



Sheriff's Office

Volusia County

Ben F. Johnson, Sheriff

To: Sheriff Ben F. Johnson

Date: May 5, 2008

From: Bryan Barnard
District Four
Alpha Shift Patrol Sergeant

File: 054M094.08

Subject: Use of Force (Case#08-15251)

In accordance with directive 1.3 Use of Non-Deadly Force a supervisory investigation was conducted into the use of restraining force by Deputy David Higgins in reference to case 08-15251.

Summary of Incident

Deputy Higgins responded to [REDACTED] in reference to a domestic disturbance. Upon arrival Deputy Higgins contacted Knudsen, Scott the victim, who advised his wife Knudsen, Mary (Defendant) had shut the rear hatch window to their SUV on him while he was half inside. Deputy Higgins then contacted the defendant outside in the driveway. Deputy Higgins asked the defendant her version of the events and the defendant refused to speak with Deputy Higgins and began to walk towards an open garage. Deputy Higgins commanded the defendant to stop and she failed to obey his verbal commands. Deputy Higgins then grabbed the defendant by her wrist. The defendant began to pull away and shake violently, disobeying verbal commands to stop resisting. Deputy Higgins took the defendant to the ground and was able to successfully gain control and handcuff her. As result of being taken to the ground, the defendant had struck her nose on the concrete driveway. The defendant also had complaint of neck and back injuries. The defendant was arrested and charged with battery simple DV, and resisting arrest without violence. The defendant was transported by EVAC to FL Hospital at 1055 Saxon Blvd. Orange City to be treated for her injuries.

Investigation

I responded to [REDACTED] and spoke with the victim. The victim advised he was inside and did not witness any of the struggle between Deputy Higgins and the defendant. I spoke to Deputy Steven Shirah who had responded as backup to the call. Deputy Shirah advised he had not witnessed the physical struggle between Deputy Higgins and the defendant. Deputy Shirah indicated the incident happened just moments prior to him arriving on scene. I then responded to

② LR 05/08/08

FL Hospital and spoke with the defendant. The defendant advised she was slammed down for no reason and she was not resisting arrest. The defendant admitted that she had heard Deputy Higgins tell her to stop, and not to continue walking away from the deputy. The victim advised, she felt that she needed to sit down because of anxiety and was going to a chair in the garage. The defendant also admitted to pulling away from the deputy once he grabbed her arm. The defendant advised she was scared of Deputy Higgins due to past incidents in which he had responded to her residence. The victim had an avulsion on her nose, and an abrasion on her left arm near her elbow. Both injuries were photographed. The defendant also had complaint of pain in her neck, back, and left shoulder. The defendant was diagnosed with a broken nose at the hospital and received approximately 4 stitches in her nose. The hospital did not discover any additional injuries.

I reviewed the original incident report completed by Deputy Higgins. The report accurately depicts the facts and circumstances relating to the incident.

