

# 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 _____		<b>INCIDENT REPORT</b>		Agency Report Number <b>160027746</b>																	
Agency ORI Number <b>FL0640000</b>				Zone # <b>35</b>		Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>																	
Reported: Day <b>Tuesday</b>		Date <b>11-01-2016</b>		Time (mil.) <b>0404</b>		Time Dispatched (mil.) <b>0438</b>		Time Arrived (mil.) <b>0439</b>		Time Completed (mil.) _____		Nature of Call (Report Type) <b>DEAD Dead Person</b>											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From <b>Tuesday</b>		Date <b>11-01-2016</b>		Time (mil.) <b>0333</b>		TO Day <b>Tuesday</b>		Date <b>11-01-2016</b>		Time (mil.) <b>0404</b>		Occurred During: D - Day U - Unknown N - Night <b>N</b>					
Offense #1 <b>9</b>		Type <b>77777777</b>		Statute Violation Number <b>77777777</b>		Description <b>Suspicious Death</b>		A - Attempted C - Committed <b>C</b>		#2 Statute Violation Number _____		Description _____		A - Attempted C - Committed _____									
Incident Location (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH</b>				Zip <b>32119</b>															
Business Name / Area Identifier <b>Volusia County Branch Jail</b>		# Prem. Entered <b>0</b>		Drug Related 0. N/A 1. Yes 2. No <b>0</b>		Alcohol Related 0. N/A 1. Yes 2. No <b>0</b>		Forced Entry 1. Yes 3. Attempted 2. No <b>0</b>		Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned <b>0</b>		Arson-Attempted 1. Yes 2. No <b>0</b>											
Location Type <b>19</b>		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. NA 3. Florida 1. City 4. Out-of-State 2. County		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 B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant									
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 V</b>		# <b>1</b>		V. Type <b>3</b>		Nature of Call (for Victim, if different from Incident) <b>Beatty David</b>		Name (Last/Business) <b>Beatty David</b>		(First) <b>David</b>		(Middle) _____									
Address (Street, Apt. Number) <b>7333 119th Avenue</b>				City <b>Largo</b>				State <b>FL</b>		Zip <b>33773</b>		Residence Phone <b>(727) 535-7176</b>											
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.) <b>None Available.</b>				Synopsis of Involvement <b>Deceased.</b>																			
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>05-26-1984</b>		Age <b>32</b>		Ethnicity <b>N</b>		Res. Type <b>3</b>		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 R</b>		# <b>1</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>Denman Lieutenant</b>		Name (Last/Business) <b>Denman Lieutenant</b>		(First) <b>Lieutenant</b>		(Middle) _____									
Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH</b>				State <b>FL</b>		Zip <b>32119</b>		Residence Phone <b>(386) 254-1555</b>											
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.) <b>Email: MDenman@volusia.org</b>				Synopsis of Involvement <b>Reported incident. Lieutenant at VCBJ.</b>																			
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>F</b>		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 W</b>		# <b>1</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>Peterkin Sergeant</b>		Name (Last/Business) <b>Peterkin Sergeant</b>		(First) <b>Sergeant</b>		(Middle) _____									
Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH</b>				State <b>FL</b>		Zip <b>32124</b>		Residence Phone <b>(386) 254-1555</b>											
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.) <b>Email: APeterkin@volusia.org</b>				Synopsis of Involvement <b>Witnessed incident. Sergeant at VCBJ.</b>																			
If Victim Type 1, 2, or 3		Race <b>B</b>		Sex <b>M</b>		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 W</b>		# <b>2</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>Cloyd Officer</b>		Name (Last/Business) <b>Cloyd Officer</b>		(First) <b>Officer</b>		(Middle) _____									
Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH</b>				State <b>FL</b>		Zip <b>32124</b>		Residence Phone <b>(386) 254-1555</b>											
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.) <b>Email: CCloyd@volusia.org</b>				Synopsis of Involvement <b>Witnessed Incident. O</b>																			
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 W</b>		# <b>3</b>		V. Type <b>0</b>		Nature of Call (for Victim, if different from Incident) <b>Wasley Officer</b>		Name (Last/Business) <b>Wasley Officer</b>		(First) <b>Officer</b>		(Middle) _____									
Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH</b>				State <b>FL</b>		Zip <b>32124</b>		Residence Phone <b>(386) 254-1555</b>											
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.) <b>Email: DWasley@volusia.org</b>				Synopsis of Involvement <b>Witnessed incident. Officer at VCBJ.</b>																			
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>M</b>		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.										

