

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:		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			6. Disaster Victim			Foul Play Suspected?			Missing Before?			Fingerprints Available?			Photo Available?			Dental Record Available?														
1. Runaway			2. Parents			3. Involuntary			4. Disabled			5. Endangered			7. Voluntary Adult			8. Unknown			1. Yes			2. No			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		Subject Code		Code #		Subj. Type		Name (Last)		(First)		(Middle)		Race		Sex		Ethnicity													
	1. #1		3. Both		S-Suspect		V-Victim																									
	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											
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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)																					
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1. Runaway			2. Parents			3. Involuntary			4. Disabled			5. Endangered			7. Voluntary Adult			8. Unknown			1. Yes			2. No			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 05-17-2013 Deputy Igo was dispatched to the Volusia County Branch Jail (1300 Red John Drive, Daytona Beach) in reference to a possible
2 baker act. Upon arrival Deputy Igo made contact with the jail staff.
3
4 The jail staff advised the subject, [REDACTED] (V1), was scheduled to be released from the jail but one of the jail's medical screeners advised she
5 needed to be Baker Acted. Deputy Igo made contact with [REDACTED], who was still within her holding cell. Deputy Igo attempted to speak with [REDACTED]
6 but she did not acknowledge him and simply sat still with her eyes closed. Deputy Igo attempted to speak with [REDACTED] several times but she
7 refused each time. Deputy Igo then requested to speak with the medical screener who requested her to be placed under a Baker Act, but the staff
8 advised she had gone home for the evening. Deputy Igo advised [REDACTED] did not meet Baker Act criteria at the time unless the medical screener
9 could provide a statement about her findings. The staff advised they would attempt a voluntary Baker Act and Deputy Igo left the scene.
10

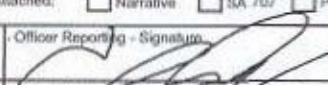
ADMINISTRATIVE	Final Case Status:		Final Case Status Codes:		1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded					<input type="checkbox"/> Victim Advocate		<input type="checkbox"/> Trial		<input type="checkbox"/> SA Referral			
	<input type="checkbox"/> DCF Hotline		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry		<input type="checkbox"/> TT BOLO		Date:		By:				
	<input type="checkbox"/> CAC		Spoke With:		<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: _____
Officer Reporting - Printed					Officer Reporting Signature					ID. Number		Unit		Date			
Igo, Christopher										7746		1A33		05-17-2013			
Officer Reviewing - Printed (If Applicable)					Officer Reviewing Signature (If Applicable)					ID. Number		Unit		Date			

NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-17-2013	Report Time 2206	Orig. Reported Date 05-18-2013	Nature of Call (for Incident) BAKER	Agency Report Number 130013539	1. Original 2. Supplement 1
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11 Deputy Igo was dispatched back to the jail at approximately 2210 hours for the same subject. The staff advised they could now provide the contact
 12 information for the medical screener who requested the initial Baker Act. The staff provided Deputy Igo with the phone number of Gina Birt (W1)
 13 and Deputy Igo contacted her via cell phone.
 14
 15 Birt advised [REDACTED] was very delusional and did not know where she was. Birt advised she spoke with [REDACTED] family members from the northern
 16 states and they advised [REDACTED] had numerous mental illnesses. Birt advised [REDACTED] refused to provide any information for her medical screening
 17 and refused to take her prescribed medications. Birt believed [REDACTED] posed a risk to her own health and safety.
 18
 19 Based on the additional information provided to him by Birt, Deputy Igo placed [REDACTED] into protective custody under the Baker Act. The jail staff
 20 assisted Deputy Igo to secure [REDACTED] and escorted her to his patrol vehicle due to her violent tendencies. [REDACTED] was admitted to the jail for
 21 resisting officers with violence on 05-16-2013. Deputy Igo transported [REDACTED] to Stewart Marchmann Act (1150 Red John Drive, Daytona Beach)
 22 without incident.
 23
 24 At approximately 2352 hours Deputy Igo was dispatched back to 1150 Red John Drive, Daytona Beach to assist rescue personnel with [REDACTED].
 25 Central dispatch advised [REDACTED] had become combative and uncooperative. Deputy Igo arrived on scene and observed [REDACTED] was calm and was
 26 not combative. Act staff requested [REDACTED] to be transported to Halifax hospital and she was transported by EVAC 43. Deputy Igo escorted EVAC
 27 to Halifax hospital where [REDACTED] was taken to her room by security. Deputy Igo took no further action regarding this incident.
 28
 29 CASE STATUS: CLOSED

NARRATIVE / CONTINUATION

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 <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> TT BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Spoke With: _____	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 Igo, Christopher	Officer Reporting - Signature 	ID. Number 7746	Unit 1A33	Date 05-17-2013	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		