Conclusion

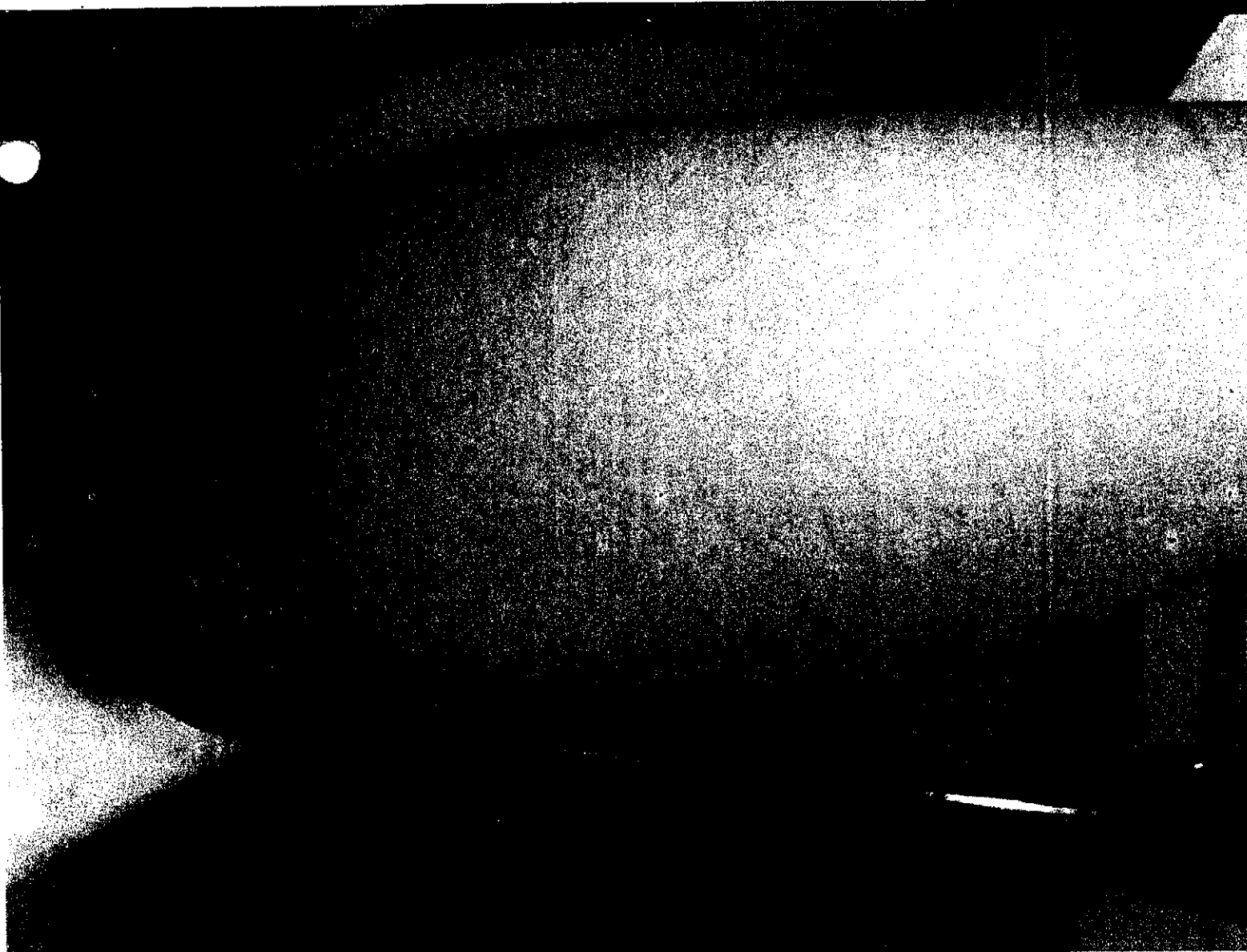
Based on my supervisory investigation into this incident the use of non-deadly force by Deputy David Higgins was justified and in accordance with department directives.

L. B. [Signature]



CASE# 08-15251

KNUDSEN, MARY W/F 09-23-68



LEFT ARM

CASE # 08-15251.

KNUDSEN, MARY WIF 9-23-68

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Juvenile Hate Crime
 Gang Elderly Abuse / Exploitation
 Domestic Violence VOR S - Spouse
 Endangered/ Other

Agency Report Number: 080815251
 District: 04
 Agency ORI Number: FL0640000

Zone #: 44
 Telephone Handled: 1. Yes, 2. No [2]

Reported: Day: Monday, Date: 05-05-2008, Time (mil.): 0855, Time Dispatched (mil.): 0856, Time Arrived (mil.): 0859, Time Completed (mil.): 0904
 Nature of Call (Report Type): BATTERY Simple or Aggravated Battery (UCR class)

Incident Type: 3. Misdemeanor, 4. Traffic, 5. Ordinance, 6. Other, 7. Traffic Felony, 8. Misdemeanor
 Incident: Day From: Monday, Date: 05-05-2008, Time (mil.): 0855, TO: Monday, Date: 05-05-2008, Time (mil.): 0904
 Occurred During: D - Day, U - Unknown, N - Night [D]

EVENT DATA

Offense #1	Type	Statute Violation Number	Description	A - Attempted	C - Committed
3		784.03(1)(A)1	Battery Touch/Strike		C
Offense #2	Type	Statute Violation Number	Description	A - Attempted	C - Committed
3		843.02	Resist Officer w/o Viol.		C

