

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

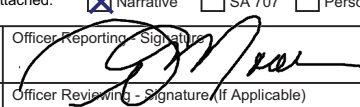
<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other	<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____	Agency Report Number 110027622
Agency ORI Number FL0640000		Zone # 35
Reported: Day Wednesday Date 09-14-2011 Time (mil.) 0021		Telephone Handled 1. Yes 2. No 2
Time Dispatched (mil.) 0022 Time Arrived (mil.) 0026		Nature of Call (Report Type) 7 Dead Person
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other
Incident: Day From Tuesday Date 09-13-2011 Time (mil.) 1200		TO Day Wednesday Date 09-14-2011 Time (mil.) 0021
Occurred During: D - Day N - Night		U - Unknown N
Offense #1 9	Type 77777777	Statute Violation Number DEATH INVESTIGATION
#2	Statute Violation Number	Description A - Attempted C - Committed C
Incident Location (Street, Apt. Number) 1300 RED JOHN DRIVE		
City DAYTONA BEACH		Zip 32114
Business Name / Area Identifier VOLUSIA COUNTY BRANCH JAIL		
# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 1	Alcohol Related 0. N/A 1. Yes 2. No 1
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 V	# 1
V. Type 3	Nature of Call (for Victim, if different from Incident) DEATH INVESTIGATION	
Name (Last/Business) GRIFFITHS		(First) WAYNE
(Middle) R		
Address (Street, Apt. Number) 1134 AVENUE J		
City ORMOND BEACH FL		State FL
Zip 32174		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		
If Victim Type 1, 2, or 3	Race W	Sex M
Date of Birth 09-24-1952	Age 58	Ethnicity N
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 O	# 1
V. Type 3	Nature of Call (for Victim, if different from Incident) CHARGE NURSE VCBJ	
Name (Last/Business) MILLER		(First) MARK
(Middle)		
Address (Street, Apt. Number) 1300 RED JOHN ROAD		
City DAYTONA BEACH FL		State FL
Zip 32114		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 CHARGE NURSE VCBJ		
If Victim Type 1, 2, or 3	Race W	Sex M
Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack
Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both	V/W Code 1 O	# 2
V. Type 3	Nature of Call (for Victim, if different from Incident)	
Name (Last/Business) SMITH		(First) STEVEN
(Middle)		
Address (Street, Apt. Number) 1300 RED JOHN ROAD		
City DAYTONA BEACH FL		State FL
Zip 32114		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 W	Sex M
Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack
Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both	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	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.										

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.										

NARRATIVE	1	On Wednesday 09-14-2011 at approximately 0022 hours Deputy Moore was dispatched to the Volusia County Branch Jail at 1300 Red John Road, Daytona Beach in reference to an inmate that was found not breathing.
	2	
	3	
	4	Upon arrival Deputy Moore observed the inmate was being loaded onto Evac unit 58 and transported to Halifax Hospital.
	5	
	6	Deputy Moore made contact with Lt. Smith (O2) who advised inmate Wayne R. Griffiths (V1) was found unconscious and not breathing in his cell inside the medical unit. Lt. Smith stated a medical code was called by the on-scene nursing staff along with 911. Lt. Smith explained the nursing staff began CPR until Fire Rescue and Evac medics responded to take over treatment.
	7	
	8	
	9	
	10	Deputy Moore made contact with Nurse Miller (O1) who advised Griffiths was booked into the jail on 08-31-2011 and was initially given a detox

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	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 type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>DEATH INVESTIGAT</u>		
	Officer Reporting - Printed <u>Moore, James</u>	Officer Reporting - Signature 	ID. Number <u>7547</u>	Unit <u>1D34</u>	Date <u>09-14-2011</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

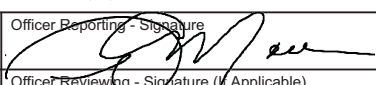
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 09-14-2011	Report Time 0021	Orig. Reported Date 09-14-2011	Nature of Call (for Incident) 7	Agency Report Number 110027622	1.Original 2.Supplement	1
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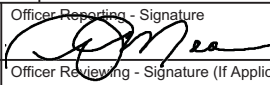
NARRATIVE / CONTINUATION

