

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 3 of 3

Defendant (Last) Name: BURKE	(First) MICHAEL	(Middle) LEE	Agency Case Number: 120000841
Name: (Last) 1 STATE OF FLORIDA	(First)	(Middle)	Vic <input checked="" type="checkbox"/> Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name	Relative/Contact Address:	Phone:	



EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
KNIFE	02-07-2012	DL120000841	
Owner Name (Last) (First) (Address)		(Phone)	Value
PHOTOS OF SCENE/DEF/WEAPON	02-07-2012	DL120000841	
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
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I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

WALTER, CRAIG
Investigating Officer

DL679
ID Number

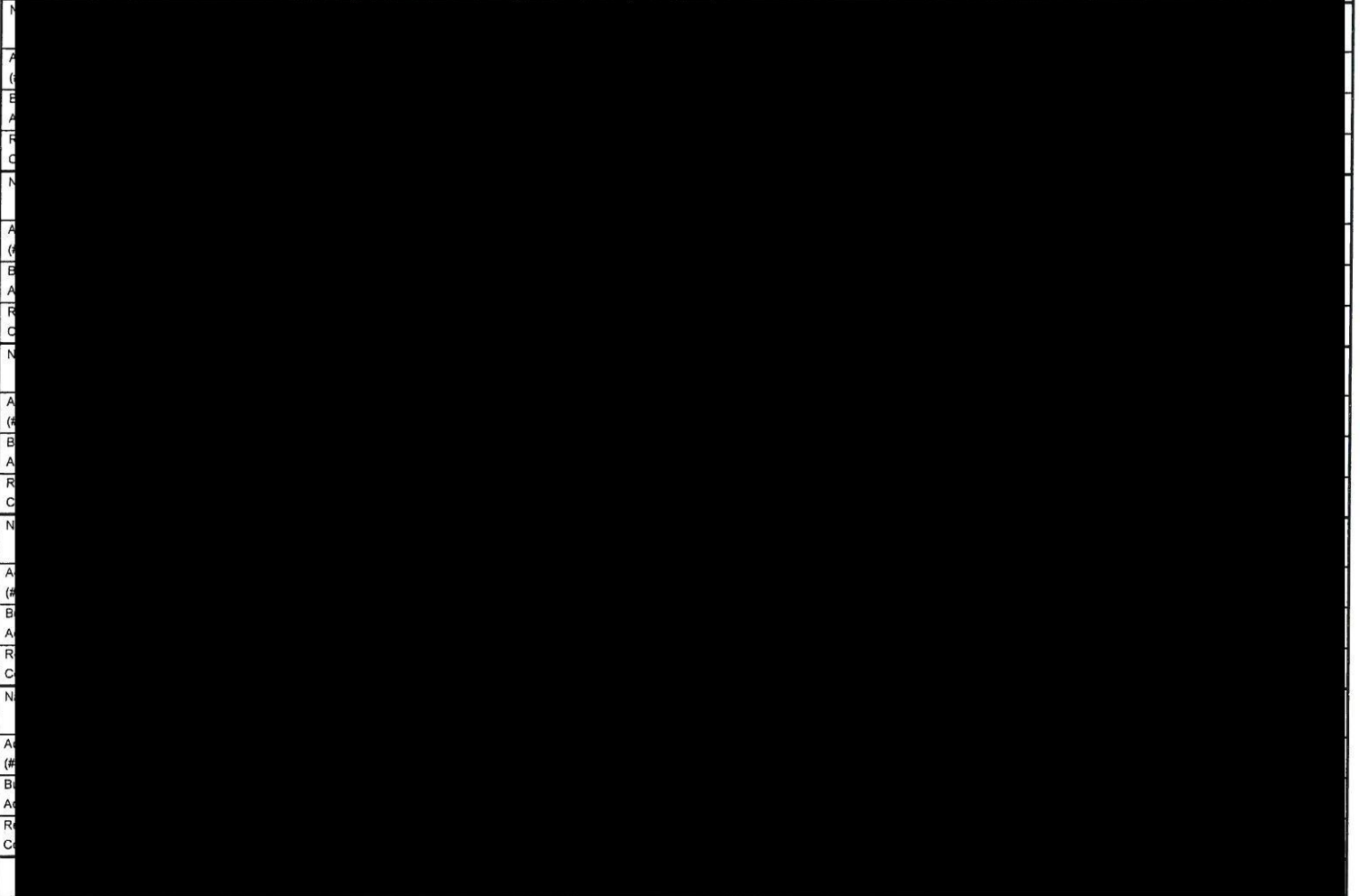
DLPD
Agency

Witness/Victim/Evidence Form 707-A

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 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: 120000841

