22585 LH

FDLE

INTERNAL INVESTIGATION REPORT

Florida Department of Law Enforcement Incorporated by Reference in Rule 11B-27.003(2)(a), F.A.C.



	Please type or pr	nt in black or	blue ink	and use capi	tal and small l	etters for i	names, title	s, and ad	dresses		
<i>.</i>				OFFICER			SEP 3 0 2005				
1.	SSN:		STOUGH !						1		
2.	Officer's Name:	Wy	ckoff, T	imothy D					ŝ		
3.	Officer's Last Known Address:					Sim	L J	San and		44	
4.	Telephone Number:					AND DESCRIPTION OF THE PARTY OF	and return that, a description of the last				
	AGENCY										
5.	Agency ORI: FL064	013C	6. Agency:			Volusia County Department Of Corrections					
7.	Agency Kenne Contact: Modze	th J. lewski	34 (8. Telephon		(386) 254	4-1591				
9.	Agency FAX Number:	(386) 254	1-1587								
VIOLATIONS/ALLEGATIONS											
Section 86-453 (1) Willful neglect in the performance of the duties of the											
position to which the employee is assigned. (8) Criminal, dishonest or other conduct which interferes with effective job performance or has an adverse effect on the efficiency of county service. (12) Knowingly giving false statements to supervisors, other officials, or the public.											
11. Agency Disposition: Sustained - (Violation of s943.13(4) or (7)) Sustained - (Violation of Agency Policy)											
	Disposition:			☐ Unfounded			☐ Exonerated				
12	2. Criminal Charges File	d: N/A							×		
13. Agency Disciplinary Action: Termination											
14	If the allegation has be and forward the follow	een sustaine	ed and o	determined epartment o	to be a viola of Law Enforce	ation of S cement.	ection 94	3.13(4)	or (7), F.	S. attach	
V	Summary of the Facts		☐ Int	ternal Inves	stigation Rep	ort [□ Name	& Addre	ss of Wi	tness	
	Witness Statement/Dis		□ Ce	ertified Cou	rt Document	ts E	Other:	Supporti	ve Inform	nation	
W	OTICE: Pursuant to Sec hen having cause to sus S, If the investigation	pect that ar	officer	it employs	is not in com	apliance a	with Secti	on 943.1	3(4) or	(1),	
S	pecified by Rule 11B-2	7.003.	7/	7			1	/			
(10/Max	70 18	1				9/27	OI			
1	5. Agency administrator	signature	3			16.	Date Sign	ned			
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