

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 _____		INCIDENT REPORT		Agency Report Number 150034112																			
Agency ORI Number FL0640000				Zone # 35		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																			
Reported: Day Tuesday		Date 12-29-2015		Time (mil.) 2227		Time Dispatched (mil.) 2240		Time Arrived (mil.) 2306		Time Completed (mil.) 0114		Nature of Call (Report Type) ASUI Attempted Suicide													
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Tuesday		Date 12-29-2015		Time (mil.) 2223		TO Day Tuesday		Date 12-29-2015		Time (mil.) 2223		Occurred During: D - Day U - Unknown N - Night N							
EVENT DATA Offense #1 9		Type 77777777		Statute Violation Number 77777777		Description Death/Missing Person/All other non-crimes						A - Attempted C - Committed C													
#2 Statute Violation Number		Description						A - Attempted C - Committed																	
Incident Location (Street, Apt. Number) 1300 RED JOHN DR				City DAYTONA BEACH				Zip 32124																	
Business Name / Area Identifier VOLUSIA COUNTY BRANCH JAIL		# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 2		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		Arson-Attempted 1. Yes 2. No											
Location Type 19		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other																							
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 1. Full Year 2. Par. Year 3. Non-Resident							
VICTIM/WITNESS Offense Indicator 1. #1 2. #2		V/W Code 1		# 1		V. Type 3		Nature of Call (for Victim, if different from Incident) TAYLOR DEMETRIUS E				Name (Last/Business) (First) (Middle)													
Address (Street, Apt. Number) 719 DAVIS ST #6				City DAYTONA BEACH FL		State 32118		Zip 32118		Residence Phone (386) 254-1555															
Business/School/Other Address (Street, Apt. Number)				City DAYTONA BEACH FL		State 32118		Zip 32118		Address Type 32118		Business/School/Other Phone (386) 254-1555		Phone Type											
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement ATTEMPTED TO HANG HIMSELF																					
If Victim Type 1, 2, or 3		Race B		Sex M		Date of Birth 11-05-1992		Age 23		Ethnicity N		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship			
VICTIM/WITNESS Offense Indicator 1. #1 2. #2		V/W Code O		# 1		V. Type 2		Nature of Call (for Victim, if different from Incident) WASLEY DAVID				Name (Last/Business) (First) (Middle)													
Address (Street, Apt. Number) 1300 RED JOHN DR				City DAYTONA BEACH FL		State 32124		Zip 32124		Residence Phone (386) 254-1555															
Business/School/Other Address (Street, Apt. Number)				City DAYTONA BEACH FL		State 32124		Zip 32124		Address Type 32124		Business/School/Other Phone (386) 254-1555		Phone Type											
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OFFICER CONDUCTING CELL CHECKUPS																					
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth		Age		Ethnicity N		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship			
VICTIM/WITNESS Offense Indicator 1. #1 2. #2		V/W Code O		# 2		V. Type 2		Nature of Call (for Victim, if different from Incident) HARDING JONATHAN				Name (Last/Business) (First) (Middle)													
Address (Street, Apt. Number) 1300 RED JOHN DR				City DAYTONA BEACH FL		State 32124		Zip 32124		Residence Phone (386) 254-1555															
Business/School/Other Address (Street, Apt. Number)				City DAYTONA BEACH FL		State 32124		Zip 32124		Address Type 32124		Business/School/Other Phone (386) 254-1555		Phone Type											
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OFFICER RESPONDING TO CELL																					
If Victim Type 1, 2, or 3		Race B		Sex M		Date of Birth		Age		Ethnicity N		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship			
VICTIM/WITNESS Offense Indicator 1. #1 2. #2		V/W Code O		# 3		V. Type 2		Nature of Call (for Victim, if different from Incident) HUTTON SCOTT C				Name (Last/Business) (First) (Middle)													
Address (Street, Apt. Number) 1300 RED JOHN DR				City DAYTONA BEACH FL		State 32124		Zip 32124		Residence Phone (386) 254-1555															
Business/School/Other Address (Street, Apt. Number)				City DAYTONA BEACH FL		State 32124		Zip 32124		Address Type 32124		Business/School/Other Phone (386) 254-1555		Phone Type											
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement OFFICER RESPONDING TO CELL																					
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth		Age		Ethnicity N		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship			
VICTIM/WITNESS Offense Indicator 1. #1 2. #2		V/W Code O		# 4		V. Type 2		Nature of Call (for Victim, if different from Incident) SHROCK WAYNE				Name (Last/Business) (First) (Middle)													
Address (Street, Apt. Number) 1300 RED JOHN DR				City DAYTONA BEACH FL		State 32124		Zip 32124		Residence Phone (386) 254-1555															
Business/School/Other Address (Street, Apt. Number)				City DAYTONA BEACH FL		State 32124		Zip 32124		Address Type 32124		Business/School/Other Phone (386) 254-1555		Phone Type											
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement RESPONDING JAIL MEDIC																					
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth		Age		Ethnicity N		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship			

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.										

