	Juvenile		Hate Crime	e / Exploitation				INCIE	DEN	TRE	PORT			Agency Rep	ort Nun	Pag	e <u>1</u>	of	4Pages
	Gang Domestic Viol	lence VOI	,	e / Exploitation										14001898					
	Endangered /	Other				ency ORI I							Zone #			Telephone H Call? (T.H.C.		1. Yes 2. No	
	Reported: Day	Date	Time (m	il.) Time [Dispatched			Arrived (mi	il.)	Time Co	ompleted (mil.)			Call (Report	Гуре)	Ouii. (1.1.1.0.		2.110	
	Saturday Incident Type:	07-12-20		1749	a sida atı Da	D	1809	T:	(:1)		I I Davi		37A	Attemp					
	1. Felony 2. Traffic Felony	Misdeme Traffic Misdeme	9. (ncident: Da From Saturd	´	ate 7-12-201		me (mil.) 200)	TO Saturo	lav	Date	2-2014	Time (1749	mii.)	- Day - Night	uring: U - Unkno	wn N
Ι¥	Offense	Type Statute	e Violation Nun	nber	Cuturu	<u>uy 101</u>	12 20	Description	on				•		11 10		A -	Attempted	Ι.
DA		9 77777 Statute	7777 e Violation Nun	nber				Death/N Description		Persor	n/All other no	on-crim	ies					Committed Attempted	<u> </u>
EVENT DATA	#2 Incident Location ((Street Apt No.	mhor)							City						Zip		Committed	
EVE	1300 RED JOH		mber)							,	ONA BEAC	Н				32124			
	Business Name / /	Area Identifier		# Prem. Er		Drug Relat D. N/A 1.			nol Relat A 1. Ye		Forced Entr		ed	Arson-Inha		3. Abandoned	1 /	Arson-Atten 1. Yes	
	VOLUSIA COL Location Type	JNTY BRAN Location Type					No 0		2. No	0	2. No			2. Unoccu				2. No	
		01.Residence-	Single 05.C	onvenience Stor		permarket			k/Financi mercial/	ial Inst. Office Blo		t/Public E		1.Airport 2.Bus/Rail Te	rminal	25.Parking L 26.Highway/l			Notor Vehicle
		03.Residence/0		iquor Sales ar/Nightclub	11.Sp	ecialty Sto ua Store/H	ore	15.Indus	strial/Mfo age	g.	19.Jail/F 20.Relic	Prison aious Bld		3.Constructio		27.Park/Woo 28.Lake/Wat		eld 88.U 99.O	Inknown Other
	V/W Code V-Victim N-	I.	Victim/Subject		Addre	ess/Phone	Туре	Magaga	D.I	Dogor	Race W-White C	Oriente	al/Anion	Sex M Male	Resid	lence Type 3. Florida		Residence S 0. N/A	Status
၂ တ	W-Witness O-	Other	1. Juvenile 2. L.E. Officer	Government	C. Ce	ell	N.	Message Next of Kir	n S. S	Pager School	B-Black L	J-Unknov		M-Male F-Female	1. Cit	y 4. Out-of-	State 1	1. Full Year 2. Par. Year	
CODES	R-Reporting Pers Means of Attack		3. Adult	9. Other Extent of	H. Ho	ome	0.	Other	V. \	Vacation	I-American I	ndian		U-Unknown Domestic	2. Co		3	3. Non-Resi	dent
5	F-Firearm K-Knife/Cutting		Dangerous	00.N/A	03.	Laceration Unconscio			oss. Inte	rnal Injur		sions/Bru isible Inju		1. Yes		S-Spous P-Parent	e B-S	Sibling Other Family	Z-Other
				02.Stabb		Poss.Brok	en Bones	08.B	urns			r Serious	Injury	2. No	First)	C-Child		Co-Habitant	(Middle)
SS	Offense Indicato 1. #1 3. Both 2. #2		/ Code #	V. Type	ivalure or	Call (IOI V	ictim, ii uii	nerent non	i iricider	11.)	INVESTIG.		•	,	riisi)				(Middle)
ES	Address (Street, A	Apt. Number)		<u></u>						City	•	State	D VAIN	Zip			sidence Ph		
VICTIM/WITNE	125 W NEW Y Business/School/0			ımber)		City		5	State	DELA	Zip	FL		327 Address T		(38 Business/Scho	6) XXX- ool/Other F		Phone Type
M	011 0 1 11 1														((386) 740-5	120		В
CT	Other Contact Info FAX (386) 626	•	e, Interpreter,	etc.)				1 '	•	nvolveme ERNAL	ent AFFAIRS IN	NVEST	IGATOF	₹					
>	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth		Age	Ethnicit N	у	Res. 7	Гуре	Res. Status	Means	of Attack	Extent of	Injury	Domestic V	iolence	Relations	ship
	Offense Indicator	V/W	/ Code #	V. Type	Nature of	Call (for V		fferent from		nt)	Name (Last/l	Business	5)	(First)				(Middle)
VICTIM/WITNESS	1. #1 3. Both 2. #2 Address (Street, A	1 W	1	2						City	OFFICER .	J YOU State	NK 122	9 Zip		Do	sidence Ph	hono	
	1300 RED JOI	HN DRIVE								,	ONA BEAC			3212		(38	6) 254-1	1540	
\mathbb{N}	Business/School/0	Other Address (Street, Apt. Nu	ımber)		City		8	State		Zip			Address T	ype	Business/Scho	ol/Other P	Phone	Phone Type
TIN	Other Contact Info	(Time Availabl	e, Interpreter,	etc.)				1 '		nvolveme									
) 	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit		Res. 1		Res. Status		of Attack	Extent of	Injury	Domestic V	iolence	Relations	ship
