

# 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 <b>130021198</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>Sunday</b>	Date <b>08-04-2013</b>	Time (mil.) <b>0142</b>	Time Dispatched (mil.) <b>0245</b>	Time Arrived (mil.) <b>0245</b>	Time Completed (mil.) _____
Nature of Call (Report Type) <b>33 Simple or Agg Assault/Battery(UCR class)</b>					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From <b>Friday</b>		Date <b>08-02-2013</b>		Time (mil.) <b>2015</b>	
TO Day <b>Sunday</b>		Date <b>08-04-2013</b>		Time (mil.) <b>0142</b>	
Occurred During: D - Day N - Night		U - Unknown <b>N</b>			
Offense #1 <b>1</b>		Type <b>1</b>		Statute Violation Number <b>784.07(2)(B)</b>	
#2 _____		Statute Violation Number _____		Description <b>Battery on LEO/Firefighter/EMT/etc</b>	
A - Attempted C - Committed		<b>C</b>			
A - Attempted C - Committed		_____			
Incident Location (Street, Apt. Number) <b>1300 RED JOHN ROAD</b>					City <b>DAYTONA BEACH</b>
Business Name / Area Identifier <b>VOLUSIA COUNTY BRANCH JAIL</b>					Zip <b>32117</b>
# Prem. Entered _____		Drug Related 0. N/A 1. Yes 2. No <b>2</b>		Alcohol Related 0. N/A 1. Yes 2. No <b>2</b>	
Forced Entry 1. Yes 3. Attempted 2. No <b>2</b>		Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned _____	
Arson-Attempted 1. Yes 2. No <b>2</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 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 _____		_____			
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 V</b>		# <b>1</b>	
V. Type <b>3</b>		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) <b>TURNER BARBARA L</b>	
Address (Street, Apt. Number) City State Zip Residence Phone _____ DAYTONA BEACH FL 32117 (321) 377-0876					
Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type <b>1300 RED JOHN ROAD DAYTONA BEACH FL 32117 B (386) 254-1540 B</b>					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>REGISTERED NURSE AT VCBJ</b>					
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>F</b>	
Date of Birth <b>10-13-1962</b>		Age <b>50</b>		Ethnicity <b>N</b>	
Res. Type <b>2</b>		Res. Status _____		Means of Attack <b>H</b>	
Extent of Injury <b>10</b>		Domestic Violence <b>2</b>		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 W</b>		# <b>1</b>	
V. Type <b>2</b>		Nature of Call (for Victim, if different from Incident) _____		Name (Last/Business) (First) (Middle) <b>SERGEANT THOMAS 596</b>	
Address (Street, Apt. Number) City State Zip Residence Phone _____ DAYTONA BEACH FL 32117 (386) 254-1540 B					
Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type <b>1300 RED JOHN ROAD DAYTONA BEACH FL 32117 B (386) 254-1540 B</b>					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>CORRECTIONAL OFFICER (SERGEANT)</b>					
If Victim Type 1, 2, or 3		Race <b>W</b>		Sex <b>F</b>	
Date of Birth _____		Age _____		Ethnicity <b>N</b>	
Res. Type _____		Res. Status _____		Means of Attack _____	
Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2 3. Both		V/W Code _____		# _____	
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Date of Birth _____		Age _____		Ethnicity _____	
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Extent of Injury _____		Domestic Violence _____		Relationship _____	
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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.)

Offense Indicator 1. #1 2. #2	3. Both	1	Subject Code S-Suspect D-Defendant	V-Victim (Missing Person)	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity																										
					D	1	3	SHARP		JOHN	A	B	M	N																									
Date of Birth			Age		To Age		Height		To Height		Weight		To Weight		Eye Color		Hair Color		Maiden Name																				
09-20-1961			51				6' 00"				170				BRO		GRY																						
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				
340 NORTH STREET										DAYTONA BEACH					FL					32114					O														
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																			
FL										XXXXXXXXXXXXXX					XXX-XX-XXXX					904147					JD														
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?					Warrant From:									
																				1. Yes 2. No					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					6. Disaster					Foul Play Suspected?					Missing Before?					Fingerprints Available?					Photo Available?					Dental Record Available?									
1. Runaway					Victim					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No														
2. Parents					Adult					8. Unknown					8. Unknown					2. No					2. No					2. No									
3. Involuntary					8. Unknown																																		
4. Disabled																																							
5. Endangered																																							
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.																																							