Incident Location (Street, Apt. Number): [Redacted] City: DELTONA Zip: 32725

Business Name / Area Identifier: [Redacted] # Prem. Entered: 1 Drug Related: 0. N/A 1. Yes 2. No Alcohol Related: 0. N/A 1. Yes 2. No

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, 10, 11, 12

CODES

V/W Code: V-Victim, W-Witness, 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
 Extent of Injury: 00. N/A, 01. Gunshot, 02. Stabbed, 03.1, 04.1, 05. P

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): VOLUSIA COUNTY FIRE SERVICES
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

VICTIMWITNESS

Offense Indicator: 1. #1, 2. #2, 3. Both
 Address (Street, Apt. Number): [Redacted]
 Business/School/Other Address (Street, Apt. Number): [Redacted]
 Other Contact Info (Time Available, Interpreter, etc.): [Redacted]

ORIGINAL NOT UPLOADED INTO SYSTEM YET

COUNTY OF VOLUSIA AUTO/INCIDENT REPORT

DEPARTMENT & DIVISION VCSO / LESD	DATE & TIME 05-05-08 0900 HRS.	LOCATION [REDACTED] DELTONA	REPORT # & AGENCY 08-15251 VCSO
--------------------------------------	-----------------------------------	--------------------------------	------------------------------------

DESCRIPTION OF ACCIDENT Deputy Higgins was investigating a domestic violence call at above location. Knudsen, Mary was contacted in the driveway. As Higgins attempted to question Knudsen she began to walk away. Knudsen was a suspect of domestic battery and not free to leave. Higgins restrained Knudsen by grabbing her arm, and Knudsen began to violently struggle with Dep. Higgins. (cont. pg 2)

<u>COUNTY OPERATOR</u>	AUTO	<u>COUNTY VEHICLE</u>
DRIVER _____	COUNTY VEH. YEAR & MAKE _____	
DEPARTMENT _____	PROPERTY NO. _____	
D/L NO. _____	I.D. NO. _____	
D.O.B. _____	DAMAGES _____	
INJURIES _____	REPAIR ESTIMATE _____	
ACCOUNT # _____		

<u>OTHER PERSON INVOLVED</u>	
OWNER _____	VEH. YEAR & MAKE _____
ADDRESS _____	I.D. NO. _____
	PLATE NO. _____
PHONE/HOME _____ WORK _____	DAMAGES _____
DRIVER _____	REPAIR ESTIMATE _____
ADDRESS _____	INSURANCE CO. _____
	ADDRESS _____
D/LNO. _____	
D.O.B. _____	POLICY NO. _____
INJURIES _____	

<u>PASSENGERS</u>		
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

<u>WITNESSES</u>		
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

<u>INCIDENT</u>	
NAME & ADDRESS OF PARTY INVOLVED <u>KNUDSEN, MARY</u>	PHONE NO. _____
[REDACTED] DELTONA	[REDACTED]