Н	1, 2, or 3 Offense Indicator	W LV/M	M / Code #	V. Type	Nature of	Call (for V	N ictim if dif	fferent from	2	nt)	1 Name (Last/l	Rueinees	.)		First)				(Middle)
SS	1. #1 3. Both		/ code #	2	rvature or	Call (IOI VI	ictim, ii dii	nerent non	incidei	11)	OFFICER				1 1131)				(wildule)
NES	Address (Street, A									City	•	State		Zip			sidence Ph		
MIT	1300 RED JOH Business/School/0		Street, Apt. Nu	ımber)		City		5	State	DAYI	ONA BEAC Zip	HFL		3212 Address T		Business/Scho	66) 254-1 ool/Other F		Phone Type
VICTIM/WITNE	Other Contact Info	(Time Availahl	e Interpreter	etc)				Syno	nsis of l	nvolveme	ent								
ICT								OFF	ICER \	WHO R	REMOVED V								
>	If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth		Age	Ethnicit N	у	Res. 1	Гуре	Res. Status	Means	of Attack	Extent of	Injury	Domestic V	olence	Relations	ship
	Offense Indicator 1. #1 3. Both		/ Code #	V. Type	Nature of	Call (for V	ictim, if dif	fferent from	n Inciden	nt)	Name (Last/l	Business	s)	(First)	•			(Middle)
VICTIM/WITNESS	2. #2 Address (Street, A	1 W	3	2						City	SERGEAN	NT STC State		969 Zip		Res	sidence Ph	hone	
ΙĒ	1300 RED JOI	HN DRIVE				0.11				,	ONA BEAC			3212		(38	6) 254-1	1540	
N	Business/School/0	Other Address (Street, Apt. Nu	imber)		City		8	State		Zip			Address T	ype	Business/Scho	ol/Other F	Phone	Phone Type
ΙĘ	Other Contact Info	(Time Availabl	e, Interpreter,	etc.)				1 '		nvolveme				DE VAIS D		DTV			
>	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit		Res. 1		OUND THE Res. Status		of Attack	Extent of		Domestic V	iolence	Relations	ship
	1, 2, or 3 Offense Indicator	W V/W	M / Code #	V. Type	Nature of	Call (for Vi	N ictim, if dif	fferent from	2 n Inciden	nt)	Name (Last/l	Business	s)		First)				(Middle)
SS	1. #1 3. Both 2. #2		1	3							SPEARS				HAD				w
NË.	Address (Street, A									City	ONA BEAC	State		Zip 3212	 D4		sidence Ph 6) 254-1		
MI	Business/School/0	Other Address (Street, Apt. Nu	ımber)		City			State	ארוו	Zip			Address T		Business/Scho			Phone Type
IM.	119 ARROYO Other Contact Info		e, Interpreter.	etc.)		ORN	MOND B	SEACH F		nvolveme	32174 ent			0					
VICTIM/WITNESS						ΙΔ						Macc	of A#'	Future 1	Ini	Dema-#- 1	iolo===	Delette	hin
	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 06-15-1981		Age 33	Ethnicit N	у	Res. 1	ype	Res. Status	iviearis	of Attack	Extent of	irijury	Domestic V	OICHUCE	Relations	אוויפ

							IN	CIDE	NT R	EPOF	ХТ ((CONT.))				Page_	2	_ of	4 Pages
	1.#			ictim		ode #	Subj. Ty	pe Name	e (Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. # Da	te of Birth	D-Defendant (I Age To Age	Missing Persor Height		Height	Weight	To	Weight	Eye Colo	or		Hair Color			Mai	den Name	1		
	Nic	ckname / Street Name			Place of I	Birth - C	City	County		State	En	nployer/Other	r/School				Occupat	ion		
	La	st Known Address (Stree	et, Apt. Number)				City		S	tate	Zip	0		Addres	s Type	Phon	e			Phone Type
	Otl	her Address (Street, Apt	. Number)				City		S	tate	Zip	0		Addres	s Type	Phon	е			Phone Type
NO	Dr	iver's License State/Nun	nber			Social Sec	curity Numb	per			Other	r ID Number						III	D Type	
SECTION	Clo	othing (Describe)							Scars	/Marks/Tatt	oos (Typ	pe/Describe)			Scars/I	Marks/	Tattoos (Typ	e/Describ	oe)	
	На	ir Length /Style	/ Skin	/ Buile	<u>/</u>	Facia	/ al Features	3			Speecl	h/Voice	Deformity					0	Slasses	
SUBJECT / MISSING		/ / Demeano	r Mask	Weapon Ty	ре							/			ubject Wa	as Alrea			arrant Fro	om:
MIS	If 8	Subject: / Date of Last Contact	Date of Ema	ncipation	/ Caut	ion	/ Caution R	Reason	1		/		If Arrest Personal I		Custody Tugs / Alc	2	. Yes !. No	2. 0	his Ager other Age	ncy
띥		May Be With:	Phy	sical Condition	:			Mental Co	ndition:			Doctor	Name:				Dentist Na	ame:		
UBJE	SSING	Incident Type			Fo	oul Play		Тм	issing Be	fore?		Fingerprints	S	Р	hoto Avail	lable?		Dental F	Record	
S	MISS	1. Runaway 2. Parents	6. Disaste Victim			uspected?	?		-	iore:		Available? 1. Yes			. Yes			Available 1. Yes	e?	
