

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

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<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 110009159	
Agency ORI Number FL0640000		Zone # 35		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2	
Reported: Day Sunday		Date 03-27-2011		Time (mil.) 1625	
Time Dispatched (mil.) 1642		Time Arrived (mil.) 1706		Time Completed (mil.) 1706	
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident Day Sunday		Date 03-27-2011		Time (mil.) 1625	
TO		Day		Date	
Time (mil.)		TO		Day	
Date		Time (mil.)		Occurred During B - Day N - Night	
Offense #1		Type		Statute Violation Number	
Description		A - Attempted C - Committed			
Offense #2		Type		Statute Violation Number	
Description		A - Attempted C - Committed			
Incident Location (Street, Apt. Number)		City DAYTONA BEACH		Zip	
Business Name / Area Identifier		# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 1	
Location Type		Location Type Codes		Arson-Inhabited 1. Occupied 2. Unoccupied	
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 31. Unknown 32. Other		3. Abandoned Arson-Attempted 1. Yes 2. No	
V/W Code V-Victim W-Witness R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		Address/Phone Type B. Business/Work C. Cell H. Home	
N-Next of Kin O-Other		4. Business 5. Government 6. Church 9. Other		M. Message N. Next of Kin O. Other	
P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian		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 P-Parent C-Child		B-Sibling O-Other Family H-Co-Habitant	
Z-Other					
Offense Indicator 1. #1 2. #2		V/W Code 1. V 2. R		# 1	
V. Type 1. 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) Wooley Heidi Michelle	
Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Volusia County Correctional Facility		Address Type O		Business/School/Other Phone (386) 254-1566	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement victim		Relationship Y	
If Victim Type 1, 2, or 3		Race W		Sex F	
Date of Birth 09-21-1973		Age 37		Ethnicity N	
Res. Type		Res. Status		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2		V/W Code 1. V 2. R		# 1	
V. Type 1. 2		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) Anderson Tracy Y	
Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Volusia County Correctional Facility		Address Type B		Business/School/Other Phone (386) 254-1566	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement found victim unresponsive		Relationship Y	
If Victim Type 1, 2, or 3		Race B		Sex F	
Date of Birth 08-23-1969		Age 41		Ethnicity N	
Res. Type		Res. Status		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2		V/W Code 1. V 2. O		# 1	
V. Type 1. 2		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) McClelland Captain	
Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Volusia County Correctional Facility		Address Type B		Business/School/Other Phone (386) 871-6224	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement Facility supervisor		Relationship B	
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	
Offense Indicator 1. #1 2. #2		V/W Code 1. V 2. O		# 2	
V. Type 1. 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) White B	
Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Volusia County Correctional Facility		Address Type B		Business/School/Other Phone (386) 254-1566	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement nurse on scene		Relationship B	
If Victim Type 1, 2, or 3		Race W		Sex F	
Date of Birth		Age		Ethnicity N	
Res. Type		Res. Status		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 2. #2		V/W Code 1. V 2. O		# 3	
V. Type 1. 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) Miller nurse	
Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH		State FL	
Volusia County Correctional Facility		Address Type B		Business/School/Other Phone (386) 254-2566	
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement nurse on scene		Relationship B	
If Victim Type 1, 2, or 3		Race W		Sex F	
Date of Birth		Age		Ethnicity N	
Res. Type		Res. Status		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	

INCIDENT REPORT (CONT.)

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

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?		Warrant From:		
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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No
3. Involuntary				8. Unknown								
4. Disabled												
5. Endangered												
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 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.												
2 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.												
3 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.												
4 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						<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral				
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC		Spoke With:		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel		<input type="checkbox"/> T.T. BOLO		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
Robinett, Everett								2124				03-27-2011
Officer Reviewing - Printed (If Applicable)				Officer Reviewing Signature (If Applicable)				ID. Number		Unit		Date

NARRATIVE / SUPPLEMENT

EVENT	Report Date 03-27-2011	Report Time 1625	Orig. Reported Date 03-27-2011	Nature of Call (for Incident) 7	Agency Report Number 110009159	1. Original 2. Supplement	1
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11 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

12 which time they took over CPR. At 1625 Dr Muciola pronounced Wooley deceased via telecom with EVAC. VCSO was called at 1638 hrs..