11 protocol because of his daily alcohol and Xanax use. Miller stated on 09-10-2011 Griffiths was transferred to the medical unit by the corrections
 12 officers because they claimed he was refusing to eat. Miller explained upon receiving him into the medical unit the nursing staff observed Griffiths
 13 was not refusing to eat however did have a depressed appetite. Miller advised yesterday Griffiths was complaining of abdominal pain and
 14 transported to Halifax Hospital for treatment. Miller stated Griffiths returned the same day diagnosed with arthritis and no other medical issues.
 15
 16 Miller advised according to Griffiths' medical charts he has a medical history which included sleep disorders, anxiety, neuropathy and a heart
 17 bi-pass surgery one and a half years ago. Miller stated Griffiths was only administered one medication while in custody and that was Salsalate a
 18 medicine similar to Motrin. Miller explained Dr. Gill Pineda was the physician supervising Griffiths care but Dr. Pineda was not on scene during
 19 this incident.
 20
 21 Miller explained Griffiths was on fifteen minute checks around the clock in which the nursing staff would personally contact Griffiths and ensure he
 22 was responsive. Miller advised today he checked on Griffiths at 0000 hours and found he had moved his bed linens onto the floor and was laying
 23 on the floor partially clothed. Miller stated Griffiths had removed his shirt. Miller explained Griffiths was responsive looking up and nodding to his
 24 voice. Miller advised at 1215 hours he checked on Griffiths and found he was now nude and appeared to have severely labored breathing. Miller
 25 stated at approximately 1220 hours he called a code blue and began CPR on Griffiths. Miller explained 911 was called to dispatch fire rescue and
 26 medical units. Miller advised CPR was continued until the medics responded to take over treatment.
 27
 28 Miller stated he did not observe any signs of injury or trauma to Griffiths nor did he see anything suspicious in cell number two where Griffiths was
 29 housed. Miller explained there was no blood or other fluids in the cell or on Griffiths.
 30
 31 Deputy Moore did not observe anything suspicious inside cell number two.
 32
 33 Deputy Moore was informed by jail staff that Griffiths was pronounced deceased at Halifax Hospital by Dr. Robert Mathis at 0127 hours this date.
 34
 35 Lt. Smith assisted Deputy Moore by arranging for cell number two to be locked and secured as a crime scene.
 36
 37 Deputy Moore began a crime scene log.
 38
 39 Sgt. Savercool was notified of the incident and responded with Deputy Moore to the jail.
 40
 41 Inv. Smith the on call CID and major case Inv. Betz responded to the scene.
 42
 43 Deputy Moore turned the investigation over to major case Inv. Betz.
 44
 45 Case status: TOT Major Case.

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input 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>DEATH INVESTIGAT</u>			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
Moore, James			7547	1D34	09-14-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

DEATH INVESTIGATION REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement		
	09-14-2011	0021	09-14-2011	7	110027622		1		
DEATH INVESTIGATION SECTION	Person Code # V 1		Where Victim Found: Cell 2 VCBJ med unit		Position of Body: Laying on back				
	Condition of Body: Unknown		General Appearance: Unknown		Any Injury? None		Vehicle Involved? N		
	Weather Conditions When Victim Found: Clear with nearly full mo					Temp. Outside: 71	Temp. Inside: 72		
	Autopsy Request?		Medical Examiner Called?		Name: M.E. / Investigator				
	Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name: None				
	Physician at Scene? N		Date Last Attended Victim: 09-12-2011		Treatment: ARTHRITIS		Nature of Illness ABDOMINAL PAIN		
	Will Sign Death Certificate?		Pronounced Dead By (Name): Dr. Robert Mathis				Time: 0127		
	Location: Halifax Hospital				Ambulance Used (Name): Evac		Unit ID: 158		
	Attendant's Name(s):				Transported To: Halifax Hospital		Time: 0042		
	Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
	Notified Next of Kin? N	Next of Kin Name:	Relationship:	Will Located? N	Other Documents? N	Meds. Collected? N	Property Retained?	Photos Taken?	Premise Sealed?
	Other Agency:			O.A. Officer:		O.A. Case Number:			
	Person Code #	Where Victim Found:		Position of Body:					
	Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?		
	Weather Conditions When Victim Found:					Temp. Outside:	Temp. Inside:		
Autopsy Request?		Medical Examiner Called?		Name: M.E. / Investigator					
Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name:					
Physician at Scene?		Date Last Attended Victim:		Treatment:		Nature of Illness			
Will Sign Death Certificate?		Pronounced Dead By (Name):				Time:			
Location:				Ambulance Used (Name):		Unit ID:			
Attendant's Name(s):				Transported To:		Time:			
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested			
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?	
Other Agency:			O.A. Officer:		O.A. Case Number:				
Person Code #	Where Victim Found:		Position of Body:						
Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?			
Weather Conditions When Victim Found:					Temp. Outside:	Temp. Inside:			
Autopsy Request?		Medical Examiner Called?		Name: M.E. / Investigator					
Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name:					
Physician at Scene?		Date Last Attended Victim:		Treatment:		Nature of Illness			
Will Sign Death Certificate?		Pronounced Dead By (Name):				Time:			
Location:				Ambulance Used (Name):		Unit ID:			
Attendant's Name(s):				Transported To:		Time:			
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested			
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?	
Other Agency:			O.A. Officer:		O.A. Case Number:				
Person Code #	Where Victim Found:		Position of Body:						
Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?			
Weather Conditions When Victim Found:					Temp. Outside:	Temp. Inside:			
Autopsy Request?		Medical Examiner Called?		Name: M.E. / Investigator					
Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name:					
Physician at Scene?		Date Last Attended Victim:		Treatment:		Nature of Illness			
Will Sign Death Certificate?		Pronounced Dead By (Name):				Time:			
Location:				Ambulance Used (Name):		Unit ID:			
Attendant's Name(s):				Transported To:		Time:			
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested			
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?	
Other Agency:			O.A. Officer:		O.A. Case Number:				
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date			
Moore, James				7547	1D34	09-14-2011			
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			