	Щ		7. Volunta Adult 8. Unknov	ĺ	2.	Yes No Unknown	,	2.	Yes No Unknowr	,		2. No			. No			2. No		
		I,		•	(Printed)	•	•					(Signature	e) certify	that I hav	ve repo	rted the abo	ve persoi	n as a m	ssing
	Offe	person; and this ager	ncy has my permission Subject Code	to enter this p	erson in a	a statewid	e alert.	pe Name	e (Last)			(First)	(- 3		(Midd		Race	Sex	_	nicity
	1. # 2. #	1 3. Both 2	S-Suspect V-Vi D-Defendant (I	ictim Missing Persor	1)					T			Lucioni							
		te of Birth	Age To Age	Height		Height	Weight		Weight	Eye Colo			Hair Color			IVIAII	den Name			
		ckname / Street Name	at Act Newbook		Place of I	Birth - C		County		State		nployer/Other	1/501001	Addes		Louis	Occupati	ion		
		st Known Address (Stree					City			tate	Zip			Addres		Phon				Phone Type
_		her Address (Street, Apt					City			tate	Zip			Addres	s Type	Phon	e			Phone Type
SECTION		iver's License State/Nun	nber			Social Sec	curity Numb	oer				r ID Number							D Type	
SEC		othing (Describe)	1	1	1		1		Scars	/Marks/Tatt		pe/Describe)			Scars/I	Marks/	Tattoos (Typ			
NG NG	На	ir Length /Style	Skin /	Buile		Facia	al Features /	3	1		Speecl	h/Voice /	Deformity	/			/		Slasses	
MISSING	If S	Subject: Demeano	r Mask	Weapon Ty	pe /		1		1		/		If Arrest		ubject Wa Custody	? 1	ady . Yes !. No	1. T 2. C	arrant Fro his Ager other Age	om: cy ncy
1/		Date of Last Contact	Date of Ema		Caut	ion	Caution R						Personal	Habits (D	orugs / Alc	cohol)				
SUBJECT	<u>G</u>	May Be With:	Phy	sical Condition				Mental Co				Doctor					Dentist Na			
SU	MISSING	Incident Type 1. Runaway 2. Parents	6. Disaste Victim	er		oul Play uspected?	?	M	issing Be	fore?		Fingerprints Available?	S	P	hoto Avail	lable?		Dental F Available		
	M	4. Disabled	7. Volunta Adult	·	2.	Yes No	1	2.	Yes No	ı		1. Yes 2. No	1		. Yes . No			1. Yes 2. No		ı
		5. Endangered	8. Unknov	wn	8.	Unknown	1	8.	Unknowr	1										
		person; and this ag	gency has my permis	ssion to enter		Printed).	statewide	e alert.					(Signature	e) certify	y that I h	ave re	ported the	above p	erson a	s a missing
	1		4 at 1749 hour															-		
l	2		a possible suici vestigator Vanis					-												_
NARRATIVE	3	_	#8) by Officer J						_								-	_		
RRA	5	,	ints so a "Code			. ,								•						
Σ	6	medical for fu	rther observation	ons.																
