

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input checked="" 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 _____		INCIDENT REPORT										Agency Report Number 120015591						
				Agency ORI Number FL0640000					Zone # 43		Telephone Handled Call? (T.H.C.)			1. Yes 2. No	2					
Reported: Day Friday		Date 05-25-2012		Time (mil.) 1950		Time Dispatched (mil.) 1951		Time Arrived (mil.) 1951		Time Completed (mil.) 2210		Nature of Call (Report Type) 26 Drowning								
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Friday		Date 05-25-2012		Time (mil.) 1945		TO Day Friday		Date 05-25-2012		Time (mil.) 1950		Occurred During: D - Day U - Unknown N - Night		D
Offense #1 9		Type 77777777		Statute Violation Number 77777777		Description POLICE INFORMATION		Description		A - Attempted C - Committed		A - Attempted C - Committed		C		C				
																		#2		Statute Violation Number
Incident Location (Street, Apt. Number) 1310 FREEPORT DRIVE										City DELTONA			Zip 32764							
Business Name / Area Identifier		# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No		Alcohol Related 0. N/A 1. Yes 2. No		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned		Arson-Attempted 1. Yes 2. No		2		2				
Location Type 01		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				
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 O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 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		# 1		V. Type 1		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) TIMMONS		(First) WILLIAM		(Middle) J						
Address (Street, Apt. Number) 1310 FREEPORT DRIVE										City DELTONA		State FL		Zip 32764		Residence Phone				
Business/School/Other Address (Street, Apt. Number)										City DELTONA		State FL		Zip 32764		Address Type O		Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)										Synopsis of Involvement VICTIM										
If Victim Type 1, 2, or 3		Race W	Sex M	Date of Birth 03-10-2011		Age 1	Ethnicity N		Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship						
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) PARKER		(First) EVELYN		(Middle) J						
Address (Street, Apt. Number) 1310 FREEPORT DRIVE										City DELTONA		State FL		Zip 32764		Residence Phone (386) 860-5667				
Business/School/Other Address (Street, Apt. Number) UNEMPLOYED										City DELTONA		State FL		Zip 32764		Address Type O		Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)										Synopsis of Involvement GRANDMOTHER										
If Victim Type 1, 2, or 3		Race W	Sex F	Date of Birth 05-25-1972		Age 40	Ethnicity N		Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship						
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 2		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) PARKER		(First) EVELYN		(Middle) D						
Address (Street, Apt. Number) 2841 FERRIS STREET										City DELTONA		State FL		Zip 32764		Residence Phone (386) 216-8199				
Business/School/Other Address (Street, Apt. Number) DCS										City DELTONA		State FL		Zip 32764		Address Type B		Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)										Synopsis of Involvement AUNT OF THE VICTIM										
If Victim Type 1, 2, or 3		Race W	Sex M	Date of Birth 03-31-1983		Age 29	Ethnicity N		Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship						
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 3		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) PARKER		(First) JAMIE		(Middle)						
Address (Street, Apt. Number) 1310 FREEPORT DRIVE										City DELTONA		State FL		Zip 32764		Residence Phone (386) 860-5667				
Business/School/Other Address (Street, Apt. Number) RHD OF VOLUSIA										City DELTONA		State FL		Zip 32764		Address Type B		Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)										Synopsis of Involvement WITNESS										
If Victim Type 1, 2, or 3		Race W	Sex F	Date of Birth 07-17-1991		Age 20	Ethnicity N		Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship						
Offense Indicator 1. #1 2. #2		V/W Code 1 W		# 4		V. Type 3		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) MAUREEN		(First) ONEILL		(Middle) S						
Address (Street, Apt. Number) 135 EAST FIRN DRIVE										City DELTONA		State FL		Zip 32764		Residence Phone (386) 860-5667				
Business/School/Other Address (Street, Apt. Number) RETIRED										City DELTONA		State FL		Zip 32764		Address Type O		Business/School/Other Phone Phone Type		
Other Contact Info (Time Available, Interpreter, etc.)										Synopsis of Involvement WITNESS										
If Victim Type 1, 2, or 3		Race W	Sex F	Date of Birth 01-21-1964		Age 48	Ethnicity N		Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship						

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:		
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:		
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.										

1 On the above date and time, Deputy Cochran responded to 1310 Freeport Drive, in reference to a report of a person drowning. Upon arrival,

2 Deputy Cochran ran to the rear of the residence and met with Heather Oliff (W5), who advised a small child had drowned and was now inside with

3 his aunt, Evelyn Dorothy Parker (W2).

4

5 Deputy Cochran entered the residence from the sliding glass door of the pool area, and observed an unconscious child in the lap of Parker, inside


6 the living room. Parker was crying and shaking the child while screaming for him to wake-up. Parker was surrounded by multiple people, at which

7 time Deputy Cochran removed the child from Parker's lap, removed the towel that was wrapped around him, and placed him on his back on the tile

8 living room floor. Deputy Cochran noticed the child was not breathing and did not have a pulse. Deputy Cochran began to administer CPR. After

9 approximately thirty seconds of CPR, Deputy Cochran heard a moan coming from the child at, which time Deputy Cochran rolled the child on his

10 right side and started to pat him on his back.