ADMIN.

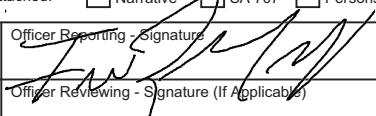
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 09-14-2011	Report Time 0224	Orig. Reported Date 09-14-2011	Nature of Call (for Incident) 7	Agency Report Number 110027622	1.Original 2.Supplement	2
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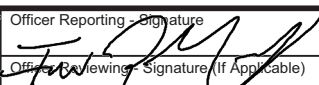
NARRATIVE / CONTINUATION

1
2 On 091411 at 0224hrs Inv. Graves was notified to respond to the Volusia County Branch Jail reference to the death of an individual who was in
3 custody at the time of death.
4
5 While enroute, Inv. Graves was contacted by Inv. J. Betz who requested that Graves proceed first to the Halifax Hospital in that the victim was
6 presently there having been pronounced at that location after being transported from the jail.
7
8 Upon arrival Graves and Betz conducted an "on scene" examination of the victim in that the medical examiners office would not be dispatching an
9 investigator from their office. Graves noted that the victim still had medical equipment attached to wit: IV's, patches and air tubes, resulting from
10 resuscitation efforts. Graves observed that the feet of the victim were slightly deformed and it was learned that the victim suffered from severe
11 arthritis. Graves observed no readily visible signs of trauma and the victim was left in a hospital supplied body bag pending transport to the medial
12 examiners office for autopsy.
13
14 Betz then obtained information from staff relative to recent visits to the hospital made by the victim while in custody. The victim had complained of
15 abdominal pain while in custody but such information was not provided to the hospital staff by the victim instead the victim complained of pain to
16 the extremities diagnosed as Arthritis (see Inv. Betz supplement for details).
17
18 Graves and Betz then responded to the Volusia County Branch Jail and upon arrival met Inv. T. Smith whom had remained at the jail conducting
19 interviews and compiling information. Smith stated that initial information indicated that the victim was housed in the infirmary for various ailments
20 and that between 15 minute checks he had disrobed and laid down on the floor. The victim did not appear to have fallen on the floor but
21 purposefully repositioned himself there as evidenced by his pillows and some bedding being in place on the floor. When victim appeared
22 unresponsive he was immediately treated and subsequently transported to the hospital.
23
24 Graves then examined the quarters of the victim and noted that there were numerous rescue / first aid related items strewn about the room
25 consistent with initiation of life saving efforts. Graves did note the placement of a pillow on the far side of the room and a sheet. A blanket and jail
26 issued clothing were located on the bed of the cell. In the corner of the bed was a pitcher of water seen to contain disposable cups. Staff
27 advised that such is common in that the inmate is supplied the water in the aforementioned container. The cell's toilet was noted to be empty of
28 debris and the water appeared clear. The sink was found to contain additional medical debris to wit: syringes of various sizes, wrappings, etc, and
29 per staff the items were placed there to facilitate the safety of those providing first aid to the victim. Graves perused the debris with staff present
30 and it was noted that all debris were accounted for as being that supplied and used by staff in the efforts to revive the victim.
31
32 Graves collected a sample of the water(item #1) and all other items were left in the custody of the Volusia County Branch Jail. No items of a
33 personal nature were located in the room with the exception of a received letter which was turned over to Inv. Betz for potential contact regarding
34 next of kin.
35
36 Digital images were downloaded to a disc(item #2) for evidentiary submittal.
37
38 No further action by Inv. Graves.
39

