VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number: 110009159

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

Agency ORI Number: FL0640000 | Zone #: 35 | Telephone Handled Call? (T.H.C.): 2 (1. Yes 2. No)

Reported: Day: Sunday | Date: 03-27-2011 | Time (mil.): 1625 | Time Dispatched (mil.): 1642 | Time Arrived (mil.): 1706 | Time Completed (mil.):

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: Sunday | Date: 03-27-2011 | Time (mil.): 1625 | TO: Day | Date | Time (mil.)

Occurred During: D - Day N - Night U - Unknown: D

EVENT DATA

Offense	Type	Statute Violation Number	Description	A - Attempted C - Committed
#1				
#2				

Incident Location (Street, Apt. Number): 1354 Indian Lake Dr | City: DAYTONA BEACH | Zip:

Business Name / Area Identifier | # Prem. Entered | Drug Related (0. N/A 1. Yes 2. No): 1 | Alcohol Related (0. N/A 1. Yes 2. No): 2 | Forced Entry (1. Yes 2. No 3. Attempted) | Arson-Inhabited (1. Occupied 2. Unoccupied 3. Abandoned) | Arson-Attempted (1. Yes 2. No)

Location Type

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

CODES

V/W Code: V-Victim, N-Next of Kin, W-Witness, O-Other, R-Reporting Person

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. N/A, 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, 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	#	V. Type	Nature of Call (for Victim, if different from Incident)	Name (Last/Business)	(First)	(Middle)
1	V	1	3		Wooley	Heidi	Michelle

Address (Street, Apt. Number): 805 E Rich Av | City: DELAND | State: FL | Zip: 32724 | Residence Phone: (386) 747-4500

Business/School/Other Address (Street, Apt. Number): Volusia County Correctional Facility | City: DAYTONA BEACH | State: FL | Zip: | Address Type: O | Business/School/Other Phone: (386) 254-1566 | Phone Type: O

Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement: victim

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
1	W	F	09-21-1973	37	N						

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)
1	R	1	2		Anderson	Tracy	Y

Address (Street, Apt. Number): 1354 Indian Lake Dr | City: DAYTONA BEACH | State: FL | Zip: | Residence Phone: (386) 254-1566

Business/School/Other Address (Street, Apt. Number): Volusia County Correctional Facility | City: DAYTONA BEACH | State: FL | Zip: | Address Type: B | Business/School/Other Phone: | Phone Type:

Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement: found victim unresponsive

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
1	B	F	08-23-1969	41	N						

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)
1	O	1	2		Mcclelland	Captain	

Address (Street, Apt. Number): 1534 Indian Lake Rd | City: DAYTONA BEACH | State: FL | Zip: | Residence Phone: (386) 254-1566

Business/School/Other Address (Street, Apt. Number): Volusia County Correctional Facility | City: DAYTONA BEACH | State: FL | Zip: | Address Type: B | Business/School/Other Phone: | Phone Type:

Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement: Facility supervisor

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
1	W	M			N						

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)
2	O	2	3		White	B	

Address (Street, Apt. Number): 1354 Indian Lake Rd | City: DAYTONA BEACH | State: FL | Zip: | Residence Phone: (386) 254-1566

Business/School/Other Address (Street, Apt. Number): Volusia County Correction Facility | City: DAYTONA BEACH | State: FL | Zip: | Address Type: B | Business/School/Other Phone: | Phone Type:

Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement: nurse on scene

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
1	W	F			N						

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)
2	O	3	3		Miller	nurse	

Address (Street, Apt. Number): 1534 Indian Lake Rd | City: DAYTONA BEACH | State: FL | Zip: | Residence Phone: (386) 254-2566

Business/School/Other Address (Street, Apt. Number): Volusia County Correctional Facility | City: DAYTONA BEACH | State: FL | Zip: | Address Type: B | Business/School/Other Phone: | Phone Type:

Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement: nurse on scene

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
1	W	F			N						

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:

IF MISSING

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:

IF MISSING

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

On this date at 1642 hours, Dep. Robinett was dispatched to Volusia County Correctional Facility on Indian Lake Rd. in reference to the death of a female inmate at the facility.

On arrival, Dep. Robinett contacted Capt. McClelland (O1), who advised that victim Heidi Wooley (V1) was brought to the branch jail on 03-26-2011 charged with possession of cocaine and paraphernalia. After booking Wooley was transferred to the facility where she began shaking after her strip search. Wooley was then taken to the medical facility for examination. Afterwards, Wooley was put into general population until first appearance on 03-27-2011.

After returning from first appearance, Wooley was complaining of not feeling well. She was then placed in the medical block (block H) where she was checked on every 15 minutes by a guard. At approximately 1425 hours, Wooley was given her medication. When Wooley was checked again at 1530 hours, she was responsive and seemed fine.

