



**Volusia County**  
FLORIDA  
Department of Public Protection

**PAID**  
OCT 28 2013

October 18, 2013


VolusiaExposed

Re: PRR- 1562013 (Styffe, William)

In response to your request received in our office, I am enclosing the copy of the file for the above-referenced request. Per F.S. 119.071(4) (d) all exempt information has been redacted. The fee for copying these documents plus the fee for the labor is \$02.65. Please make the check payable to the County of Volusia – Division of Corrections and mail to:

*County of Volusia – Division of Corrections  
1354 Indian Lake Road  
Daytona Beach, FL 32124*

When issuing your check, please note on it that it is for photocopying fees regarding the above-referenced request.


Lieutenant Scott Mason   
Volusia County Division of Corrections  
1354 Indian Lake Road  
Daytona Beach, FL 32124  
(386) 258-4044



**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

SUBJECT: Code White Unit 2 A-Block			
INMATE NAME: Styffe, Williams		BOOKING NUMBER: 908333	
DATE OF INCIDENT: 9/18/2013		TIME: 1908	CELL: A-02
LOCATION: Unit 2 A-Block			

When staff arrived the towel around the I/Ms neck was cut and the cell door was opened. When the cell door was opened the towel was taken off the I/Ms neck and cpr was started on the I/M. When medical arrived they took over cpr and started preparing the AED machine to put on the I/M. Fire Services then arrived into A-Block and started to take over the situation. At approximately 1926 EVAC arrived in A-Block and started to prepare the I/M to be transported to the hospital. At Approximately 1937 I/M was escorted out of the block to be transported to HMC. I was then relieved from the block to start my 401. At no time during the day was I/M Styffe moved out of the block or given anything by me except for his two meals which were paper trays and were picked up when I/M was finished. Throughout the day I could not see any towels in the I/Ms cell or notice anything different with the I/M.


	Sidwell	1093	
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

SUBJECT: Code White

INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908
LOCATION:	VCBJ - Unit 2A2	CELL:	2A2

On 09/18/2013 at approximately 1908 hours I responded to a code white on Unit 2A-block. Upon my arrival I instructed Ofc. Lambert to stay outside the block and take names of all responding staff as well as all times. As I entered 2A-block I was advised that the I/m in 2A2 was hanging in his cell. As I entered the block and approached the cell I could see 2A2 Styffe, William 908333 sitting/laying at the base of his cell door with a towel hanging down from the top left corner of the cell door. The towel appeared to have tension on it at which time Sgt. Reyes opened the chow flap and used his Division issued 911 tool to cut the towel to relieve the tension and to allow the cell door to be opened. Once the door opened the I/m was laid down on his back. The towel was still tied around the I/m's neck tight enough to obstruct his airway at which time I used my Division issued 911 tool to cut the towel off to open the I/m's airway. The I/m's face had an ashy color to it and he was unresponsive. I check for a pulse and felt none then immediately instructed staff to start CPR. Ofc. S. D'Esposito started chest compressions. I then instructed Sgt Waddoups to go dress out for the transport and instructed staff that was not involved to report back to their posts. Corizon medical staff (B. White, B. Turner, W. Shrock, M. Paris, and R. Booth) arrived immediately after starting CPR and took over with medical treatment. They continued with the CPR and applied the AED. No shock was advised per the AED and medical staff found a pulse. At 1909 hours EVAC and Fire Services were contacted via 911. Fire Services arrived at 1917 hours and began treatment. Fire Services attempted to intubate the I/m but was unable to. Medical staff continued to use an air bag to assist the I/m with breathing. At approximately 1925 hours I contacted the SDO, AW Reinhart and advised him of the Code White and advised him I would call him with an update as soon as I could. EVAC arrived at 1926 and was briefed by the on scene medical personnel. The I/m was placed onto a backboard then carried to the dayroom area and secured on a gurney and prepared for transport. Once secured, the I/m and all emergency personnel were escorted to ID/Rec where the I/m was loaded into the EVAC ambulance and he was transported to HMC ER. I then had an announcement made over the radio that no one assigned to Alpha Shift that responded to the code white was to depart the building until a report was submitted. Once the I/m was removed from the block I used my Division issued camera to take photographs of the scene. I took pictures of the towel attached at the top of the cell door on the outside, the towels hanging from top of the door inside the cell and the inside of the cell itself. While inside the cell I noted that the I/m, who was housed in the cell as MHC 15S, had a pair of shower slides, a suicide gown, a Styrofoam cup, the two towels that were tied together attached to the cell door and another towel that had been ripped into two pieces and had knots tied in each one lying next to the toilet. All of these items were bagged up and secured in the Warden's office. The cell was then secured and staff was instructed not to use it or allow anyone into it. At approximately 1936 hours VCSO Sgt Wingate and Deputy Lovechio arrived at VCBJ. They were escorted to Unit 2, shown the cell and advised of everything that had transpired. They advised that they would file an informational report under case #13-25911 due to the suicide attempt not being successful. At approximately 2030 hours I spoke with Ofc. Bidwell. I asked him how the I/m acquired three towels in his cell when he was not supposed to have anything except a suicide gown and a suicide blanket? He said he did not know. He said the I/m was not given anything during his shift except for his meals and the I/m never left his cell for any reason. He said that he spoke to the I/m numerous times throughout the day and he had just spoken to him at the cell door at approximately 1854 hours where they spoke about a program that was on the TV. At approximately 2125 hours Mental Health Staff arrived at VCBJ. Anna Williams reported to the Shift Commander's office to speak with Ofc. Bidwell. It was in her opinion that Ofc. Bidwell should be given tomorrow, Thursday 09/19/2013, off because this was a traumatic event and he may not be able to sleep tonight and be prepared for duty. Once she was done speaking with Ofc. Bidwell I spoke to him and I gave him the phone number to EAP. I then wanted to determine if he would be okay to drive himself home. Ofc. Bidwell stated he was good to drive home and his father would be there to talk to him. I gave him my Division issued cell phone number and instructed him to call me once he got home. At approximately 2219 hours he called me to advise that he was home safely. After Ms. Williams was finished speaking with Ofc. Bidwell, she, Chris Bianco and Gina Birt all went to Unit 2 and spoke to the I/m's assigned in the block. At approximately 0001 hours Sgt Waddoups called me to advised that the I/m was being admitted to the hospital room #506. He also advised that the doctor was requesting next of kin information on the I/m. I looked up the information in JMS and gave it to Sgt Waddoups to relay to the doctor (Emergency Contact - Phillip Styffe 508-367-8182). I/m Styffe, William is a 32 year old, white, male, 5'10", 160 lbs. He was booked into the Volusia County Branch Jail on 09/10/2013 for Robbery X2 \$300,000 and Trafficking in Oxycodone (14 to 28 gr) with no bond. The I/m was placed on MHC 15S upon intake and housed in Unit 2A-block.

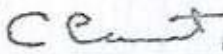
Employee Signature:  #250 Date: 9/19/2013 Time report written: 0449

Employee Print Name: Captain Sophie Employee Number: 250

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

SUBJECT: Code White			
INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908
LOCATION:	U-11	CELL:	2A05

On the above date and time I responded to a Code White on unit 2. Upon arrival I was instructed by Captain Sophie to remain at the Officers station and make a written record of who responded to the code. The following staff responded; Captain Sophie, Sgt's Miller, Talamo ,Isler, Waddoups, and Reyes, and Officers; Amel, Lee, Clemmons, Levesque, Coleman, Stoneking, Sanders, Johnson, Brienza, Desposito, Royals, Slayton, Bidwell, Norden, and Lambert. The following is the list of events as they transpired. 19:08 Code White called. 19:09 Medical staff on unit, CPR started, 911 called via control room. 19:10 IV started. 19:11 I/M took a breath. 19:17 Fire services arrived on scene. 19:19 Code White Secured. 19:26 Evac arrived on unit. 19:37 I/M taken from unit by Evac. This concludes my involvement with this Code White.

