

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 120029998																	
Agency Off Number FLO640000				Zone # 31		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																	
Reported: Day Friday		Date 10-12-2012		Time (mil.) 1331		Time Dispatched (mil.) 1331		Time Arrived (mil.) 1331		Time Completed (mil.) 1400		Nature of Call (Report Type) 14 Information											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Friday		Date 10-12-2012		Time (mil.) 1045		TO Day Friday		Date 10-12-2012		Time (mil.) 1331		Occurred During: D - Day N - Night U - Unknown D					
Offense #1 9		Type 7777777777		Statute Violation Number 7777777777		Description Information Report Only		A - Attempted C - Committed		Offense #2 		Type 		Statute Violation Number 		Description 		A - Attempted C - Committed					
Incident Location (Street, Apt. Number) 2700 N OLEANDER AV												City ORMOND BEACH		Zip 32118									
Business Name / Area Identifier Seabreeze HS				# Prem. Entered 		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 2		Forced Entry 1. Yes 3. Attempted 2. No 2		Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		Arson-Attempted 1. Yes 2. No 2							
Location Type 18		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. Backlot/Club		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/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 85. Unknown 99. Other							
VW 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 8. Other		Address/Phone Type B. Business/Work M. Message C. Cell N. Next of Kin P. Pager H. Home O. Other 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 3. Florida 1. City 4. Out-of-State 2. County		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 03. Laceration 01. Gunshot 04. Unconscious 02. Stabbed 05. Pass Broken Bones 06. Loss of Teeth 07. Loss of Teeth 08. Burns 09. 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																	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 R 1 3		V. Type 		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) Wallace Robert		Address (Street, Apt. Number) 		City State Zip 		Residence Phone									
Business/School/Other Address (Street, Apt. Number) 2700 N. Oleander Ave.				City State Zip ORMOND BEACH FL 32119		Address Type B		Business/School/Other Phone (386) 258-4674		Phone Type B													
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement SHS Principal/Reporting Party																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth		Age		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 W 1 3		V. Type 		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) Paige Daniel S		Address (Street, Apt. Number) 		City State Zip 		Residence Phone									
Business/School/Other Address (Street, Apt. Number) 2700 N. Oleander Ave.				City State Zip ORMOND BEACH FL 32119		Address Type B		Business/School/Other Phone (904) 396-0117		Phone Type B													
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement Witnessed O1 in dark hallway where O2 was located																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth		Age		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 W 2 3		V. Type 		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) Parsons Todd		Address (Street, Apt. Number) 		City State Zip 		Residence Phone									
Business/School/Other Address (Street, Apt. Number) 2700 N. Oleander Ave.				City State Zip ORMOND BEACH FL 32119		Address Type B		Business/School/Other Phone (904) 614-9724		Phone Type B													
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement Witnessed O1 in dark hallway where O2 was located																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth		Age		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 1 3		V. Type 		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) Jones Michael		Address (Street, Apt. Number) 117 Ivanhoe Drive		City State Zip ORMOND BEACH FL 32176		Residence Phone (386) 506-0621									
Business/School/Other Address (Street, Apt. Number) 2700 N. Oleander Ave.				City State Zip ORMOND BEACH FL 32119		Address Type B		Business/School/Other Phone (386) 258-4674		Phone Type B													
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement Person seen in dark hallway where O2 was located																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 03-05-1980		Age 32		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack		Extent of Injury 00		Domestic Violence 2		Relationship Z	
Offense Indicator 1. #1 3. Both 2. #2		VW Code # 1 O 2 1		V. Type 		Nature of Call (for Victim, if different from Incident)		Name (Last/Business) (First) (Middle) XXXX XXXX X		Address (Street, Apt. Number) XXXX		City State Zip XXXX XX XXXX		Residence Phone XXXX									
Business/School/Other Address (Street, Apt. Number) XXXX				City State Zip XXXX XX XXXX		Address Type 		Business/School/Other Phone 		Phone Type 													
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement Person found in dark hallway where O1 was located																			
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	2.#2		D-Defendant (Missing Person)																			
	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:	
	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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?										
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes										
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No										
3. Involuntary				3. Unknown		3. Unknown		3. No		3. No		3. No										
4. Disabled																						
5. Endangered																						
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		Subject Code		Code #		Subj. Type		Name (Last)		(First)		Race		Sex		Ethnicity					
	1.#1		S-Suspect																			
	2.#2		D-Defendant (Missing Person)																			
	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:		
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		6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?										
1. Runaway		7. Voluntary Adult		1. Yes		1. Yes		1. Yes		1. Yes		1. Yes										
2. Parents		8. Unknown		2. No		2. No		2. No		2. No		2. No										
3. Involuntary				3. Unknown		3. Unknown		3. No		3. No		3. No										
4. Disabled																						
5. Endangered																						
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 10/12/12, at approximately 1215 hours, while assigned to Seabreeze High School, Deputy Sasser was contacted by SHS Principal: Robert Wallace(R1). Wallace requested that Deputy Sasser report to Wallace's office for a situation that occurred on Seabreeze High School campus at approximately 1045 hours, on 10/12/12. Deputy Sasser arrived and made contact with Wallace who advised Deputy Sasser that one of his employees: Mike Jones(O1) was possibly caught in the act of having an inappropriate meeting with a juvenile/SHS student: XXXXXXXX(O2).

