

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<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 150033345
Agency ORI Number FL0640000		Zone # 35
Reported: Day Saturday Date 12-19-2015 Time (mil.) 0253		Time Dispatched (mil.) 0254 Time Arrived (mil.) 0309 Time Completed (mil.) 0530
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other
Incident: Day From Saturday Date 12-19-2015 Time (mil.) 0147		TO Day Saturday Date 12-19-2015 Time (mil.) 0250
Offense #1 Type 9 Statute Violation Number 77777777		Description ATTEMPTED SUICIDE
Offense #2 Type _____ Statute Violation Number _____		Description _____
Incident Location (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH Zip 32114
Business Name / Area Identifier VOLUSIA COUNTY BRANCH JAIL		# Prem. Entered _____ Drug Related 0. N/A 1. Yes _____ 2. No 2
Location Type 19		Alcohol Related 0. N/A 1. Yes _____ 2. No 2
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
17. Gov't/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 88. Unknown 99. Other
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		P. Pager S. School 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. N/A 1. City 2. County		3. Florida 4. Out-of-State
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 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones
06. Poss. Internal Injury 07. Loss of Teeth 08. Burns		09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury
Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child
B-Sibling O-Other Family H-Co-Habitant		Z-Other
Offense Indicator 1. #1 2. #2		V. Type 1 3
Nature of Call (for Victim, if different from Incident) CRUZ CHRISTIAN E		Name (Last/Business) (First) (Middle)
Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Residence Phone _____
Business/School/Other Address (Street, Apt. Number) VOLUSIA COUNTY BRANCH JAIL		City DAYTONA BEACH FL State _____ Zip 32114 Address Type O Business/School/Other Phone _____ Phone Type _____
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement INMATE AT JAIL
If Victim Type 1, 2, or 3	Race W Sex M Date of Birth 07-23-1993 Age 22 Ethnicity H	Res. Type _____ Res. Status _____ Means of Attack _____ Extent of Injury _____ Domestic Violence _____ Relationship _____
Offense Indicator 1. #1 2. #2		V. Type 1 2
Nature of Call (for Victim, if different from Incident) SOPHIE THOMAS		Name (Last/Business) (First) (Middle)
Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Residence Phone _____
Business/School/Other Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Address Type B Business/School/Other Phone (386) 254-1555 Phone Type B
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement CORRECTIONS SUPERVISOR
If Victim Type 1, 2, or 3	Race W Sex M Date of Birth _____ Age _____ Ethnicity N	Res. Type _____ Res. Status _____ Means of Attack _____ Extent of Injury _____ Domestic Violence _____ Relationship _____
Offense Indicator 1. #1 2. #2		V. Type 1 2
Nature of Call (for Victim, if different from Incident) RODRIGUEZ EDGAR		Name (Last/Business) (First) (Middle)
Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Residence Phone _____
Business/School/Other Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Address Type B Business/School/Other Phone (386) 254-1555 Phone Type B
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement OFFICER WHO FOUND VICTIM
If Victim Type 1, 2, or 3	Race W Sex M Date of Birth _____ Age _____ Ethnicity H	Res. Type _____ Res. Status _____ Means of Attack _____ Extent of Injury _____ Domestic Violence _____ Relationship _____
Offense Indicator 1. #1 2. #2		V. Type 1 2
Nature of Call (for Victim, if different from Incident) HAYNES SGT		Name (Last/Business) (First) (Middle)
Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Residence Phone _____
Business/School/Other Address (Street, Apt. Number) 1300 RED JOHN DRIVE		City DAYTONA BEACH FL State _____ Zip 32114 Address Type B Business/School/Other Phone (386) 254-1555 Phone Type B
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement CORRECTIONS SERGEANT
If Victim Type 1, 2, or 3	Race B Sex M Date of Birth _____ Age _____ Ethnicity N	Res. Type _____ Res. Status _____ Means of Attack _____ Extent of Injury _____ Domestic Violence _____ Relationship _____
Offense Indicator 1. #1 2. #2		V. Type _____ Nature of Call (for Victim, if different from Incident) _____
Address (Street, Apt. Number) _____		Name (Last/Business) (First) (Middle) _____
Business/School/Other Address (Street, Apt. Number) _____		City _____ State _____ Zip _____ Address Type _____ Business/School/Other Phone _____ Phone Type _____
Other Contact Info (Time Available, Interpreter, etc.) _____		Synopsis of Involvement _____
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 _____

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	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.										

SUBJECT / MISSING SECTION	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.										

1 On the above date and time Deputies Greene and Fernandez responded to the Branch Jail, in reference to a report of an attempted suicide of an

2 inmate. On arrival deputies met with Captain Sophie (R1), who stated the following:

3

4 Inmate Christian Cruz (V1) was being held alone in lock down in cell block 1-A8. Officer Edgar Rodriguez (O1) last checked on Cruz at 0147 hours

5 at which time Cruz was awake and standing up in his cell. At 0250 hours, Rodriguez checked on him and found him hanging from the towel rack

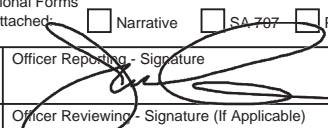
6 with a bed sheet around his neck. Officer Rodriguez immediately called a Code White over his radio and removed Cruz from the towel rack.

7 Several Corrections officers responded and attempted to revive Cruz who initially was not breathing. Volusia County Fire Rescue and EVAC

8 responded and Cruz was transported to Halifax Medical Center unconscious but breathing on his own.

9

10 Deputy Fernandez secured the cell block with crime scene tape. The door was locked and access was restricted. Deputy Fernandez kept the cell

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"/> 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 checked="" type="checkbox"/> Other Describe: <u>CRIME SCENE LOG</u>			
	Officer Reporting - Printed <u>Greene, James</u>	Officer Reporting - Signature 	ID. Number 2390	Unit 1D32	Date 12-19-2015	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

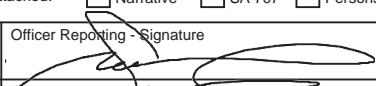
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 12-19-2015	Report Time 0253	Orig. Reported Date	Nature of Call (for Incident) SICK	Agency Report Number 150033345	1.Original 2.Supplement
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11 secure and in constant observation until investigators arrived on scene. Sgt. Piser was notified and apprised of the incident and responded to
 12 check on Cruz's condition. Deputy Greene obtained information of all persons who were in the cell and began a crime scene log. Officer Rodriguez
 13 completed a sworn written statement outlining the events leading up to finding Cruz and his actions providing CPR to the inmate.
 14
 15 Investigators McGuire, Gallagher, and Campbell arrived on scene and took over the investigation. No further action by Deputies Greene and
 16 Fernandez.
 17
 18 Case Status: Active to C.I.D.

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	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		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 checked="" type="checkbox"/> Other Describe: <u>CRIME SCENE LOG</u>			
Officer Reporting - Printed Greene, James	Officer Reporting - Signature 		ID. Number 2390	Unit 1D32	Date 12-19-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date