ADMINISTRATIVE	Final Case Status: <u>5</u>	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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO			
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:	By:		
	Connecting Report Number	Agency	Additional Forms Attached:	<input type="checkbox"/> Narrative	<input type="checkbox"/> SA 707	<input checked="" type="checkbox"/> Persons	<input type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet
Officer Reporting - Printed <u>Cochran, Cody</u>	Officer Reporting - Signature 	ID. Number <u>7964</u>	Unit <u>1D94</u>	Date <u>05-25-2012</u>				
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date				

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 05-25-2012	Report Time 1950	Orig. Reported Date 05-25-2012	Nature of Call (for Incident) 26	Agency Report Number 120015591	1.Original 2.Supplement	1
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NARRATIVE / CONTINUATION

11

12 The Child then began to breath slowly on his own, and Deputy Cochran checked for a pulse, yielding approximately sixty beats per min. At that

13 time, Deltona Fire/Rescue arrived on scene and took over medical treatment. Deltona Fire personnel immediately transported the child to Florida

14 Hospital/Fish Memorial.

15

16 Deputy Cochran secured the scene with crime scene tape and began to collect sworn written statements from all parties at the residence.

17 According to Evelyn Judith Parker (W1), she was having a small "get together" at her residence and was baby sitting numerous small children.

18 Parker advised she was sitting outside the residence on the side of the house, where all the children were playing, at which time she noticed her

19 grandson, William J. Timmons (V1) was missing. She went to go look for Timmons, at which time she observed him in the bottom of the in-ground

20 swimming pool in the rear of the residence. Parker (W1) stated she jumped in the pool and retrieved Timmons and attempted to "suck the water

21 out of him." Parker advised, she did not know how Timmons may have gotten into the pool area.

22

23 Deputy Cochran spoke with all additional witnesses at the scene who's stories concurred with Timmons.

24

25 Deputy Cochran then checked the area and observed the fence that secured the back yard (pool area) did not have a latch or lock on it and was in

26 the open position. Deputy Cochran checked the pool area of the residence and observed the pool to be inside of an enclosed screen room but did

27 not have a latch or lock on the door. The door did not set flush against the frame and without a lock or latch it would have been easy for Timmons

28 (V1) to open the door and the pool area. While checking the residence, Deputy Cochran did observe a few child proof items such as door knob

29 covers and electrical socket covers. The overall condition of the residence was good. Deputy Cochran took several photographs of the scene and

30 copied them onto a compact disk and entered it into evidence.

31

32 After leaving the scene, Deputy Cochran went to Fish Memorial Hospital and was made aware the child was expected to make a full recovery.

33

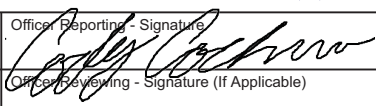
34 Based on the evidence, witness statements, and actions of all parties on scene, the incident appeared to be accidental.

35

36 A copy of this report was submitted to the Department of Children and Family Services.

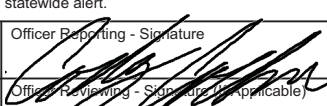
37

38 Case Status: Closed.

ADMINISTRATIVE	Final Case Status: <u>5</u>	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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>STATEMENT</u>			
Officer Reporting - Printed <u>Cochran, Cody</u>	Officer Reporting - Signature 		ID. Number <u>7964</u>	Unit <u>1D94</u>	Date <u>05-25-2012</u>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date 05-25-2012	Report Time 1950	Orig. Reported Date 05-25-2012	Nature of Call (for Incident) 26 Drowning			Agency Report Number 120015591		1. Original 2. Supplement 1						
CODES	V/V Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Sex M-Male F-Female U-Unknown		Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	
VICTIM/WITNESS	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.			Extent of Injury 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			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 W	# 5	V. Type 3	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) OLIFF HEATHER		(Middle) BRIANNE				
VICTIM/WITNESS	Address (Street, Apt. Number) 135 EAST FERN STREET					City DELTONA	State FL	Zip 32764	Residence Phone (386) 216-9718						
VICTIM/WITNESS	Other Address (Street, Apt. Number) STEAK AND SHAKE					City DELTONA	State FL	Zip 32764	Address Type B	Other Phone	Phone Type				
VICTIM/WITNESS	Other Contact Info (Time Available, Interpreter, etc.) NONE					Synopsis of Involvement WITNESS									
VICTIM/WITNESS	If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 12-20-1987	Age 24	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship			
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)				
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									
VICTIM/WITNESS	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			
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)				
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									
VICTIM/WITNESS	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 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				
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? 1. Yes 2. No		Warrant From: 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 1. Runaway 6. Disaster 2. Parents Victim 3. Involuntary 7. Voluntary 4. Disabled 8. Unknown 5. Endangered		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					
IF MISSING	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 Cochran, Cody			Officer Reporting - Signature 				ID. Number 7964	Unit 1D94	Date 05-25-2012					
ADMIN.	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date					

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 05-25-2012	Report Time 1950	Orig. Reported Date 05-25-2012	Nature of Call (for Incident) 26	Agency Report Number 120015591	1.Original	2.Supplement
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1 On 05-24-2012 at 1951 hrs., Dep. Vedder responded to 1310 Freeport Dr., Deltona, in reference to a drowning. Dispatch advised information was coming in that a 1 year old was found at the bottom of the pool and was not breathing.

2

3

4 Dep. Vedder was the second unit to arrive on the scene. When Dep. Vedder arrived, the child was already breathing and responding. Dep. Vedder maintained security of the scene while medical personnel provided care at the scene. Dep. Vedder continued to provide scene security until the child was transported to the hospital.

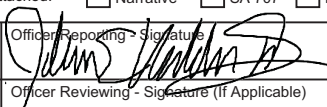
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6

7

8 No further action was taken by Dep. Vedder.

NARRATIVE / CONTINUATION

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	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 Vedder, John	Officer Reporting - Signature 		ID. Number 2444	Unit 1K942
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Date 05-26-2012

ADMINISTRATIVE