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Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:



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WALTER, CRAIG
Investigating Officer

DL679 DLDP
ID Number Agency

DELAND POLICE DEPARTMENT

INCIDENT REPORT

Juvenile, Gang, Domestic Violence, Endangered / Other, Hate Crime, Elderly Abuse / Exploitation, VOR

Agency Report Number 120000841

Agency ORI Number FL0640200, Zone # DL02, Telephone Handled 1. Yes 2. No 2

Reported: Day Tuesday, Date 02-07-2012, Time (mil.) 1245, Time Dispatched (mil.) 1245, Time Arrived (mil.) 1248, Time Completed (mil.) 1421, Nature of Call (Report Type) 6 Escaped Prisoner

Incident Type: 1. Felony 2. Traffic Felony, 3. Misdemeanor 4. Traffic Misdemeanor, 5. Ordinance 9. Other, Incident: Day From Tuesday, Date 02-07-2012, Time (mil.) 1230, TO Tuesday, Date 02-07-2012, Time (mil.) 1245, Occurred During: D - Day U - Unknown N - Night D

Table with 4 columns: Offense #, Type, Statute Violation Number, Description, and A-C status. Includes offenses for Prisoner Escape and Armed Burglary.

Incident Location (Street, Apt. Number) 701 W PLYMOUTH AV, City DELAND, Zip 32720

Business Name / Area Identifier FLORIDA HOSPITAL DELAND, # Prem. Entered, Drug Related, Alcohol Related, Forced Entry, Arson-Inhabited, Arson-Attempted

Location Type 12, 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

Table with 5 columns: V/W Code, Victim/Subject Type, Address/Phone Type, Race, Sex, Residence Type, Residence Status. Includes codes for V-Victim, W-Witness, R-Reporting Person, etc.

Table with 4 columns: Means of Attack, Extent of Injury, Domestic Violence, Victim Relationship to Offender. Includes codes for F-Firearm, K-Knife/Cutting Inst., 00-N/A, 01-Gunshot, 02-Stabbed, etc.

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

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 04-09-1988		Age 23	To Age	Height 5' 09"	To Height	Weight 150	To Weight	Eye Color BLU	Hair Color BRO	Maiden Name	
Nickname / Street Name				Place of Birth - City			County	State FL	Employer/Other/School		Occupation
Last Known Address (Street, Apt. Number) 1670 S SPRING GARDEN AV						City DELAND	State FL	Zip 32720	Address Type H	Phone	Phone Type
Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
Driver's License State/Number FL B620-552-88-129-0				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 CAL	Mask	Weapon Type KNIFE		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.											

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)				
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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.											

NARRATIVE

1 ON THE ABOVE DATE AND TIME I, OFC C. WALTER (DPD), RESPONDED TO 730 W. PLYMOUTH AVE IN REFERENCE TO A SUSPICIOUS
 2 PERSON WALKING IN THE AREA WITH A HOSPITAL GOWN AND FOOT SHACKLES. THE CALL WAS MADE BY JOCELYN PITTMAN,
 3 RECEPTIONIST AT DR JOHN PITTMAN'S OFFICE WHICH IS LOCATED AT 730 W. PLYMOUTH AVE.
 4
 5 UPON ARRIVAL, I WAS MET BY HOSPITAL-SECURITY GUARDS STEVEN VIOLA AND LUIS ROSARIO. BOTH OFC VIOLA AND OFC
 6 ROSARIO ADVISED THE PATIENT, WHO WAS AN ESCAPED PRISONER FROM ROOM 252 AND LATER IDENTIFIED AS MICHAEL BURKE,
 7 WAS LAST SEEN IN THE WOODED AREA JUST SOUTH OF 730 W. PLYMOUTH AVE. AFTER UPDATING CENTRAL DISPATCH VIA RADIO
 8 OF BURKE'S LAST DIRECTION OF TRAVEL, I ENTERED THE WOODED AREA IN SEARCH FOR HIM. I HEARD VIOLA AND ROSARIO SAY
 9 HE WAS IN THE GARAGE OF A VACANT RESIDENCE (718 W PLYMOUTH AV) AND WAS ARMED WITH A KNIFE. I THEN PROCEEDED TO
 10 THE WEST SIDE OF THE VACANT RESIDENCE AND OBSERVED BURKE RUNNING FROM THE RESIDENCE TO A EMPTY RETENTION