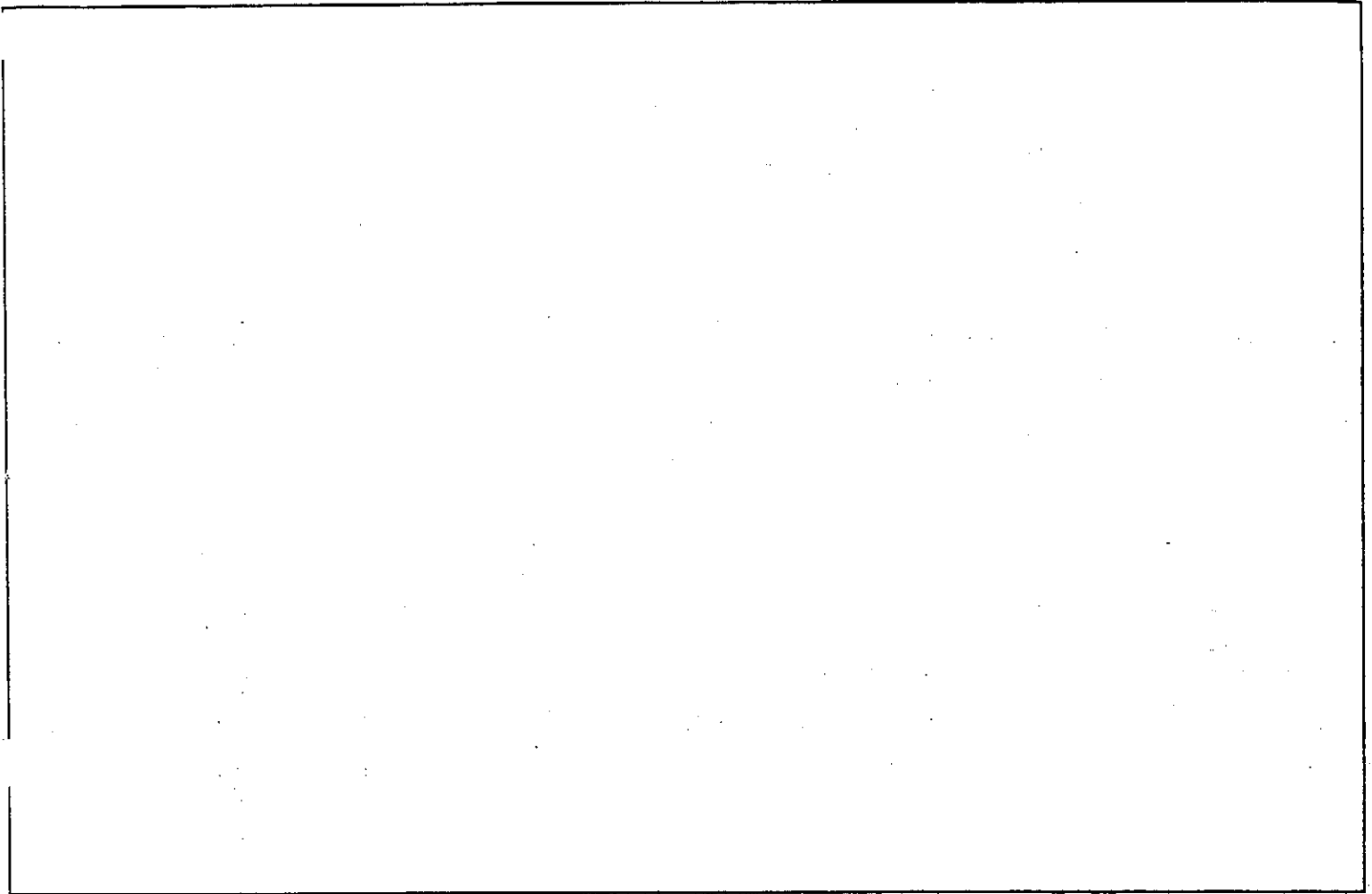
IF INJURY REPORT, COMPLETE THE FOLLOWING:
 AGE OF INJURED PARTY 39 INJURIES BROKEN NOSE, COMPLAINT OF NECK AND BACK PAIN
 WAS MEDICAL TREATMENT NECESSARY? YES
 WHERE? FL HOSPITAL 1055 SAXON BLVD. ORANGE CITY

IF PROPERTY DAMAGE REPORT, COMPLETE THE FOLLOWING:
 DESCRIBE PROPERTY DAMAGED _____
 ESTIMATED COST TO REPAIR _____

<u>WITNESSES</u>		
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

IF DIAGRAM IS NECESSARY, COMPLETE ON REVERSE SIDE OF THIS FORM.
 PLEASE SUBMIT TO RISK MANAGEMENT WITHIN 24 HOURS OF DATE REPORTED

DIAGRAM OF ACCIDENT



REMARKS: Deputy Higgins took Knudsen to the ground in an attempt to gain control over her, so she could be handcuffed. When she was taken to the ground Knudsen's nose impacted the concrete driveway causing injury. Knudsen also complained of neck and back pain. Knudsen was treated at FL Hospital for her injuries. The E.R. doctor advised Knudsen sustained a broken nose.

