## **VOLUSIA COUNTY SHERIFF'S OFFICE**

	Juvenile Hate Crime						-	INCII	DENT R	EPORT	Agency Ren	Page1 of3 Pages           Agency Report Number							
	Gang Elderly Abuse / Exploitation  Domestic Violence VOR											150033345							
	Endangered /	-	Agency ORI Number FL0640000						# Telephone Handled 1. 'Call? (T.H.C.) 2.1					2					
	Reported: Day	Date	Time (n	nil.) Time	Dispatched			Arrived (m	nil.) Time C	Completed (mil.)		e of Call (Report 1		- Caii: (11111-1)		20			
	Saturday Incident Type:	12-19-2 3. Misden	0.0	0254 Ordinance	Incident: Da	v Da	0309 ate	Т	0530 ime (mil.)	Day	SICK	Sick Pe	erson Time (m	oil) I Or	curred D	uring:			
	Felony     Traffic Felony	<ol><li>Traffic</li></ol>	9. meanor	Other	From Saturda	´	2-19-20 <u>1</u>		147	TO Saturo		I	0250	D N	- Day - Night	uring: U - Unkno	wn N		
EVENT DATA		** I	ute Violation Nui	mber				Descripti ATTEM	ion IPTED SUICI	DE						Attempted Committed	c		
T D	#2		ute Violation Nu	mber				Descript						Α-	Attempted Committed				
EN	Incident Location (	(Street, Apt. N	lumber)				l		City					Zip	10-	Committee			
<u>ш</u>	1300 RED JOH Business Name /		r	# Prem. I	Entered [	DAYTONA BEACH  j Drug Related Alcohol Related Forced Entry						32114 Arson-Inhabited Arson-Attempted							
	VOLUSIA COL	UNTY BRA	NCH JAIL			). N/A 1. 2.	Yes No 2	0. N	/A 1. Yes 2. No 2	1. Yes 3. 2. No	Attempted		Occupied 3. Abandoned     Unoccupied						
	·	Location Typ 01.Residence	e-Single 05.0	Convenience St		permarket			k/Financial Inst.		17.Gov't/Public Bldg. 21			25.Parking Lo			lotor Vehicle		
		02.Apartmen 03.Residence	e/Other 07.L	Gas Station Liquor Sales	11.Sp	pt/Discour ecialty Sto	re	15.Indu	nmercial/Office E ustrial/Mfg.	19.Jail/l		22.Bus/Rail Te 23.Construction	n Site	26.Highway/R 27.Park/Wood	dlands/Éie	eld 88.U	ther Mobile nknown		
(0	19 V/W Code	04.Hotel/Mot	Victim/Subject			ua Store/H ess/Phone		16.Stor	age	20.Relia	ious Blda.	Sex		28.Lake/Wate ence Type	F	99.0 Residence S			
		Next of Kin Other	0. N/A 1. Juvenile 2. L.E. Officer	Business     Government     Church	B. Bu C. Ce	siness/Wo	N. N	Message Next of Ki	P. Pager n S. School	W-White C	D-Oriental/Asia J-Unknown	n M-Male F-Female	0. NA 1. City	<ol> <li>Florida</li> <li>Out-of-</li> </ol>	State 1	). N/A I. Full Year			
DES	R-Reporting Pers	son	3. Adult	9. Other	H. Ho	me	0. (	Other	V. Vacation	I-American I	ndian	U-Unknown	2. Cou	3. Non-Resident					
000	Means of Attack F-Firearm K-Knife/Cutting		r Dangerous	Extent of 00.N/A of tc. 01.Gun	03.	03.Laceration 06.Poss. Internal Injury 04.Unconscious 07.Loss of Teeth					sions/Bruises	1. Yes	S-Snouse			Relationship to Offender B-Sibling Z-Other O-Other Family			
	Offense Indicate			02.Stab	bed 05.	Poss.Brok	en Bones	08.E			Serious Injury		2. No C-Chil						
SS	1. #1 3. Both		1	3	Tractaro or	ouii (101 11	o, a			CRUZ	240000)	,	HRIST	IAN			E		
VICTIM/WITNES	Address (Street, A								City	TONA BEAC	State	Zip 321	1/1	Res	idence Ph	ence Phone			
	Business/School/0	Other Address	S (Street, Apt. No	umber)		City		DAYTONA BEACH FL State Zip				Address T	Business/Scho	ol/Other F	I/Other Phone Type				
Į.	VOLUSIA COUNTY BRANCH JAIL  DAYTONA BEACH FL  32114  O  Other Contact Info (Time Available, Interpreter, etc.)  Synopsis of Involvement																		
NC.	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicity		Res. Type	Res. Status	Means of Atta	ack Extent of	Injury	Domestic Vi	olence	Relations	ship		
	1, 2, or 3 Offense Indicator	W	M /W Code #	07-23-1993 V. Type	Nature of 0	22 Call (for Vi	H ctim. if diff	ferent from	m Incident)	Name (Last/	Business)		First)				(Middle)		
SS	1. #1 3. Both 2. #2		1	2	Tractaro or	ouii (101 11	o, a			SOPHIE	240000)	,	HOMA:	S			(madio)		