	7																			
Ш		nal Case Final Statu:	Case s Codes: 1.Arrest/A	Adult 2.Ar	rest/Juv.	3.Exce	eptional/Ad	lult 4.E	xceptiona	ıl/Juv. 5.	Closed	6.Unfound	ded		Victim Ad	vocate	Т	riad	SA	A Referral
	Ē	DCF Hotline					Date:	1	Γime:		╡	/ NCIC Entry		Т.Т. В	BOLO		Date	e:	l By	
ADMINISTRATIV	Co	CAC Spoke Innecting Report Number	e With: r Agency			tional Forr			704-	<u>L</u>		NCIC Cand		/Ta 0'		Other	Docarit			
INI	Off	ficer Reporting - Printed			^	office	Na Reporting -	rrative L	SA 70	ı∕ ∐ Pei	rsons	Property	/ Veh.	./Tow Sh mber	eet	Other	Describe:		Date	
ADI		ay, Donald	45.4					25	=				7828			1B33	3	(07-12-2	2014
	Off	ficer Reviewing - Printed	(If Applicable)			Officer	Reviewing	- Signature	(If Applie	cable)	1		ID. Nur	nber		Unit			Date	

						NARF	RATIVE / S	UPPLEMENT	•			Page3	of4Pages
EVNT		t Date 2-2014	Report Time	Orig. Reported Da		Nature of Call (for Incide	ent)	Agency Report Number					1.Original 2.Supplement 1
	8		tor Vanis advised	•			Registered Nur), Spea	rs medical	condition	on decline	<u> </u>
	9	Vanis inc	dicated due to Spe	ars medical is	sue,	, Spears was tran	sported by EV	AC to Halifax Med	lical Cer	nter at app	roximat	tely 0200 h	ours for further
	10	evaluatio	n. Investigator Va	nis said at ap	oroxi	mately 0950 hou	rs, Officer K. K	isner #1128 (W2)	entered	Spears ce	ell and r	emoved a	plastic bag
	11	containin	g property belong	ing to Spears.	Offi	cer K. Kisner plac	ced the propert	y bag in the clinic	for safe	keeping.			
	12												
	13	At approx	ximately 1610 hou	ırs, Sergeant S	Storn	ner 969 (W3) inve	entoried Spear	s' property bag. Di	uring thi	s time, Sg	t. Storm	ner located	a folded note in
	14	the bag t	hat Spears wrote.	The note talk	ed al	bout the pain he i	is in and the pa	nin he has caused.	. It also	talked abo	ut not v	vanting to	hurt anymore.
	15	Additiona	ally, Spears says g	goodbye to frie	ends	and family. Sgt. S	Stormer further	advised the letter	did not	specificall	y menti	ion suicide	or how he
	16	would die	e. Sgt. Stormer sta	ated Spears e	nded	I the letter by by s	saying I love yo	u and goodbye. S	gt. Stor	mer stated	after d	iscovering	the letter, he
	17	secured	Spears' property ir	n the Shift Co	mma	inder's office.							
	18												
	19	During th	ne investigation, In	vestigator Va	nis a	dvised Spears' m	nedical conditio	n is still declining.	Deputy	Gray prov	ided Se	ergeant T.	Savercool with
	20	his prelin	ninary investigation	n which she ir	ı retu	urn notified Invest	tigator A. Calki	ns. Investigator Ca	alkins la	ter respon	ded to t	the scene	and took over
	21	the inves	stigation.					_					
	22												
	23	Deputy 0	Gray took no furthe	er action regar	ding	this case.							
z	24	. ,	,	· ·	Ū								
0	25	Case sta	tus: Active/CID										
IUA													
Ś													
E / (
≥													
NARRATIVE / CONTINUATION													
NAF													
	Final (Final Case							П.			
	Status		Status Codes: 1.Arres	t/Adult 2.Arrest	/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounded		Victim Ad	vocate	Triad	SA Referral
ΜĦ		CF Hotline	Spoke With:			Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cancel	Ш	T.T. BOLO		Date:	By:
ADMINISTRATIVE	_	ecting Report I	· ·			onal Forms tached: Narrative	s SA 707	Persons Property	Veh./T	ow Sheet	Other De	scribe:	1
	Office	r Reporting - F	Printed			Officer Reporting - Signa			ID. Numb		Unit		Date
ADI		Donald					4		7828		1B33		07-12-2014
1			Printed (If Applicable)			Officer Reviewing - Sign:	ature (If Applicable)		ID. Numb	er	Unit		Date

					NARRA	ATIVE / S	UPPLEMENT		Page	1 of 6	Pages
	Report Date	Report Time	Orig. Reported Da		re of Call (for Incident)		Agency Report Number			1.Original	ant
	07-13-2014 1 On 07/ 2 for the 3 they re 4 suicide 5 Investig 6 7 Investig 8 case. Ir 9 Spears 10 Halifax 11 Investig 12 intervie	2/2014, at approximate approxi	mately 1948 h by Sergeant T nch Jail to make as was advised the following: Spears (V1) w dvised Spears the medical be a Beach and w ated interviews	37A ours, Invara Sav ara Sav are conta at of the s aras an ir aras an ir aras in cri aras in cri aras with the	vestigator Calkingercool. Upon an act with Investigate specifics by Department at the jail atted in his cell are his conditional conditional e on duty office	ns responde rrival, Investi ator Dave Va buty Gray at and had red and was suff continued to Investigator rs. Investiga	d to the Branch Ja gator Calkins madanis (R1) as he cor which time Investigations from unknown decline. Investigations advised Spettor Vanis advised I	e contact with Dontacted the Sheri gator Calkins ma ced to twenty fiven medical probletor Vanis advised ears possibly atternivestigator Calk	eputy Donald Griff's Office to repeade contact with e (25) years for a ems. Investigator d Spears was cure mpted suicide b ins was able to u	2.Supplemented to a recay, who advort a possible investigator a sexual bate. Vanis advisorrently locate y overdoes. Use his office	quest ised e Vanis. tery sed ed at