NARRATIVE	1	BWC Not Utilized, Investigation Occurred Within Volusia County Branch Jail.
	2	
	3	
	4	On November 01, 2016, at approximately 0439 hours, Sergeant Miles and Deputy Corbin responded to the Volusia County Branch Jail in reference to a CPR in progress, involving an adult male inmate.
	5	
	6	
	7	
	8	Upon arrival, EVAC and the County of Volusia Fire Department were exiting the VCBJ sally port from providing emergency medical treatment to an inmate currently in detention. EVAC transported the inmate to Halifax Hospital in Daytona Beach for medical treatment with VCBJ Officers J. Bertrand and J. Blake in escort. Deputy Rittenour also responded to Halifax Hospital to aid in this investigation. The inmate was identified as David
	9	
	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"/> 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 EV160073604	Agency EVAC	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed Corbin, Stephen	Officer Reporting - Signature 		ID. Number 8422	Unit 1C33	Date 11-01-2016
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

<b>EVNT</b>	Report Date 11-01-2016	Report Time 0404	Orig. Reported Date 11-01-2016	Nature of Call (for Incident) <b>DEAD</b>	Agency Report Number 160027746	1.Original	2.Supplement
							1

NARRATIVE / CONTINUATION

11 Beatty (V1). Beatty was pronounced deceased at Halifax Hospital by Dr. Daniel Peterson at 0505 hours. According to Deputy Rittenour, Beatty

12 had several contusions around his neck area, consistent with using a sheet to hang himself. Sergeant Miles was updated on the circumstances

13 pertaining to this investigation.

14

15

16 Sergeant Miles and Deputy Corbin made contact with Department of Corrections Lieutenant M. Denman, Sergeant A. Peterkin, Officer D. Wasley,

17 and Officer C. Cloyd at the Volusia County Branch Jail. Lieutenant Denmam escorted Sergeant Miles and Deputy Corbin into Unit 2 Detoxification

18 Block, Cell D-6 where Beatty was being housed. Upon arrival, Deputy Corbin took digital photographs of the scene. Unit 2 Detoxification Block Cell

19 D-6 was locked down, and Deputy Corbin established a crime scene log.

20

21

22 While on scene, Deputy Corbin obtained a VCBJ Daily Log Report from Officer Cloyd. The VCBJ Daily Log Report indicated that a security round

23 check was completed by Officer Cloyd on 11/01/16, at 0333 hours. According to Officer Cloyd, at the time of the security check, Beatty was lying

24 on the floor, with the a plastic boat bed laying perpendicular to the cell bunk. Officer Wasley advised on 11/01/16, at 0400 hours, while conducting

25 security checks, he observed Beatty now laying underneath the plastic boat bed. Officer Wasley stated Beatty was lying with his feet facing the cell

26 door, parallel to the cell bunk, with the plastic boat bed laying perpendicular across his head. Officer Wasley stated he attempted to obtain Beatty's

27 attention by yelling at him to remove the plastic boat bed. Officer Wasley stated after being unable to acquire Beatty's attention, he entered the cell

28 to further investigate. Officer Wasley stated he observed a sheet wrapped around Beatty's neck, with the other end wrapped around the plastic

29 boat bed. Officer Wasley stated he notified the detention facility of a medical emergency, and removed the sheet from Beatty's neck. According to

30 Officer Wasley, the sheet was wrapped loosely around Beatty's neck. Officer Wasley stated Lieutenant Denman, Sergeant Peterkin, and VCBJ

31 Paramedic W. Shrock responded to Beatty's location to provide aid.

32

33

34 According to Sergeant Peterkin, Beatty was removed from his cell to allow for CPR. Beatty was later transported to Halifax Hospital by EVAC as a

35 trauma alert. Lieutenant Denman stated all internal VCBJ reports completed regarding this investigation would be under Beatty's Booking Number

36 (985368). Lieutenant Denman stated VCBJ does not assign a report/case number to reference their investigation.