 # 658	C. Lambert	658	9/18/2013 1948
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908
LOCATION	VCBJ	CELL:	2A2

On 9/18/13 at approximately 1908, I responded to a Code White on Unit-2 "A" block. Upon arrival, I was instructed by Captain Sophie to ensure 911 was called and then go to ID and see that EVAC was escorted to Unit-2 upon their arrival. Ofc. Clemmons on Unit-2 contacted control as I went to ID and Receiving to wait for EVAC. Fire services personnel Chaney, Abdula and Wilson arrived at approximately 1916 and were escorted to Unit-2 by other staff. At approximately 1925 EVAC personnel Paramedic Hauches and EMT Dallarosen arrived and were escorted to Unit-2 by other staff. At approximately 1936 VCSO Deputy Lovechio arrived and was escorted to unit-2 by other staff. At approximately 1938 EVAC departed VCBJ with inmate Styffe and Sgt. Waddoups as the transport officer. Fire Services also departed at 1938.

STAFF SIGNATURE

Date: 9/18/2013

Time: 2021

Employee Print Name: Sgt. R. Isler

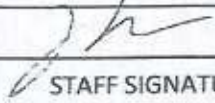
Employee Number: 201

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

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SUBJECT: Code White			
INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908 CELL: 02A02
LOCATION:	Unit 02		

On the above date and approximate time I responded to a Code White in U-2A02. Upon arrival I was instructed by the block officer that the inmate was hanging from his cell door. I then witnessed what appeared to be a towel tied into a knot in the left corner of the door and it draped down the cell door. The towel was wrapped around the inmate's neck and it appeared that the inmate was no longer breathing as the color tone of his face looked to grayish white. I immediately removed my Division-issued 911 tool from my duty belt and cut the towel relieving the pressure from his neck. I then ordered the unit officers to open the cell door. The door was opened and Ofc. Desposito and Brienza pulled him into the lower tier on his back. Capt. Sophie then removed the portion of the towel that was still wrapped around his neck as staff checked for a pulse. No pulse was found and the inmate appeared to be lying lifeless. Ofc. Desposito then rendered the appropriate 1st aid by administering CPR compression. Medical then responded to the area and assumed duties of CPR. As they were performing CPR the AED was attached to him. As our medical staff was working the inmate they were able to get a pulse. Fire Services responded and assisted. Evac responded and the inmate was placed on a back board and onto a gurney. He was then escorted to I.D. & Rec. for immediate transport.


	Sgt. Reyes, M	664	9/18/2013 2024
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908-1919
LOCATION	Unit 2 A-Block		

On the above date and time I responded to a Code White on Unit 2. Upon arrival I/M Styffe, William 908333 was hanging by his door with a towel tied around his neck. The towel was cut from his neck by Sgt.Reyes with 911 tool. Once the cell door was opened myself and Ofc.Brienza assisted the I/M out of his cell and laid him on the grown on his back. At this time I looked for the rise and fall of the chest, listened for breathing, and checked for a pulse on the I/M. There was no pulse on I/M Styffe and he was not breathing, so I immediately started CPR on the I/M until medical staff arrived and relieved me. I was ordered by Capt.Sophie to report back to ID/REC and escort the DBFD to Unit-2. After escorting DBFD Capt.Sophie ordered me to report back to ID/REC and continue with my daily duties.

STAFF SIGNATURE 	Date: 9/18/2013	Time: 1955
Employee Print Name: Ofc.S.D'Esposito	Employee Number: 1116	



**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White Unit 2

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333		
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908	CELL:	2A2
LOCATION	Unit 2 Cell A2				

On the above date and approximate time I responded to a Code White on Unit 2 A block. When I arrived I responded to Cell 2 where I/M Styffe had a towel tied to the cell door and wrapped it around his neck. Sgt Reyes immediately cut the towel from the door with his 911 tool. The cell door was then opened and I grabbed I/M Styffe's arms and pulled him out. Capt. Sophie then used his 911 tool to remove the towel that was tied around his neck. CPR was then initiated by staff while I placed a CWI blanket underneath I/M Styffe's head. Medical staff then arrived and took over CPR. I had no further action in this Code.

STAFF SIGNATURE

Date: 9/18/2013

Time: 1949

Employee Print Name: E. Brienza

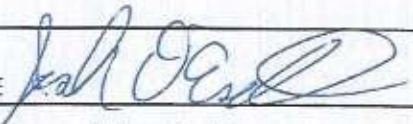
Employee Number: 1114

**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333		
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908	CELL:	2A02
LOCATION	Unit 2 A block				

On the above date and time I was assigned to Unit 2 Ofc. Bidwell called a Code White Unit 2 A Block. I responded to the code by entering the hallway between A and D Blocks. When other staff arrived I opened A Block sallyport door to let staff in A Block. I also entered A Block enough staff was assisting I/M Styffe,W 908333 so I was instructed to exit the Block. Medical staff and Fire services did arrive and took over treatment of I/M .

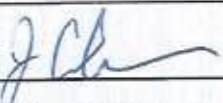
STAFF SIGNATURE  Date: 9/18/2013 Time: 1934  
Employee Print Name: D'Esposito J # 415

**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White Unit 2

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333		
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908	CELL:	2A02
LOCATION	Unit 2 A-Block				

On 9/18/2013 at approximately 1908 hrs I heard a Code White announced for Unit 2 while I was walking to Unit 6. At that time I responded to Unit 2. At no time did I enter A-Block. I saw a staff member doing what appeared to be chest compressions on inmate Styffe, William 908333 2A02. Was unable to see more due to the inmate being on the bottom tier.

STAFF SIGNATURE 

Date: 9/18/2013

Time: 2000

Employee Print Name: J. Coleman

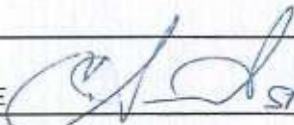
Employee Number: 990

**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White Unit 2

Inmate Name:	Styffe, Willimas	BOOKING NUMBER:	908333		
DATE OF INCIDENT:		TIME OF INCIDENT:	1908-1917	CELL:	2A2
LOCATION	unit 2				

On the above date at approximately 1908, a code white was announced for unit 2 A block. Once on the unit I assisted staff with locking both C & D block down. No further actions were taken or needed by this officer.

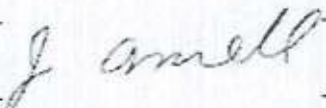
STAFF SIGNATURE	 SANDERS 1167	Date: 9/18/2013	Time: 1929 hours
Employee Print Name:	C. Sanders	Employee Number:	1167

**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333		
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908	CELL:	2A02
LOCATION	Unit 2 A block				

On the above date and time I was assigned to Unit 2 when Ofc. Bidwell called a Code White Unit 2 A Block. I responded by running the gates and letting staff into A-Block. I opened cell 2A-2 as instructed by Sgt. Reyes and then immediate medical attention was given to I/M Styffe by Medical Staff. At 1917 hrs. Fire Services arrived on unit and EVAC arrived at 1926 hrs.. I/M Styffe was escorted off unit at 1937 hrs..

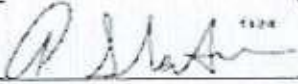
STAFF SIGNATURE		Date: 9/18/2013	Time: 2005 hrs
Employee Print Name:	J. Amell	# 194	

**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333		
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908	CELL:	2A02
LOCATION	Unit 2 A block				

On the above date and time I was assigned to Unit 2 when Ofc. Bidwell called a Code White Unit 2 A Block. I responded by running the gates between C and D block letting staff onto the unit. Immediate medical attention was given to I/M Styffe by Medical Staff. At 1917 hrs. Fire Services arrived on unit and EVAC arrived at 1926 hrs.. I/M Styffe was escorted off unit at 1937 hrs..