ŊË	Address (Street, A	Apt. Number)							City		State	Zip	Zip Residence Phone						
W	Business/School/Other Address (Street, Apt. Number) City 1300 RED JOHN DRIVE DAYTO								State	Zip 32114		Address T		386) 254-15		hone	Phone Type		
VICTIM/WITNE	Other Contact Info	ble, Interpreter,	etc.)		DAT	TONAE	Synd	opsis of Involven	nent		JD	1(3	360) 234-13	55		Б			
2	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicity		RECTIONS Res. Type	Res. Status	Means of Atta	ack Extent of	Injury	Domestic Vi	olence	Relations	ship		
	1, 2, or 3 Offense Indicator	W V	M /W Code #	# V. Type	Nature of 0	Call (for Vi	N ctim, if diff	ferent fror	m Incident)	Name (Last/	Business)		First)				(Middle)		
SS	1. #1 3. Both 2. #2	1 0	1	2						RODRIGU	EZ	E	DGAR						
빔	Address (Street, A	Apt. Number)							City		State	Zip		Res	idence Ph	none			
\   	, , , , , , , , , , , , , , , , , , , ,							City State Zip DAYTONA BEACH FL 32114					Address Type Business/School/Other Phone B (386) 254-1555						
VICTIM/WITNE	Other Contact Info		ble, Interpreter,	etc.)		<u> D/(1</u>	TOWE	Synd	opsis of Involven	nent		100	300) 204 10			В			
>	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicity		Res. Type	Res. Status	Means of Atta	ack Extent of	Injury	Domestic Vi	olence	Relations	ship		
	1, 2, or 3 Offense Indicator		M W Code #	# V. Type	Nature of 0	Call (for Vi	H ctim, if diff	ferent fror	m Incident)	Name (Last/	Business)	(1	First)				(Middle)		
SS	1. #1 3. Both 2. #2 2							HAYNES					SGT						
빝	Address (Street, A	Address (Street, Apt. Number) City State Zip Residence Phone													idence Ph	none			
	Business/School/Other Address (Street, Apt. Number)  City  1300 RED JOHN DRIVE  DAYTONA								State Zip			Address T		Business/School/Other Phone (386) 254-1555			Phone Type B		
≦			S (Street, Apt. N	umber)		DAY	TONA P	SEACH	FI	32114					1000				
CTIMM		HN DRIVE		,		DAY	TONA E	Synd	opsis of Involven			D	1(0						
VICTIM/WITNE	1300 RED JOH Other Contact Info	HN DRIVE o (Time Availa	sble, Interpreter,	,		DAY	Ethnicity	Sync		nent	Means of Atta			Domestic Vi	olence	Relations	ship		
	1300 RED JOH Other Contact Info If Victim Type 1, 2, or 3 Offense Indicator	Race B	Sex	etc.)	Nature of (	Age	Ethnicity	Synd COI	opsis of Involven	nent SERGEANT		ack Extent of			olence	Relations	ship (Middle)		
	1300 RED JOH Other Contact Info If Victim Type 1, 2, or 3 Offense Indicator 1. #1 3. Both 2. #2	Race B	Sex	etc.)  Date of Birth	Nature of 0	Age	Ethnicity	Synd COI	RRECTIONS Res. Type m Incident)	SERGEANT Res. Status	Business)	ack Extent of	Injury	Domestic Vi		<u> </u>			
	1300 RED JOH Other Contact Info  If Victim Type 1, 2, or 3 Offense Indicator 1. #1 3. Both 2. #2 Address (Street, A	HN DRIVE to (Time Availal Race B V. Apt. Number)	Sex M	etc.)  Date of Birth  V. Type	Nature of 6	Age Call (for Vi	Ethnicity	Synd COI	opsis of Involven RRECTIONS Res. Type m Incident) City	SERGEANT Res. Status Name (Last/		Extent of ()	Injury First)	Domestic Vi	idence Ph	none	(Middle)		
	1300 RED JOH Other Contact Info  If Victim Type 1, 2, or 3 Offense Indicator 1. #1 3. Both 2. #2 Address (Street, A	HN DRIVE to (Time Availate Race B V. Apt. Number) Other Address	Sex M W Code #	Date of Birth  V. Type  umber)	Nature of 0	Age	Ethnicity	Synd COI	RRECTIONS Res. Type m Incident)	SERGEANT Res. Status	Business)	ack Extent of	Injury First)	Domestic Vi	idence Ph	none			
VICTIM/WITNESS VICTIM/M	1300 RED JOH Other Contact Info  If Victim Type 1, 2, or 3 Offense Indicator 1. #1 3. Both 2. #2 Address (Street, A	HN DRIVE to (Time Availate Race B V. Apt. Number) Other Address	Sex M W Code #	Date of Birth  V. Type  umber)	Nature of 0	Age Call (for Vi	Ethnicity	Synd COI	opsis of Involven RRECTIONS Res. Type m Incident) City	Res. Status  Name (Last/	Business)	Extent of ()	Injury First)	Domestic Vi	idence Ph	none	(Middle)		