NARRATIVE

1 On 12/28/15 at approximately 2306 hours Deputy Tippie responded to 1300 Red John Dr., Daytona Beach (Volusia County Branch Jail) in
 2 reference to an attempted suicide complaint. Prior to arrival Deputy Tippie was informed inmate Demetrius E. Taylor(V1) had already been
 3 transported by EVAC with a corrections department escort to Halifax Hospital (303 N. Clyde Morris Blvd) for further treatment. Upon arrival
 4 Deputy Tippie spoke with Officer David Wasley(O1) at cell block D-4.
 5
 6 Officer Wasley stated he last checked on the inmates in cell block 2 "D" at approximately 2130 hours and noticed Taylor lying in his bed in cell
 7 4. Officer Wasley said he checked on the inmates again at 2223 hours and noticed Taylor hanging in his cell by his bed sheet that was tied
 8 around his neck and onto the upper bunk bed. Officer Wasley notified other units of a "code white" for the attempted suicide as he yelled at Taylor
 9 but Taylor did not respond back. Officer Wasley said Officer Scott Hutton(O3), Officer Jonathan Harding(O2) and jail medic Wayne Shrock(O4)
 10 responded to the cell. Officer Wasley said Officer Hutton and Harding untied the sheet and removed Taylor from the cell. Officer Wasley stated

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <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 Tippie, Sean	Officer Reporting - Signature 	ID. Number 7286	Unit 1D33	Date 12-29-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable) 	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 12-29-2015	Report Time 2227	Orig. Reported Date 12-28-2015	Nature of Call (for Incident) ASUI	Agency Report Number 150034112	1.Original 2.Supplement 1
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NARRATIVE / CONTINUATION

11 once outside the cell CPR was performed on Taylor.

12

13 Deputy Tippie observed Taylor's cell (D-4) and noticed a white blanket on the lower bunk bed which Officer Wasley said was the same one

14 found around Taylor's neck. Deputy Tippie instructed Officer Wasley to secure the cell. Deputy Tippie did not process the scene.

15

16 Deputy Tippie spoke with Officer Harding. Officer Hading said when he arrived at Taylor's cell he noticed one end of the blanket tied through

17 one of the holes in the upper bunk bed and the other end around Taylor's neck. Officer Harding said once he entered the cell Officer Hutton lifted

18 Taylor to relieve the pressure off of the blanket as he untied the blanket from the bunk bed. Officer Harding said Taylor was then removed from

19 the cell where CPR was performed until the arrival of additional medical staff.

20

21 Deputy Tippie spoke with Officer Hutton. Officer Hutton said when he arrived at Taylor's cell he noticed Taylor hanging from his neck by a

22 sheet attached to the upper bunk bed. Officer Hutton said Taylor was in a seated position and it did not appear his buttocks was touching the

23 floor. Officer Hutton said once he entered the cell he lifted Taylor's body so Officer Wasley could untie the sheet from the upper bunk. Officer

24 Hutton said it appeared Taylor was not breathing. Officer Hutton removed the sheet from around Taylor's neck and he was instructed by medic

25 Shrock to start performing CPR. Officer Hutton said moments later Taylor began to breathe so Shrock informed him to stop performing CPR.

26 Officer Hutton stated Taylor was taken to the clinic area where EVAC and fire services arrived and later removed Taylor from the building.

27

28 Deputy Tippie spoke with Medic Shrock. Shrock's statements were consistent with Officer Hutton's. Shrock advised he did place Taylor on a

29 back board, with a C-collar and secured him on the back board awaiting the arrival of emergency medical personnel. Taylor was turned over to

30 EVAC for further treatment and transport.

31

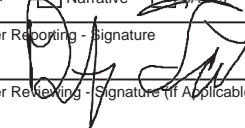
32 Deputy Tippie was advised there was no video within the cell. Deputy Tippie completed a crime scene log which will be attached to this report.

33 Deputy Tippie was informed by crime scene Deputy Turner he was no longer needed. Deputy Tippie did not respond to the hospital where Taylor

34 was located or collect any evidence or photographs. The remainder of the investigation was turned over to Investigator Lemay.

35

36 Case status: Active.

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<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 Tippie, Sean	Officer Reporting - Signature 		ID. Number 7286	Unit 1D33	Date 12-29-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date