When Ofc. Anderson (R1) went to check on Wooley at 1545 hours, she was unresponsive on the bunk in the cell. At 1548 hours, a code blue

ADMINISTRATIVE

Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	☐ Victim Advocate	☐ Triad	☐ SA Referral

☐ DCF Hotline ☐ CAC	Spoke With:	Date:	Time:	☐ FCIC / NCIC Entry ☐ FCIC / NCIC Cancel	☐ T.T. BOLO	Date:	By:

Connecting Report Number	Agency	Additional Forms Attached: ☐ Narrative ☐ SA 707 ☐ Persons ☐ Property ☐ Veh./Tow Sheet ☐ Other Describe:

Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Robinett, Everett		2124		03-27-2011

Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
03-27-2011	1625	03-27-2011	7	110009159	1

NARRATIVE / CONTINUATION

was called and nursing staff came in to begin CPR. EVAC unit A292, along with VCFD, were called to the scene and arrived at 1556 hours at which time they took over CPR . At 1625 Dr Muciola pronounced Wooley deceased via telecom with EVAC. VCSO was called at 1638 hrs..

Dep. Robinett notified Sgt. MacDonald of the details, and he notified C.I.D. and Major Case of the incident. Inv. L. Mays and Inv. Vega arrived or scene, as well as Sgt. Savercool. Inv. Mays took photos of the scene and examined the body with Inv. Vega. Capt. McClelland had already notifie the Medical Examiner and Inv. Tara Clark ME748 arrived shortly thereafter. Dep. Robinett completed a crime scene log and turned it over to Inv. Mays. After Wooley was removed from the scene, Dep. Robinett took possession of Wooley's personal property as listed below :

1 Bra.
1 Drivers license
1 ID
1 Pair pants
1 Cell phone
1 Purse with contents
1 Pair shoes
1 sunglasses
1 Scarf
1 underware
1 Food Stamps
8 Grooming Aids
6 Keys
1 Change purse
5 Misc cards
1 Pen
1 Shirt
2 Bracelets
2 Earrings
1 Necklace w/ charm
5 Rings
1 County of Volusia inmate release check in amount of $32.27 Check # 000015346

These items were verified in the presence of Sergeant Savercool and Captain McClelland. The items were sealed in an evidence bag and turned into evidence as property of deceased. A copy of the Volusia County Division of Corrections Property record receipt and an incident report from Volusia County Division of Corrections was also submitted with the property.

Dep. Gayer and Inv. Mays made notification to the victim's next of kin in DeLand.

No other information or action was taken by Dep. Robinett .

Case status: turned over to Inv. Mays.

ADMINISTRATIVE

Final Case Status:

Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded

☐ Victim Advocate ☐ Triad ☐ SA Referral

☐ DCF Hotline ☐ CAC Spoke With: Date: Time:

☐ FCIC / NCIC Entry ☐ FCIC / NCIC Cancel ☐ T.T. BOLO Date: By:

Connecting Report Number Agency

Additional Forms Attached: ☐ Narrative ☐ SA 707 ☐ Persons ☐ Property ☐ Veh./Tow Sheet ☐ Other Describe:

Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Robinett, Everett		2124		03-27-2011
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVNT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
03-27-2011	1625	03-27-2011	7 Dead Person	110009159	1

CODES

V/W Code	Victim/Subject Type	Address/Phone Type	Race	Sex	Residence Type	Residence Status
V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	0. N/A 4. Business 1. Juvenile 5. Government 2. L.E.Officer 6. Church 3. Adult 9. Other	B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation	N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	M-Male F-Female U-Unknown	0. N/A 3. Florida 1. City 4. Out-of-State 2. County	0. N/A 1. Full Year 2. Part Year 3. Non-Resident

Means of Attack	Extent of Injury	Domestic Violence	Victim Relationship to Offender
F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.	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	1. Yes 2. No	S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant

VICTIM/WITNESS

Offense Indicator	V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)	Name (Last/Business)	(First)	(Middle)
1. #1 3. Both 2. #2 2	O	4	3		Schill	Nurse	

Address (Street, Apt. Number)	City	State	Zip	Residence Phone
1534 Indian Lake Rd	DAYTONA BEACH	FL		(386) 254-1566

Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Other Phone	Phone Type
Volusia County Correctional Facility	DAYTONA BEACH	FL		B		

Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
	nurse on scene

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
	W	F			N						

VICTIM/WITNESS

Offense Indicator	V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)	Name (Last/Business)	(First)	(Middle)
1. #1 3. Both 2. #2 1	N	1	3		Wooley	Joyce	

Address (Street, Apt. Number)	City	State	Zip	Residence Phone
3886 Arabesque Dr	DELAND	FL	32724	(386) 624-6198

Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Other Phone	Phone Type

Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
	victims mother

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
	W	F			N						

VICTIM/WITNESS

Offense Indicator	V/W Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)	Name (Last/Business)	(First)	(Middle)
1. #1 3. Both 2. #2							

Address (Street, Apt. Number)	City	State	Zip	Residence Phone

Other Address (Street, Apt. Number)	City	State	Zip	Address Type	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

SUBJECT / MISSING SECTION

Offense Indicator	Subject Code	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity
1. #1 3. Both 2. #2	S-Suspect V-Victim D-Defendant (Missing Person)									

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 / 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 Color	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
	/		/ / / /			

IF MISSING

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	Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?
1. Runaway 6. Disaster Victim 2. Parents 7. Voluntary Adult 3. Involuntary 8. Unknown 4. Disabled 5. Endangered	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No	1. Yes 2. No	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.

ADMIN.

Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Robinett, Everett		2124		03-27-2011
Officer Reviewing - Printed (If Applicable)	**Officer Reviewing - Signature (If Applicable)**	**ID. Number**	**Unit**	**Date**