

VOLUSIA COUNTY DIVISION OF CORRECTIONS
SUPPLEMENTAL REPORT

INMATE'S NAME: Burke, Michael		BOOKING NUMBER: 867423	CELL NUMBER: N/A	
SUBJECT: Walk Off		LOCATION: Deland Hospital	DATE: 02/07/12	TIME: 1255

On the above date and time I was in the S/S Office when LT. Gallenkamp received a phone call from SRO Stridiron informing him that I/M Burke, Michael #867423 had walked out of the hospital. I assisted in the Emergency Plans response by pulling out the Code Green emergency plans and handing them off to LT. Smith. I then went to ID/REC and received a mug shot photo of I/M from SGT Stormer. I brought the photo to the S/S Office and gave the photo to LT. Smith. I took no further action during this incident.

OFFICER'S SIGNATURE: SGT J. Johnson 	EMP. NO.: 715	DATE: 02/07/12	TIME: 1615
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PROPERTY RECORD RECEIPT

VOLUSIA COUNTY DIVISION OF CORRECTIONS

No. 423 SPN 487649 Inmate Name BURKE, MICHAEL LEE Housing Location VCBJ-12-SEG-08-001 Security/Hdlg MEDM RSA WM23

Form 1 of 1

Received By: chschlap Location: VCBJ Property Room Container: HOOK 1355 Date: 02/07/2012 15:33

Disposition Code
 D-Donated K-Keep in possession M-Mail Storage-Storage
 (Describe valuables as fully as necessary)

Item	Description	Item	Description
<input type="checkbox"/>	Backpack	<input type="checkbox"/>	Bank Card
<input type="checkbox"/>	Belt	<input type="checkbox"/>	Books
<input type="checkbox"/>	Bra	<input type="checkbox"/>	Cap/Hat
<input type="checkbox"/>	Charge Card	<input type="checkbox"/>	Cigarette Pack
<input type="checkbox"/>	Coat	<input type="checkbox"/>	Condom
<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Dress
<input type="checkbox"/>	1 Driver's License	<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Grooming Aids
<input type="checkbox"/>	Hair-Tie	<input type="checkbox"/>	Key
<input type="checkbox"/>	Legal Documents	<input type="checkbox"/>	Lighter
<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Misc Clothing
<input type="checkbox"/>	1 Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other Credit Card	<input type="checkbox"/>	Other Tagged Item
<input type="checkbox"/>	1 Pants/Slacks	<input type="checkbox"/>	Pen
<input type="checkbox"/>	Pencil	<input type="checkbox"/>	Personal Check
<input type="checkbox"/>	1 Phone	<input type="checkbox"/>	Photos
<input type="checkbox"/>	Purse/Shoulder Bag	<input type="checkbox"/>	Radio/TV
<input type="checkbox"/>	Religious Medal	<input type="checkbox"/>	1 Shirt
<input type="checkbox"/>	2 Shoes	<input type="checkbox"/>	Shorts
<input type="checkbox"/>	Skirt	<input type="checkbox"/>	Slippers
<input type="checkbox"/>	Social Security Card	<input type="checkbox"/>	2 Socks
<input type="checkbox"/>	Stockings	<input type="checkbox"/>	Suit
<input type="checkbox"/>	Sunglasses	<input type="checkbox"/>	Sweater

Claim Release
 I relinquish all claim to the articles listed above as "Donated," and hereby acknowledge receipt of articles listed as "Keep in possession." The above is a correct inventory of personal property in my possession at the time of admission. The value I have placed on those items noted as having value over \$200.00 is a true representation of their fair market value, to the best of my knowledge.

Inmate Signature _____ Date _____ Witnessing Officer _____ ID # _____

I hereby acknowledge the articles as "Storage," which were given to me upon my release from the institution.

Inmate Signature _____ Date _____

ID/Receiving Officer (Print name) _____ (Signature) _____ ID # _____

Transportation Officer (Print name) _____ ID # _____ Agency _____

Property Release
 This is to certify that all items listed above have been released or have been stored for more than 30 days from discharge date and have been disposed of as authorized upon property receipt.

