

VOLUSIA COUNTY SHERIFF'S OFFICE

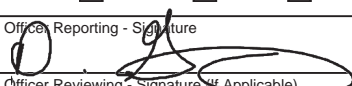
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INCIDENT REPORT

EVENT DATA	<input 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 _____		Agency Report Number 140018980	
	Agency ORI Number FL0640000				Zone # 35	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2
	Reported: Day Saturday	Date 07-12-2014	Time (mil.) 1749	Time Dispatched (mil.) 1749	Time Arrived (mil.) 1809	Nature of Call (Report Type) 37A Attempted Suicide
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day Saturday	Date 07-12-2014	Time (mil.) 0200
CODES	Offense #1 9		Statute Violation Number 77777777		Description Death/Missing Person/All other non-crimes	
	Offense #2		Statute Violation Number		Description	
	Incident Location (Street, Apt. Number) 1300 RED JOHN DRIVE				City DAYTONA BEACH	
	Business Name / Area Identifier VOLUSIA COUNTY BRANCH JAIL				Zip 32124	
VICTIM/WITNESS	Business Name / Area Identifier VOLUSIA COUNTY BRANCH JAIL		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	Forced Entry 1. Yes 3. Attempted 2. No
	Location Type 19		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
	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
	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
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1 R	# 1	V. Type 2	Nature of Call (for Victim, if different from Incident) INVESTIGATOR D VANIS
	Address (Street, Apt. Number) 125 W NEW YORK AVE SUITE 183		City DELAND		State FL	Zip 32720
	Business/School/Other Address (Street, Apt. Number)		City DELAND		State FL	Zip 32720
	Other Contact Info (Time Available, Interpreter, etc.) FAX (386) 626-6618		Synopsis of Involvement VCBJ INTERNAL AFFAIRS INVESTIGATOR			
VICTIM/WITNESS	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth	Age	Ethnicity N
	Res. Type 2	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship
	Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1 W	# 1	V. Type 2	Nature of Call (for Victim, if different from Incident) OFFICER J YOUNK 1229
	Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL		State FL	Zip 32124
VICTIM/WITNESS	Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH FL		State FL	Zip 32124
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement OFFICER WHO DISCOVERED V1			
	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth	Age	Ethnicity N
	Res. Type 2	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 1 W	# 2	V. Type 2	Nature of Call (for Victim, if different from Incident) OFFICER K KISNER 1128
	Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL		State FL	Zip 32124
	Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH FL		State FL	Zip 32124
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement OFFICER WHO REMOVED V1'S PROPERTY FROM CELL			
VICTIM/WITNESS	If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth	Age	Ethnicity N
	Res. Type 2	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship
	Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1 W	# 3	V. Type 2	Nature of Call (for Victim, if different from Incident) SERGEANT STORMER 969
	Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL		State FL	Zip 32124
VICTIM/WITNESS	Business/School/Other Address (Street, Apt. Number)		City DAYTONA BEACH FL		State FL	Zip 32124
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement OFFICER WHO FOUND THE LETTER INSIDE V1'S PROPERTY			
	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth	Age	Ethnicity N
	Res. Type 2	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 1 V	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) SPEARS CHAD W
	Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL		State FL	Zip 32124
	Business/School/Other Address (Street, Apt. Number) 119 ARROYO PKWY		City ORMOND BEACH FL		State FL	Zip 32174
	Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
VICTIM/WITNESS	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 06-15-1981	Age 33	Ethnicity N
	Res. Type 3	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship

INCIDENT REPORT (CONT.)

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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.											
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:		
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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 07/12/2014 at 1749 hours, Deputy Gray responded to the Volusia County Branch Jail located at 1300 Red John Drive, Daytona Beach in 2 reference to a possible suicide attempt. Upon arrival, Deputy Gray made contact with D. Vanis (R1) who works as an internal affairs investigator 3 for the jail. Investigator Vanis advised on 07/11/2014 at approximately 2026 hours, Inmate Chad Spears (V1) was found laying on the floor in his 4 cell (D block #8) by Officer J. Younk #1229 (W1). According to Officer Younk's report, Spears' breathing seemed irregular and his only response 5 were faint grunts so a "Code Blue" for medical assistance was called. Officer Younk advised Spears was subsequently escorted by wheel chair to 6 medical for further observations. 7											
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"/> T.T. BOLO		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 Gray, Donald				Officer Reporting - Signature 				ID. Number 7828		Unit 1B33	
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit	
										Date 07-12-2014	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

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EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement	1
	07-12-2014	1749	07-12-2014	37A	140018980			

NARRATIVE / CONTINUATION

8 Investigator Vanis advised while being monitored by the jail's Registered Nurse; C. Moore (W4), Spears medical condition declined. Investigator

9 Vanis indicated due to Spears medical issue, Spears was transported by EVAC to Halifax Medical Center at approximately 0200 hours for further

10 evaluation. Investigator Vanis said at approximately 0950 hours, Officer K. Kisner #1128 (W2) entered Spears cell and removed a plastic bag

11 containing property belonging to Spears. Officer K. Kisner placed the property bag in the clinic for safekeeping.

12

13 At approximately 1610 hours, Sergeant Stormer 969 (W3) inventoried Spears' property bag. During this time, Sgt. Stormer located a folded note in

14 the bag that Spears wrote. The note talked about the pain he is in and the pain he has caused. It also talked about not wanting to hurt anymore.

15 Additionally, Spears says goodbye to friends and family. Sgt. Stormer further advised the letter did not specifically mention suicide or how he

16 would die. Sgt. Stormer stated Spears ended the letter by saying I love you and goodbye. Sgt. Stormer stated after discovering the letter, he

17 secured Spears' property in the Shift Commander's office.

18

19 During the investigation, Investigator Vanis advised Spears' medical condition is still declining. Deputy Gray provided Sergeant T. Savercool with

20 his preliminary investigation which she in return notified Investigator A. Calkins. Investigator Calkins later responded to the scene and took over

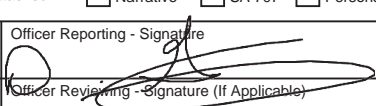
21 the investigation.

22

23 Deputy Gray took no further action regarding this case.

24

25 Case status: Active/CID

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 / NCIC Entry	<input type="checkbox"/> T.T. 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						
Gray, Donald					7828	1B33	07-12-2014						
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date						