13 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 on

14 scene, as well as Sgt. Savercool. Inv. Mays took photos of the scene and examined the body with Inv. Vega. Capt. McClelland had already notified

15 the Medical Examiner and Inv. Tara Clark ME748 arrived shortly thereafter. Dep. Robinett completed a crime scene log and turned it over to Inv.

16 Mays. After Wooley was removed from the scene, Dep. Robinett took possession of Wooley's personal property as listed below:

17

18 1 Bra.

19 1 Drivers license

20 1 ID

21 1 Pair pants

22 1 Cell phone

23 1 Purse with contents

24 1 Pair shoes

25 1 sunglasses

26 1 Scarf

27 1 underwear

28 1 Food Stamps

29 8 Grooming Aids

30 6 Keys

31 1 Change purse

32 5 Misc cards

33 1 Pen

34 1 Shirt

35 2 Bracelets

36 2 Earrings

37 1 Necklace w/ charm

38 5 Rings

39 1 County of Volusia inmate release check in amount of \$32.27 Check # 000015346

40

41 These items were verified in the presence of Sergeant Savercool and Captain McClelland. The items were sealed in an evidence bag and turned

42 into evidence as property of deceased. A copy of the Volusia County Division of Corrections Property record receipt and an incident report from


43 Volusia County Division of Corrections was also submitted with the property.

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

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

46

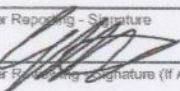
47 Case status: turned over to Inv. Mays.

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: _____ Spoke With: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ 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 Robinett, Everett		Officer Reporting - Signature 		ID. Number 2124
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number Unit Date 03-27-2011

VOLUSIA COUNTY SHERIFF'S OFFICE

DEATH INVESTIGATION REPORT

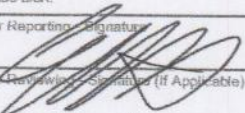
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DEATH INVESTIGATION SECTION	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original 2. Supplement			
	03-27-2011	1625	03-27-2011	7	110009159	1			
	Person Code #	Where Victim Found:			Position of Body:				
	V 1	on floor of cell #16 in b			supine				
	Condition of Body:	General Appearance:			Any Injury?	Vehicle Involved?			
	lividity already setting	pale			IV marks from EVAC personnel				
	Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:			
	partly cloudy				85	78			
	Autopsy Request?	Medical Examiner Called?	Name: M.E. / Investigator						
	Y	Y	Tara Clark						
DEATH INVESTIGATION SECTION	Time Med. Examiner Called:	Time Med. Examiner Arrived:	Attending Physician Name:						
	1726	1750	unk						
	Physician at Scene?	Date Last Attended Victim:	Treatment:	Nature of Illness					
	N								
	Will Sign Death Certificate?	Pronounced Dead By (Name):			Time:				
		Dr Muciola			1625				
	Location:	Ambulance Used (Name):			Unit ID:				
	Halifax Hospital	EVAC			A292				
	Attendant's Name(s):	Transported To:			Time:				
	Masters and Anglin								
DEATH INVESTIGATION SECTION	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?	
	Y	Wooley, Joyce	P				Y	1	
	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:				
DEATH INVESTIGATION SECTION	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:				
DEATH INVESTIGATION SECTION	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?	
	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?			
DEATH INVESTIGATION SECTION	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:				
ADMIN.	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?	
	Other Agency:	O.A. Officer:			O.A. Case Number:				
	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

