

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number <b>130025911</b>																						
Agency ORI Number <b>FL0640000</b>				Zone # <b>JL</b>	Telephone Handled 1. Yes 2. No <b>2</b>																					
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>																				
Nature of Call (Report Type) <b>37A Attempted Suicide</b>																										
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day <b>Wednesday</b>		Date <b>09-18-2013</b>	Time (mil.) <b>1908</b>	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night <b>N</b>												
EVENT DATA	Offense #1 <b>9</b>	Type <b>77777777</b>	Statute Violation Number <b>77777777</b>			Description <b>All other non-crimes</b>			A - Attempted C - Committed <b>C</b>																	
#2			Statute Violation Number			Description			A - Attempted C - Committed																	
Incident Location (Street, Apt. Number) <b>1300 Red John 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 2. Unoccupied	3. Abandoned	Arson-Attempted 1. Yes 2. No																		
Location Type <b>19</b>	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel	05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub	09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital	13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage	17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.	21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure	25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway	29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other																		
CODES	V/W Code V-Victim W-Witness R-Reporting Person		N-Next of Kin O-Other		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other		P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian		O-Oriental/Asian U-Unknown		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident	
Means of Attack F-Firearm K-Knife/Cutting Inst.	O-Other Dangerous H-Hands, Fists, Feet, Etc.	Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones	06. Poss. Internal Injury 07. Loss of Teeth 08. Burns	09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury	Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child		B-Sibling O-Other Family H-Co-Habitant	Z-Other														
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code <b>1</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Styffe</b>			Name (Last/Business) <b>William</b>		(First) <b>William</b>		(Middle)														
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 <b>W</b>	Sex <b>M</b>	Date of Birth <b>09-21-1980</b>	Age <b>32</b>	Ethnicity <b>N</b>	Res. Type <b>2</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship															
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code <b>1</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Shrock</b>			Name (Last/Business) <b>Wayne</b>		(First) <b>Wayne</b>		(Middle)														
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 <b>W</b>	Sex <b>M</b>	Date of Birth <b>02-01-1958</b>	Age <b>55</b>	Ethnicity <b>N</b>	Res. Type <b>2</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship															
VICTIM/WITNESS	Offense Indicator 1. #1 2. #2 3. Both	V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)			Name (Last/Business)		(First)		(Middle)														
Address (Street, Apt. Number)						City		State	Zip		Residence Phone															
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Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement																				
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship															
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Address (Street, Apt. Number)						City		State	Zip		Residence Phone															
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Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement																				
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship															

# INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name			
	Nickname / Street Name			Place of Birth - City	County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Driver's License State/Number			Social Security Number		Other ID Number		ID Type		
	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency		
	Date of Last Contact		Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.										

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name			
	Nickname / Street Name			Place of Birth - City	County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone Phone Type	
	Driver's License State/Number			Social Security Number		Other ID Number		ID Type		
	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency		
	Date of Last Contact		Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
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 laying 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

ADMINISTRATIVE	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"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date:	By:
	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 <u>Lovechio, Anthony</u>		Officer Reporting - Signature <u>Dep 9. Lovechio</u>		ID. Number <u>7945</u>	Unit <u>1D33</u>	Date <u>09-18-2013</u>
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date


# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

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

<b>ADMINISTRATIVE</b>	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"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input 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 		ID. Number 7945	Unit 1D33	Date 09-18-2013
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date