

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 150011805									
Agency ORI Number FL0640000				Zone # JL	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2								
Reported: Day Friday		Date 05-01-2015	Time (mil.) 1352	Time Dispatched (mil.) 1444	Time Arrived (mil.) 1500	Time Completed (mil.) 1730	Nature of Call (Report Type) 7 Dead Person						
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Friday	Date 05-01-2015	Time (mil.) 1300	TO	Day Date Time (mil.)	Occurred During: D - Day U - Unknown N - Night				
EVENT DATA	Offense #1 9	Type 77777777	Statute Violation Number 77777777			Description Death/Missing Person/All other non-crimes			A - Attempted C - Committed C				
#2	Type	Statute Violation Number			Description			A - Attempted C - Committed					
Incident Location (Street, Apt. Number) 1354 INDIAN LAKE RD				City DAYTONA BEACH		Zip 32124							
Business Name / Area Identifier VCBJ		# 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	Arson-Inhabited 1. Occupied 2. Unoccupied	3. Abandoned	Arson-Attempted 1. Yes 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	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					
CODES	V/W Code V-Victim W-Witness R-Reporting Person	N-Next of Kin O-Other	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 B-Black I-American Indian	O-Oriental/Asian U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 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				
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) Brogan	(First) April	(Middle) D	Address (Street, Apt. Number) 71 Radcliffe Dr	City Palm Coast	State FL	Zip 32164	Residence Phone
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 Cellmate									
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 10-30-1986	Age 28	Ethnicity N	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) Volinsky	(First) Jessica	(Middle)	Address (Street, Apt. Number) 2800 N ATLANTIC AV #701	City	State	Zip	Residence Phone (386) 589-7546
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 Cellmate									
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 01-17-1982	Age 33	Ethnicity U	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) Warden Reinhardt	(First)	(Middle)	Address (Street, Apt. Number) 1345 Indian Lake Rd	City DAYTONA BEACH	State FL	Zip 32124	Residence Phone (386) 254-1555
Business/School/Other Address (Street, Apt. Number)	City	State	Zip	Address Type B	Business/School/Other Phone (386) 254-1555	Phone Type B							
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement Warden									
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		
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)	Name (Last/Business)	(First)	(Middle)	Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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		
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)	Name (Last/Business)	(First)	(Middle)	Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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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:		
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1 On the above date and time, Deputy Turner responded to 1345 Indian Lake Road, Daytona Beach, in reference to a deceased person.

2

3 Deputy Turner made contact with Warden Reinhardt (R1) who stated April Brogan (V1) was residing in D Block Cell 11 with Jessica Volinsky

4 (O1). When Brogan was incarcerated on 4/29/15, she advised her Volinsky she was dope sick. On 5/1/15 at approximately 1300 hours,

5 Volinsky reported Brogan was vomiting and foaming at the mouth. Volusia County Medical Personnel were notified and responded to the scene.

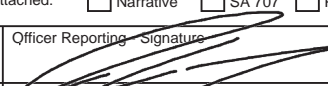
6 Attempts to resuscitate Brogan on scene yielded negative results. Brogan was pronounced deceased by at 1424 hours.

7

8 Deputy Turner secured the scene and completed the crime scene log.

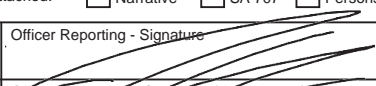
9

10 Sgt. LeCates notified VCSO Major Case and Crime Scene, who responded to the scene.

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 Turner, Jason	Officer Reporting - Signature 	ID. Number 8194	Unit 1A34	Date 05-01-2015		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date			

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 05-01-2015	Report Time 1352	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original	2.Supplement	1	
NARRATIVE / CONTINUATION	<p>11</p> <p>12 Case status: Active / Turned over to Major Case</p>								
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	
Turner, Jason						8194	1A34	05-01-2015	
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date	