ADMINISTRATIVE

Final Case Status: 1	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"/> T.T. BOLO	Date:	By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: STATEMENTS					
Officer Reporting - Printed Walter, Craig		Officer Reporting - Signature 		ID. Number DL679	Unit 5D21	Date 02-07-2012	
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

DELAND POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 02-07-2012	Report Time 1245	Orig. Reported Date 02-07-2012	Nature of Call (for Incident) 6	Agency Report Number 120000841	1.Original 2.Supplement	1
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NARRATIVE / CONTINUATION

11 POND DIRECTLY SOUTH OF THE RESIDENCE. I ORDERED BURKE TO STOP AND LAY DOWN AS I WAS JUMPING A FENCE. BURKE

12 STOPPED, SAT DOWN, THEN HELD THE KNIFE TO HIS LEFT WRIST. AS I APPROACHED BURKE WITH MY DEPARTMENT-ISSUED

13 TASER DRAWN AND POINTED AT HIM, I ORDERED BURKE TO DROP THE KNIFE. BURKE LAID THE KNIFE TO HIS LEFT SIDE AND

14 RELEASED IT FROM HIS HAND. I THEN GRABBED BURKE BY HIS RIGHT ARM AND SECURED HIM IN HANDCUFFS WITH THE

15 ASSISTANCE OF VIOLA AND ROSARIO. CENTRAL DISPATCH ALONG WITH THE RESPONDING UNITS WERE THEN UPDATED VIA

16 RADIO.

17

18 UPON FURTHER INVESTIGATION, IT WAS DISCOVERED THAT BURKE WAS AT THE HOSPITAL RECEIVING MEDICAL TREATMENT AND

19 WAS IN-CUSTODY OF THE VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS. HE WAS ALSO IN THE CUSTODY OF CORRECTIONS

20 OFFICER W. STRIDIRON, WHO LATER ARRIVED. ACCORDING TO C/O STRIDIRON, BURKE WAS USING THE RESTROOM THAT WAS IN

21 HIS ROOM AND HAD LEFT WITHOUT C/O STRIDIRON NOTICING HIM. C/O STRIDIRON STATED AFTER NOTICING BURKE WAS IN THE

22 RESTROOM FOR EIGHT MINUTES, HE GOT UP TO CHECK AND NOTICED HE WAS GONE. C/O STRIDIRON STATED AT THE SAME TIME

23 A NURSE INFORMED HIM BURKE LEFT AND WAS LAST SEEN GOING DOWN THE STAIRS. C/O STRIDIRON SAID THAT IS WHEN HE

24 THEN CALLED LT. GALLENKAMP AT THE VOLUSIA COUNTY BRANCH JAIL AND WAS INSTRUCTED TO INFORM HOSPITAL SECURITY

25 AND THE POLICE. C/O STRIDIRON SAID AS HE WAS SEARCHING THE FLOOR, A NURSE ADVISED HIM THAT POLICE AND SECURITY

26 HAD ALREADY CAUGHT BURKE.

27

28 MEANWHILE, OFC J. MAYO (DPD), OFC W. LUONGO (DPD), AND OFC C. GODWIN (DPD) RESPONDED TO ASSIST. SGT J. ANDERSON

29 (DPD), AND LT P. PROCTOR (DPD) ARRIVED AND WERE BRIEFED ON THE INCIDENT. CAPTAIN W. McCLELLAND (VCDC) WAS

30 NOTIFIED BY C/O STRIDIRON AND LATER ARRIVED.

31

32 EVAC AMBULANCE WAS CALLED FOR BURKE FOR ANY POSSIBLE SELF-SUSTAINED INJURIES HE MIGHT HAVE RECEIVED. THERE

33 WERE NO VISIBLE INJURIES OBSERVED ON BURKE, BUT HE DID HAVE A PARTIAL IV AND EKG SENSORS ATTACHED TO HIM. BURKE

34 WAS TRANSPORTED BACK TO THE HOSPITAL BY EVAC AND TRANSFERRED BACK TO THE CUSTODY OF VOLUSIA COUNTY

35 CORRECTIONS.

36

37 PHOTOS OF THE SCENE AND BURKE WERE TAKEN AND PLACED INTO DELAND-POLICE EVIDENCE. THE KNIFE WAS ALSO

38 PHOTOGRAPHED AND COLLECTED; AND PLACED INTO EVIDENCE.

39

40 A CHARGING AFFIDAVIT FOR ESCAPE, ARMED BURGLARY WAS COMPLETED AND SUBMITTED TO THE VOLUSIA COUNTY BRANCH

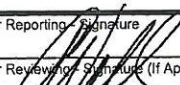
41 JAIL FOR PROCESSING. WITNESS STATEMENTS WERE ALSO OBTAINED FROM ALL PARTIES (NON LAW ENFORCEMENT) INVOLVED