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	
	Spoke With:	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 <input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed Graves, Richard	Officer Reporting - Signature 		ID. Number 2188	Unit 1CS12	Date 09-14-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	


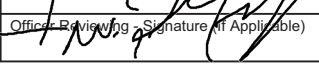
VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement				
	09-14-2011	0224	09-14-2011	7	110027622		2				
THEFT	Type Theft	Type Theft Codes									
	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer	13. Bicycle	99. Other		
CODES	Person Code	Person Involvement Code		Status Code:		16. Vehicle Inventory Prop.					
	V-Victim	N-Next of Kin	1. Finder	1. Evidence	5. Lost	8. Found	12. Stolen And Recovered				
DRUG	S-Suspect	O-Other	2. Owner	2. Damaged Prop.	6. Recovered	9. Found/Contraband	13. Disposal	17. Baker Act			
	D-Defendant	R-Reporting Party	3. Suspect	3. Arson/Burned	7. Recovered (Outside Agency Recovered)	10. Prisoner's Pers.Prop.	14. Prop. Of Deceased	18. Seized/Confiscated			
PROPERTY	W-Witness	4. Other	4. Photo & Release	4. Photo & Release	Agency Recovered)	11. Stolen	15. Return to Owner	19. Abandoned			
	Category Code	E-Equipment/Measuring Devices/Tools		I-Items of Identification		V.Viewing Equip (Binoculars)					
PROPERTY	B. Bicycle	F-Furniture and Furnishings		J-Special Docs/Food Stamps/Tickets		M. Musical Instrument		R-Radio/TV/Sound Devices	W.Well-drilling Equipment		
	C. Camera/Photo Equipment	G-Games and Gambling Apparatus		K-Keepsakes and Collectibles		O. Office Equipment		S-Sports/Camping/Rec.Equip.	Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)		
PROPERTY	D-Data Processing Equipment	H-Household Appliance/Housewares		L. Livestock		P.Personal Accessories		T-Toxic Chemicals			
	Activity	D. Deliver		Z. Other		A. Amphetamine		M. Marijuana	U. Unknown		
PROPERTY	P. Possess	E. Use				B. Barbiturates		O. Opium/Derivative	Z. Other		
	S. Sell	K. Dispense/Distribute				C. Cocaine		P. Paraphernalia/Equipment			
PROPERTY	B. Buy	M. Manufacture/Produce/Cultivate				E. Heroin		S. Synthetic			
	T. Traffic					H. Hallucinogen					
PROPERTY	R. Smuggle										
	Unit										
PROPERTY	1. Gram								6. Ton		
	2. Milligram								7. Liter		
PROPERTY	3. Kilogram								8. Milliliter		
	4. Ounce								9. Dose Unit/Term		
PROPERTY	5. Pound								99. Other		
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
					1	1	Y	OTHER	sample of water fr. drink pitcher		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	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):	
	1	09-14-2011	1200	Inv. R. Graves Jr.				evidence locker			
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
		safe keeping									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Graves, Richard				2188	1CS12	09-14-2011				
ADMIN.	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original					
	09-14-2011	1200	09-14-2011	7	110027622	2. Supplement <u>2</u>					
THEFT	Type Theft	Type Theft Codes									
	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer				
CODES	Person Code	Person Involvement Code	Status Code:				16. Vehicle Inventory Prop.				
	V-Victim	1. Finder	1. Evidence	5. Lost	8. Found	12. Stolen And Recovered	17. Baker Act				
DRUG	Activity	Type	Unit								
	P. Possess	A. Amphetamine	1. Gram	6. Ton							
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				
PROPERTY	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:	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				
PROPERTY	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:	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				
PROPERTY	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:	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				
PROPERTY	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		
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	1	09-14-2011	1200	Inv. R. Graves Jr.		evidence locker					
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Graves, Richard				2188		09-14-2011				
ADMIN.	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				
											

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 09-14-2011	Report Time 0103	Orig. Reported Date 09-14-2011	Nature of Call (for Incident) 7	Agency Report Number 110027622	1.Original 2.Supplement 2
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NARRATIVE / CONTINUATION

1 On 09-14-2011 at approximately 0103 hours Investigator Smith responded to the Volusia County Branch Jail in reference to an in custody death.

