

## VOLUSIA COUNTY SHERIFF'S OFFICE

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## INCIDENT REPORT

Agency Report Number  
110022604Agency ORI Number  
FL0640000Zone #  
JLTelephone Handled 1. Yes  
Call? (T.H.C.) 2. No 2

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

Thursday 07-28-2011 0347 0355 0408 0520 14 Information

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day From Tuesday 07-26-2011 Time (mil.) 2230 TO Day Date Time (mil.) Occurred During: D - Day U - Unknown N - Night N

Offense #1	Type 9	Statute Violation Number 7777777777	Description Police Information	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 32114

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

Location Type 19	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other
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EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other	Address/Phone Type B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation	Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 1. City 2. County 3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
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Means of Attack F-Firearm K-Knife/Cutting Inst. O-Other Dangerous H-Hands, Fists, Feet, Etc.	Extent of Injury 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury	Domestic Violence 1. Yes 2. No	Victim Relationship to Offender S-Spouse B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant Z-Other
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Offense Indicator 1. #1 2. #2 3. Both 1	V/W Code R	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) (First) (Middle) XXXX XXXX X
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Address (Street, Apt. Number) City State Zip Residence Phone XXXX XXXX XX XXXX

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 INCARCERATED AT VCBJ INMATE AT VCBJ

If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth XXXX	Age 28	Ethnicity N	Res. Type 3	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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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) City State Zip Residence Phone

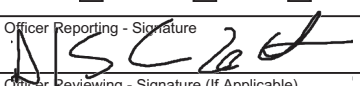
Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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## INCIDENT REPORT (CONT.)

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Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)		Race	Sex	Ethnicity
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			
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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.											
<p>1 On Thursday, July 28, 2011, Deputy LeCates responded to the Volusia County Branch Jail and contacted Inmate XXXXXXXX(R1) in reference</p> <p>2 to a sexual abuse. XXXX advised on July 26, 2011 at approximately 2230 hours while preparing for bed, two unknown inmates entered his cell</p> <p>3 and held him down. XXXX advised he was held face down in the bed when his pants were pulled down and the unknown inmate penetrated his</p> <p>4 anus with their penis. XXXX advised there was no ejaculation and the subjects were gone prior to being observed. XXXX provided a sworn</p> <p>5 written statement advising he did not wish for any further investigation and wished to move on with his life and time at the Branch Jail. XXXX</p> <p>6 advised his particular cell block was open at the time with approximately 30 other inmates present in the common area. The Branch Jail advised</p> <p>7 per their protocol they contacted VCISO for a report and were taking XXXX to SART although he did not wish to participate.</p> <p>8</p> <p>9 Case status: Closed</p>											
Final Case Status: 5		Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded						<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral			
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel		<input type="checkbox"/> T.T. BOLO		Date: By:	
Connecting Report Number		Agency		Additional Forms Attached:		<input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: STATEMENT					
Officer Reporting - Printed Lecates, Christopher				Officer Reporting - Signature 				ID. Number 1585		Unit 1C34	
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit	
										Date 07-28-2011	