Offense Indicator 1. #1 2. #2	3. Both	1	Subject Code S-Suspect D-Defendant	V-Victim (Missing Person)	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity																										
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09-20-1961			51				6' 00"				170				BRO		GRY																						
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Last Known Address (Street, Apt. Number)										City					State					Zip					Address Type					Phone					Phone Type				
340 NORTH STREET										DAYTONA BEACH					FL					32114					O														
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																			
FL										XXXXXXXXXXXXXX					XXX-XX-XXXX					904147					JD														
Clothing (Describe)										Scars/Marks/Tattoos (Type/Describe)										Scars/Marks/Tattoos (Type/Describe)																			
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If Subject:					Demeanor					Mask					Weapon Type					If Arrested:					Subject Was Already in Custody?					Warrant From:									
																				1. Yes 2. No					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					6. Disaster					Foul Play Suspected?					Missing Before?					Fingerprints Available?					Photo Available?					Dental Record Available?									
1. Runaway					Victim					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No														
2. Parents					Adult					8. Unknown					8. Unknown					2. No					2. No					2. No									
3. Involuntary					8. Unknown																																		
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1 On Sunday, 08/04/2013, at approximately 0245 hours, Deputy Miller was dispatched and responded to 1300 Red John Road (Volusia County Branch Jail), Daytona Beach, in reference to a report of a battery. Upon arrival, Deputy Miller contacted Barbara Turner (V1) who advised she had been battered by John Sharp (D1) on 08/02/2013 while attempting to administer medications.

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5 According to Turner, she is a registered nurse who works for Corizon Correctional Healthcare who is contracted with the branch jail to provided medical services. On 08/02/2013 at approximately 2015 hours, Turner and Sergeant Thomas (W1) were delivering medicine to inmates. Turner arrived at Unit 2 and proceeded to walk by cell #16, Sharp's cell. At this point, Sharp reached out of the cell and grabbed Turner by the neck and proceeded to shake her violently. Turner was able to free herself and back away from Sharp. Turner advised her breathing was not impeded and she was uninjured during the incident. Turner provided Deputy Miller with a sworn written statement detailing the incident and advised she wished to prosecute. Deputy Miller did not observe any signs of injury to Turner.

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Final Case Status:	1	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 checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: STATEMENTS								
Officer Reporting - Printed			Officer Reporting Signature			ID. Number			Unit			Date		
Miller, Dennis						7754			1C34			08-04-2013		
Officer Reviewing - Printed (If Applicable)			Officer Reviewing Signature (If Applicable)			ID. Number			Unit			Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

<b>EVENT</b>	Report Date 08-04-2013	Report Time 0142	Orig. Reported Date	Nature of Call (for Incident) 33	Agency Report Number 130021198	1.Original 2.Supplement   1
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12 Deputy Miller contacted Captain Sophie who provided him with a copy of Sergeant Thomas' incident report. Deputy Miller observed the following

13 information in Sergeant Turner's report: On 08/02/2013, at approximately 2015 hours, Sergeant Thomas and Turner arrived at Unit 2 in order to

14 pass out medication. Sergeant Thomas advised while walking up the left stair case she witnessed Sharp pacing back and forth inside of his cell.

15 Sergeant Thomas advises that while walking by Sharp's cell she witnessed him reach out and grab a hold of Turner. Turner jumped back and

16 appeared very startled. Sergeant Thomas confirmed with Turner that Sharp had touched her and she indicated he grabbed her shoulder and neck

17 area. Sergeant Thomas reported Turner had visible redness to her clavicle area.

18

19 Sergeant Thomas was not on scene while Deputy Miller was conducting his investigation. Deputy Miller obtained a copy of Sergeant Thomas'

20 incident report, which was submitted with this report.