2 Upon arrival Investigator Smith contacted Deputy Moore who briefed Investigator Smith in reference to the investigation.

3

4 The victim was identified as Griffiths. Investigator Smith observed Griffiths' cell door was shut, locked, and vacant. Griffiths was housed in Unit 11

5 Room 2. Investigator Smith contacted Miller, the registered nurse responsible for Griffiths' medical care. Upon contact Miller advised the following:

6 Griffiths was brought to the medical unit on 09-10-2011. He was in the medical unit because he refused to eat. On 09-12-2011 Griffiths complained

7 of abdominal pain and requested to be taken to the hospital. He was admitted to Halifax hospital at 1445 hours on 09-12-2011. At approximately

8 1638 hours on 09-12-2011 he was released from the hospital with a diagnosis of arthritis. On the morning of 09-14-2011 at approximately 0000

9 hours he checked on Griffiths as part of his 15 minute checks. He discovered Griffiths had taken his sheets and pillow off of the bed and placed

10 them onto the floor. Griffiths was laying on the sheets on his back. Griffiths had removed his shirt and was only wearing his issued pants. He

11 spoke with Griffiths and asked him why he was on the floor. Griffiths advised him he did not know. This behavior seemed unusual for Griffiths so

12 he requested an officer. Although the officer had not arrived yet, at approximately 0015 hours he checked on Griffiths again and observed Griffiths

13 was now nude, laying on the floor, and was having trouble breathing. He tried to communicate with Griffiths. Griffiths was unresponsive. At this

14 time he initiated a code blue and waited for an officer to arrive. Upon arrival, he (Miller) entered the room to render aid. He began providing

15 respirations and CPR was initiated. Upon arrival of additional medical personnel, the AED was utilized in an attempt to save Griffiths. EVAC and

16 VCFS were requested for additional assistance. Griffiths was transported by EVAC to Halifax hospital where he was pronounced deceased.

17

18 Based on the totality of the circumstances, Investigator Smith determined Major Case would be needed. Investigator Smith contacted Central

19 Dispatch and requested Major Case respond in reference to this case. Investigator Betz responded to the scene and took over the investigation.

20

21 While on scene, Investigator Smith also made contact with Grimm, James (O-3) from the VCDC medical staff. Grimm advised he arrived after the

22 code blue was initiated and assisted in providing respirations while other medical personel provided CPR. Grimm advised the Zoll AED was

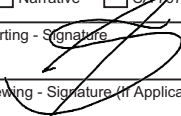
23 utilized and he believed it provided one electrical shock.

24

25 The interviews with Grimm and Miller were recorded. The recordings were processed into evidence.

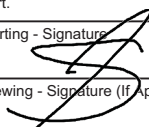
26

27 Case status active TOT Major Case.

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 type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
Officer Reporting - Printed Smith, Todd	Officer Reporting - Signature 	ID. Number 1629	Unit 1F21	Date 09-14-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

