

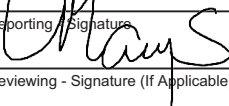
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Page 1 of 1 Pages

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	03-29-2011	1544	03-27-2011	7	110009159		2

NARRATIVE / CONTINUATION	1	On 06-21-11, Investigator Mays received the report containing the results from the medical examiner's office.
	2	
	3	Per Chief Medical Examiner Marie Herrmann, the cause of death was alcoholic steatohepatitis due to chronic ethanol abuse; other significant
	4	condition was cocaine and opiate abuse; myxoid heart disease. The manner of death was natural.
	5	
	6	The medical examiner's report was consistent with Investigator Mays' findings/investigation. Based upon the information and documentation
	7	provided, no criminal violations have occurred within Florida State Statutes. This case will be closed.
	8	
	9	Case status: closed/closed
	10	

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:	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	Officer Reporting - Signature				ID. Number	Unit	Date			
Mays, Lauralynn						7191	1E44	06-21-2011			
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date			