MINOAIION	15 are not 16 17 Investig 18 19 Officer 20 checks 21 Officer 22 segreg 23 was no 24 Lieuter 25 to the construction 26 Sergea 27 28 Investig 29 30 Sergea 31 observed	ator Calkins made verbatim. Investiga ator Calkins first m Younk stated on 07 he was advised by Younk observed Spation. Officer Younk responding he callant Mike Gallenkan linic. Officer Younk ht Brian King (W7) ator Calkins then not King advised he ded Spears lying on laspears advised per spears a	ade contact w 7/11/14 at apprint inmates to choears on the flood advised as held a code for advised he though packed up Sprade contact w responded to his back in the	er proce ith Office oximate eck on co or of the echecke assistan ed his p en searc ears bele ith Serg a code c cell with	er Jeffery Youning 2000 hours have 10 2000 hours 10 2000 ho	dings onto a k (W1) who he was on D pears was b counk advised he ink advised he and contrat were later se advised the hortly after 200 hup underne	disk and placed it is advised the following above the following are ing held. Officer in the following the following: Do hours in D Block the following:	into an evidence ing: a headcount. Off founk stated he the only person be breathing. Office arrived they we placed into a wh ble to locate anyt ficer Younk provi	icer Younk adviser to the cell and in his cell becauser Younk adviser able to sit Specelchair by mediching. Officer Younded a sworn verland advised he enter ears was moanir	ed while do d looked ins se he is in ed since Spe ears up while cal staff and unk stated he bal statemen	ing side. ears e d taken e and nt.
NAK	33 and tra 34 unable 35 King ac 36 station 37 38 Investic 39 40 Officer 41 hours t 42 does th 43 Younk 44 door fo 45 was ca 46	nsported Spears to to find anything. Se vised the only thing in D Block. Sergeal ator Calkins made Williams advised he did their normal e checks on the intervied at Spears of Officer Younk so I led. Officer William	the clinic. One ergeant King are gs they didn't to the King providence contact with Comments and Officer of I head count. Officer cell number eigne could check s advised a sh	te Spear dvised hake were ed a swo officer Tr Younk ar Officer W Williams of (8) he on Spe ort time	rs was removed the and Officer Yee the county issuern verbal states from Williams (Were partners and Williams advised office extarted to call states and the condition. Of later medical states and the condition of the condition of the condition of the condition of the county of the	If from the ce founk then p sued sheets ment. 6) who advis were workin I he stands i ir Younk che Spears nam Officer Younl taff arrived a	ell he and Officer You acked up Spears be and blankets. Serg sed the following: g D Block on 07/11 nside the officer stacked cells one through the because he was a advised Officer Wand transported Sp	ounk searched the lelongings and pleant King advised 1/14. Officer Will atton and control ough seven and following on the flow williams that Specears from the blow of the learn from the learn from the blow of the learn from the	he cell for contra laced them into a ed he left the bag iams advised at is the doors while found no problen or. Officer Williar ars was unrespo	band but we a bag. Serge at the office approximate a Officer Youns. When Officer sthen opensive and a	ere eant er's ely 0800 unk fficer ned the code
- 1	48 it was s 49 he neve 50 stateme 51 52 Investig 53 54 Lieuten 55 unresp 56 contact 57 Lieuten	Williams advised he ome time after hea er went through the ent. ator Calkins made ant Gallenkamp ad posive in his cell whe with Spears. Lieute ant Gallenkamp be ant Gallenkamp ad	dcount. Office property since contact with L vised the code lile doing a he enant Gallenka gan verbal dia	r William e it had be deutenar e was ca ad count amp adv log with	ns advised he poeen gone throught Gallenkamp was alled shortly after t. Lieutenant Garised Spears was Spears who ad	laced the prough by Office who advised or 2000 hours allenkamp allows lying on the lossed he controlled the controlled by the controlled the controlled by t	perty inside Spea er Younk and Serge the following: s. Lieutenant Galle ong with multiple of e floor with a pillow uldn't keep anythin	rs medical cell ir eant King. Office nkamp advised a other officers res v under his back g down and that	an the clinic. Office or Williams provide an officer had for ponded to cell 10 while resting his he had been thr	er Williams a led a sworn und an inma 08 and mad s head on a owing up.	te e book.