SUPERVISOR'S REPORT

HAS THE EMPLOYEE BEEN TRAINED TO DO THIS JOB? Yes

WAS THE EMPLOYEE DOING THE JOB CORRECTLY WHEN THE ACCIDENT OCCURRED? Yes

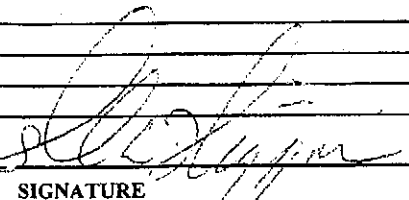
WERE CONDITIONS AND/OR EQUIPMENT INEFFICIENT OR UNSAFE? yes, domestic violence cases are inherently dangerous

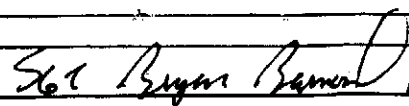
WAS THE JOB PROCEDURE AWKWARD OR UNSAFE? Yes,

WAS PERSONAL PROTECTIVE EQUIPMENT NEEDED FOR THIS JOB? No

WAS IT USED? N/A CORRECTLY? N/A

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT REOCCURRENCE?
To be reviewed.

05-05-2008 
DATE SIGNATURE

05-05-2008  1428
DATE SUPERVISOR'S SIGNATURE

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Offense Indicator: 1. #1, 2. #2, 3. Both, 4. None
 Subject Code: S-Suspect, V-Victim (Missing Person), D-Defendant
 Code # Subj. Type: D 1 3
 Name (Last) (First) (Middle) Race Sex Ethnicity: KNUDSEN MARY BETH W F N
 Date of Birth: 09-23-1968
 Age: 39 To Age: Height: 4' 10" To Height: Weight: 135 To Weight: Eye Color: BLU Hair Color: BLN Maiden Name:
 Nickname / Street Name: NEW YORK Place of Birth - City County State: NY Employer/Other/School: Occupation:
 Last Known Address (Street, Apt. Number): DELTONA FL 32725 Address Type: H Phone: Phone Type: H
 Other Address (Street, Apt. Number): City State Zip Address Type Phone Phone Type
 Driver's License State/Number: FL K532-582-68-843-0 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:
 Demeanor: Mask: Weapon Type: 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, 3. Unknown, Missing Before? 1. Yes, 2. No, 3. 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, 2. #2, 3. Both, 4. None
 Subject Code: S-Suspect, V-Victim (Missing Person), D-Defendant
 Code # Subj. Type: D 1 3
 Name (Last) (First) (Middle) Race Sex Ethnicity: KNUDSEN MARY BETH W F N
 Date of Birth: 09-23-1968
 Age: 39 To Age: Height: 4' 10" To Height: Weight: 135 To Weight: Eye Color: BLU Hair Color: BLN Maiden Name:
 Nickname / Street Name: NEW YORK Place of Birth - City County State: NY Employer/Other/School: Occupation:
 Last Known Address (Street, Apt. Number): DELTONA FL 32725 Address Type: H Phone: Phone Type: H
 Other Address (Street, Apt. Number): City State Zip Address Type Phone Phone Type
 Driver's License State/Number: FL K532-582-68-843-0 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:
 Demeanor: Mask: Weapon Type: Subject Was Already in Custody? 1. Yes 2. No Warrant From: 1. This Agency 2. Other Agency
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 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 05-05-2008 DEPUTY HIGGINS RESPONDED TO [REDACTED] IN REFERENCE TO A BATTERY. UPON ARRIVAL, DEPUTY
 2 HIGGINS CONTACTED KNUDSEN, SCOTT (V1). KNUDSEN ADVISED HE AND HIS WIFE KNUDSEN, MARY (D1) ARE IN THE PROCESS OF
 3 A DIVORCE. KNUDSEN (V1) ADVISED HIS WIFE HAD ASKED HIM TO GET A TELEVISION REPAIRED. KNUDSEN (V1) HAD MADE THE
 4 NECESSARY ARRANGEMENTS AND HAD COME TO THE HOME TO BE SURE THE REPAIR MAN COULD GAIN ENTRY. KNUDSEN
 5 ADVISED ONCE HOME, HIS WIFE BEGAN A VERBAL ARGUMENT ABOUT HIS BEING THERE. KNUDSEN STATED KNUDSEN (D1) THEN
 6 WENT OUT TO HIS TRUCK AND BEGAN SEARCHING THE DRIVERS COMPARTMENT. KNUDSEN (V1) ADVISED HE WENT TO HER
 7 VEHICLE TO DO THE SAME. KNUDSEN STATED HE WAS SEARCHING IN THE BACK OF HIS WIVES SUV, WHEN SHE CAME OVER AND
 8 ATTEMPTED TO SHUT THE TAILGATE OF THE VEHICLE WHILE HE WAS STILL HALF INSIDE IT. KNUDSEN'S (D1) ACTION CAUSED THE
 9 TAILGATE TO IMPACT THE BACK OF KNUDSEN'S (V1) HEAD. KNUDSEN STATED HE WAS NOT INJURED, BUT THAT THE ACTION WAS
 10 AGAINST HIS WILL. KNUDSEN COMPLETED A WRITTEN STATEMENT.