37

38

39 Sergeant Miles notified VCSO Criminal Investigation Division, VCSO CID Major Case, and the Watch Commander of the circumstances pertaining

40 to this call. VCSO Investigators Kraker and Pullin responded to the scene, and assumed command of the investigation.

41

42

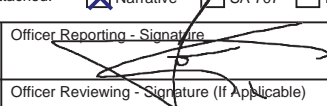
43 Deputy Corbin completed a VCSO Crime Scene Log, and submitted it with this report. Deputy Corbin logged the digital photographs into the

44 VCSO Digital Crime Scene Database.

45


46

47 Case Status: Active. Turned over to CID Major Case.

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	
	Connecting Report Number EV160073604	Agency EVAC	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed Corbin, Stephen	Officer Reporting - Signature 		ID. Number 8422	Unit 1C33	Date 11-01-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE

## DEATH INVESTIGATION REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement	
	11-01-2016	0404	11-01-2016	DEAD	160027746		1	
DEATH INVESTIGATION SECTION	Person Code #	Where Victim Found:			Position of Body:			
	V 1	Unit 2 Cell D-6 at VCBJ			Supine			
	Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?	
	Appeared Normal		No shirt sheet on neck		Contusions around neck		N	
	Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:		
	Clear Skies				61	75		
	Autopsy Request?	Medical Examiner Called?		Name: M.E. / Investigator				
	Y	Y		Carla				
	Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name:			
	0647				Unknown			
	Physician at Scene?		Date Last Attended Victim:		Treatment:		Nature of Illness	
	N				Unknown		Unknown	
Will Sign Death Certificate?		Pronounced Dead By (Name):				Time:		
N		Dr. Daniel Peterson				0505		
Location:				Ambulance Used (Name):		Unit ID:		
303 North Clyde Morris Boulevard DAYTONA BEACH 32114				EVAC		A156		
Attendant's Name(s):				Transported To:		Time:		
K. Roberts, A. Senn				Halifax Hospital Daytona		0437		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
N	Unknown		N	N	N	N	1	N
Other Agency:			O.A. Officer:		O.A. Case Number:			
DEATH INVESTIGATION SECTION	Person Code #	Where Victim Found:			Position of Body:			
	Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?	
	Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:		
	Autopsy Request?	Medical Examiner Called?		Name: M.E. / Investigator				
	Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name:			
	Physician at Scene?		Date Last Attended Victim:		Treatment:		Nature of Illness	
Will Sign Death Certificate?		Pronounced Dead By (Name):				Time:		
Location:				Ambulance Used (Name):		Unit ID:		
Attendant's Name(s):				Transported To:		Time:		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
Other Agency:			O.A. Officer:		O.A. Case Number:			
DEATH INVESTIGATION SECTION	Person Code #	Where Victim Found:			Position of Body:			
	Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?	
	Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:		
	Autopsy Request?	Medical Examiner Called?		Name: M.E. / Investigator				
	Time Med.Examiner Called:		Time Med.Examiner Arrived:		Attending Physician Name:			
	Physician at Scene?		Date Last Attended Victim:		Treatment:		Nature of Illness	
Will Sign Death Certificate?		Pronounced Dead By (Name):				Time:		
Location:				Ambulance Used (Name):		Unit ID:		
Attendant's Name(s):				Transported To:		Time:		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
Other Agency:			O.A. Officer:		O.A. Case Number:			
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date		
Corbin, Stephen				8422	1C33	11-01-2016		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date		