	Final Case Status:	Final Case Status Codes: 1.Arres			-	Exceptional/Juv.	5.Closed 6.Unfounded		Advocate Triad		eferral
<u>}</u>	DCF Hotline	Spoke With:			Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cancel	T.T. BOLO	Date:	By:	
	Connecting Repo			Additional F Attached		SA 707	Persons Property	Veh./Tow Sheet	Other Describe:	1	
	Officer Reporting		1	Offic	cer Reporting - Signatur	те		ID. Number	Unit	Date	
₹	Calkins, Andre Officer Reviewing	V - Printed (If Applicable)		Offic	cer Reviewing - Signatu	re (If Applicable))	7929 ID. Number	1F96 Unit	07-13-201 Date	14

						NARR	ATIVE / S	UPPL	EMENT.	•		F	Page 2	of6	Pages
EVNT	'	t Date	Report Time	Orig. Reported Date		e of Call (for Inciden	nt)		eport Number					1.Original	. 1
<u>Ш</u>	_	3-2014 officers	0340 Spears was placed	07-12-2014	37A 	····	·vvvvvvvv	1400189			· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	2.Suppleme	
	60 61 62 63 64 65 66	he was to Lieutena in the aft camera to do not care	Appears was placed (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX Lieutenant Galle vised when he of t Gallenkamp a ve the officers to the Spears' was l	XXXXX enkamp came badvised table and ocated.	XXXXXXX. Losuspected Stack to work or there are no oddican only zo Lieutenant (Lieutenant Ga Spears may ha n 07/12/14 he cameras that om into each Gallenkamp a	llenkam ave over learned capture pod. Th dvised o	p advised to dosed and I a suicide either of S e medical to once Spear	they the I had off note ha pears' c facility h	n assisted icers seared been fou ells. The Eastwo care the clinic	Spears ch the cound in Spontage in Spears in S	into a whell. Dear's prosonly equat face dodition confi	eelchair a perty son uipped wit	and metime ith one vays but
	ı	Investiga	ator Calkins made	contact with the	jail's nu	urse, Nurse C	Crystal Moore	(W4), w	ho advised	d the foll	owing:				
	72 73 74 75 76	condition Moore a past for t Nurse M	oore advised the L n was lethargic but dvised Spears vital the same issues. N oore advised his vi decided to give Sp	he was alert ar I signs were not Iurse Moore ad ital signs were	d orient mal so vised at still norr	ted. Nurse M they sat him some point on the some bear the some the	oore advised in a cell to moduring the nigolood pressure	she gav onitor hii ht Spea and ox	re Spears (m. Nurse M rs started to ygen good	Gatorado Moore ad o hyper . Nurse	e in his cel dvised Spe ventilate X Moore cor	II becaus ears has XXXXXX nsulted v	se he was been to to XXXXXX vith the nu	s thirsty. Note that the clinic in the clini	Nurse in the XXX. stitioner
7	79 80 81	him. Nur after that	oore advised at ap se Moore advised t phone call XXXX Nurse Moore advi	at approximate	y midni (XXXX)	ght she made XXXXXX the	e contact with decision was	the doo made a	tor and adv t approxima	vised hii ately 01	m of the si 15 hours t	tuation.	Nurse Mo	ore advis	sed
CONTINUATION	84 85	last time refused I	oore showed Investigation Spears took any notes that the second s	nedication was the entire day	on the 1	10th at night. 1th and that I	The med pas	s is app n was wi	roximately thheld. Nu	at 2030 rse Mod	hours. Nu	ırse Mod	ore advise	ed Spears	3
_	88 89	Investiga	ator Calkins made	contact with Se	geant \	Willie Jenkins	s (W9) who ac	lvised th	e following	j:					
NARRATIVE	90 91 92 93 94	on the flo Sergean bag to the examine	t Jenkins advised hoor with his head of the Jenkins advised reclinic. Sergeant inmates. Sergeant erty stayed behind	n a book and a medical arrived Jenkins advised t Jenkins advise	t-shirt uand that he had d the c	under his bac at Spears' wa d contact with charge nurse	k. Sergeant J s removed from Spears thou was calling to	enkins a om the co ght out to get Spe	advised Speell. Sergea the night beears more a	ears wa int Jenki ecause l assistan	s sluggish ns advised he opens t	but was d Sergea the doors	answerir ant King b s for the n	ng question Prought Spanurses wh	ons. pears nile they
	97 98	Investiga	ator Calkins was ur	nable to intervie	w Wate	ers, Officer Ki	sner and Ser	geant St	ormer due	to them	being on	day shift	and not o	on scene.	