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7 Wallace stated that he was contacted by a witness: Daniel S. Paige(W1) who was on SHS campus to complete a fire inspection through his employer, Simplex Grinnell Protection Systems. Paige advised Wallace that he and a co-worker: Todd Parsons(W2) entered building #14 and turned on the lights so the two could walk up the stairs that lead to the fire pump room. As Paige turned on the lights, he heard a male's voice from upstairs yell, "who is it?" Paige answered that it was the the inspectors from Simplex Grinnell and that they were there to complete a fire

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ADMINISTRATIVE	Final Case Status:		Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unbanded						<input type="checkbox"/> Victim Advocate		<input type="checkbox"/> Tried		<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline		Date:		Time:		<input type="checkbox"/> FOIC / NCIC Entry		<input type="checkbox"/> T.T. BOLO		Date:		By:	
	<input type="checkbox"/> CAC		Spoke With:				<input type="checkbox"/> FOIC / NCIC Cancel							
	Connecting Report Number		Agency		Additional Forms Attached:		<input checked="" 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>Statements</u>			
Officer Reporting - Printed				Officer Reporting - Signature				ID, Number		Unit		Date		
Sasser, Jerry								7759		1K31		10-12-2012		
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID, Number		Unit		Date		

NARRATIVE / SUPPLEMENT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement
10-12-2012	1331	10-12-2012	14	120029968		1

