

# 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>150011805</b>												
Agency ORI Number <b>FL0640000</b>				Zone # <b>JL</b>	Telephone Handled 1. Yes 2. No <b>2</b>											
Reported: Day <b>Friday</b>		Date <b>05-01-2015</b>	Time (mil.) <b>1352</b>	Time Dispatched (mil.) <b>1444</b>	Time Arrived (mil.) <b>1500</b>	Time Completed (mil.) <b>1730</b>	Nature of Call (Report Type) <b>7 Dead Person</b>									
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From <b>Friday</b>	Date <b>05-01-2015</b>	Time (mil.) <b>1300</b>	TO Day Date Time (mil.) Occurred During: D - Day U - Unknown N - Night									
Offense #1 <b>9</b>		Type <b>77777777</b>	Statute Violation Number <b>77777777</b>	Description <b>Death/Missing Person/All other non-crimes</b>			A - Attempted C - Committed <b>C</b>									
Offense #2 _____		Type _____	Statute Violation Number _____	Description _____			A - Attempted C - Committed _____									
Incident Location (Street, Apt. Number) <b>1354 INDIAN LAKE RD</b>				City <b>DAYTONA BEACH</b>		Zip <b>32124</b>										
Business Name / Area Identifier <b>VCBJ</b>		# Prem. Entered _____	Drug Related 0. N/A 1. Yes 2. No <b>0</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>0</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 <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							
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						
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 _____						
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 V</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Brogan</b>	Name (Last/Business) <b>Brogan</b>	(First) <b>April</b>	(Middle) <b>D</b>	Address (Street, Apt. Number) <b>71 Radcliffe Dr</b>	City <b>Palm Coast</b>	State <b>FL</b>	Zip <b>32164</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>Cellmate</b>										
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10-30-1986</b>	Age <b>28</b>	Ethnicity <b>N</b>	Res. Type _____	Res. Status _____	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____					
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 O</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Volinsky</b>	Name (Last/Business) <b>Volinsky</b>	(First) <b>Jessica</b>	(Middle) _____	Address (Street, Apt. Number) <b>2800 N ATLANTIC AV #701</b>	City _____	State _____	Zip _____	Residence Phone <b>(386) 589-7546</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>Cellmate</b>										
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01-17-1982</b>	Age <b>33</b>	Ethnicity <b>U</b>	Res. Type _____	Res. Status _____	Means of Attack _____	Extent of Injury _____	Domestic Violence _____	Relationship _____					
Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 R</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Warden Reinhardt</b>	Name (Last/Business) <b>Warden Reinhardt</b>	(First) _____	(Middle) _____	Address (Street, Apt. Number) <b>1345 Indian Lake Rd</b>	City <b>DAYTONA BEACH</b>	State <b>FL</b>	Zip <b>32124</b>	Residence Phone <b>(386) 254-1555</b>			
Business/School/Other Address (Street, Apt. Number) _____											City _____	State _____	Zip _____	Address Type <b>B</b>	Business/School/Other Phone <b>(386) 254-1555</b>	Phone Type <b>B</b>
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement <b>Warden</b>										
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth _____	Age _____	Ethnicity <b>N</b>	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

SUBJECT / MISSING SECTION

NARRATIVE

ADMINISTRATIVE

Offense Indicator 1. #1 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (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 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (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 the above date and time, Deputy Turner responded to 1345 Indian Lake Road, Daytona Beach, in reference to a deceased person.

2

3 Deputy Turner made contact with Warden Reinhardt (R1) who stated April Brogan (V1) was residing in D Block Cell 11 with Jessica Volinsky

4 (O1). When Brogan was incarcerated on 4/29/15, she advised her Volinsky she was dope sick. On 5/1/15 at approximately 1300 hours,

5 Volinsky reported Brogan was vomiting and foaming at the mouth. Volusia County Medical Personnel were notified and responded to the scene.

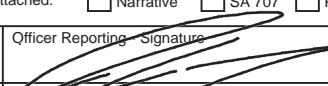
6 Attempts to resuscitate Brogan on scene yielded negative results. Brogan was pronounced deceased by at 1424 hours.