STAFF SIGNATURE		Date: 9/18/2013	Time: 2012 hrs
Employee Print Name:	A. Slayton	# 1124	

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

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SUBJECT: Code White Unit 2			
INMATE NAME: Styffe, William	BOOKING NUMBER: 908333		
DATE OF INCIDENT: 9/18/2013	TIME: 1908 hrs	CELL: 2A2L	
VCBJ			

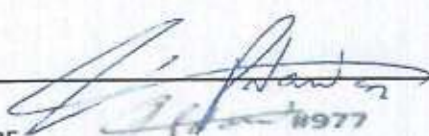
On the above date and approximate time, a Code White was called on Unit 2-A Block. At approximately 1909, Ofc. Norden called control and stated we needed to call EVAC. I called Central and gave all the necessary information and stated we needed EVAC at VCBJ asap for an attempted suicide by an inmate. Fire and Rescue entered the building at approximately 1918 hrs and EVAC entered the building at approximately 1926 hrs. The Code White was secured at approximately 1918 hrs.

	SRO. C. Weller	545	9/18/2013 1930
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT PAGE 1**

SUBJECT: Code White Unit 2 A-Block			
Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908 CELL: 2A02
LOCATION	Unit 2 A-Block		

On the above date and approximate time I responded to a Code White on Unit 2 in A-Block. When I arrived the outer gate was closed and Unit 2 staff was letting medical personnel into the block. Nurse Barbara Turner shouted for someone to call the Control Room and that the inmate was not breathing. I looked in to the window and saw staff performing chest compressions. I turned around and ran to the Court Hall Way phone and called the Control Room and instructed them to call EVAC. I then returned to the Unit 2 sallyport. Officers were leaving A-Block and said for no more staff to enter the area. I then returned to booking. The Code White was secured at 1917. End of report.


STAFF SIGNATURE		Date: 9/18/2013	Time: 1924
Employee Print Name:	SCO P. Norden	Employee Number:	977



VCLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT

SUBJECT: Code white			
INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908
LOCATION:	Unit 2		CELL: 02A02L

On the above date at 1908 hrs I responded to a code white unit 2. Upon arrival to the code white I observed I/M Styffe, William 908333 hanging in front of his cell door with a VCDC towel tightly around his neck. Sgt. Reyes used his Division issued 911 tool and cut the towel through the chow flap with the door remaining closed. The command was then given to roll the door to his cell. Assisting staff entered the cell and pulled I/M Styffe out into the open area in front of his cell he appeared to be a pale slightly gray color at this time. The towel was then removed from his neck, he was motionless and CPR was started at this time. Once medical staff arrived they took over CPR and all treatment for I/M Styffe. I then assisted medical by giving them my Division issued flashlight. I then coordinated with Capt Sophie to ensure that a timeline of events was being written out by staff. Evac staff arrived and assisted Corizon staff. Once he was placed on the stretcher for transport to HMC I secured his legs in leg irons checked them for tightness and double locked them.


	Sgt. Miller	904	9/18/2013 2011
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908
LOCATION	2 -A		

On the above date and time I was in the staff locker room in at VCBJ. Sgt. Waddoups came in and instructed me to "Suit up." and report to I.D. because EVAC was in rout to take a Code White I/m to the hospital . I immediately got dressed and clocked in at 1920. I then reported to I.D. While I was waiting for EVAC to arrive ensured I had all the proper equipment for a transport to the hospital. When EVAC entered the building I escorted both Paramedics to Unit 2 A Block. Upon entering A Block I saw several staff members performing first aid to I/m Styffe. I assisted by handing Nurses items such as a neck brace and straps for the back board. When EVAC was ready to leave Unit 2 with I/m Styffe I escorted them back to I.D. and into the vehicle sally port to the ambulance. I then took a seat in the ambulance where I over hear the Paramedic say the I/m Sttffe was breathing on his own. We then left the Branch jail with the emergency lights and siren on. We arrived at HMC at approx. 1955 and were escorted to room C-26 in the emergency room. At approx. 2130 I was relieved by Ofc. T. Williams and instructed to report back to the Branch jail

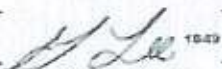
STAFF SIGNATURE	 #1072	Date: 9/19/2013	Time: 0130
Employee Print Name:	Ofc. Ch. Schlapper	Employee Number:	1072

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

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SUBJECT: Code White			
INMATE NAME:	Styffe William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908
LOCATION:	Unit 2	CELL:	2A2L


On the above date and time a Code White Unit 2 Alpha block was announced in which I responded to. When I arrived to Unit 2 Alpha block Inmate Styffe was laying on the floor in the doorway of cell 2 with several staff members near him. Medical then took over and began working on Inmate Styffe. Capt Sophie then instructed me to go back to my assigned housing unit. I did as instructed.

	G. LEE	1049	9/18/13 1917
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

SUBJECT: Code White Unit 2			
INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908
LOCATION:	Unit 2	CELL:	2

On the above date and time a Code White Unit 2 Alpha block was announced in which I responded to. When I arrived to Unit 2 Alpha block Inmate Styffe was laying on the floor in the doorway of cell 2 with several staff and medical around him performing what appeared to be CPR. Capt Sophie then instructed everyone who was not involved with the code to return to their assigned housing units. I did as ordered and returned to Unit 7.


	J. Johnston	1150	9/18/2013 1948
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

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SUBJECT: Code White			
INMATE NAME: Styffe, William		BOOKING NUMBER: 908333	
DATE OF INCIDENT: 9/18/2013		TIME: 1930	CELL: 2A
LOCATION: Unit 2			

At approx 1929 hrs I was instructed by Lt McBride to take a full set of restraints to Unit-2. When I arrived on the unit I saw Sgt Miller and handed him the full set of restraints... no other force was used by this Officer. End of Report

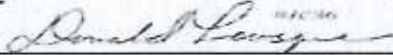
	Sro. A.Davis	700	9/18/2013
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

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SUBJECT: Code White Unit #2			
INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908
LOCATION:	Unit #2	CELL:	2A02

On the above date at approximately 1908 I responded to a Code White on Unit #2. When I arrived other staff where inside A-block with Medical staff doing CPR on inmate Styffe, William #908333. I waited at the locked door and observed staff taking turns doing CPR on the inmate. Other staff where directed to leave the block and the code was cleared, I then returned to my Unit. End of Report

	Ofc. D. Levesque	1036	9/18/13@1300
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

SUBJECT: Code White Unit 2		
INMATE NAME: Styffe, William	BOOKING NUMBER: 908333	
DATE OF INCIDENT: 9/18/2013	TIME: 1908	CELL: 2A2
LOCATION: Unit 2		

On the above date and time I responded to the Code White that was called on Unit 2. I arrived at Unit 2 and entered the block with Sgt. Reyes and Sgt. Miller. Inmate Styffe appeared to be hanging from his door. Sgt. Reyes and Sgt. Miller released the inmate from the door and Officer D'Esposito began doing chest compressions on inmate Styffe. I was told by Sgt Reyes to remain outside of the cell. Medical staff then entered the block and began CPR on inmate Styffe. I was then by Capt Sophie told to return to Unit 5.


<i>T. Royal 1190</i>	Officer T. Royal	1190	9/18/2013
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT**

PAGE \_\_\_\_\_

SUBJECT: Code White			
INMATE NAME:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME:	1908
LOCATION:	Unit 2	CELL:	2A2L

On the following date and time as stated above. A Code White on unit 2A block was called. I Off. Clemmons rsponded to this code. Upon arriving on this unit I observed sufficient staff in this block along with medical staff. I assisted staff on the unit as needed end of report.

	L. Clemmons	# 400	09/18/2013 1925
STAFF SIGNATURE	PRINTED NAME	NUMBER	DATE & TIME



**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Code White Unit 2

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333		
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908hrs	CELL:	A02
LOCATION	Unit 2				

On the above date and time I responded to a Code White on Unit 2 A-Block. When I entered Unit 2 A-block staff and medical personnel had already responded and were attempting to resuscitate I/m Styffe, William 908333. I had no interaction with the situation and was instructed to report back to my Housing Unit.