21

22 Deputy Miller responded to Sharp's location and attempted to interview him. Sharp declined to speak with Deputy Miller about the incident.

23

24 Based on the statements made and evidence obtained, Deputy Miller determined the following: Turner is a registered nurse who was engaged in

25 the performances of her duties on 08/02/2013. Additionally, Sharp willfully and unlawfully touched Turner against her will. As such, Deputy Miller

26 completed a State Attorney's Office charging affidavit and Sharp was charged additionally for the offense while in custody at the branch jail.

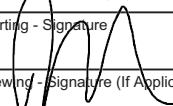
27

28 Turner was provided with a business card with case number and advised on the case status.

29

30 Case Status: Arrest/Adult/Closed

NARRATIVE / CONTINUATION

<b>ADMINISTRATIVE</b>	Final Case Status: <u>1</u>	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 checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>STATEMENTS</u>			
Officer Reporting - Printed <u>Miller, Dennis</u>	Officer Reporting - Signature 		ID. Number <u>7754</u>	Unit <u>1C34</u>	Date <u>08-04-2013</u>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

**7th. Judicial Circuit 707  
Charging Affidavit - Volusia**

Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # 1 of 2

ARREST <input checked="" type="checkbox"/>		NOTICE TO APPEAR <input type="checkbox"/>		AFFIDAVIT <input type="checkbox"/>		C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/>		JUVENILE <input type="checkbox"/>		Court Case Number:			
(ORI) FL: <u>FL0640000</u>		Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>		Agency Case Number: <u>130021198</u>		FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS #		U.C.R.:		Date Arrested: <u>08-04-2013</u>		Time of Arrest: <u>0256</u>	
ADDRESS OF ARREST (Street, City, State, Zip): <u>1300 RED JOHN ROAD DAYTONA BEACH FL 32117</u>								Arrested By: <u>Miller, Dennis</u>		ID Number: <u>7754</u>					
<b>DEFENDANT</b>		NAME (Last) <u>SHARP</u>		(First) <u>JOHN</u>		(Middle) <u>A</u>		A.K.A.:		Sex: <u>M</u>		Race: <u>B</u>			
DOB: <u>09-20-1961</u>		Age: <u>51</u>		Driver's Lic./ID No.: <u>XXXXXXXXXXXXXXXX</u>		State: <u>FL</u>		Year Expires: <u>2020</u>		S.S.# - <u>XXX-XX-XXXX</u>					
Height: <u>6' 00</u>		Weight: <u>170</u>		Hair: <u>GRY</u>		Eyes: <u>BRO</u>		P.O.B. (City, State, Country): <u>MS</u>		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Scars, Marks, Tattoos:		Business & Occupation:		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
Address - Mailing/Permanent (STREET, APT. NUMBER): <u>340 NORTH STREET</u>		(CITY) <u>DAYTONA BEACH</u>		(STATE) <u>FL</u>		ZIP CODE <u>32114</u>		RESIDENCE PHONE							
Address - Local (STREET, APT. NUMBER):		(CITY):		(STATE):		ZIP CODE:		RESIDENCE PHONE:							
Address - Other (Employer/School) (STREET, APT. NUMBER):		(CITY):		(STATE):		ZIP CODE:		BUS/SCHOOL PHONE:							

<b>CHARGES</b>		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>		Attachments: Affidavit(s)? <input type="checkbox"/>		Statement(s) <input type="checkbox"/>		NTA Schedule <input type="checkbox"/>		Report <input type="checkbox"/>		Traffic Infraction(s) <input type="checkbox"/>		DUI <input type="checkbox"/>		Total Charges: <u>1</u>	
#1	Charge: <u>Battery on LEO/Firefighter/EMT/etc</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <u>784.07(2)(B)</u>		Citation No.:		Bond: <u>5,000</u>									
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No.:		Bond:									
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No.:		Bond:									

<b>CO-DEFENDANT</b>		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>					
#1	NAME (Last) (First) (Middle)	Race:		Sex:		DOB:		Age:	
#2	NAME (Last) (First) (Middle)	Race:		Sex:		DOB:		Age:	