7

8 Deputy Turner secured the scene and completed the crime scene log.

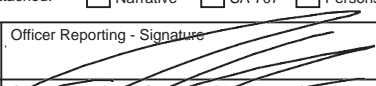
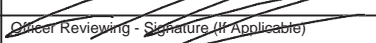
9

10 Sgt. LeCates notified VCSO Major Case and Crime Scene, who responded to the scene.

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
<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 Turner, Jason		Officer Reporting - Signature 		ID. Number 8194
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		Unit 1A34
				Date 05-01-2015

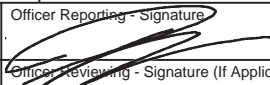
# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVENT	Report Date 05-01-2015	Report Time 1352	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original	2.Supplement	1	
ADMINISTRATIVE	<p>11</p> <p>12 Case status: Active / Turned over to Major Case</p>								
NARRATIVE / CONTINUATION									
	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	Spoke With:	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 type="checkbox"/> Other Describe: _____						
	Officer Reporting - Printed <b>Turner, Jason</b>		Officer Reporting - Signature 			ID. Number <b>8194</b>	Unit <b>1A34</b>	Date <b>05-01-2015</b>	
	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable) 			ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE

## DEATH INVESTIGATION REPORT

<b>EVENT</b>	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement	1
	05-01-2015	1352	05-01-2015	7	150011805			
<b>DEATH INVESTIGATION SECTION</b>	Person Code #	Where Victim Found:			Position of Body:			
	V 1	"D" Block Cell "11"			Supine			
	Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?	
	Cool to the touch		Intact		Non Observed		N	
	Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:		
	Clear				74	74		
	Autopsy Request?	Medical Examiner Called?	Name: M.E. / Investigator					
		Y	Investigator Orozoco					
	Time Med.Examiner Called:	Time Med.Examiner Arrived:	Attending Physician Name:					
	1515	1530	Unknown					
	Physician at Scene?	Date Last Attended Victim:	Treatment:		Nature of Illness			
	N							
	Will Sign Death Certificate?	Pronounced Dead By (Name):				Time:		
		Dr. Doan				1424		
Location:				Ambulance Used (Name):		Unit ID:		
1354 Indian Lake Rd DAYTONA BEACH 32124								
Attendant's Name(s):				Transported To:		Time:		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
N								
Other Agency:			O.A. Officer:		O.A. Case Number:			
Person Code #	Where Victim Found:			Position of Body:				
Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?		
Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:			
Autopsy Request?	Medical Examiner Called?	Name: M.E. / Investigator						
Time Med.Examiner Called:	Time Med.Examiner Arrived:	Attending Physician Name:						
Physician at Scene?	Date Last Attended Victim:	Treatment:		Nature of Illness				
Will Sign Death Certificate?	Pronounced Dead By (Name):				Time:			
Location:				Ambulance Used (Name):		Unit ID:		
Attendant's Name(s):				Transported To:		Time:		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
Other Agency:			O.A. Officer:		O.A. Case Number:			
Person Code #	Where Victim Found:			Position of Body:				
Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?		
Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:			
Autopsy Request?	Medical Examiner Called?	Name: M.E. / Investigator						
Time Med.Examiner Called:	Time Med.Examiner Arrived:	Attending Physician Name:						
Physician at Scene?	Date Last Attended Victim:	Treatment:		Nature of Illness				
Will Sign Death Certificate?	Pronounced Dead By (Name):				Time:			
Location:				Ambulance Used (Name):		Unit ID:		
Attendant's Name(s):				Transported To:		Time:		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
Other Agency:			O.A. Officer:		O.A. Case Number:			
Person Code #	Where Victim Found:			Position of Body:				
Condition of Body:		General Appearance:		Any Injury?		Vehicle Involved?		
Weather Conditions When Victim Found:				Temp. Outside:	Temp. Inside:			
Autopsy Request?	Medical Examiner Called?	Name: M.E. / Investigator						
Time Med.Examiner Called:	Time Med.Examiner Arrived:	Attending Physician Name:						
Physician at Scene?	Date Last Attended Victim:	Treatment:		Nature of Illness				
Will Sign Death Certificate?	Pronounced Dead By (Name):				Time:			
Location:				Ambulance Used (Name):		Unit ID:		
Attendant's Name(s):				Transported To:		Time:		
Funeral Home (Name):			Address:			<input type="checkbox"/> Rotation <input type="checkbox"/> Requested		
Notified Next of Kin?	Next of Kin Name:	Relationship:	Will Located?	Other Documents?	Meds. Collected?	Property Retained?	Photos Taken?	Premise Sealed?
Other Agency:			O.A. Officer:		O.A. Case Number:			
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date		
Turner, Jason				8194	1A34	05-01-2015		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

<b>EVNT</b>	Report Date 05-04-2015	Report Time 1022	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original	2.Supplement
						1	2

NARRATIVE / CONTINUATION

1 On 05-01-2015, Investigator Maxwell responded to the Volusia County Branch Jail (VCBJ), in reference to an in-custody death.