Date: 9/18/2013

Time: 1930

Employee Print Name: Ofc. Stoneking



Employee Number: # 1081

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/18/2013	TIME OF INCIDENT:	1908
LOCATION	Unit 2	CELL:	2A02L

On the above date and time I responded to a Code White at the above location. When I arrived the I/M was hanging from a towel inside his cell. Staff opened the chow flap and cut the towel to release the I/M from hanging. The cell door was then opened and staff cut the towel from around his neck. The I/M was laying on the ground motionless and his skin was a grayish-white color. He did not appear to be breathing at this time. Staff immediately began chest compressions. Medical arrived and took over chest compressions and began giving the I/M oxygen. I assisted by shining my flashlight on the I/M as medical was attempting to revive him. Once an IV was started I assisted by holding the bag so the IV could flow freely, and so medical staff would not have to be utilized with such a mundane task. Once EVAC personnel determined that the I/M needed to be transported to Halifax Medical Center for further treatment I assisted by lifting the backboard that the I/M was placed on and carrying him up to the dayroom where the stretcher was being staged. I then assisted by holding the pillows on either side of his head while EVAC taped his head in place. The I/M was then taken out of the block. I remained in the block to help clean up and I then cut down the rest of the towel from the door. Capt. Sophie took photographs of the cell and all of the evidence was collected from the cell and placed in a clear garbage bag for further investigation.

STAFF SIGNATURE	<i>[Signature]</i>	Date: 9/18/2013	Time: 2003
Employee Print Name:	Sgt. Talamo	Employee Number:	938

VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS  
REPORT

PAGE \_\_\_ of \_\_\_

INMATE NAME Styffe, William BOOKING NUMBER 908333 CELL NUMBER 2A02  
SUBJECT Code white LOCATION u-2 DATE 9-18-13 TIME 108

On the above date and time I responded to a code white unit 2A02. When I arrived several staff were ahead of me. I observed staff open cell 2A02 door and pull I/m Styffe, William 908333 out of the cell on his back. Staff cut something from around his neck and CPR was started. Medical staff arrived and took over. I was instructed by Capt. Sophie to get another Brave staff and prepare for transport with EVAE. I found Off. Slapper and told him to get ready for transport. Off. Slapper rode with EVAE and I drove chase in 368. We were taken to E.R. C-26.


OFFICER'S SIGNATURE [Signature] 312 DATE 9-18-13 TIME 2135

VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS  
REPORT

PAGE 1 of 1

INMATE NAME Stuffe, Wm BOOKING NUMBER 908333 CELL NUMBER 2A21  
SUBJECT Code White LOCATION 2A DATE 9/18/13 TIME 1908

On Above time + date Code White  
Called on Unit 2A, Wm Stuffe, WM 908333  
Laying on the floor, ⊖ Pulse ⊖ Breathing,  
CPR, AED applied, Advised to call 911,  
→ this Author assisted in Supplying  
Medical Supply to other nurse. Eval  
arrived and transport Wm to hospital  
for treatment. End of report

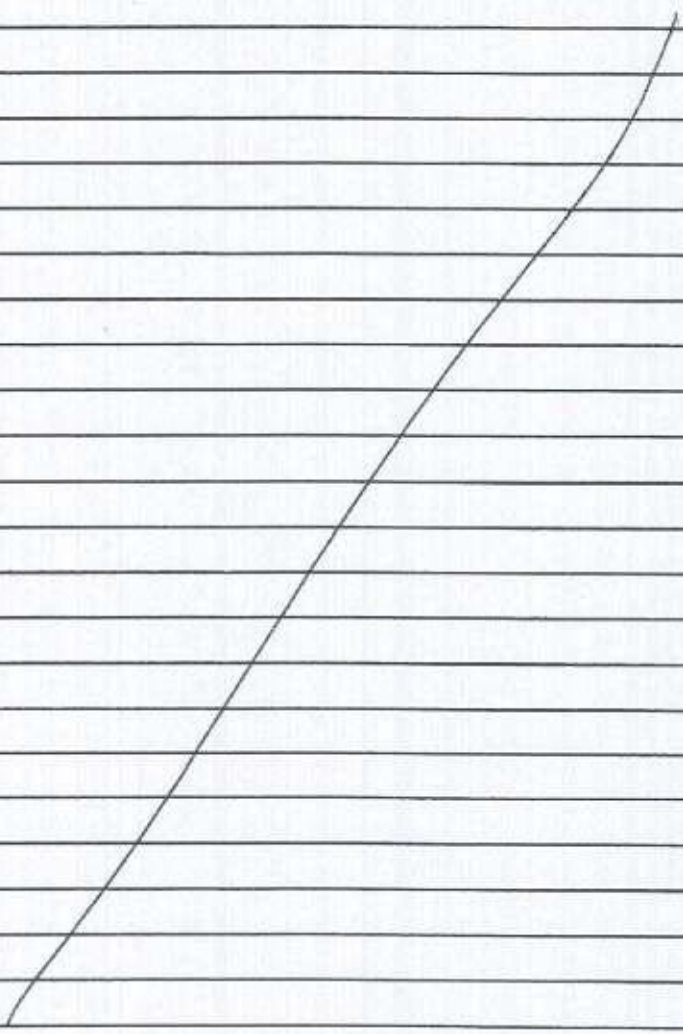
OFFICER'S SIGNATURE  DATE 9/18/13 TIME 0100

VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS  
REPORT

PAGE \_\_\_ of \_\_\_

INMATE NAME Styffe, William BOOKING NUMBER 908333 CELL NUMBER  
SUBJECT Code White LOCATION Unit 2 DATE 9/18/13 TIME 1908

Code White called - I'm found unresponsive  
without pulse or respiration - apparent  
hanging. CPR started - AED attached  
IV started. EVAC / Fire Dept responded &  
assumed care of inmate.



OFFICER'S SIGNATURE B. White DATE 9-18-13 TIME 2300

B. WHITE, RN

INMATE NAME Stuffer, Wm BOOKING NUMBER 908333 CELL NUMBER 2A24  
SUBJECT Code, White LOCATION 2A DATE 9-18-13 TIME 1908

On the above date & time, I attended a code, white, called for unit 2A with other medical & security staff. Upon entering unit 2A it was noted that CPA was begun by security officers on Wm Stuffer, who was unresponsive, with a pulse, & breathing. I relieved security & began CPR chest compressions. Chest compressions were continued until I was relieved by another medical staff. Security was advised to contact 911, AED was applied & utilized, & IV line started. CPR was continued until fire dept & med arrived at which time medical & security assisted. fire & med in stabilizing Wm Stuffer until stable for transport to Halifax hospital.

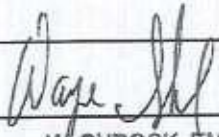
OFFICER'S SIGNATURE R. Boad LON DATE 9-18-13 TIME 0105

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT PAGE 1**

SUBJECT: Code White

Inmate Name:	Styffe, William	BOOKING NUMBER:	903888
DATE OF INCIDENT:	9/18/3012	TIME OF INCIDENT:	1908
LOCATION	Unit 2, A block	CELL:	2A2

At 1908 on 9/18/2013 a Code White was called for Unit 2. Upon my arrival on Unit 2 A block, in front of 2A2 Officer D'Esposito was doing CPR on I/M Styffe, William 908333. Nurse Booth relived Officer D'Esposito and I relived Nurse Booth and did CPR on Styffe. The AED was attached to Styffe and indicated no shock advised. I continued CPR until a pulse was found. Styffe had a pulse at 115 and was attempting to breath. I started to assist with Styffes breathing with a bag-valve mask. Upon arrival of VCFD an attempt was made to intubate Styffe without success. I then started an IV of .09% Normal Saline in the Right wrist. At that Styffe was breathing on his own, however was still unresponsive. Upon arrival EVAC, Styffe was placed on a backboard, C-Collar and Head blocks were placed. Styffe was transported to Halifax via EVAC. End of Report

STAFF SIGNATURE 	Date: 9/19/2013	Time: 0130
Employee Print Name: W. SHROCK, EMT-P	Employee Number: N/A	

VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS  
REPORT

PAGE 1 of 1

INMATE NAME Stuffee, BOOKING NUMBER 908333 CELL NUMBER 2<sup>A</sup>2<sup>d</sup>  
SUBJECT CODE WHITE LOCATION 2<sup>A</sup> DATE 9-18-13 TIME 1908

On the above date and time, I assisted with a Code White called for William Stuffee on unit 2<sup>A</sup>. Upon arrival to scene, I noted that CPR had been initiated by officers on Stuffee. I/M was unresponsive, no pulse, not breathing. I assisted with supplemental oxygen via Ambu-bag throughout the entirety of the code until EMTs arrived. Fire & EMTs administered further care upon arrival, ensuring Stuffee to be stable for transport to Halifax Health Medical Center.