	100		ator Vanis advised	•											
	102		ator Calkins respon		•				•						Ü
	104 105	XXXXXX medicati	argarette advised ((XXXXXXXXXXXXXX ons. Nurse Margar tte advised Spears	XXXXXXXXXXXX ette advised ba	XXXXX sed on	XXXXXXXXXX the drugs Sp	XXXXXXXX ears was taki	X. Nurseing and l	e Margarett how he wa	te advis	ed the toxi	cology re	eport doe	s not cov	er all
	109 110 111 112	Upon rev	view of the note Inv	vestigator Calkins. The note go	ns obse es on to	erved Spears o say afterwa	had intent to rds that Spea	harm hir rs feels	hurt that he	e messe	d their live		of the no	ote are be	elieved
	114 115	The office	n the interviews co	sponsive male i	nside hi	is cell and ca	lled for assist	ance. Ba	ased on the	e officers	_	ions the	y treated	it as a me	edical
11.1	Final (Status	Case	Final Case Status Codes: 1.Arrest				4.Exceptional/Juv.	5.Closed			Victim Ad	vocate	Triad	SA Re	eferral
RATIVE		CF Hotline				Date:	Time:		/ NCIC Entry		T.T. BOLO		Date:	By:	
S		AC ecting Report	Spoke With: Number Agency	Ac	ditional Fo	rms Narrative	SA 707	-	/ NCIC Cancel	Veh /T/	ow Sheet	Other Desc	cribe:		
Ξ	Office	r Reporting - I	Printed			r Reporting Signat	•	. 0.00110	· Topolty	ID. Numbe		Unit		Date	
ADMI		ns, Andrew r Reviewing -	Printed (If Applicable)		Officer	r Reviewing Signa	ture (If Applicable)	>		7929 ID. Numbe	er	1F96 Unit		07-13-201 Date	14
	I	-	•		1	/ V \				1		ı		1	

NARRATIVE / SUPPLEMENT

						INAKI	KATIVE / 3	OPPLEMENT			F	Page3_	of6	_Pages
닐	Repo	rt Date	Report Time	Orig. Reported D	ate	Nature of Call (for Incide	ent)	Agency Report Number					1.Original	
ا ڲ	07_1	3_2014	0340	07-12-2014		37∆		1/10018080						2
	07-1: 117 118 119 120	At the tin turned th	Report Time 0340 ne of this report Space case over to Disstrict 3 CID	07-12-2014 Dears was stil		Nature of Call (for Incide	ent)	140018980		to Spears t		ve Investi	of 6 1.0riginal 2.Supplement	•
ADMINISTRATIVE NARRATIVE / CON			Final Case Status Codes: 1.Arrest	t/Adult 2.Arres	st/Juv.	3.Exceptional/Adult Date:	4.Exceptional/Juv.	5.Closed 6.Unfounded FCIC / NCIC Entry FCIC / NCIC Cancel		Victim Ad	vocate	Triad Date:	SA Refe	erral
≣	Office	er Reporting - F	Printed		l	ttached: Narrative Officer Reporting	•	Persons Property	ID. Numb		Other Desc		Date	
릵		ns, Andrew				Cincer reporting a pign	uture	_	7929	,-o1	1F96		07-13-2014	
⋖			Printed (If Applicable)			Officer Reviewood Sign	nature (If Applicable))	ID. Numb	per	Unit		Date	
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ADDITIONAL PERSONS REPORT

																					Page .	4	_ of6	Pages
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	_	Code		00-10	Victim/S						hone Type		inpica oui	Ciuc	Race				Sex		ence Type	L	Resi	dence Status
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က္သ	W-W	Vitness	O-Oth	ier	1. Juven 2. L.E.O			Government Church	C. C	ell		N. Ne	xt of Kin S	S. School	W-W	/hite O-O	riental/Asiar	n	F-Female			t-of-State		ll Year irt Year
삐	R-Re	eporting Pe	erson		3. Adult	IIICEI		Other	Н. Н	lome		O. Oth	her V	. Vacatio	on B-Bla	ack U-U	nknown		U-Unknown	2. Cou	unty			n-Resident
CODES		ns of Attac						Extent of Inj	ury										Domestic Viol	ence	Victim R	elationshi		
$^{\circ}$	F-Fir	rearm		O-Other Da	angerous		- 10	00. N/A	03. I	Lacera			06. Poss.		Injury		ions/Bruises	3	1. Yes		S-Spous	se B-S	ibling	Z-Other
	K-Kr	nife/Cutting		H-Hands, F	-	Etc.		01. Gunshot 02. Stabbed			scious Broken Bor	nes	07. Loss of 08. Burns				sible Injury Serious Inju	n/	2. No		P-Paren		ther Fa	
\neg		nse Indica		V/W C			V. Tyr						from Incident)		Name (L	ast/Busines		. ,	(First)		C-Child	H-C	o-Habita	(Middle)
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က္က	2. #2		1	W	5	2	2							011	Gallenk		_		Mike		Louis	I Div		
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		00 Red J								City	,		State	DAYI	ONA BE	ACH FL		1 4	32124 dress Type	Other F		254-15	55	I Diversi Terri
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		nse Indica		V/W C			V. Tyr					erent f	from Incident)		Name (L	ast/Busines	ss)		(First)					(Middle)