2

3 Prior to arrival, Investigator Maxwell was informed April Brogan (V1) was found deceased inside the north wing cell block, cell# D11. Investigator

4 Maxwell was informed her cell mate had found her deceased and an immediate medical response was initiated by both VCBJ medical staff and

5 corrections personnel. Investigator Maxwell was advised 911 were called and EVAC responded to the VCBJ facility. Investigator Maxwell was

6 informed Brogan was pronounced deceased at 1424 hours by Doctor Doan.

7

8 Upon arrival, Investigator Maxwell observed Brogan was lying on the floor of cell# D11. Brogan was wearing a two piece orange jumpsuit with no

9 socks. Brogan had an airway tube inside her throat and AED strips attached to her body. Investigator Maxwell observed no signs of trauma or

10 any bodily fluids on Brogan's body. Investigator Maxwell observed an Ambu bag located on the ground next to Brogan with an oxygen cylinder

11 attached. Investigator Maxwell observed the top bunk mattress was rolled partially with no signs of bodily fluids on the sheets or mattress.

12

13 \*See CSU Investigator Graves for details for crime scene supplement

14

15 Investigator Maxwell met with Lisa O'Neil (O1), who is assigned medical personnel at VCBJ. O'Neil advised she responded to cell unit #D11, in

16 reference to a Code Blue alert for a medical emergency. O'Neil stated upon arriving at the cell, she observed Brogan was located on the top bunk

17 inside the cell unresponsive and her extremities were discolored. O'Neil advised Brogan was relocated from the top bunk to the floor by Barbara

18 White (O3) and VCBJ Corrections personnel. O'Neil stated Brogan was assisted to the floor without incident and emergency medical attention

19 was administered by White and support staff until EVAC arrived on scene. O'Neil advised Brogan never responded to the efforts and was

20 declared deceased by Dr. Doan. O'Neil advised she had never had any interaction with Brogan prior to the incident. O'Neil stated she had no

21 further involvement in the case.

22

23 \*See audio recording of interview with O'Neil for details.

24

25 Investigator Maxwell met with Kathleen Lloyd (O2), who is assigned medical personnel at VCBJ. Lloyd advised she responded to cell unit #D11,

26 in reference to a Code Blue alert for a medical emergency. Lloyd stated upon arrival at the cell, she set up the oxygen system for the Ambu bag

27 and assisted in CPR on Brogan with chest compressions. Lloyd advised she had never had any interaction with Brogan prior to the incident.

28 Lloyd stated she had no further involvement in the case.

29

30 \*See audio recording of interview with Lloyd for details.

31

32 Investigator Maxwell met with Barbara White (O3), who is the charge nurse on the aforementioned date at the VCBJ location. White advised she

33 responded to the Cell unit #D11, in reference to a Code Blue alert for a medical emergency. White stated upon arrival to the cell, she observed

34 Brogan was unresponsive on the top bunk on her back. White advised Brogan's neck was discolored on the sides. White stated she relocated

35 Brogan to the floor with assistance of VCBJ personnel. White advised she began CPR with chest compressions and breathes on Brogan. White

36 stated Brogan was unresponsive and the AED was unable to locate any cardiopulmonary activity. White advised EVAC arrived on scene and took

37 over attempts to resuscitate Brogan. White stated she discontinued efforts and relocated to the medical facility offices to contact management.

38 White advised she had never had any interaction with Brogan prior to the incident. White stated she had no further involvement in the case.

39

40 \*See audio recording of interview with White for details.

41

42 Investigator Maxwell met with Angela Glasper (O4), who is assigned medical personnel at VCBJ. Glasper advised she responded to cell unit

43 #D11, in reference to a Code Blue alert for a medical emergency. Glasper stated upon arrival to the cell, she assisted with obtaining the advance

44 life support equipment and activating the oxygen for the Ambu bag. Glasper advised she assisted in CPR efforts until EVAC arrived on scene and

45 took over efforts. Glasper stated she had never had any interaction with Brogan prior to the incident. White advised she had no further

46 involvement in the case.

