain dead by Halifax Medical Center staff, following a CT Scan.
 30
 31 Per Inv Shephard's request, Deputy Mascall processed the cell where Tarvin was located.
 32
 33 Deputy Mascall entered the cell using the front door. Upon entering the cell, Deputy Mascall observed two bunks which were located on the north
 34 wall. On the top bunk, Deputy Mascall observed a blue sheet tied around the top bunk's support. On the bottom bunk, Deputy Mascall observed a
 35 piece of the blue sheet lying on it's surface. It should be noted this piece of blue sheet was cut by corrections staff when they removed the sheet
 36 from Tarvin's neck. Deputy Mascall collected both pieces of the blue sheet. The items were later placed into a District 3 evidence locker. Deputy
 37 Mascall conducted a search of the rest of the cell and noted nothing else suspicious or out of place. Deputy Mascall took digital photographs of the
 38 scene. The photographs were later uploaded to the Digital Crime Scene Database.
 39
 40 On 10-27-2015 at approximately 0320 hours, Deputy Mascall responded to Halifax Medical Center located at 303 N Clyde Morris Blvd, Daytona
 41 Beach. Upon arrival, Deputy Mascall proceeded to room C-35 where Tarvin was located.
 42
 43 Deputy Mascall observed Tarvin who was laying in a supine position with his head facing west and his feet east. Tarvin was wearing a hospital
 44 gown with several pieces of medical equipment attached to his person. Tarvin was warm to the touch with no signs of lividity or rigor mortis
 45 present. Deputy Mascall examined Tarvin for any signs of obvious trauma which met with negative results.
 46
 47 It should be noted, Deputy Mascall was unable to observe any trauma to Tarvin's neck due to there being a medical neck collar obstructing his
 48 view.
 49
 50 Deputy Mascall took digital photographs of Tarvin's person. The photographs were later uploaded to Digital Crime Scene Database.
 51
 52 Deputy Mascall completed a crime scene log. The log was later submitted into VCSO Records.
 53
 54 Deputy Mascall had no other involvement inference to this incident.
 55
 56 Case Status: Active TOT CID

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
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	Connecting Report Number	Agency	Officer Reporting - Printed Mascall, Trey	Officer Reporting - Signature 	ID. Number 8433
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number	Unit
				Date 10-27-2015	Date