VOLUSIA COUNTY DIVISION OF CORRECTIONS SUPPLEMENTAL REPORT

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INMATE'S NAME: WOOLEY, HEIDI BOOKING NUMBER: 844775 CELL NUMBER: H16L

SUBJECT: CODE BLUE LOCATION: H BLOCK DATE: 03/27/2011 TIME: 1548

ON March 27, 2011 AT AROUND 1548 A CODE BLUE WAS CALLED IN H BLOCK. I OFC HALDI RESPONDED TO THE CODE AND ENTERED H BLOCK I WENT UP TO CELL 16. I THEN HEARD LT SCARBOUGH SAY TO CALL EVAC. I THEN STARTED BACK TOWARD ID AND HEARD GET THE AED. I THEN GRABBED THE AED OFF THE MED CART OUTSIDE OF H BLOCK AND RAN IT UP TO CELL 16. I THEN WENT TO ID. AT 1600 I LET OFC E. WHITE AND EMERGENCY EVAC IN. AT 1604 I THEN LET FIRE RESCUE IN. AT 1629 I LET FIRE RESCUE OUT. AT 1638 I LET EMERGENCY EVAC OUT. AT AROUND 1753 CAPT. MCCLELLAND HAD ME INVENTORY INMATE WOOLEY, HEIDI'S PROPERTY. THE PROPERTY WAS TURNED OVER TO SO ROBINETT #2124. AT 1841 I LET FORENSIC INVESTIGATOR TARA CLARK IN. AT 1901 I LET FORENSIC INVESTIGATOR TARA CLARK OUT.

OFFICER'S SIGNATURE: DIHALDI

EMP. NO.: 971

DATE: 03/27/2011

TIME: 1943

VOLUSIA COUNTY DIVISION OF CORRECTIONS Incident Report

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THE INFORMATION BELOW WILL BE FILLED IN COMPLETELY BY THE OFFICER FILING THE REPORT AT THE TIME THE INCIDENT TAKES PLACE. USE VCDC 402 (SUPPLEMENTAL REPORT) FOR CONTINUATION.

SUBJECT: PROPERTY			DATE: 03/27/2011 TIME: 1753	
INMATE'S NAME:	WOOLEY,HEIDI	BOOKING NUMBER:	844775	CELL NO.: N/A
ON March 27, 2011 AT AROUND 1750 CAPT. MCCLELLAND TOLD MYSELF OFC D. HALDI TO INVENTORY INMATE WOOLEY, HEIDI 844775'S PERSONAL PROPERTY IN ID. SHE HAD THE FOLLOWING ITEMS. 1 BRA, 1 DRIVER'S LICENSE, 1 OTHER ID, 1 PAIR OF PANTS, 1 PHONE, 1 PURSE WITH WALLET, 2 SHOES, 1 PAIR OF SUNGLASSES, 1 SCARF, 1 FOOD STAMP CARD, 8 GROOMING AIDS, 6 KEYS, 1 CHANGE PURSE, 5 MISC CARDS, 1 PEN, 1 SHIRT, 2 BRACELETS, 2 EAR RINGS, 1 NECKLACE WITH CHARM, 5 RINGS. ALL ITEMS LISTED ABOVE MATCH THE PROPERTY RECORD RECEIPT EXCEPT IT LISTS 6 RINGS ON THE FORM AND ONLY 5 CAN BE ACCOUNTED FOR. ALL PROPERTY WAS TURNED OVER TO SO. ROBINETT. *** 2.[24] 5974-				
Reporting Officer: D. HALDI Print Name	Reporting Of Signature	fficer:	E	mployee No.: 971
Housing Unit Supervisor: Print Name	Housing Unit Signature	Supervisor:		Employee No.:
CORRECTIVE ACTION OR COMMENTS BY SHIFT SUPERVISOR				
Shift Supervisor: Print Name	Shift Supervision	sor:	En	nployee No.:
REVIEWED				
	SI	gnature of Warden		