OFFICER'S SIGNATURE

 M. Paris, RN

DATE

9-18-13

TIME

0230



## CODE WHITE CHECKLIST

Date: 9/18/2013 Custody Supervisor: Captain Sophie Time: 1908  
 Control Notified:  Yes  No By: Ofc. O. Bidwell Location: 2A2

1) Time Announced: 1908 Time Secured: 1917  
 Inmate Name: Szyffe, William Booking Number: 908333 Cell Assignment: 2A2

2) Responding Uniformed and Medical staff:

Responder Name	Time	Title	Responder Name	Time	Title
See attached list	1908				

3) First responder intervention:

Responder Name	Time	Title	Responder Name	Time	Title
S. D'Esposito	1908	Security	B. White	1908	Medical
M. Reyes	1908	Security	W. Shrock	1908	Medical
T. Sophie	1908	Security	M. Paris	1908	Medical
B. Turner	1908	Medical			
B. Booth	1908	Medical			

4) EVAC (if applicable): Notified: 1912 Arrived: 1926 Departed: 1939

5) Time inmates on the unit/wing secured: NA

6) Facility Supervisor or SDO notified: Name: AW Reinhart Time: 1925

7) Time Medical Director Notified: 1945

8) Hospital equipment checklist (if transported to hospital):

- A)  Copy of the inmates VCDC 214
- B)  One hospital packet
- C)  Weapon(s) and ammunition
- D)  Restraints (to include: handcuffs, leg irons, belly chain, plastic wrist restraints, a handcuff key, a cellular phone, and a hospital security card)

9) Escorting officer(s): Sgt Waddoups Ofc Schlapper

10) Photos obtained (if appropriate):  Yes  No

11) Ensure all paperwork (VCDC 401, 402, 721, 728) is complete. Prepare a chronological report and forward all paperwork to the Facility Supervisor. Refer to the Suicide Reports Check List.

**Responding Uniformed and Medical Staff:**

**Security Staff:**

T. Royal  
L. Clemmons  
C. Stoneking  
D. Levesque  
J. Johnston  
A. Davis  
E. Brienza  
G. Lee  
J. D'Esposito  
C. Lambert  
S. D'Esposito  
J. Talamo  
M. Reyes  
M. Miller  
T. Sophie  
J. Coleman  
C. Sanders  
R. Isler  
B. Waddoups  
J. Amell  
A. Slayton  
O. Bidwell  
P. Norden  
C. Weller  
C. Schlapper

**Medical Staff:**

B. White  
B. Turner  
W. Shrock  
B. Booth  
M. Paris

Note: An inmate can only be pronounced dead by either a physician or Medical Examiner.

1) Secure the scene Time: 1939

2) A staff member is to be posted at the scene to fill out the chronological list of staff entering/exiting the scene. (appropriate form attached)

3) VCSO Notified:
a) Arrived: Name(s): Time:
b) Departed: Time:
b) Departed: Time:

4) Medical Examiner Notified: Time:
a) Name: NA Time of Arrival:
Time of Departue:

5) Activate ICS using admin group page # 820-4360:

Table with 4 columns: Staff Member, Phone #, Contacted (Yes/No), Time Call Returned. Rows include Director, Assistant Director-Operations, Assistant Director Admin, Facility Supervisor-VCBJ, Facility Supervisor-VCCF, and SDO.

6) Mental Health Staff Notified: Time: 2030
a) Name: Anna Williams, Chris Bianco, Gina Birt
b) Time Arrived: 2125 Time Departed: 0115

7) Medical (medical personell are to notify next of kin): Time:
a) Person notified:

8) VCSO will direct the investigation and may ask Security Staff to assist them.
a) Written inmate statements may be obtained as directed by the VCSO
b) Make a copy of the block roster

9) Clean up of the scene can only be approved by the Sheriff's investigator.
a) Approved by: Time:

10) Inmates and staff involved and or in the area are to be interviewed by the Mental Health Staff

## 11) Pull inmate's records (check if completed):

- A)  VCDC-214
- B)  Case Management file
- C)  Medical/Mental health file
- D)  Visitation card or CJIS print out
- E)  Booking card
- F)  Commisary order form
- G)  Notify Case Management to be on the look out for any paperwork not yet filed or "in transit". Upon receipt they are to be forwarded to the Division's Records Custodian.

## 12) Pull inmate's property (check as completed)

- A)  From property room
- B)  Bulk storage
- C)  Vault
- D)  Any funds in the inmate's account

13) All involved personnel shall submit a written report prior to being released from duty. Ensure all paperwork (VCDC-401, 402, 721, 728) is complete. Prepare a chronological report and forward all paperwork to the Facility Supervisor. (refer to the Suicide Reports Check List.)

14) All staff involved shall remain on duty released by the Sheriff's Investigator.

15) Was a press release prepared by the Director's office (or designee)? \_\_\_\_\_

16) A complete copy of the Medical/Case Management file, including all Suicide/Attempt Checklist and reports generated by the death, shall be made and routed as follows (check as completed):

- A)  Original to the Facility Supervisor of the involved institution.
- B)  Four (4) copies to:
  - 1)  Corrections Director
  - 2)  Division's Records Custodian
  - 3)  County Legal (through the Records Custodian)
  - 4)  Suicide Task Team Chair

## SUICIDE REPORTS CHECKLIST

(Note: Refer to PST 305.04 for distribution of reports)

REPORT DESCRIPTION	YES	NO (EXPLAIN)
Unit logbook pages(Print from JMS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corrections' and support personnel incident reports. (VCDC-401,402,721, & 728)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Block roster	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital reports (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
VCSO reports	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Mental Health file	<input type="checkbox"/>	<input type="checkbox"/>
Case Management file	<input type="checkbox"/>	<input type="checkbox"/>
Booking card	<input type="checkbox"/>	<input type="checkbox"/>
Visitation card	<input type="checkbox"/>	<input type="checkbox"/>
Inmate statements	<input type="checkbox"/>	<input type="checkbox"/>
Telephone logs	<input type="checkbox"/>	<input type="checkbox"/>
Press release	<input type="checkbox"/>	<input type="checkbox"/>
Gather paperwork not yet properly filed	<input type="checkbox"/>	<input type="checkbox"/>
Prepare a chronological time line of critical events. (e.g. code response times, EVAC, time of death)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suicide checklists: On scene, responders, reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### REMINDERS ABOUT REPORTS

Gather information from every staff member regardless of assignment. (security/medical/civilian)

What each person observed and did during the incident.

Include times (or time estimates) for arrival, departure, and major activities in reports.

When the inmate was last seen alive? (time, prior activity: count, meals, ect.)

How was staff alerted about the incident?

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### CHRONOLOGICAL LIST OF STAFF RESPONDING TO THE SCENE (SUICIDE)

VOLUSIA COUNTY DIVISION OF CORRECTIONS



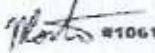
**VOLUSIA COUNTY DIVISION OF CORRECTIONS**  
**SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Inmate Styffe, William Shower

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/17/2013	TIME OF INCIDENT:	0100 hrs
		CELL:	

LOCATION

During the night of 9/17/2013 at approximately 0100hrs Inmate Styffe was offered a shower by myself and Ofc. Shore. I/m Styffe was give shower shoes and a towel, secured in handcuffs behind the back and escorted to the left side enclosed shower area in 2 A block. The handcuffs were then removed from Inmate Styffes wrists. Once Inmate Styffe was completed with his shower we reapplied handcuffs behind his back escorted him to his cell. Once Inmate Styffe was In his cell Ofc. shore took the towel and shower shoes and motioned to have his door closed. Once the door was closed I removed the handcuffs and secured his chow flap shut. I continued with shower I had no further contact with Inmate Styffe.