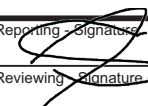
VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date 09-14-2011	Report Time 0103	Orig. Reported Date 09-14-2011	Nature of Call (for Incident) 7 Dead Person			Agency Report Number 110027622		1. Original	2. Supplement 2		
CODES	V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		
VICTIM/WITNESS	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant					
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code O	# 3	V. Type 3	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle) GRIMM JAMES				
VICTIM/WITNESS	Address (Street, Apt. Number) 1300 RED JOHN RD				City DAYTONA BEACH FL	State	Zip 32114	Residence Phone				
VICTIM/WITNESS	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Other Phone	Phone Type		
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement VCDC EMPLOYEE							
VICTIM/WITNESS	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth	Age	Ethnicity N	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle)				
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone				
VICTIM/WITNESS	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Other Phone	Phone Type		
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement							
VICTIM/WITNESS	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
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle)				
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone				
VICTIM/WITNESS	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Other Phone	Phone Type		
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement							
VICTIM/WITNESS	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
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		
SUBJECT / MISSING SECTION	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
SUBJECT / MISSING SECTION	Nickname / Street Name			Place of Birth - City	County	State	Employer / School	Occupation				
SUBJECT / MISSING SECTION	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type		
SUBJECT / MISSING SECTION	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type		
SUBJECT / MISSING SECTION	Driver's License State/Number			Social Security Number			Other ID Number		ID Type			
SUBJECT / MISSING SECTION	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)			
SUBJECT / MISSING SECTION	Hair Length / Style		Skin Color	Build	Facial Features		Speech / Voice	Deformity	Glasses			
SUBJECT / MISSING SECTION	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		
SUBJECT / MISSING SECTION	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
SUBJECT / MISSING SECTION	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:	Dentist Name:				
IF MISSING	Incident Type 1. Runaway 6. Disaster Victim 2. Parents 7. Voluntary Adult 3. Involuntary 8. Unknown 4. Disabled 5. Endangered		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			
IF MISSING	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.											
ADMIN.	Officer Reporting - Printed Smith, Todd			Officer Reporting - Signature 				ID. Number 1629	Unit 1F21	Date 09-14-2011		
ADMIN.	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement				
	09-14-2011	0103	09-14-2011	7	110027622		2				
THEFT	Type Theft	Type Theft Codes									
	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer	13. Bicycle	99. Other		
CODES	Person Code	Person Involvement Code	Status Code:								
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	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			
DRUG	Category Code	E-Equipment/Measuring Devices/Tools	I-Items of Identification			V.Viewing Equip (Binoculars)					
	B. Bicycle C. Camera/Photo Equipment D.Data Processing Equipment	F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	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	W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)					
WJ	Activity	Type			Unit						
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	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. Inv.	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:	Person Code	#	Pers. Inv.	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:	Person Code	#	Pers. Inv.	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:	Person Code	#	Pers. Inv.	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		
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:							
	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:							
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Smith, Todd				1629	1F21	09-14-2011				
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date					

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 09-23-2011	Report Time	Orig. Reported Date 09-14-2011	Nature of Call (for Incident) 7	Agency Report Number 110027622	1.Original	2.Supplement	2
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1 Supplement Report September 23, 2011

2

3 On September 14, 2011, Wayne Griffiths died at the Volusia County Branch Jail, where he was currently incarcerated. Griffiths died of natural

4 causes.

5

6 The staff at the Volusia County Branch Jail gave Griffiths' personal property to Inv. Graves who later turned it over to Inv. Betz.

7

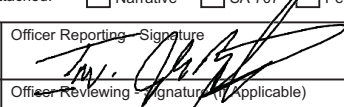
8 This supplement report is to document that a brown paper bag containing Wayne Griffiths' personal property has been submitted into VCSO

9 evidence by Inv. Betz.

10

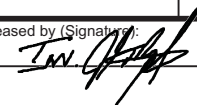
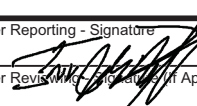
11 Case Status: Active

NARRATIVE / CONTINUATION

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
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 <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed Betz, Jerryg	Officer Reporting - Signature 		ID. Number 1371	Unit 1E21	Date 09-23-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

THEFT EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original		2. Supplement			
	09-23-2011		09-14-2011	7	110027622			2			
THEFT	Type Theft	Type Theft Codes									
		00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Bldg.	09. From Vehicle	11. By Computer	13. Bicycle	99. Other	
CODES	Person Code	Person Involvement Code		Status Code:							
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	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			
DRUG CODES	Category Code	E-Equipment/Measuring Devices/Tools		I-Items of Identification			V.Viewing Equip (Binoculars)				
	B. Bicycle C. Camera/Photo Equipment D.Data Processing Equipment	F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares		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 W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)	
PROPERTY	Activity	D. Deliver		Z. Other			Type			Unit	
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle	E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate					A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen			1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
				2	1	14	P	CLOTHI	pants, keys, lighter, taped prunners, misc papers		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	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):	
	1	09-23-2011	1335	Inv. Betz				Ops evidence locker			
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
		safe keeping									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Betz, Jerry				1371	1E21	09-23-2011				
ADMIN.	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

