

VOLUSIA COUNTY SHERIFF'S OFFICE

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INCIDENT REPORT

Agency Report Number
130022181Agency ORI Number
FL0640000Zone #
JLTelephone Handled 1. Yes
Call? (T.H.C.) 2. No 2

Reported: Day Date Time (mil.) Time Dispatched (mil.) Time Arrived (mil.) Time Completed (mil.)

Tuesday 08-13-2013 1802 1844 1902 2034 34 Non UCR Sex Offense

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day From Sunday 08-04-2013 Time (mil.) 2300 TO Day Wednesday 08-14-2013 Time (mil.) 1802 Occurred During: D - Day U - Unknown N - Night N

Offense #1	Type 9	Statute Violation Number 7777777777	Description All other crimes	A - Attempted C - Committed C
#2		Statute Violation Number	Description	A - Attempted C - Committed

Incident Location (Street, Apt. Number) 1300 RED JOHN DRIVE City DAYTONA BEACH Zip 32124

Business Name / Area Identifier VOLUSIA COUNTY BRENCH JAIL # Prem. Entered Drug Related 0. N/A 1. Yes 2. No 2 Alcohol Related 0. N/A 1. Yes 2. No 2 Forced Entry 1. Yes 3. Attempted 2. No 3. Attempted 2 Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned Arson-Attempted 1. Yes 2. No 2

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
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EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

V/V 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 1. City 2. County 3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
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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
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Offense Indicator 1. #1 2. #2 3. Both 1	V/V Code V 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) (First) (Middle) XXXXXXXXXXXX XXXXXXXXXXXX X
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Address (Street, Apt. Number) 1300 RED JOHN DRIVE City DAYTONA BEACH FL Zip 32124 Residence Phone (386) 254-1540

Business/School/Other Address (Street, Apt. Number) XXXXXXXXXXXXXXXXXXXX City XXXXXXXX FL Zip XXXXX Address Type O Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) INMATE# XXXXXX Synopsis of Involvement VICTIM

If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth XX-XX-XXXX	Age 60	Ethnicity H	Res. Type 2	Res. Status 1	Means of Attack H	Extent of Injury 10	Domestic Violence 2	Relationship
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Offense Indicator 1. #1 2. #2 3. Both 1	V/V Code R 1	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) (First) (Middle) CAPT SMITH
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Address (Street, Apt. Number) 1300 RED JOHN DRIVE City DAYTONA BEACH FL Zip 32124 Residence Phone (386) 254-1540

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 REPORTING SENIOR OFFICER

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
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Offense Indicator 1. #1 2. #2 3. Both	V/V Code	#	V. Type	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) (First) (Middle)
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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
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INCIDENT REPORT (CONT.)

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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	
XX-XX-XXXX		38		5' 07	180	XXXXXXXXXX XXXXXXXXXX X		W	M	N	
Date of Birth			Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name
XX-XX-XXXX			38		5' 07		180		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
1300 RED JOHN DRIVE				DAYTONA BEACH		FL	32124	H	(386) 254-1540		H
Other Address (Street, Apt. Number)				City		State	Zip	Address Type	Phone		Phone Type
XXXXXXXXXXXXXXXXXX				XXXXXXXXXXXXXXXXXX		XX	XXXXXX	O			
Driver's License State/Number				Social Security Number		Other ID Number			ID Type		
FL XXXXXXXXXXXXXXXX				XXX-XX-XXXX							
Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)			
/ / / / /											
Hair Length /Style		Skin		Build		Facial Features		Speech/Voice		Deformity	
/ / /		/ / /		/ / /		/ / /		/ / /		/ / /	
If Subject:		Demeanor		Mask		Weapon Type		If Arrested:		Subject Was Already in Custody?	
/		/		/		/		/		1. Yes 2. No	
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?	
1. Runaway		Victim		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		Adult		2. No		2. No		2. No		2. No	
3. Involuntary		8. Unknown		8. Unknown		8. Unknown		8. Unknown		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 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	
/ / /		/ / /		/ / /		/ / /		/ / /		/ / /	
If Subject:		Demeanor		Mask		Weapon Type		If Arrested:		Subject Was Already in Custody?	
/		/		/		/		/		1. Yes 2. No	
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?	
1. Runaway		Victim		1. Yes		1. Yes		1. Yes		1. Yes	
2. Parents		Adult		2. No		2. No		2. No		2. No	
3. Involuntary		8. Unknown		8. Unknown		8. Unknown		8. Unknown		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.											
1 On Tuesday, 08-13-2013 at approximately 1902 hours, Deputy Hall responded to the Volusia County Branch Jail, located at 1300 Red John Dr., 2 Daytona Beach, in reference to a reported sexual battery between inmates. Upon arrival, Deputy Hall made contact with VCBJ Captain Smith (r1) 3 who stated the following information: 4 5 Captain Smith advised on the above date, he was contacted by jail staff in reference to an alleged sexual battery that occurred between Inmates, 6 XXXXXXXXX (v1), and XXXXXXXXX (s1). Captain Smith stated he made contact with XXXX who advised he was sexually battered by XXXXX on 7 08-04-2013 shortly after 2300 hrs. in the cell they both share. Captain Smith stated after learning about the incident he and staff immediately 8 locked down the cell and also the entire unit. Captain Smith furthermore stated he transported XXXXXX to segregation until the investigation was 9 complete. Captain Smith also indicated he made contact with several inmates, who all reside in the unit. According to the witness statements 10 obtained from the unit inmates XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.											
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 checked="" 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: Reportee Statement					
Officer Reporting - Printed Hall, Alonzo				Officer Reporting - Signature				ID. Number 7631		Unit 1C33	
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit	
										Date 08-14-2013	

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