STAFF SIGNATURE		Date: 9/27/2013	Time: 0803
Employee Print Name:	Morton. M	Employee Number:	#1061

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
SUPPLEMENTAL REPORT      PAGE 1**

SUBJECT: Inmate Styffe, William 908333 shower

Inmate Name:	Styffe, William	BOOKING NUMBER:	908333
DATE OF INCIDENT:	9/17/2013	TIME OF INCIDENT:	CELL:
LOCATION			

On 9/17/2013 at approximately 0100 hrs Inmate Styffe was offered a shower by myself and Ofc Morton. Inmate Styffe was give shower shoes and a towel, secured in handcuffs behind his back and escorted to the left side shower area in 2 A block. Once secured in the shower the handcuffs were removed from his wrists. After Innate styffee was done with his shower we reapplied the handcuffs to the rear of his back and escorted him back to his cell. I took the towel and shower shoes and motioned to have his door closed. once the door was closed Ofc Morton removed the handcuffs and secured his chow flap shut.

STAFF SIGNATURE	<i>H. Shore #1034</i>	Date: 9/27/2013	Time: 0825
Employee Print Name:	H. Shore	Employee Number:	1034



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 130025911																			
Agency ORI Number FL0640000				Zone # JL		Telephone Handled Call? (T.H.C.) 1. Yes 2. No <input checked="" type="checkbox"/>																	
Reported: Day Wednesday		Date 09-18-2013		Time (mil.) 1912		Time Dispatched (mil.) 1913		Time Arrived (mil.) 1932		Time Completed (mil.) 2008		Nature of Call (Report Type) 37A Attempted Suicide											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Incident: Day From Wednesday		Date 09-18-2013		Time (mil.) 1908		TO Day Date Time (mil.) Occurred During: D - Day U - Unknown N - Night <input checked="" type="checkbox"/>											
Offense #1 9		Type 7777777		Statute Violation Number 7777777		Description All other non-crimes						A - Attempted C - Committed <input checked="" type="checkbox"/>											
Offense #2		Type		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 Branch Jail				# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No <input checked="" type="checkbox"/>		Alcohol Related 0. N/A 1. Yes 2. No <input checked="" type="checkbox"/>		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		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/Club		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/Woodland/Field 28. Lake/Waterway		29. Motor Vehicle 30. Other Mobile 88. Unknown 89. Other							
V/W Code V-Victim N-Next of Kin W-Witness D-Other R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.F. 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. N/A 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, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss Broken Bones		06. Poes. Internal Injury 07. Loss of Teeth 08. Burns		09. Abrasions/Bruiases 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child H-Co-tenant B-Sibling C-Other Family 2-Other									
Offense Indicator 1. #1 3. Both 2. #2		V/W Code V		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident)				Name (Last/Business) Styffe		(First) William		(Middle)							
Address (Street, Apt. Number) 3883 Lyons Road #203												City Coconut Creek		State FL		Zip 33073		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 Victim to the attempted suicide.															
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 05-21-1980		Age 32		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code O		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident)				Name (Last/Business) Shrock		(First) Wayne		(Middle)							
Address (Street, Apt. Number) 1300 Red John Drive												City DAYTONA BEACH		State FL		Zip 32124		Residence Phone (386) 254-1547					
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 VCBJ Medic who worked on the victim.															
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 02-01-1958		Age 55		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		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	
Offense Indicator 1. #1 3. Both 2. #2		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	
Offense Indicator 1. #1 3. Both 2. #2		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	

# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

IF MISSING

SUBJECT / MISSING SECTION

IF MISSING

NARRATIVE

ADMINISTRATIVE

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.											

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.											

1 On Wednesday September 18, 2013 at 1913 hours, Deputy Lovechio responded to the Volusia County Branch Jail (VCBJ) located at 1300 Red  
 2 John Drive, Daytona Beach. Upon arrival, contact was made with Corrections Officer (CO) Capt. Sophie.  
 3  
 4 Capt. Sophie stated an inmate, William Styffe (V1), attempted to commit suicide while inside of his cell. Capt. Sophie advised Styffe was in cell  
 5 block 2 A which is a medical block for inmates on suicide watch. Capt. Sophie said at approximately 1908 hours, CO Bidwell was conducting a  
 6 walk through of the cell block. CO Bidwell stated he did not see Styffe immediately so he opened to hatch for food trays and saw Styffe lying on  
 7 the ground. CO Bidwell advised he saw a towel wrapped around Styffe's neck and the other end was wedged into the cell door. CO Bidwell said  
 8 Sgt. Reyes cut the towel and informed other staff members of the incident. CO Bidwell stated Styffe had two(2) towels tied together and he was  
 9 attempting to hang himself by putting the towel in the door and laying on the ground.  
 10

Final Case Status: <u>5</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"/> Tried	<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 Lovechio, Anthony	Officer Reporting - Signature <i>Deo G. Lovechio</i>	ID. Number 7945	Unit 1D33	Date 09-18-2013
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for incident)	Agency Report Number	1. Original
	09-18-2013	1912	09-18-2013	37A	130025911	2. Supplement 1

11 Sgt. Reyes informed VCBJ Paramedic Wayne Shrock (O1) of the incident to which Shrock began CPR on Styffe. Shrock said he kept doing  
 12 CPR on Styffe until EVAC personnel arrived on scene. Shrock advised Styffe was not breathing initially but he began to start breathing once  
 13 EVAC assisted with CPR. Shrock stated EVAC transported Styffe to Halifax Hospital.  
 14  
 15 Capt. Sophie stated the inmates in cell block 2 A are visually checked every fifteen(15) minutes. Capt. Sophie advised none of the inmates in  
 16 this cell are supposed to have towels but Styffe somehow had two(2). Capt. Sophie said Styffe attempted to commit suicide the morning of  
 17 September 14, 2013 at Palm Beach County Jail (PBCJ). Capt. Sophie stated PBCJ transported Styffe to VCBJ the afternoon of September 14,  
 18 2013 even though the transport was scheduled for September 16, 2013. Capt. Sophie advised he took photographs of the cell, took possession of  
 19 the towels as evidence and VCBJ is doing their own internal report of the incident.  
 20  
 21 Deputy Lovechio completed a report for documentation purposes only. Deputy Lovechio supplied Capt. Sophie with a business card containing  
 22 the case number and advised him of the case status.  
 23  
 24 Case status: Closed

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status: 5	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Youv. 3.Exceptional/Adult 4.Exceptional/Youv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Trid	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <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 Lovechio, Anthony	Officer Reporting - Signature <i>Anthony Lovechio</i>	ID. Number 7945	Unit 1D33	Date 09-18-2013
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