RECEIVED SEP 14 2011



Volusia County Sheriff's Office

Crime Scene Sign-In Sheet

(To be posted at the entrance of the perimeter of the crime scene)

Incident Type DEATH INVESTIGATION		Location of Incident 1300 RED JOHN DRIVE, DAYTONA BEACH	
Date Reported 09-24-2011	Time Reported 0021	Connecting Report/Agency	Incident Number 11-27622

Name / DID #	Date & Time	Agency/Department	Purpose
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NURSE TURNER	09/14/11 0021	CORIZON HEALTH	MEDIC AT VCBJ
NURSE MYRIE	09/14/11 0021	CORIZON HEALTH	MEDIC AT VCBJ
NURSE HOUSEMAN	09/14/11 0021	CORIZON HEALTH	MEDIC AT VCBJ
NURSE SHROCK	09/14/11 0021	CORIZON HEALTH	MEDIC AT VCBJ
NURSE MILLER	09/14/11 0021	CORIZON HEALTH	MEDIC AT VCBJ
NURSE GRIMM	09/14/11 0021	CORIZON HEALTH	MEDIC AT VCBJ
OFC. PLOTZ 962	09/14/11 0022	VCDC	CORRECTIONS
OFC. ISAAC 968	09/14/11 0025	VCDC	CORRECTIONS
LT. CASTELLI	09/14/11 0028	VCFS ENG 15	FIRE RESCUE
FF. KARAGINIS	09/14/11 0028	VCFS ENG 15	FIRE RESCUE
FF. CAMPE	09/14/11 0028	VCFS ENG 15	FIRE RESCUE
MEDIC MATTHEW 1453	09/14/11 0034	EVAC 158	MEDIC
MEDIC CRONIN 1516	09/14/11 0034	EVAC 158	MEDIC
DEPUTY J. MOORE 7547	09/14/11 0040	VCSSO DIST 3	LAW ENFORCEMENT
SGT. SAVERCOOL 1365	09/14/11 0040	VCSSO DIST 3	LAW ENFORCEMENT SUPER

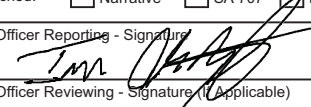
(This form is to be given to the Case Agent or to the Crime Scene Technician upon Completion)