Release Reason: _____ Release Date: _____ Release Officer _____ Badge # _____

Prisoner/Person Receiving _____ Date _____ Officer _____ Badge # _____

Recipient: _____ Relation _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

**PROPERTY RECORD RECEIPT
VOLUSIA COUNTY DIVISION OF CORRECTIONS**

Booking No. 867423 SPN 487649 Inmate Name BURKE, MICHAEL LEE Housing Location VCBJ-12-SEG-08-001 Security/Hdgl MEDM RSA WM23

Form 1 of 1

Item	Description	Item	Description
<input type="checkbox"/> Tie/Scarf		<input type="checkbox"/> T-Shirt	
<input type="checkbox"/> 1 Underwear	s	<input type="checkbox"/> Wallet	

Jewelry	Description	Yellow Color	White Color	Ston	Dangerous Items	Description
<input type="checkbox"/> Body Piercings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bowie Knife	
<input type="checkbox"/> Bracelet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fingernail File/Clip	
<input type="checkbox"/> Costume Jewelry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Garrotte	
<input type="checkbox"/> Ear Ring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knife	
<input type="checkbox"/> Necklace		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nail Cutter	
<input type="checkbox"/> Other Jewelry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other Dangerous	
<input type="checkbox"/> Other Jewelry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scissors	
<input type="checkbox"/> Ring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sharp/Pointed Object	
<input type="checkbox"/> Watch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments: _____

Inmate Refused

Inmate's Signature _____

Date: 02/07/2012 15:33

Claim Release

I relinquish all claim to the articles listed above as "Donated," and hereby acknowledge receipt of articles listed as "Keep in possession." The above is a correct inventory of personal property in my possession at the time of admission. The value I have placed on those items noted as having value over \$200.00 is a true representation of their fair market value, to the best of my knowledge.

Inmate Signature _____ Date _____ Witnessing Officer _____ ID # _____

I hereby acknowledge the articles as "Storage," which were given to me upon my release from the institution.

Inmate Signature _____ Date _____

ID/Receiving Officer (Print name) _____ (Signature) _____ ID # _____

Transportation Officer (Print name) _____ ID # _____ Agency _____

Property Release

This is to certify that all items listed above have been released or have been stored for more than 30 days from discharge date and have been disposed of as authorized upon property receipt.

Release Reason: _____ Release Date: _____ Release Officer _____ Badge # _____

Prisoner/Person Receiving _____ Date _____ Officer _____ Badge # _____

Recipient: _____ Relation _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

WRITTEN AUTHORIZATION FOR STRIP SEARCH

This form will be used whenever an inmate/subject is strip searched. The Officer will check the area that applies to the inmate. The Shift Commander or Operations Supervisor will sign the sheet prior to the inmate/subject being strip searched.

Felony

Misdemeanor

Brent, Michael
Inmate's Name

867427
Inmate Booking Number

- There is reasonable suspicion to believe that the inmate/subject is concealing a weapon, controlled substance, prohibited material, or stolen property.
- Inmate has returned from an outside work detail. (Not supervised by correctional officer)
- Inmate has returned from outside court/appointments. (Out of our custody)
- Inmate has come from another facility.
- Inmate has come from State Department of Corrections.
- Inmate is placed on a suicide watch.
- Inmate charges are violent, controlled substance related or weapons related. (specify)
- Other: Please explain.

If VOP or FTA, write next to offense type below.