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SS	2. #2 Addı	ress (Stree	t Ant Nu	mber)	6	2								City	Williams	Stat	ρ.		<u>Troy</u> Zip		Resid	lence Pho	ne	
삙		00 Red J		,										-	ONA BE				32124			XXX-X		
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	2. #2 Date	e of Birth		D-Defe Age	endant To A	$\overline{}$		Person) ight	To Heigh	nt I	Weight	Щ.	To Weight	Eye Co	olor		Hair Cold	or.	I Ma	aiden Nai	me			
	Date	, or billin		Age	107	ige			To Fielgi	"	weight	- 1	TO Weight	Lycoc	DIOI		Tiali Cold	JI .	IVIC	ilucii ivai	iic			
	Nick	name / Str	aat Name					Place	of Birth	Cit	hv	Cour	ntv	State	l Em	ployer / Sc	hool				Occupat	ion		
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	Last	Known Ad	dress (St	reet Ant N	Vumber)						City		Sta	ate	Zip			Δdd	dress Type	Phone				Phone Type
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	Ξ		nvoluntary	/		luntary	/	1	1. Yes 2. No		1		1. Yes 2. No		1	1. Yes 2. No	1		1. Yes 2. No		I	1. Yes 2. No		1
	느		4. Disabled Adult 5. Endangered 8. Unknown							nown			8. Unknown			2.110			2.140			2.190		
			5. Endangered 8. Unknown																•		•			
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		I,							_ (Printe	_							(Signatur	e) ce	ertify that I hav	e reporte	ed the abo	ove perso	n as a m	issing
		person; a	nd this aç	gency has	my permis	sion to	ente	r this person	in a stat	ewide	alert.													
z	Offic	er Reporti	ng - Printe	ed					Off	icer R	eporting -	signat	ure				ID. Nu	ımber		Unit			Date	
ADMIN	<u>Cal</u> k	kins, And	rew														7929			1F96			07-13-	2014
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ADDITIONAL PERSONS REPORT

EVNT	Repo	ort Date	Report Ti	me	Orig.	Reported Da	e N	ature of Call (for Incide	nt)						Agency	/ Report	Number		1.Origina	ıl ı
		3-2014	0340	I		2-2014	37			empted S	uicide	1-				140018				2.Supple	
	V/W V-Vio	Code ctim N-Ne	ext of Kin	Victim/Sub 0. N/A	4	. Business	В. В	dress/Phone [*] Business/Wor		essage	P. Pager	Race N-N/		American	Indian	Sex M-Male	1	dence Typ A 3. Flo		0. N/A	
ပ္ပ		/itness O-Ot		1. Juvenile 2. L.E.Offic		. Governmen . Church	t C.			ext of Kin	S. School	W-W		-Oriental/		F-Female		ty 4. Ou		1. Ful 2. Par	
CODES	R-Re	eporting Person		3. Adult		. Other		Home	O. O	ther	V. Vacation	n B-Bla	ack U-	-Unknowr		U-Unknown	2. Co	ounty			n-Resident
잉		ns of Attack				Extent of In		Laceration		06 Pos	ss. Internal Ir	niurv	09 Abra	asions/Br	iises	Domestic Vio	lence	Victim R S-Spous	Relationshi	p to Offei ibling	nder Z-Other
		earm nife/Cutting Inst.	O-Other Da	angerous Fists, Feet, E	ito	01. Gunsho	t 04.	Unconscious		07. Los	s of Teeth	·,·,	10. No \	Visible Inj	ury	1. Yes 2. No		P-Paren	t O-C	ther Fam	ily
\dashv		nse Indicator	V/W C		V. T	02. Stabbed		Poss. Broker I (for Victim, it		08. Bur from Incider		Name (La		er Serious ness)	Injury	(First)		C-Child	H-C	o-Habita	nt (Middle)
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S		ess (Street, Apt. N		10	J						City	vvalers	St	tate		Zip		Resid	dence Pho	ne	
Z		00 Red John Dr						0.11			DAYTO	ONA BE	ACH F	L		32124	Lau				
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낌								0.11		01-1-		71.				T	Louissa	Division			
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	1, 2,	or 3																			
	1. #1	se Indicator 3. Both	S-Sus		Victim		Code	# Subj.	Type N	lame (Last)			(First)			(Mic	idle)	Race	Sex	Ethn	icity
	2. #2 Date	of Birth	D-Defendant (Missing Perso f Birth Age To Age Height					ght Weig	ht L	To Weight	Eye Cole	or		Hair	Color	Ma	aiden Na	ame			
- 1	Nickr	name / Street Nam	е	•		Plac	e of Birth	- City	Cou	ınty	State	Em	ployer / S	School				Occupat	tion		
	Lact	Known Address (S	treet Ant N	Jumber)				City			State	Zip			Δd	dress Type	Phone				Dhone Tune
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띩	Drive	er's License State/l	Number				Socia	al Security Nu	ımber			Other	ID Numb	ber						D Type	
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ΞĮ		lotning (Describe)					/	/													
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