42 AND WILL ACCOMPANY THIS REPORT.

ADMINISTRATIVE	Final Case Status: <u>1</u>	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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	<input type="checkbox"/> CAC	Spoke With:	Agency:	<input type="checkbox"/> FCIC / NCIC Cancel	Date:	By:
	Connecting Report Number	Agency	Additional Forms Attached:	<input type="checkbox"/> Narrative <input checked="" 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>STATEMENTS</u>		
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date	
Walter, Craig			DL679	5D21	02-07-2012	
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)		ID. Number	Unit

DELAND POLICE DEPARTMENT

PROPERTY REPORT

EVNT	Report Date 02-07-2012	Report Time 1245	Original Incident Date 02-07-2012	Nature of Call (for Incident) 6	Agency Report Number 120000841	1. Original 2. Supplement 1						
THEFT	Type Theft 01	Type Theft Codes 00. N/A 01. Burglary	02. Robbery 03. Shoplifting	04. Pocket Picking 05. Purse Snatching	06. Embezzlement 07. From Coin Oper. Machine	08. From Public Access Bldg.	09. From Vehicle 10. Extortion	11. By Computer 12. Fraud	13. Bicycle 14. Motor Vehicle Parts	99. Other		
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release		5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned			
	Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment		E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock		M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec. Equip. T-Toxic Chemicals	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS, DRUGS, JWLRY, Etc.)				
	DRUG CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other			
PROPERTY	Leave Blank											
	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$			
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
PROPERTY	Leave Blank											
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	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$			
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	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$			
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If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank			Reason for Change:								
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	Leave Blank			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank			Reason for Change:								
ADMIN.	Officer Reporting - Printed Walter, Craig				Officer Reporting - Signature 				ID. Number DL679	Unit 5D21	Date 02-07-2012	
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date	

5

INMATE/PATIENT HOSPITAL LOG

INMATE NAME: Burke, Michael

BOOKING NO. 867423

HOSPITAL: Deland Hospital

ROOM NO. 252

DATE

TIME

INFORMATION

DATE	TIME	INFORMATION
02-07-12	1108	Social Worker Amanda in room to speak with I/m.
	1131	I/m Burke O/T restroom.
	1148	Blood Pressure & Temperature check made by case tech ^{10/16/12} Dr
	1151	Chow tray in room 252
	1218	Security Check - No problem - VCB control etc. Scarborough info
	1230	Nurse Linda in room to change I/m IV bag.
	1233	Inmate Burke in restroom. RTN

4

INMATE/PATIENT HOSPITAL LOG

INMATE NAME: Burke, Michael

BOOKING NO. 867423

HOSPITAL: Deland Hospital

ROOM NO. 252

DATE	TIME	INFORMATION
2/7/12	0400	Nurse in for rounds
	0500	Nurse in for rounds
	0700	Nurse in for rounds
	0725	Nurse in for meds & vitals.
	0734	Ofc. Stodion arrived on duty in room #252. Properly instructed by Ofc. Plotz. Inventory received 1 H/c Key #4, 2 handcuffs, 2 leg irons, 1 velcro belly strap, 1 battery, 1 battery charger, 1 hospital pack #1, 1 correction toile bag. No radio. Ofc. Plotz depart room #252 Inmate Burke presently on bunk with leg iron restraints on.
	0800	Formal Headcount called into VCS Control. 1 IN & out total in Sgt. Stormer informed.
	0815	In up and into the restroom, RTN 0819 hrs. to bed.
	0844	Bill from Respiratory dept. in to check inmate.
	0930	Patient Care Tech Ms. Dosa in room to remove tray.
	0947	Nurse Linda in room to check on inmate.
	1003	Security check - no problems. VCS CRO Smith informed.
	1016	Food Service in room to discuss menu. I/m Buske on no food diet.
	1031	Nurse Linda in room to hang an IV fluid bag.
	1049	I/m Buske into restroom.
02-07-12	1056	I/m Buske returned to the bed.