ADMINISTRATIVE

Final Case Status: 1, Final Case Status Codes: 1.Arrest/Adult, 2.Arrest/Juv., 3.Exceptional/Adult, 4.Exceptional/Juv., 5.Closed, 6.Unfounded
 Victim Advocate Tried SA Referral
 DCF Hotline CAC Date: Time: FCIC / NCIC Entry T.T. BOLO Date: By:
 FCIC / NCIC Cancel
 Connecting Report Number: Agency: Additional Forms Attached: Narrative SA 707 Persons Property Veh./Tow Sheet Other Describe:
 Officer Reporting - Printed: Higgins, David Officer Reporting - Signature: [Signature] ID. Number: 7034 Unit: Date: 05-05-2008
 Officer Reviewing - Printed (If Applicable): Officer Reviewing - Signature (If Applicable): [Signature] ID. Number: Unit: Date:

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

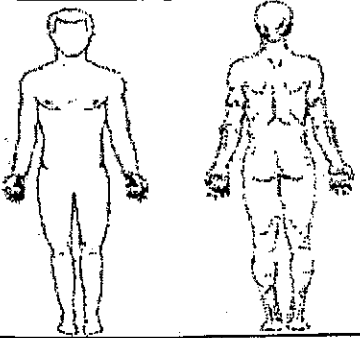
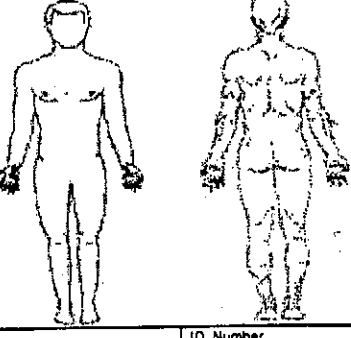
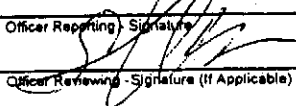
Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement
05-05-2008	0855	05-05-2008	BATTERY	080015251		1