Recording Deputy/DID #: DEPUTY J. MOORE Page # 1 of 2

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 12-12-2011	Report Time	Orig. Reported Date 09-14-2011	Nature of Call (for Incident) 7	Agency Report Number 110027622	1.Original 2.Supplement 2
NARRATIVE / CONTINUATION	<p>1 Supplement Report December 12, 2011</p> <p>2</p> <p>3 On September 14, 2011, Inv. Betz was contacted by VCSO dispatch. VCSO dispatch requested Inv. Betz to contact Inv. Todd Smith Re: a</p> <p>4 deceased person at Volusia County Branch Jail (VCBJ).</p> <p>5</p> <p>6 Inv. Betz made phone contact with Inv. Smith. Inv. Smith advised that he was at VCBJ. Inv. Smith advised that Wayne Griffiths (W/M; DOB</p> <p>7 09/24/1952) died in his jail cell. Inv. Smith also advised that Wayne Griffiths was recently arrested for Possession of Child pornography, and he is</p> <p>8 a Sexual Predator. Inv. Smith advised that Griffiths had been transported to Halifax Hospital. Inv. Smith said that he talked to VCBJ staff. The</p> <p>9 infirmiry staff checked on Griffiths at midnight and he was laying on his infirmiry jail cell floor, on his back, on top of his bed sheets, with his</p> <p>10 orange jail jumpsuit pulled down to his waist, leaving his upper body bare. The staff asked him if he was okay and Griffiths said I don't know, am I.</p> <p>11 At 00:15 the staff checked on Griffiths again and he had labored breathing. The nurse summoned help.</p> <p>12</p> <p>13</p> <p>14 On September 14, 2011, Inv. Betz responded to Halifax Hospital Emergency Room (ER). Upon arrival Inv. Betz made contact with Charge Nurse</p> <p>15 Cindy Foote. Nurse Foote advised that when Griffiths arrived at the emergency room CPR was in progress, Griffiths had no vital signs. ER Dr.</p> <p>16 Mathis pronounced Griffiths deceased at 01:27 hours. Charge Nurse advised that she contacted Inv. Bob Burch with the Medical Examiners</p> <p>17 Office. Nurse Foote briefed Inv. Burch Re: Griffiths. Nurse Foote said that Inv. Burch declined to respond; however Inv. Burch dispatched livery.</p> <p>18 Nurse Foote advised that Wayne Griffiths was brought to Halifax Hospital by jail staff on September 12, 2011, at 1445 hours. Wayne Griffiths was</p> <p>19 treated at Halifax Hospital for abdominal pain. The hospital staff discharged him on September 12, 2011, at 1638 hours. Upon arrival of livery,</p> <p>20 Nurse Foote escorted Inv. Betz and livery personnel to the room where Griffiths was. Inv. Betz observed Griffiths' body. Griffiths' body was placed</p> <p>21 into a body bag. The body bag was opened. Griffiths' body was naked and several medical probes were affixed to his body. Griffiths' body bore</p> <p>22 no visible signs of trauma. Livery took possession of Griffiths' body, and transported him to the Medical Examiners Office for an autopsy. Inv.</p> <p>23 Betz departed Halifax Hospital and responded to the Volusia County Branch Jail (VCBJ).</p> <p>24</p> <p>25 Upon arrival at VCBJ, Inv. Betz spoke to Charge Nurse, Mark Miller. According to Miller he was making his rounds at midnight (9/13/2011- 9/14/</p> <p>26 2011). Miller saw that Griffiths was laying on his infirmiry jail cell floor, on his back, on top of his bed sheets, with his orange jail jumpsuit pulled</p> <p>27 down to his waist, leaving his upper body bare. Miller asked Griffiths if he was okay. Griffiths raised his head up, looked at Miller and said, "I don't</p> <p>28 know, am I". Miller said that he continued making his rounds. At 00:15 hours Nurse Miller was making his rounds and saw that Griffiths was lying</p> <p>29 on the floor in his cell, naked. Nurse Miller noticed that Griffiths had shallow breathing. Nurse Miller summoned correction officers as per the Jail's</p> <p>30 protocol. Upon arrival of the correction officer(s), Nurse Miller entered Griffith's jail cell. Nurse Miller rendered aid / CPR. Additional medical</p> <p>31 personnel arrived in the jail cell and the medical staff continued CPR. EVAC was requested. EVAC arrived on scene and transported Griffiths to</p> <p>32 Halifax Hospital emergency room (ER).</p> <p>33</p> <p>34 On September 14, 2011, Dr. Bao, with the Medical Examiners Office performed an autopsy on Wayne Griffiths. Dr. Bao found nothing suspicious</p> <p>35 and his case is pending toxicology reports.</p> <p>36</p> <p>37 On September 14, 2011 Inv. Betz conducted a computer search in an attempt to locate Griffiths' next of kin. Inv. Betz located Pam Harrington</p> <p>38 (W/F; DOB 10/01/1957) phone number 407-644-2552. Inv. Betz made phone contact with Pam Harrington. Pam advised that she is a distant</p> <p>39 cousin to Wayne Griffiths. Inv. Betz informed Pam of Wayne's passing. Pam said that she last talked to Wayne Griffiths about 8-9 months prior,</p> <p>40 and they are not close. Pam said that Wayne has no relatives other than her. Inv. Betz gave Pam his phone number should she have any</p> <p>41 questions. The phone conversation concluded.</p> <p>42</p> <p>43 On 8/30/2011, Griffiths was baker acted by VCSO (case # 11-26104). During the baker act VCSO found child pornography in his home. A search</p> <p>44 warrant was obtained and executed. Griffiths was arrested for possession of child pornography see VCSO case # 11-26111. Wayne Griffiths is</p> <p>45 designated as a Sexual Predator per F.S.S 775.21.</p> <p>46</p> <p>47 On December 12, 2011, Inv. Betz obtained a copy of Dr. Bao's Autopsy Report. Dr. Bao's findings are as follows:</p> <p>48 -Cause of Death: Perforated Colon</p> <p>49 -Due To: Diverticulosis</p> <p>50 -Other Significant Findings: Cirrhosis of Liver, Coronary Artery Disease and Cardiomegaly</p> <p>51 -Manner of Death: Natural</p> <p>52</p> <p>53 This investigation yielded no evidence that would support Wayne Griffiths' death as suspicious.</p> <p>54</p> <p>55 Case Status: Closed</p> <p>56</p>					

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
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 <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
Betz, Jerryg			1371	1E21	12-12-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date