INMATE/PATIENT HOSPITAL LOG

1739

INMATE NAME: BURKE, MICHAEL
HOSPITAL: DELAND FLORIDA HOSP

BOOKING NO. 867423
ROOM NO. 2016

DATE	TIME	INFORMATION
2-6-12	0800	HEADCOUNT CALLED INTO LT MASON
	0806	BREAKFAST FED TO 1/m
	0855	DR IN TALKING TO 1/m
	0930	1/m LEAVING ROOM FOR CAT SCAN - OFC MURRAY NOTIFIED
	0952	1/m SECURED BACK IN ROOM - CONTROL NOTIFIED
	1120	NURSE IN TO CHANGE IV
	1205	NURSE IN TO TALK TO 1/m
	1230	NURSE IN FOR VITALS
	1232	LUNCH FED TO 1/m
	1508	NURSE IN CHECKING ON 1/m
	1600	HEADCOUNT CALLED INTO LT MASON
	1825	DOCTOR IN TO TALK TO 1/m
	1945	OFc Plat 2 to receive ofc Zomba
		1/m SECURED TO BELT 2 Leg IRONS, 2 H/C, 1 Belly Strap 1 HC Key, 1 Radio charger, 1 Battery, Hosp Packer 1 Bag Personal Property
	2000	CONTACT CONTROL FOR HEAD COUNT
	2120	MOVE TO RM 252 NURSE HEIDI STORED PERSONAL BELONGINGS AT NURSES STATION
	2245	NURSE INTO CHANGE IV BAG
	2300	CONTACT CONTROL WITH HEADCOUNT CT KASNER
	0300	CONTACT CONTROL WITH HEADCOUNT CT KASNER

INMATE/PATIENT HOSPITAL LOG

INMATE NAME: BURKE, MICHAEL
 HOSPITAL: DELAND HOSP

BOOKING NO. 867423
 ROOM NO. 2016

DATE	TIME	INFORMATION
2/5/12	2039	RN ZENY IN TO ✓ I/M
	2102	RN ZENY IN TO CHANGE MEDS
	2119	RN GLORIA IN TO ✓ TEMPERATURE
	2203	RN GLORIA IN TO ✓ I/M
	2300	H/C CALLED INTO OFC FAIRCLOTH VCBJ w/ 1 I/M Room #2016
	2307	RN GLORIA IN TO ASSES I/M
	0100	✓ IN VCBJ - ALL SECURE
	0130	RN GLORIA IN TO ✓ I/M
	0220	RN GLORIA IN TO ✓ I/M
	0300	OFC FAIRCLOTH NOTED C/R of H/C RESULTS 1 IN Room 2016 about 7:22
	0430	LAB TECH ANNA IN TO DRAW BLOOD
	0500	✓ IN VCBJ - ALL SECURE
	0530	RN GLORIA IN TO ✓ I/M
	0623	RN GLORIA IN TO ✓ I/M
	0641	RN GLORIA IN TO RESECURE MONITORING EQUIPMENT
	0700	✓ IN VCBJ - ALL SECURE
2-6-12	0735	OFC ZEMBA ON DUTY - 1/M SECURED TO BED w/ 1 C/F - 2 H/C, 1 B/C, 1 L/E, 1 H/C KEY, 1 HOSP PACK, 1 BAG OF 1/M PERSONAL PROPERTY

VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS

~~USE OF FORCE REPORT~~ SUPPLEMENTAL *ED*DATE: 02-05-12INMATE Burke, Michael BOOKING NO. 867423 ^{Room} CELL NO. 2016 ICL1205 Released deputy: placed 1-leg iron
on inmate: notified Ops. Sup. Sgt.
Faircloth; Officer Gillis on duty.

1315 Nurse in checking inmate: out 1316

1400 Hosp. security ~~Tom~~ in: out 14051405 called in security check: All secure notified
C.R.O. Sterlla

1407 Nurse in checking inmate: out 1427

1521 Nurse in checking inmate: out 1529

1603 Called in Head count (1): notified C.R.O.
Sterlla

1703 Food trays in: out 1910

1805 called in security check: All-secure: notified
Control Room Operator Robbins

1932 Nurse in checking inmate: out 0740

1939 OFC Bishop on Duty RELIEVE OFC GILLIS 1 L/F
on I/M Hosp Bag, CONTAINING 2 W/C 1 L/F 1 BATT
CIGAR, 1 BATTERY, 1 INNER WAIST BURT

2000 Lt McBride NFD C/R of M/C RESULTS 1 ID/ITC of OX

Signature of Reporting Officer/
InvestigatorOriginal to Inmate Medical File Yellow copy to Inmate File Pink copy to
Institution File