VIOLENT	CONTROLLED SUBSTANCE	WEAPONS
Battery - Simple	Poss - Cocaine Attempt	Carry Concealed Weapon
Domestic Violence	S/Delivery - Cocaine Attempt	CCW by Convicted Felon
Aggravated Battery	Purchase Cocaine Attempt	
Aggravated Assault	Poss Control Sub - Schedule I II III IV	
Sexual Battery	Poss Drug Paraphernalia	
Strongarm Robbery	Poss Cannabis u/20 grams	
Robbery	Poss Cannabis o/20 grams	
Child abuse/Aggravated	Poss Cannabis w/intent to sell	
Arson	Poss Narcotics	
Other Violent (list):	Other C/S (list):	Other Weapons (list):

[Signature]
Signature of authorizing supervisor

2-07-2012 1410
Date Time

[Signature]
Signature of authorizing supervisor

02-07-2012 1430
Date Time

INITIAL

[Signature]
Signature of officer performing search

02-07-2012 1410
Date Time

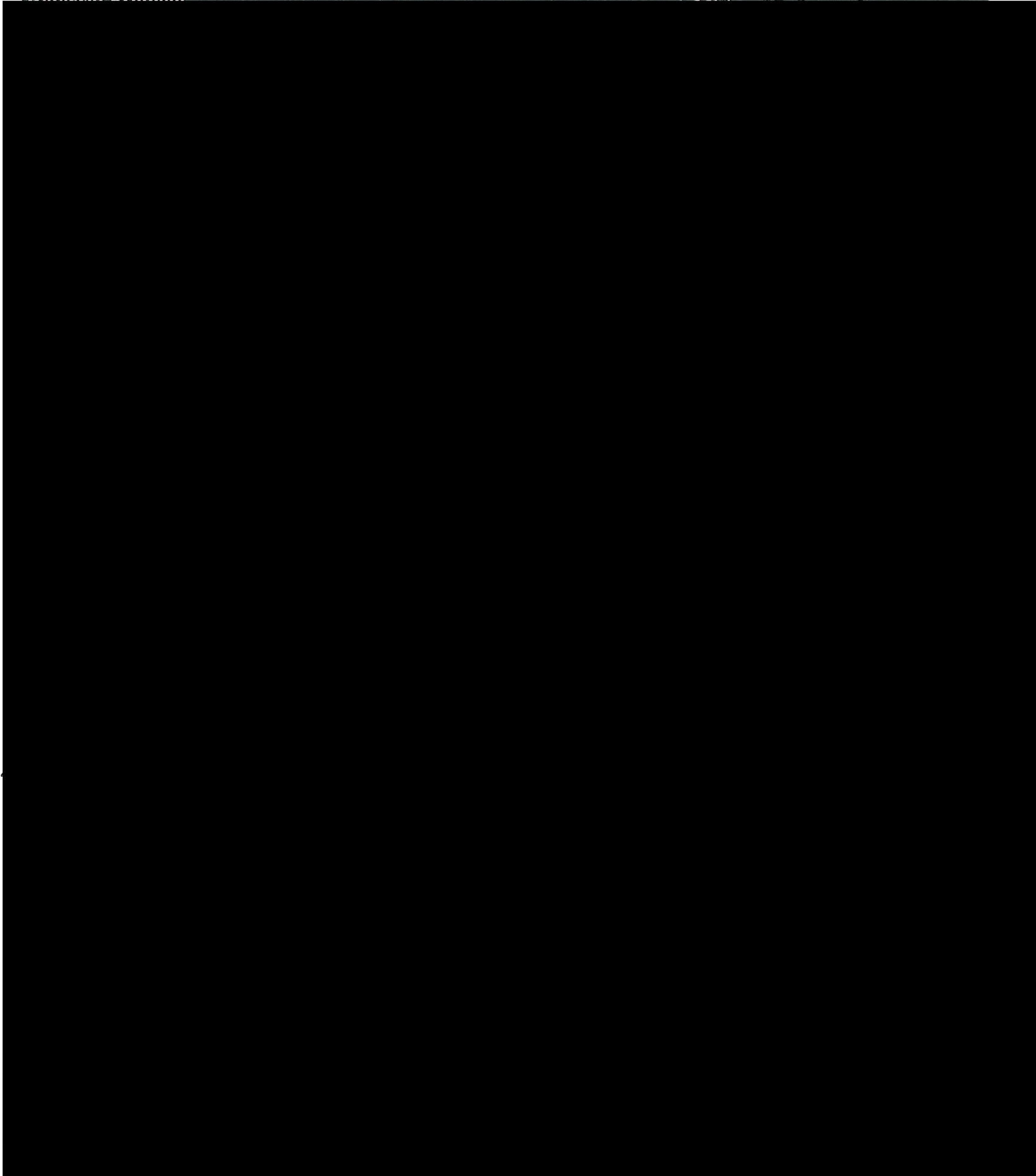
SECONDARY

[Signature]
Signature of officer performing search

02-07-2012 1431
Date Time

Date/Time: 2-7-2012 12/15	Location/Cell #: 5A 1011
Inmate Name: BARRI, MICHAEL	Booking #: 867423

Referral Problem



Jail Management System

Demographics - 867423 BURKE, MICHAEL

867423	SPN: 487649	SS [REDACTED]	Book Date: 02/05/2012 10:43
LAST: BURKE	First Name: MICHAEL	Middle Name: LEE	Suffix: [v]
Address: 1670 SOUTH SPRING GARDEN AVE	City: DELAND	State: FL [v]	Zip Code: 32720-0000