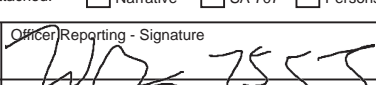
47

48 \*See audio recording of interview with Glasper for details.

49

50 O'Neil, Lloyd, White, and Glasper advised they are all certified with life support techniques that were utilized in the attempt to save Brogan's life.

51 Investigator Maxwell had no further involvement in the aforementioned case.

<b>ADMINISTRATIVE</b>	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	
	<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	Officer Reporting - Signature		ID. Number	Unit	Date	
Maxwell, William			7555	1E25	05-04-2015	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE



## PROPERTY REPORT

<b>THEFT EVENT</b>	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement				
	05-04-2015	1022	05-01-2015	7	150011805		2				
<b>THEFT</b>	Type Theft	Type Theft Codes									
	99	00. N/A 01. Burglary	02. Robbery 03. Shoplifting	04. Pocket Picking 05. Purse Snatching	06. Embezzlement 07. From Coin Oper. Machine	08. From Public Access Bldg.	09. From Vehicle 10. Extortion	11. By Computer 12. Fraud	13. Bicycle 14. Motor Vehicle Parts	99. Other	
<b>CODES</b>	Person Code	Person Involvement Code	Status Code:								
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned	20. Safekeeping 21. Digital Evidence		
	Category Code	E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec. Equip. T-Toxic Chemicals	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)					
<b>DRUG CODES</b>	Activity	Type			Unit						
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other			
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
				4	1	1	Y	OTHER	Interviews VCBJ Medical		
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
					\$				\$	Estimated Street Value	
<b>PROPERTY</b>	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
					\$				\$	Estimated Street Value	
<b>PROPERTY</b>	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
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											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>CHAIN OF CUSTODY</b>	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	1	05-04-2015	1042	Investigator W. Maxwell 7555		Operations Evidence Locker					
	Leave Blank:				Reason for Change:						
					Evidence						
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:				Reason for Change:						
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
Leave Blank:				Reason for Change:							
Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):					
Leave Blank:				Reason for Change:							
Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):					
Leave Blank:				Reason for Change:							
<b>ADMIN.</b>	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Maxwell, William				7555	1E25	05-04-2015				
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				




# VOLUSIA COUNTY SHERIFF'S OFFICE

## ADDITIONAL PERSONS REPORT

<b>EVENT</b>	Report Date <b>05-04-2015</b>	Report Time <b>1022</b>	Orig. Reported Date <b>05-01-2015</b>	Nature of Call (for Incident) <b>7 Dead Person</b>			Agency Report Number <b>150011805</b>	1. Original 2. Supplement <b>2</b>											
<b>CODES</b>	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 M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	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									
<b>VICTIM/WITNESS</b>	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. 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 Z-Other P-Parent O-Other Family C-Child H-Co-Habitant							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>1</b>	# <b>0</b>	V. Type <b>9</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>ONEil</b>		(First) <b>Lisa</b>		(Middle)							
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1354 Indian Lake Road</b>													City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32124</b>	Residence Phone		
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number) <b>1354 Indian Lake Road</b>													City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32124</b>	Address Type <b>B</b>	Other Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)													Synopsis of Involvement					
<b>VICTIM/WITNESS</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							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>1</b>	# <b>0</b>	V. Type <b>2</b>	<b>9</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>Lloyd</b>		(First) <b>Kathleen</b>		(Middle)						
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number)													City	State	Zip	Residence Phone		
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number) <b>1354 Indian Lake Road</b>													City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32124</b>	Address Type <b>B</b>	Other Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)													Synopsis of Involvement					
<b>VICTIM/WITNESS</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							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>1</b>	# <b>0</b>	V. Type <b>3</b>	<b>9</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>White</b>		(First) <b>Barbara</b>		(Middle)						
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number)													City	State	Zip	Residence Phone		
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number) <b>1354 Indian Lake Road</b>													City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32124</b>	Address Type <b>B</b>	Other Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)													Synopsis of Involvement					
<b>VICTIM/WITNESS</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							
<b>SUBJECT / MISSING SECTION</b>	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code #	Subj. Type	Name (Last) <b>White</b>		(First) <b>Barbara</b>		(Middle)	Race	Sex	Ethnicity						
<b>SUBJECT / MISSING SECTION</b>	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name									
<b>SUBJECT / MISSING SECTION</b>	Nickname / Street Name				Place of Birth - City		County	State	Employer / School		Occupation								
<b>SUBJECT / MISSING SECTION</b>	Last Known Address (Street, Apt. Number)													City	State	Zip	Address Type	Phone	Phone Type
<b>SUBJECT / MISSING SECTION</b>	Other Address (Street, Apt. Number)													City	State	Zip	Address Type	Phone	Phone Type
<b>SUBJECT / MISSING SECTION</b>	Driver's License State/Number				Social Security Number				Other ID Number				ID Type						
<b>SUBJECT / MISSING SECTION</b>	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)										
<b>SUBJECT / MISSING SECTION</b>	Hair Length / Style		Skin Color		Build		Facial Features		Speech / Voice		Deformity		Glasses						
<b>SUBJECT / MISSING SECTION</b>	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						
<b>SUBJECT / MISSING SECTION</b>	Date of Last Contact		Date of Emancipation		Caution		Caution Reason		Personal Habits (Drugs / Alcohol)										
<b>SUBJECT / MISSING SECTION</b>	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:										
<b>SUBJECT / MISSING SECTION</b>	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						
<b>SUBJECT / MISSING SECTION</b>	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.																		
<b>ADMIN.</b>	Officer Reporting - Printed <b>Maxwell, William</b>				Officer Reporting - Signature 				ID. Number <b>7555</b>		Unit <b>1E25</b>		Date <b>05-04-2015</b>						
<b>ADMIN.</b>	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable) 				ID. Number		Unit		Date						

