



# INTERNAL INVESTIGATION REPORT

Florida Department of Law Enforcement

Incorporated by Reference in Rule 11B-20.001(3)(a)5.b. and 11B-27.003(2)(a), F.A.C.



**CJSTC**  
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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: [REDACTED]
- 2. Officer's Name: Cason Ryan J  
Last First MI
- 3. Officer's Last Known Address: [REDACTED]  
Street City State Zip Code
- 4. Officer's Telephone Number: [REDACTED]

## AGENCY

- 5. Agency ORI: FL 0640000 6. Agency Name: Volusia Sheriff's Office
- 7. Agency Contact Person: Sergeant Thomas Hachenberger 8. Agency Contact Person's Telephone Number: (386) 736-5961
- 9. Agency Fax Number: (386) 740-5190

## VIOLATION - ALLEGATION

- 10. Nature of Allegation(s): GO-026-02.V.C.5.g - Failure to Follow General Order, Standard Operation Procedure, or Order, GO-026-02.V.C.1 - Neglect of Duty, GO-026.V.D.9.p - Use of Equipment: BWC, GO-026-02.V.G.1.a - General Proficiency, GO-026-02.V.C.5.h - Submission of Reports and Documents, GO-026-02.V.D.8.a - Untruthfulness
- 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: 01/24/2024 Date Internal Investigation Completed: 06/27/2024

Exception to limitation period for disciplinary action: Place a check mark by the exceptions to limitations that apply	Days Tolloed
<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	_____
<input type="checkbox"/> Ongoing compliance hearing proceeding	_____

- 13. Criminal Charges Filed: N/A
- 14. Agency Disciplinary Action: Employee separation prior to disposition.
- 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  Internal Investigation Report  Name and Address of Witness   
 Witness Statement/Disposition  Certified Court Documents  Other Supportive Information

**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.

B. Henderson  
16. Agency administrator's signature

08/22/2024  
17. Date signed

Chief Deputy Brian Henderson



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18. Agency administrator's name and title



# AFFIDAVIT OF SEPARATION



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Florida Department of  
Law Enforcement

Incorporated by Reference in Rules  
11B-20.001(3)(a)5.a., and 11B-27.002(3)(a)15., F.A.C.

1. Last Four Digits of Social Security Number: _____		<b>Employment Class</b> <input checked="" type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation <input type="checkbox"/> Concurrent <input type="checkbox"/> Special Elected or Appointed <input type="checkbox"/> Instructor <b>Employment Type</b> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary
2. Name: Cason, Ryan	_____	
Last	First	
MI	_____	
3. Agency Name: Volusia Sheriff's Office	_____	
4. Agency ORI: FL0640000	_____	
5. Date Employed: 03/22/2021	6. Separation Date: 01/26/2024	

### 7. Separation Reasons

<b>7A. ADMINISTRATIVE-ROUTINE</b> <input type="checkbox"/> Voluntary separation not involving misconduct <input type="checkbox"/> Transfer within agency. No break in service <input type="checkbox"/> Retired. Not involving misconduct <input type="checkbox"/> Deceased <input type="checkbox"/> Line of Duty Death <input type="checkbox"/> Budgetary constraints. Local and Federal grants not renewed <input type="checkbox"/> Extended leave of absence Type: _____ Periods of Time: _____ <input type="checkbox"/> Military leave of absence Periods of Time: _____ <input type="checkbox"/> Suspension Periods of Time: _____ <input type="checkbox"/> Administrative separation not involving misconduct <input type="checkbox"/> Special elected or appointed Position: _____ Anticipated Term: _____ <input type="checkbox"/> Instructor request for change of affiliation	<b>7C. ADMINISTRATIVE – SUBSTANDARD PERFORMANCE</b> <input type="checkbox"/> Failure to satisfactorily complete the agency fieldtraining program (training performance issues) <input type="checkbox"/> Failure to perform assigned tasks satisfactorily. <b>7D. OTHER - EXAMPLE</b> <input type="checkbox"/> Excessive absenteeism, failure to report for duty, sleeping on duty, etc. <b>7E. UNFAVORABLE – MISCONDUCT</b> <input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Voluntary separation or retirement in lieu of termination for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C.  <b>NOTE:</b> The agency administrator or designee shall provide written documentation of the internal or criminal investigation upon request by Commission staff.	<b>7F.</b> Pursuant to Section 943.1395(5), F.S., an employing agency must conduct an internal investigation when having cause to suspect that an officer or instructor 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. <input checked="" type="checkbox"/> Voluntary separation or retirement while being investigated for violation of Section 943.13(4), F.S., or violation of moral character standards defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Voluntary separation or retirement in lieu of termination for violation of Section 943.13(4), F.S., or violation of moral character standards as defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of Section 943.13(4), F.S., or violation of moral character standards as defined in Rule 11B-27.0011, F.A.C.  <b>NOTE:</b> The agency administrator or designee shall provide written documentation of the internal or criminal investigation upon request by Commission staff.
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**NOTICE:** Section 943.139(2), F.S., requires the execution of an Affidavit of Separation by the employing agency in a case of officer separation.  
**WARNING:** Intentional false execution of this Affidavit of Separation constitutes a misdemeanor of the second degree.

		03/21/2024
8. Agency Administrator or Designee's Signature	9. Agency Administrator or Designee's Printed Name	10. Date
11. Agency Administrator or Designee's Title		

### 12. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF FLORIDA, COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  OR Online Notarization  this 21 day of March, year 2024, By Brian Henderson

Signature of Notary Public, State of Florida

TARA GELSI  
 Commission # HH 468884  
 Expires January 14, 2028

Print, Type or Stamp Commissioned name of Notary Public \_\_\_\_\_ Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_