INCIDENT REPORT (CONT.)  Page 2 of 3 Pages																				
	1. #	Offense Indicator 1. #1 3. Both S-Suspect V-Victim 2. #2 D-Defendant (Missing Pe				Code # Subj. Type			Name (Last) (First)						(Mido	dle)	e) Race Sex		Ethnicity	
	2. #2 Dat	2 Le of Birth	D-Defendant Age To Age		Γο Height	Weight	To \	Weight	Eye Cold	or		Hair Color			Maio	den Name				
	Nic	kname / Street Name		of Birth - C	f Birth - City County S				Employer/Other/School						Occupation					
	Las	st Known Address (Stree	et, Apt. Number)				City		Sta	ate	Zip	)		Address	s Type	Phone	e			Phone Type
	Oth	ner Address (Street, Apt	. Number)				City		Sta	ate	Zip	)		Address	s Type	Phone Phone Type				Phone Type
z	Dri	ver's License State/Nun	nber			Social Sec	curity Numb	per			Other	ID Number				ID T			D Type	
SECTION	Clothing (Describe)											os (Type/Describe) Sca			Scars/I	:/Marks/Tattoos (Type/Describe)				
						/ Faci	/ Facial Features					Speech/Voice Deformity						Glasses		
SUBJECT / MISSING		/ /	/	Weapo			/		/		-	/	1	/	ubject Wa	e Alrea	/		arrant Fro	om:
MISS	If S	Demeano /			/	/ aution	/ Cautian D		/		/		If Arrest	ted: in	Custody's	? 1 2	. Yes   . No	1. T 2. C	his Ager Other Age	cy ency
77		Date of Last Contact	Date of Em			aution	Caution R							Habits (D	rugs / Aid	onoi)				
37EC	වු	May Be With:	Ph	sical Cond	dition:			Mental Cor	ndition:			Doctor	Name:				Dentist Na	ame:		
l S	SSING	Incident Type 1. Runaway 2. Parents	6. Disast			Foul Play Suspected?	?	Mi	ssing Befo	ore?		Fingerprints Available?	5	P	hoto Avail	lable?		Dental F Availabl		
	M	3. Involuntary 4. Disabled	7. Volunt Adult			1. Yes 2. No	ĺ		Yes No	1		1. Yes 2. No	1		Yes No		1	1. Yes 2. No		ı
	=	5. Endangered	8. Unkno	wn		8. Unknowr	n	8.	Unknown											
		l,person; and this ager	ncy has my permission	n to enter th	nis person i	(Printed)	le alert.						(Signature	e) certify	that I hav	e repo	rted the abo	ve perso	n as a m	ssing
	1. #	nse Indicator 1 3. Both	Subject Code S-Suspect V-\	/ictim			Subj. Ty	pe Name	(Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. #2 Dat	2 e of Birth	D-Defendant Age To Age	Missing Pe Heigh		To Height	Weight	To \	Weight	Eye Cold	or		Hair Color			Maio	den Name			
	Nic	kname / Street Name			Place	of Birth - C	City	County		State	Em	nployer/Other	/School				Occupati	ion		
	Las	st Known Address (Stree	et, Apt. Number)				City State Zip					)	Address Type F			Phone	Phone			Phone Type
	Other Address (Street, Apt. Number)						City State Zip					)		Address	s Type	Phone	one			Phone Type
Z	Driver's License State/Number				Social Sec	Social Security Number Other ID Number					ID Number				ID Type					
SECTION	Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)						Scars/Marks/Tattoos (Type/Describe)							
	Hai	r Length /Style	/ Skin		Build	/ Faci	/ al Features	i			Speech	n/Voice	Deformity						Glasses	
AISSING	/ / / Demeanor Mask Weapon Type						/		/			/	Subject Was Alrea							
MIS	If S	Subject: / Date of Last Contact	Date of Em	ancipation	/ Ca	aution	/ Caution R	eason	/		/		If Arrest Personal I		Custody?	2	. Yes . No	2.0	nis Ager Other Age	ncy
E.		May Be With: Physical Condition:					Mental Condition:				Doctor Name:						Dentist Na	ame:		
SUBJECT	NG	Incident Type				Foul Play		Mi	ssing Befo	ore?		Fingerprints	<u> </u>	P	hoto Avail	lable?		Dental F	Record	
\ <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MISSING	1. Runaway 2. Parents	6. Disast			Suspected	?		.,			Available?			V			Availabl	e?	