Number: B620552881290	DL State: FL [v]	PIN: 7908	Phone: (386) 801-1067
Education: HS Diploma [v]	Sheriff's Signal Codes	Status: FNSM [v]	Admission Type: Normal [v]
Marital Status: Single [v]		Translation Req'd: <input type="checkbox"/>	Arrest Type: Adult Wrt [v]
Occupation: Laborer [v]		Language: English [v]	Arrest Date: 02/04/2012 22:40
Religion: CHRISTIAN [v]		Illegal Alien: <input type="checkbox"/>	Arrest Agency: VCISO - VOLUSIA [v]
Indigent Type: Legal Indigent [v]		FCIC/NCIC Check? Y [v]	Arrest Officer: adamczyk
Sex: Male [v]	Current Age: 23	Height: 507	Eye: Blue [v] DLE No: []
Race: White (includ [v]	Age at Arrest: 23	Weight: 145	Hair: Brown [v] FBI No: []
Ethn: [v]	POB: FLORIDA	POB: FL [v]	Complexion: Ruddy [v] DOC No: []
DOB: 04/09/1988	Citizenship: []		DNA: []
Comments:			
2/7/12 / ESCAPE RISK, WALK OFF FROM HOSPITAL, 2 OFFICER F/R, SUPERVISOR PRESENT WHEN OUT OF CELL. SDO NOTIFIED WHEN OUT OF BUILDING			



Inmate Detail

Booking No.	SPN	Inmate Name	Housing Location	Security/Hdlig Status	Seg
867423	487649	BURKE, MICHAEL LEE	VCBJ-12-SEG-08-001	MEDM	FNSM MHC

Inmate Status Code:

Segregation

Type	Begin	Review Date	Comments
MHC	02/07/12 14:39	00/00/00 00:00	scd if cleared by m/h

Segregation History

Type	Begin	End Date	Review Date	Comments
NON	00/00/00 00:00	02/07/12 14:39	00/00/00 00:00	

