



Please type or print in black or blue and use capital and small letters for names, titles, and address

OFFICER

1. Last Four Digits of Officer's Social Security Number: _____
2. Officer's Name: Raulerson Jennifer L
Last First MI
3. Officer's Last Known Address _____
Street City State
4. Officer's Telephone Number: _____

AGENCY

5. Agency ORI: FL 064013c
6. Agency Name: Volusia County Division of Corrections
7. Agency Contact Person: David Vanis, Captain
8. Agency Contact Person's Telephone Number: (386)740-5120
9. Agency Fax Number: (386)626-6618

VIOLATION - ALLEGATION

10. Nature of Allegation(s): Criminal Charge, Petit Theft from a merchant [FSS 812
.015(1)D]

11. Agency Disposition: Sustained – (Violation of Section 943.13(4) or (7) or Rule 11B-27.0011, F.A.C. ☒
Sustained – (Violation of Agency Policy): ☐ Not Sustained: ☐ Unfounded: ☐ Exonerated: ☐

12. Limitation Period for Disciplinary Action: Date Internal Investigation Initiated: 9/17/2018 Date Internal Investigation Completed: 12/10/2018

| Exception to limitation period for disciplinary action: Place a check mark by the exceptions to limitations that apply | Days Told |
|--|-----------|
| <input type="checkbox"/> Written waiver of limitation by officer | _____ |
| <input type="checkbox"/> Ongoing criminal investigation or criminal prosecution | _____ |
| <input type="checkbox"/> Officer incapacitated or unavailable | _____ |
| <input type="checkbox"/> Multi-jurisdictional investigation | _____ |
| <input type="checkbox"/> Emergency or natural disaster as declared by the Governor | _____ |

13. Criminal Charges Filed: Yes
14. Agency Disciplinary Action: Officer resigned position in lieu of termination. Transferred to another county division.
15. If the allegation has been sustained and determined to be a violation of Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C., attach and forward the following documentation to the Florida Department of Law Enforcement.

| | | | | | |
|-------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------------------|-------------------------------------|
| Summary of the Facts | <input checked="" type="checkbox"/> | Internal Investigation Report | <input checked="" type="checkbox"/> | Name and Address of Witness | <input type="checkbox"/> |
| Witness Statement/Disposition | <input checked="" type="checkbox"/> | Certified Court Documents | <input type="checkbox"/> | Other Supportive Information | <input checked="" type="checkbox"/> |

NOTICE: Pursuant to Section 943.1395(5), F.S., an employing agency must conduct an internal investigation when having cause to suspect that an officer it employs or employed at the time of the alleged violation, or employed on a Temporary Employment Authorization is not in compliance with Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C. If the investigation is sustained, the employing agency must forward a report to the Commission as specified by Rule 11B-27.003.

16. Agency administrator's signature [Signature]
17. Date signed 12/10/2018

18. Agency administrator's name and title David A Vanis, Captain