Page 1 of 3 Pages

<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>13D025911</b>	
Agency ORI Number <b>FL0640000</b>		Zone # <b>JL</b>		Telephone Handled Call? (T.H.C.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Reported: Day <b>Wednesday</b>	Date <b>09-18-2013</b>	Time (mil.) <b>1912</b>	Time Dispatched (mil.) <b>1913</b>	Time Arrived (mil.) <b>1932</b>	Time Completed (mil.) <b>2008</b>
Incident Type: 1. Felony 2. Traffic Felony			Incident: Day <b>Wednesday</b>		
3. Misdemeanor 4. Traffic Misdemeanor			Date <b>09-18-2013</b>		
5. Ordinance 9. Other			Time (mil.) <b>1908</b>		
Nature of Call (Report Type) <b>37A Attempted Suicide</b>			Occured During: D - Day U - Unknown N - Night		
Offense #1 <b>9</b>		Statute Violation Number <b>7777777</b>		Description <b>All other non-crimes</b>	
Offense #2		Statute Violation Number		Description	
Incident Location (Street, Apt. Number) <b>1300 Red John Drive</b>					
City <b>DAYTONA BEACH</b>			Zip <b>32124</b>		
Business Name / Area Identifier <b>Volusia County Branch Jail</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		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	
Arson-Attempted 1. Yes 2. No		Location Type Codes			
19		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			
VW Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Vicim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 8. Other		Address/Phone Type E. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other 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. N/A 3. Florida 1. City 4. Out-of-State 2. County	
Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruiases 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss Broken Bones 08. Burns 88. Other Serious Injury	
Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant			
Offense Indicator 1. #1 3. Both 2. #2		VW Code # V. Type		Nature of Call (for Victim, if different from incident)	
1 1 3				Name (Last/Business) (First) (Middle) <b>Styffe William</b>	
Address (Street, Apt. Number) <b>3883 Lyons Road #203</b>					
City <b>Coconut Creek</b>			State <b>FL</b>		
Zip <b>33073</b>			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 <b>Victim to the attempted suicide.</b>					
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	
1 2 3		W M		M	
09-21-1980		32		N	
2		1			
Address (Street, Apt. Number) <b>1300 Red John Drive</b>					
City <b>DAYTONA BEACH</b>			State <b>FL</b>		
Zip <b>32124</b>			Residence Phone <b>(386) 254-1547</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.)			
Synopsis of Involvement <b>VCBJ Medic who worked on the victim.</b>					
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	
1 2 3		W		M	
02-01-1958		55		N	
2		1			
Address (Street, Apt. Number) <b>1300 Red John Drive</b>					
City <b>DAYTONA BEACH</b>			State <b>FL</b>		
Zip <b>32124</b>			Residence Phone <b>(386) 254-1547</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.)			
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	
1 2 3					
Address (Street, Apt. Number) <b>1300 Red John Drive</b>					
City <b>DAYTONA BEACH</b>			State <b>FL</b>		
Zip <b>32124</b>			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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Address (Street, Apt. Number) <b>1300 Red John Drive</b>					
City <b>DAYTONA BEACH</b>			State <b>FL</b>		
Zip <b>32124</b>			Residence Phone		
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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	
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City <b>DAYTONA BEACH</b>			State <b>FL</b>		
Zip <b>32124</b>			Residence Phone		
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Phone Type		Other Contact Info (Time Available, Interpreter, etc.)			
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Date of Birth		Age		Ethnicity	
Res. Type		Res. Status		Means of Attack	
Extent of Injury		Domestic Violence		Relationship	
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City <b>DAYTONA BEACH</b>			State <b>FL</b>		
Zip <b>32124</b>			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					

# 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			
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	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			
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	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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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	<p>1 On Wednesday September 18, 2013 at 1913 hours, Deputy Lovechio responded to the Volusia County Branch Jail (VCBJ) located at 1300 Red John Drive, Daytona Beach. Upon arrival, contact was made with Corrections Officer (CO) Capt. Sophie.</p> <p>2</p> <p>3</p> <p>4 Capt. Sophie stated an inmate, William Styffe (V1), attempted to commit suicide while inside of his cell. Capt. Sophie advised Styffe was in cell block 2 A which is a medical block for inmates on suicide watch. Capt. Sophie said at approximately 1908 hours, CO Bidwell was conducting a walk through of the cell block. CO Bidwell stated he did not see Styffe immediately so he opened to hatch for food trays and saw Styffe laying on the ground. CO Bidwell advised he saw a towel wrapped around Styffe's neck and the other end was wedged into the cell door. CO Bidwell said Sgt. Reyes cut the towel and informed other staff members of the incident. CO Bidwell stated Styffe had two(2) towels tied together and he was attempting to hang himself by putting the towel in the door and laying on the ground.</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>													
	Final Case Status: <u>5</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"/> T.I. BOLO		<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry		<input type="checkbox"/> FCIC / NCIC Cancel		Date: By:			
	<input type="checkbox"/> CAC		Spoke With:		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 Lovechio, Anthony				Officer Reporting - Signature <i>Deo G. Lovechio</i>				ID. Number 7945		Unit 1033		Date 09-18-2013	
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for incident)	Agency Report Number	1.Original	2.Supplement
09-18-2013	1912	09-18-2013	37A	130025911		1
<p>11 Sgt. Reyes informed VCBJ Paramedic Wayne Shrock (O1) of the incident to which Shrock began CPR on Styffe. Shrock said he kept doing                      12 CPR on Styffe until EVAC personnel arrived on scene. Shrock advised Styffe was not breathing initially but he began to start breathing once                      13 EVAC assisted with CPR. Shrock stated EVAC transported Styffe to Halifax Hospital.                      14                      15 Capt. Sophie stated the inmates in cell block 2 A are visually checked every fifteen(15) minutes. Capt. Sophie advised none of the inmates in                      16 this cell are supposed to have towels but Styffe somehow had two(2). Capt. Sophie said Styffe attempted to commit suicide the morning of                      17 September 14, 2013 at Palm Beach County Jail (PBCJ). Capt. Sophie stated PBCJ transported Styffe to VCBJ the afternoon of September 14,                      18 2013 even though the transport was scheduled for September 16, 2013. Capt. Sophie advised he took photographs of the cell, took possession of                      19 the towels as evidence and VCBJ is doing their own internal report of the incident.                      20                      21 Deputy Lovschio completed a report for documentation purposes only. Deputy Lovschio supplied Capt. Sophie with a business card containing                      22 the case number and advised him of the case status.                      23                      24 Case status: Closed</p>						
<p>Final Case Status: 5</p> <p>Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded</p> <p><input type="checkbox"/> Victim Advocate <input type="checkbox"/> Tired <input type="checkbox"/> SA Referral</p> <p><input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC Spoke With: Date: Time: <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO Date: By: <input type="checkbox"/> FCIC / NCIC Cancel</p> <p>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 Street <input type="checkbox"/> Other Describe: _____</p> <p>Officer Reporting - Printed: Lovechio, Anthony Officer Reporting - Signature: <i>Anthony Lovechio</i> ID. Number: 7945 Unit: 1D33 Date: 09-18-2013</p> <p>Officer Reviewing - Printed (If Applicable): Officer Reviewing - Signature (If Applicable): ID. Number: Unit: Date:</p>						

NARRATIVE / CONTINUATION

ADMINISTRATIVE

So much as may concern, Medical staff wishes to give a great appreciation to Security staff on 9.18.13 for all their assistance at the code, White on unit 2A. Security did a outstanding job in ~~ass~~ helping medical with this code. As Capt Sophie took control of securing the scene & ensuring proper placements, Prompting 911, and delegating tasks. Upon medical arriving officer ~~W~~ Estorita was performing very competent chest compressions, Sgt Reyes insured medical safety, & Sgt Toleno assisted with numerous medical tasks. And many other officers were available to using medical equipment as needed. Many thanks to all who helped & the team work that was displayed at this code on 9.18.13

Sincerely  
VCBS Medical Staff (Braun shift)

OFFICER'S SIGNATURE Barby Bood LON DATE 9.19.13 TIME 0700

VCDC 402  
Revised 7/25/95 CR-0059-0895

Barbara Turner Barbara White Rd  
1 1 11 2 . . . 0 . 1

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
CONTROL CARD (214)**

NAME: **STYFFE, WILLIAM** DOB: 9/21/1980 BOOKING NO: 908333  
 ADDRESS: 3883 LYONS RD 203 AGE: 32 POB:  
 COCONUT CREEK, FL 33073-0000 R/S:W\M HGT:510 WGT:160 HR:BRO EYE:BRO  
 ALIAS: SMT: [REDACTED]

----- Next of Kin -----

NAME: STYFFE, PHILLIP  
 ADDRESS: 3883 LYONS ROAD COCONUT CREEK FL -  
 Father

NAME: STYFFE, PHILLIP  
 ADDRESS: -  
 Mother

NAME: HART, NANCY  
 ADDRESS: -

----- REMARKS -----

ROBBERY 100000.00  
 TRAFFICKING IN OXYCODONE (14 to 28 g)  
 ROBBERY 200000.00



RT THUMB RT THUMB

DT/TIME OF RLS: .....

SIG. RLS. OFF: .....