	<b>∠</b>	3. Involuntary 4. Disabled 5. Endangered	7. Volunt Adult 8. Unkno	-		<ol> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol>		2.	Yes No Unknown			1. Yes 2. No			Yes No			1. Yes 2. No		
		1.				(Printed)	•						(Signature	) certify	v that I h	ave re	norted the	ahove n	erson a	s a missing
			gency has my permi			person in a					_									
	1		e date and time rrival deputies									ich Jail, i	n refere	ence to	a rep	ort o	t an atte	empted	SUICI	de of an
 	3 4	Inmate Christ	tian Cruz (V1)	was hei	ina held	l alone ir	n lock d	own in (	cell blo	ock 1-A	8 Offi	cer Edga	ar Rodri	auez (	(O1) la	ist ch	iecked c	n Cru	z at 0¹	147 hours
NARRATIVE	5	at which time	Cruz was awa	ke and	standir	ng up in	his cell.	At 025	0 hour	s, Rodr	iguez	checked	on him	and f	ound h	nim h	anging	from tl	he tow	el rack
RR/	6 7		eet around his ections officers																	
Ž	8	responded ar	nd Cruz was tra	ansporte	ed to Ha	alifax Me	edical C	enter u	nconso	cious b	ut bre	athing or	his ow	n.						
	10		andez secured	the cell	block v	with crim	ne scene	e tape.	The do	or was	locke	d and ac	cess w	as res	tricted	. Dep	outy Fer	nande	z kep	the cell
 		al Case Final Status:	Case s Codes: 1.Arrest/	Adult	2.Arrest/Ju	ıv. 3.Exc	eptional/Ad	ult 4.Ex	ceptional	/Juv. 5	.Closed	6.Unfound	led		Victim Ad	vocate	Т	riad	SA	Referral
		DCF Hotline					Date:	l T	ime:	ΤĘ	╡	/ NCIC Entry		Т.Т. В	OLO		Date	):	l By	:
ADMINISTRATIV	Cor	CAC Spokennecting Report Number	e With:		Ac	dditional For		Г		<u> </u> , ┌┐-		/ NCIC Canc		/T- ^'	🔽	Oti :	D "	CDIM		JE LOO
INI	Offi	icer Reporting - Printed				Attached	Reporting -	rrative Signature			rsons	Property	ID. Nu		eet 💢	Other	Describe:	CKIM	Date	NE LUG
ADI	Gre	eene, James					8	re	$\leq$	>	_		2390			1D32	!		12-19-2	2015
	Offi	icer Reviewing - Printed	(If Applicable)			Officer	Reviewing	- Signature	(If Applica	able)			ID. Nur	nber		Unit			Date	

## **VOLUSIA COUNTY SHERIFF'S OFFICE**

					NARR	RATIVE / S	UPPLEMENT	•	Page3	of 3	_Pages
EVNT		ort Date 9-2015	Report Time 0253	Orig. Reported Date	Nature of Call (for Incide	nt)	Agency Report Number			1.Original 2.Supplement	
		9-2015 secure a check or complete Investiga Fernand	0253 and in constant obsin Cruz's condition. ed a sworn written ators McGuire, Gal	servation until inverservation until inverservation until inverse constatement outlining the statement outlines are statement outlines and statement outlines are statement outl	Nature of Call (for Incide SICK estigators arrived obtained informationg the events lead	on scene. Sgt. on of all persor ing up to findir	Agency Report Number 150033345  Piser was notified as who were in the ag Cruz and his ac	and apprised of to cell and began a tions providing CF	he incident and re crime scene log. ( PR to the inmate.	1.Original 2.Supplement esponded to Officer Rodr	
	Final Statu		Final Case Status Codes: 1.Arres	st/Adult 2.Arrest/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounded	d Victim Ac	lvocate Triad	SA Refer	rral
<b>ADMINISTRATIVE</b>		CAC ecting Report	Spoke With: Number Agency		itional Forms		FCIC / NCIC Cancel		Other Describe CDII	ME SCENE ! (	
MINIS	Office	er Reporting -	Printed		Attached: Narrative Officer Reporting - Signa		Persons Property	ID. Number	Other Describe: CRI	Date Date	<u> </u>
ADN	Gree	ne, James			da			2390	1D32	12-19-2015	
	Office	er Reviewing -	Printed (If Applicable)		Officer Reviewing) Signa	ature (If Applicable)		ID. Number	Unit	Date	