11
 12 DEPUTY HIGGINS CONTACTED KNUDSEN (D1) AT THE FRONT OF THE HOUSE, ON THE DRIVEWAY. WHEN DEPUTY HIGGINS ASKED
 13 KNUDSEN FOR HER VERSION OF EVENTS SHE REPLIED I'M AFRAID OF MY HUSBAND AND YOU GUYS ARE ALWAYS ARRESTING AND
 14 BAKER ACTING ME!!!
 15
 16 DEPUTY HIGGINS HAS HAD LAW ENFORCEMENT CONTACT WITH KNUDSEN (D1) IN THE PAST AND WAS PRESENT WHEN SHE WAS
 17 BAKER ACTED ON ONE OCCASION. WITH THIS IN MIND, DEPUTY HIGGINS INTENDED TO CONDUCT HIS INTERVIEW OF KNUDSEN
 18 (D1) IN THE DRIVEWAY, AWAY FROM KNUDSEN (V1) AND THE POTENTIAL HAZARDS OF KNUDSEN'S (D1) OPEN GARAGE, WHICH WAS
 19 TEN FEET AWAY.
 20
 21 DEPUTY HIGGINS ASKED KNUDSEN WHAT HAD HAPPENED TODAY. KNUDSEN (D1) TURNED AWAY FROM DEPUTY HIGGINS AND
 22 WALKED TOWARDS THE GARAGE. DEPUTY HIGGINS ADVISED KNUDSEN NOT TO WALK AWAY. KNUDSEN CONTINUED TOWARDS
 23 THE GARAGE. DUE TO OFFICER SAFETY CONCERNS, DEPUTY HIGGINS RESPONDED BY GRABBING KNUDSEN'S (D1) LEFT WRIST
 24 WITH HIS LEFT HAND. KNUDSEN (D1) THEN ATTEMPTED TO PULL AWAY FROM DEPUTY HIGGINS HOLD. DEPUTY HIGGINS
 25 COMMANDED KNUDSEN TO STOP RESISTING AND THEN GRABBED KNUDSEN'S (D1) OTHER WRIST. KNUDSEN THEN CONTINUED
 26 TO BREAK DEPUTY HIGGINS HOLD BY VIOLENTLY SHAKING HER SHOULDERS BACK AND FORTH. DEPUTY HIGGINS THEN
 27 CONDUCTED A TAKE DOWN MANEUVER. KNUDSEN (D1) WAS SUCCESSFULLY BROUGHT TO THE GROUND AND SECURED INTO
 28 HAND CUFFS. AS A RESULT OF THE TAKE DOWN, KNUDSEN'S (D1) NOSE IMPACTED THE DRIVEWAY, CAUSING AN ABRASION TO
 29 HER NOSE.
 30
 31 BASED ON DEPUTY HIGGINS INVESTIGATION, KNUDSEN (D1) WAS DETERMINED TO BE THE PRIMARY AGGRESSOR. DEPUTY
 32 HIGGINS ARRESTED KNUDSEN FOR SIMPLE BATTERY (DV). KNUDSEN (D1) WAS ADDITIONALLY CHARGED WITH RESISTING ARREST
 33 WITH OUT VIOLENCE.
 34
 35 DEPUTY HIGGINS CALLED FOR MEDICAL PERSONNEL TO RESPOND AND TREAT TO KNUDSEN'S (D1) INJURY. KNUDSEN (D1)
 36 COMPLAINED OF A NECK INJURY AND WAS TRANSPORTED TO ORANGE CITY HOSPITAL FOR FURTHER EVALUATION.
 37
 38 DEPUTY HIGGINS CONTACTED HIS SHIFT SUPERVISOR AND ADVISED HIM OF THE EVENT. SGT. BARNARD RESPONDED TO THE
 39 SCENE AND CONTACTED KNUDSEN (V1).
 40
 41 DEPUTY HIGGINS PROVIDED KNUDSEN (V1) WITH A DOMESTIC ABUSE RIGHTS AND REMEDIES PAMPHLET AND EXPLAINED HOW TO
 42 OBTAIN AN INJUNCTION FOR PROTECTION.
 43
 44 CASE STATUS: CLOSED / CLEAR / ARREST / ADULT

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status: 1	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
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" 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 Higgins, David	Officer Reporting - Signature 	ID. Number 7034	Unit	Date 05-05-2008
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