ITEM	COMMENT	ISSUED	ITEM	ADMISSION COMMENT	RELEASE ISSUED
1 Blanket	.....	<input type="checkbox"/>	1 Bra	.....	<input type="checkbox"/>
1 Blue Shorts	.....	<input type="checkbox"/>	1 Blue T-Shirt	.....	<input type="checkbox"/>
1 Coat	.....	<input type="checkbox"/>	1 Comb	.....	<input type="checkbox"/>
1 Green Shorts	.....	<input type="checkbox"/>	1 Green T-Shirt	.....	<input type="checkbox"/>
1 Inmate Handbook	.....	<input type="checkbox"/>	1 ID Wristband	.....	<input checked="" type="checkbox"/>
1 Jumpsuit	.....	<input checked="" type="checkbox"/>	1 Kitchen Pants	.....	<input type="checkbox"/>
1 Kitchen Shirt	.....	<input type="checkbox"/>	1 Laundry Bag	.....	<input type="checkbox"/>
1 Pillow Case	.....	<input type="checkbox"/>	2 Shower Slides	.....	<input checked="" type="checkbox"/>
2 Sheets	.....	<input type="checkbox"/>	1 Soap	.....	<input type="checkbox"/>
2 Socks	.....	<input type="checkbox"/>	1 Toothbrush	.....	<input type="checkbox"/>
1 Towel	.....	<input type="checkbox"/>	1 Toothpaste	.....	<input type="checkbox"/>
1 White T-Shirt	.....	<input type="checkbox"/>	1 Underwear	.....	<input type="checkbox"/>
1 Washcloth	.....	<input type="checkbox"/>		.....	

I, STYFFE, WILLIAM 908333, acknowledge receipt of the items indicated above. I understand that I am responsible for and will be held accountable for all the items issued upon release. Should they be lost or destroyed I understand the cost will be deducted from my trust fund account. I also understand and agree that the Volusia County Division of Corrections is not responsible for the safekeeping of any personal items I may wish to keep in my housing assignment. I hereby certify that I was permitted telephone calls at VCBJ and that I received a copy of the inmate handbook of rules and regulations.

INMATE SIG..... OFF SIG..... DT..... TIME.....

DRESS OUT TIME: ..... PROPERTY LOCATION: HKBJ 1601

OFF SIG: ..... PIN: 4521



September 19, 2013 05:58

### Jail Management System Demographics - 908333 STYFFE, WILLIAM

Booking No: 908333	SPN: 818231	Book Date: 09/10/2013 15:22		
Last Name: STYFFE	First Name: WILLIAM	Middle Name: Suffix: <input type="text"/>		
Address: 3883 LYONS RD 203	City: COCONUT CREEK	State: FL Zip Code: 33073-0000		
DL Number: S310923803410	DL State: FL	PIN: 4521 Phone: ( ) -		
Education: 4 Yr Degree	Sheriff's Signal Codes	Status: FOHM	Admission Type: Normal	
Marital Status: Single		Translation Req'd: <input type="text"/>	Arrest Type: HOLD	
Occupation: Other		Language: English	Arrest Date: 09/10/2013 15:15	
Religion: JEWISH		Illegal Alien: <input type="text"/>	Arrest Agency: VCSO - VOLUSI	
Indigent Type: Legal Indigent		FCIC/NCIC Check? Y	Arrest Officer: AMATO,ANTHONY	
Sex: Male	Current Age: 32	Height: 510	Eye: Brown	DLE No: <input type="text"/>
Race: White (Incluc)	Age at Arrest: 32	Weight: 160	Hair: Brown	FBI No: <input type="text"/>
Ethn: <input type="text"/>	POB: <input type="text"/>	POB: XX	Complexion: <input type="text"/>	DOC No: <input type="text"/>
DOB: 09/21/1980	Citizenship: <input type="text"/>	DNA: <input type="text"/>		
Comments: AMATO,ANTHONY/7731, 09/10/13 MHC:15S PER MEDICAL SERRINO, HMC 506				

Inmate Detail

Booking No.	SPN	Inmate Name	Housing Location	Security/Hdly Status	Seg
908333	818231	STYFFE, WILLIAM	VCBJ-HOSP-X-X-005	MAXM	FOHM   MHC



Mugshot Taken at 09/10/2013 3:27 PM by INTERFACE

**Jail Management System**  
**Charges - 908333 STYFFE, WILLIAM**

Statute	Description	Degree	Stat Class	Bond	Grp	Case No.	Seq	Disposition	Status	Date Entered
812.13(2)(c)	ROBBERY	Second	Felony	\$100,000.00		2013 304697 C	1		NSI	09/10/2013 16:1
812.13(2)(c)	ROBBERY	Second	Felony	\$200,000.00		2013 002291 X	1		Hold Other	09/10/2013 15:2
893.135(1)(c)	TRAFFICKING IN OXYCO	First	Felony	NO BOND		2013 002318 X	1		Hold Other	09/13/2013 17:2

## SUICIDE TASK TEAM CHECKLIST

Attempted suicide     
  Completed Suicide     
  STT-Suicidal Gesture

Inmate name: Styffe, William

Booking #: 908333

1) Date occurred: 9/18/13 Time: 1908hrs Day of week: M T **W** Th F S S

Date of jail admission: 9/10/13

Days/months in custody at time of act/attempt: 8 days

2) Housed in cell: 2A02      **Single** Double

3) Location of Incident (unit/cell - specify) Unit 2 A-Block Cell 2

Inmate's cell     
 Another cell in unit/block     
 Dayroom     
 Upper tier     
 Lower tier     
 Other

4) Method used:

Hanging     
 Cutting     
 Pills     
 Strangulation     
 Other (specify)

5) Timing of incident: STT was split as the team had reasons it could be either a likely or less likely discovery.

Likely discovery (e.g., before meal/headcount)  
 Already under a MHC w/15 min. checks

Discovery less likely (e.g., after lockdown)  
 I/M waited after his check and positioned himself  
 out of clear sight (directly beneath cell door)

6) **INMATE HOUSING HISTORY** (list - General Pop, CWI, 15W, PCA, SPA, DIS - Attach from JMS):

1. 2A5L - MHC 15S	8	16
2. 11MD01 - Medical Observation	9	17
3. 2A2L - MHC 15S	10	18
4. HOSP - HMC 506 (as of the date of this report)	11	19
5	12	20
6	13	21
7	14	22

7) **INMATE CHARGES** (list)

1. Robbery	4	7
2. Robbery	5	8
3. Trafficking in Oxycodone	6	9

8) INMATE CLASSIFICATION (list in order):

1. MAXI	5	9
2. MAXM	6	10
3	7	11
4	8	12

9) Problems reported at jail admission (circle all that apply)

Alcohol  Drugs  Physical  Mental  Physical

10) Prior mental health history (circle all that apply)

Medications: Prescribed at jail - Compliant Non-compliant

Reports at jail admission Reports sometime in past

Suicide attempts: No  Yes (time/date, if known) 9/10/13 while in Palm Bch. Co. Jail

None known

11) Left suicide note:  No Yes

12) Inmate characteristics

Gender  M F

Age 33 yrs. old

Race/ethnicity White

Legal status NSI C/SENT FSP  Other FOHM

Residence Local (Volusia County)  Non-local

Prior incarceration history  No Yes

Inmate angry about something (can't get bond, medical tx)  No Yes

Prominent official or "pillar of community"  No Yes

13) Conclusion and summary (*Explain/comment below*)

	No	Yes
Risk factors identified		Yes
Warning by inmate to staff or other inmates of imminent intent of self-harm	No	
Adequate staff response		Yes
Division policies and procedures followed		Yes

*Explain/Comments:*

I/M Styffe, William had been in custody for 8 days when the suicide attempt occurred. Risk factor; specifically being his past suicide attempt by hanging at the Palm Beach County Jail earlier in the day on 9/10/13, before he was transported and booked into our custody. I/M Styffe's suicide history was noted and all necessary precautions were taken. At the time of the suicide attempt I/M Styffe was housed in MHC on a 15S. When the inmate was observed in the act of attempting suicide, staff responded immediately. The Division's response was quick, appropriate, and all applicable procedures were followed.

14) Suggestions for improvements (*specify*)