**NARRATIVE**

The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 02 day of August, 2013, at approximately 0815  a.m.  p.m. at 1300 RED JOHN RD DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 On Sunday, 08/04/2013, at approximately 0245 hours, Deputy Miller was dispatched and responded to 1300 Red John Road (Volusia County Branch Jail), Daytona Beach, in reference to a report of a battery. Upon arrival, Deputy Miller contacted Barbara Turner (V1) who advised she had been  
 2 battered by John Sharp (D1) on 08/02/2013 while attempting to administer medications.  
 3  
 4  
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 6 medical services. On 08/02/2013 at approximately 2015 hours, Turner and Sergeant Thomas (W1) were delivering medicine to inmates. Turner  
 7 arrived at Unit 2 and proceeded to walk by cell #16, Sharp's cell. At this point, Sharp reached out of the cell and grabbed Turner by the neck and  
 8 proceeded to shake her violently. Turner was able to free herself and back away from Sharp. Turner advised her breathing was not impeded and she  
 9 was uninjured during the incident. Turner provided Deputy Miller with a sworn written statement detailing the incident and advised she wished to  
 10 prosecute. Deputy Miller did not observe any signs of injury to Turner.  
 11  
 12 Deputy Miller contacted Captain Sophie who provided him with a copy of Sergeant Thomas' incident report. Deputy Miller observed the following  
 13 information in Sergeant Turner's report: On 08/02/2013, at approximately 2015 hours, Sergeant Thomas and Turner arrived at Unit 2 in order to pass  
 14 out medication. Sergeant Thomas advised while walking up the left stair case she witnessed Sharp pacing back and forth inside of his cell. Sergeant  
 15 Thomas advises that while walking by Sharp's cell she witnessed him reach out and grab a hold of Turner. Turner jumped back and appeared very

<b>NOTICE TO APPEAR</b>		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>		FINE, AND COSTS AMOUNT:	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.							
SIGNATURE OF DEFENDANT		Date		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		RELATIONSHIP TO JUVENILE	
						JUVE DISP. CITATION No.	

Sworn to and subscribed before me, the undersigned this <u>04</u> day of <u>August</u> , <u>2013</u> , Name: <u>[Signature]</u>		I swear/affirm the above statements are correct and true		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		<u>MILLER, DENNIS</u>		<u>7754</u>	
Type of Identification: _____		NAME (PRINTED)		ID NUMBER	

**OFFICIAL USE ONLY**

Inmate Number & Facility:

**Narrative Supplement 707-B**

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

**Court Case Number:**

Defendant Name: <b>SHARP</b>	(Last)	(First)	(Middle)	Agency Case Number: <b>130021198</b>
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<b>CHARGES</b>	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	Total Charges: <b>1</b>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		

16 startled. Sergeant Thomas confirmed with Turner that Sharp had touched her and she indicated he grabbed her shoulder and neck area. Sergeant  
 17 Thomas reported Turner had visible redness to her clavicle area.  
 18  
 19 Sergeant Thomas was not on scene while Deputy Miller was conducting his investigation. Deputy Miller obtained a copy of Sergeant Thomas'  
 20 incident report, which was submitted with this report.  
 21  
 22 Deputy Miller responded to Sharp's location and attempted to interview him. Sharp declined to speak with Deputy Miller about the incident.  
 23  
 24 Based on the statements made and evidence obtained, Deputy Miller determined the following: Turner is a registered nurse who was engaged in the  
 25 performances of her duties on 08/02/2013. Additionally, Sharp willfully and unlawfully touched Turner against her will. As such, Deputy Miller  
 26 completed a State Attorney's Office charging affidavit and Sharp was charged additionally for the offense while in custody at the branch jail.

Sworn to and subscribed before me, the undersigned this <u>04</u> day of <u>August</u> , 2013 Name:	I swear/affirm the above statements are correct and true 	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	OFFICER'S/COMPLAINANT'S SIGNATURE <b>MILLER, DENNIS</b> NAME (PRINTED)	
	7754 ID NUMBER	