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EVENT	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/V Code	N-Next of Kin	Victim/Subject Type	Address/Phone Type	Race	Sex	Residence Type	Residence Status					
	V-Victim	O-Other	0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	B. Business/Work C. Cell H. Home O. Other	M. Message N. Next of Kin S. School V. Vacation	N-N/A W-White B-Black U-Unknown	I-American Indian O-Oriental/Asian U-Unknown	M-Male F-Female U-Unknown	0. N/A 1. City 2. County 3. Florida 4. Out-of-State	0. N/A 1. Full Year 2. Part Year 3. Non-Resident			
VICTIM/WITNESS	Means of Attack	Extent of Injury	Domestic Violence		Victim Relationship to Offender								
	F-Firearm K-Knife/Cutting Inst.	O-Other Dangerous H-Hands, Fists, Feet, Etc.	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	1. Yes 2. No	S-Spouse P-Parent C-Child	B-Sibling O-Other Family H-Co-Habitant	Z-Other			
VICTIM/WITNESS	Offense Indicator	V/V Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)	Name (Last/Business)	(First)	(Middle)					
	1. #1 2. #2 3. Both	2	O	4	3	Schill	Nurse						
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone					
	1534 Indian Lake Rd				DAYTONA BEACH	FL		(386) 254-1566					
VICTIM/WITNESS	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Other Phone	Phone Type			
	Volusia County Correctional Facility				DAYTONA BEACH	FL		B					
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement								
					nurse on scene								
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	W	F			N							
VICTIM/WITNESS	Offense Indicator	V/V Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)	Name (Last/Business)	(First)	(Middle)					
	1. #1 2. #2 3. Both	1	N	1	3	Wooley	Joyce						
VICTIM/WITNESS	Address (Street, Apt. Number)				City	State	Zip	Residence Phone					
					DELAND	FL	32724	(386) [REDACTED]					
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								
					victims mother								
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3	W	F			N							
VICTIM/WITNESS	Offense Indicator	V/V Code	#	V. Type	Nature of Call (for Victim, if Different from Incident)	Name (Last/Business)	(First)	(Middle)					
	1. #1 2. #2 3. Both												
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								
SUBJECT / MISSING SECTION	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
	1, 2, or 3												
SUBJECT / MISSING SECTION	Offense Indicator	Subject Code	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	1. #1 2. #2 3. Both	S-Suspect D-Defendant V-Victim (Missing Person)											
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?		Warrant From:		
									1. Yes 2. No		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		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?		
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		1. Yes 2. No 3. Unknown		1. Yes 2. No 3. Unknown		1. Yes 2. No		1. Yes 2. No		
ADMIN.	Officer Reporting - Printed				Officer Reporting - Signature				ID. Number		Unit		Date
	Robinnett, Everett								2124				03-27-2011
ADMIN.	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

Page 6 of 6 Page:

THEFT EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original		2. Supplement	
	03-27-2011	1625	03-27-2011	7	110009159				
THREAT	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 CODES	Category Code	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.)			
	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 S. Synthetic	M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment	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							personal items listed in narrative
PROPERTY	Serial Number	Owner Applied Number							Value Recovered: \$
	Value Recovered: \$	Date Recovered:							Forfeiture Y / N: F.W.T.C. (Y/N)
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
	Serial Number	Owner Applied Number							Value Recovered: \$
PROPERTY	Value Recovered: \$	Date Recovered:							Forfeiture Y / N: F.W.T.C. (Y/N)
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity
PROPERTY	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: \$
PROPERTY	Value Recovered: \$	Date Recovered:							Forfeiture Y / N: F.W.T.C. (Y/N)
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity
PROPERTY	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	03-27-2011	2000	Captain McClelland		Dep. E. Robinett			
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:							
	property of deceased								
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):		
	1	03-28-2011	0122	Dep. E. Robinett		D3 Evidence			
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		
	Robinett, Everett				2124		03-27-2011		
ADMIN.	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date		