NARRATIVE / CONTINUATION

11 inspection. The male voice yelled back, "wait, I am up here sleeping." Paige advised that he could hear sounds as if someone was getting
 12 dressed. Paige stated that he and Parsons waited on the stairs for a few minutes before the male voice yelled, "come on up." Paige and Parsons
 13 walked upstairs where they made contact with Jones who attempted to hand Paige a fire extinguisher from the wall. This is when Paige told Jones
 14 that Paige needed to enter the fire pump room. Jones walked down the stairs and out the door as Paige and Parsons entered the fire pump room.
 15
 16 Once inside of the locked room, Paige and Parsons discovered a young female hiding behind some AC-duct work at which time the female ran out
 17 of the room. Paige thought this to be suspicious at which time he left Parsons and went to report the incident to Wallace. As Paige and Wallace
 18 were returning to building #14, Paige pointed out Jones who was also walking back near building #14. Wallace advised Jones to report to his
 19 office and to wait for Wallace to make contact with him. Paige walked Wallace up the stairs and through the fire pump room where the young
 20 female was discovered. Afterwards, Wallace left returning to his office to make contact with Jones. Paige and Parsons exited the fire pump room
 21 and entered another room in order to complete their inspection. As the two entered the second locked room upstairs, Paige made contact with the
 22 same young female who was crouched down and hiding in the dark. Paige then escorted the female to Wallace's office.
 23
 24 Wallace spoke with Jones who advised him that he was approached by XXXX(O2) after 3rd period and she asked him to help her skip class and
 25 that he was upstairs "helping her skip". Wallace advised Jones to leave campus immediately and that this would be reported to professional
 26 standards through the Volusia County school board. Jones left the campus as XXXX was brought into Wallace's office by Paige. Wallace then
 27 escorted XXXX to the discipline office where she was sent home reference skipping classes. XXXX completed a sworn, written statement
 28 advising that she asked Jones to help her "skip class" because she had homework to do. XXXX then stated that Jones and XXXX walked over to
 29 building #14 where Jones unlocked the outside door. The two entered building #14, walked upstairs, and Jones then unlocked a second door for
 30 XXXX to hide and skip school. She advised as Jones was unlocking the second door, the lights came on and Jones told her to "stay there" so
 31 that she would not get caught. XXXX hid in the fire pump room where she was first contacted by Paige and Parsons. She then stated that she
 32 ran out of that room and into another room to "hide".
 33
 34 Deputy Sasser investigated the area upstairs and the fire pump room where Wallace advised the incident occurred. At the top of the stairs,
 35 Deputy Sasser discovered freshly chewed bubble-gum and a silver ring lying on the floor where Paige advised the sounds of "someone dressing"
 36 were coming from. While upstairs, Deputy Sasser had to use a key to enter both rooms due to the fact that they were locked from the outside.
 37 Nothing was discovered inside of either room where XXXX was discovered hiding. Deputy Sasser returned to Wallace's office where Wallace
 38 advised Deputy Sasser that he has had his suspicions reference Jones' relationship with XXXX for a couple of years now. He also stated that he
 39 has counseled Jones on his relationship with XXXX in the past due to rumors surfacing about Jones and XXXX.
 40
 41 XXXX and Jones left the campus prior to the arrival of Deputy Sasser. Paige, Parsons, and Wallace completed sworn, written statements
 42 reference this incident. Deputy Sasser contacted his supervisors to notify them of the situation at which time he was advised to complete an
 43 information report and forward the report to the VCSO District-3 Investigations Office. Deputy Sasser did not make contact with either Jones or
 44 XXXX. Nor was XXXX's parents contacted by Deputy Sasser. Nothing was seen by either witness, only sounds that were heard. Deputy Sasser
 45 completed the report and submitted all of the statements regarding this incident.
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 47
 48 Case Status: Closed

ADMINISTRATIVE

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 / NOC Entry	<input type="checkbox"/> T.T. BOLO
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NOC Cancel	Date:
Connecting Report Number	Agency	Additional Forms Attached:	<input checked="" 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>Statements</u>	
Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Sasser, Jerry		7759	1K31	10-12-2012
Officer Reviewing - Printed (if Applicable)	Officer Reviewing - Signature (if Applicable)	ID. Number	Unit	Date


NARRATIVE / SUPPLEMENT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original
10-17-2012	1035	10-12-2012	14	120029988	2. Supplement 2

1 Deputy Sasser made a mistake in the original report that was taken on 10/12/12. Deputy Sasser was advised by Wallace(R1) that he had
 2 counseled Jones(O1), prior to this incident, reference to rumors of Jones being unprofessional with students "in general". It was being reported to
 3 Wallace that Jones would allow students to refer to him by his first name and Wallace advised Jones, as he did the entire Seabreeze staff, to
 4 remember to be professional and always be mindful of this when communicating with the student body. At no time did Wallace counsel Jones in
 5 reference to Jones' relationship with XXXX(O2). Deputy Sasser misunderstood the original conversation that took place between himself and
 6 Wallace.

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NARRATIVE / CONTINUATION

Final Case Status: 5	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	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel
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: _____	Date: _____ By: _____
Officer Reporting - Printed Sasser, Jerry	Officer Reporting - Signature 	ID. Number 7759
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	Unit 5K31
		Date 10-17-2012