Update

Close

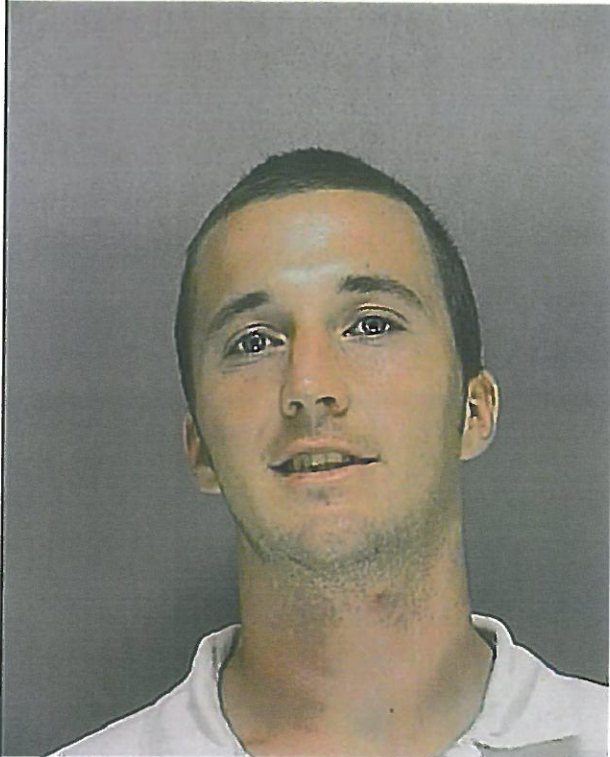
Subject Event Detail Form

BURKE, MICHAEL - (847159) 867423

Address at time of Photo:
1670 S SPRING GARDEN AVE
DELAND, FL 327200000

Subject Physical Descriptors

Event Number: 847159	Race: WHITE
SPN: 487649	Sex: MALE
Local Booking Number:	Height: 508
DL State/Num: FL B620552881290	Weight: 135
[REDACTED]	Hair Color: Brown
DOB: 4/9/1988	Eye Color: BLUE
Age at Arrest: 23	Place of birth: DELAND
Current Age: 23	



Charges

Arrest Statute	Arrest Type	ARN	Date	Case Number
VOP		2010 003387	FL064235G	
VOP		2010 003387	FL064235G	

Arrest Information

Arrest Agency	Arrest Date	Arrest Officer	Book Date
FDOC - FL DEPT	4/28/2011	ALLER	4/28/2011

Alias Name Information

Last Name	First Name	Middle Name	Suffix
MICHAEL	LEE		

Jail Management System

Demographics - 867423 BURKE, MICHAEL

Booking No: 867423	SPN: 487649	SSN: [REDACTED]	Book Date: 02/05/2012 10:43
Last Name: BURKE	First Name: MICHAEL	Middle Name: LEE	Suffix: [v]
Address: 1670 SOUTH SPRING GARDEN AVE	City: DELAND	State: FL [v]	Zip Code: 32720-0000
DL Number: B620552881290	DL State: FL [v]	PIN: 7908	Phone: (386) 801-1067

Education: HS Diploma [v]	Sheriff's Signal Codes	Status: FNSM [v]	Admission Type: Normal [v]
Marital Status: Single [v]		Translation Req'd: <input type="checkbox"/>	Arrest Type: Adult Wrt [v]
Occupation: Laborer [v]		Language: English [v]	Arrest Date: 02/04/2012 22:40
Religion: CHRISTIAN [v]		Illegal Alien: <input type="checkbox"/>	Arrest Agency: VCSO - VOLUSI/ [v]
Indigent Type: Legal Indigent [v]		FCIC/NCIC Check? Y [v]	Arrest Officer: adamczyk

Sex: Male [v]	Current Age: 23	Height: 507	Eye: Blue [v]	DLE No: []
Race: White (includ [v]	Age at Arrest: 23	Weight: 145	Hair: Brown [v]	FBI No: []
Ethn: [v]	POB: FLORIDA	POB: FL [v]	Complexion: Ruddy [v]	DOC No: []
DOB: 04/09/1988	Citizenship: []	DNA: []		

Comments:
ASSIGNED ROOM 252 FLORIDA HOSPITAL DELAND-BAD 1075

* NO HOWS

Jail Management System
Charges - 867423 BURKE, MICHAEL

Statute	Description	Degree	Stat Class	Bond	Grp	Case No.	Seq	Disposition	Status	Date Entered
831.02	UTTERING A FORGERY (Third	Felony	\$3,500.00		2012 000170 C	1		NSI	02/05/2012 10:5
812.014(2)(c)	GRAND THEFT	Third	Felony	NO BOND		2010 003387 C	1		NSI	02/05/2012 10:5
812.019(1)	DEALING IN STOLEN PR	Second	Felony	NO BOND		2010 003387 C	2		NSI	02/05/2012 10:5