**VOLUSIA COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE INFORMATION**

IT	Report Date 05-05-2008	Report Time 0855	Orig. Reported Date 05-05-2008	Nature of Call (for incident) BATTERY	Agency Report Number 080015251	1. Original 2. Supplement 1	
V	Incident Reported By: NEIGHBOR				Via: <input checked="" type="checkbox"/> 911 <input type="checkbox"/> On-view <input type="checkbox"/> Non-Emergency		
S	Person Code # <u> D </u> <u> 1 </u> <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Arrest <input type="checkbox"/> Affidavit Filed <input type="checkbox"/> Not Present <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Fearful <input type="checkbox"/> Threatening <input type="checkbox"/> Pregnant (explain) _____ <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Nervous <input type="checkbox"/> Alcohol Consumed <input checked="" type="checkbox"/> Other ANXIOUS, RAPID MOVEMENT						
S	INJURY <input type="checkbox"/> 1. Abrasion <input type="checkbox"/> 4. Fracture <input type="checkbox"/> 7. Complaint of Injury <input type="checkbox"/> 2. Contusion <input type="checkbox"/> 5. Swelling <input checked="" type="checkbox"/> 8. Other INJURED DURING ARREST <input type="checkbox"/> 3. Laceration <input type="checkbox"/> 6. Redness <input type="checkbox"/> 9. None						
S	MEDICAL TREATMENT <input type="checkbox"/> Not Needed <input type="checkbox"/> Personal Physician / Name _____ <input checked="" type="checkbox"/> EVAC <input type="checkbox"/> Refused <input type="checkbox"/> Rescue <input type="checkbox"/> Other <input type="checkbox"/> Hospital / Name _____						
S	STATEMENT <input type="checkbox"/> Written <input type="checkbox"/> Recorded <input type="checkbox"/> Admitted Offense <input type="checkbox"/> Unable / Reason _____ <input type="checkbox"/> Oral <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Prior Domestic Violence <input type="checkbox"/> Miranda by: _____						
S	Contact Person: Name		Address (Street, Apt. Number)		City	State Zip Contact Phone	
S	I have received a Domestic Abuse Packet. My legal rights & remedies have been explained to me. X: _____						
S	Person Code # <u> V </u> <u> 1 </u> <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Arrest <input type="checkbox"/> Affidavit Filed <input type="checkbox"/> Not Present <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Fearful <input type="checkbox"/> Threatening <input type="checkbox"/> Pregnant (explain) _____ <input checked="" type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Nervous <input type="checkbox"/> Alcohol Consumed <input type="checkbox"/> Other _____						
S	INJURY <input type="checkbox"/> 1. Abrasion <input type="checkbox"/> 4. Fracture <input type="checkbox"/> 7. Complaint of Injury <input type="checkbox"/> 2. Contusion <input type="checkbox"/> 5. Swelling <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 3. Laceration <input type="checkbox"/> 6. Redness <input checked="" type="checkbox"/> 9. None						
S	MEDICAL TREATMENT <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/> Personal Physician / Name _____ <input type="checkbox"/> EVAC <input type="checkbox"/> Refused <input type="checkbox"/> Rescue <input type="checkbox"/> Other <input type="checkbox"/> Hospital / Name _____						
S	STATEMENT <input checked="" type="checkbox"/> Written <input type="checkbox"/> Recorded <input type="checkbox"/> Admitted Offense <input type="checkbox"/> Unable / Reason _____ <input type="checkbox"/> Oral <input type="checkbox"/> Refused <input type="checkbox"/> Prior Domestic Violence <input type="checkbox"/> Miranda by: _____						
S	Contact Person: Name		Address (Street, Apt. Number)		City	State Zip Contact Phone	
S	I have received a Domestic Abuse Packet. My legal rights & remedies have been explained to me. X: _____						
I	<input type="checkbox"/> Current Issuing County <input type="checkbox"/> Unserved <input type="checkbox"/> Expired <input type="checkbox"/> Verified		Judge	Date Signed	Court Case No.		
C	<input type="checkbox"/> Present <input type="checkbox"/> Oral Statement <input type="checkbox"/> Written Name Age School <input type="checkbox"/> Present <input type="checkbox"/> Oral Statement <input type="checkbox"/> Written Name Age School <input type="checkbox"/> Present <input type="checkbox"/> Oral Statement <input type="checkbox"/> Written Name Age School						
P	PHOTOS <input type="checkbox"/> Victim <input type="checkbox"/> Scene Taken by: _____ <input type="checkbox"/> Suspect <input type="checkbox"/> Weapon						
I	INJURY AREA CODE <u> D </u> <u> 1 </u> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Height <u> 4' 10 </u> Weight <u> 135 </u>  CODE <u> V </u> <u> 1 </u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Height <u> 5' 11 </u> Weight <u> 200 </u>  _____ KNUDSEN, MARY BETH NAME _____ KNUDSEN, SCOTT T NAME						
A	Officer Reporting - Printed Higgins, David		Officer Reporting - Signature 		ID. Number 7034	Unit 1148	Date 05-05-2008
A	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date