# VOLUSIA COUNTY SHERIFF'S OFFICE

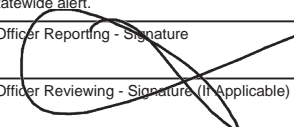
## ADDITIONAL PERSONS REPORT

<b>EVENT</b>	Report Date <b>05-04-2015</b>	Report Time <b>1022</b>	Orig. Reported Date <b>05-01-2015</b>	Nature of Call (for Incident) <b>7 Dead Person</b>			Agency Report Number <b>150011805</b>	1. Original 2. Supplement <b>2</b>										
<b>CODES</b>	V/V 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 M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	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								
<b>VICTIM/WITNESS</b>	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. 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 Z-Other P-Parent O-Other Family C-Child H-Co-Habitant						
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>1</b>	# <b>0</b>	V. Type <b>4</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>Glasper</b>		(First) <b>Angela</b>		(Middle)						
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1354 Indian Lake Road</b>												City <b>DAYTONA BEACH FL</b>	State <b>FL</b>	Zip <b>32124</b>	Address Type <b>B</b>	Other Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Other Phone	Phone Type						
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement											
<b>VICTIM/WITNESS</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						
<b>VICTIM/WITNESS</b>	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)						
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number)												City	State	Zip	Address Type	Other Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Other Phone	Phone Type						
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement											
<b>VICTIM/WITNESS</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						
<b>VICTIM/WITNESS</b>	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)						
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number)												City	State	Zip	Address Type	Other Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Other Phone	Phone Type						
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)						Synopsis of Involvement											
<b>VICTIM/WITNESS</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						
<b>VICTIM/WITNESS</b>	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						
<b>VICTIM/WITNESS</b>	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name								
<b>VICTIM/WITNESS</b>	Nickname / Street Name				Place of Birth - City		County	State	Employer / School		Occupation							
<b>VICTIM/WITNESS</b>	Last Known Address (Street, Apt. Number)												City	State	Zip	Address Type	Phone	Phone Type
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type						
<b>VICTIM/WITNESS</b>	Driver's License State/Number				Social Security Number				Other ID Number		ID Type							
<b>VICTIM/WITNESS</b>	Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)								
<b>VICTIM/WITNESS</b>	Hair Length / Style		Skin Color	Build	Facial Features		Speech / Voice	Deformity		Glasses								
<b>VICTIM/WITNESS</b>	If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody?		Warrant From:								
<b>VICTIM/WITNESS</b>	Date of Last Contact	Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)											
<b>VICTIM/WITNESS</b>	May Be With:		Physical Condition:			Mental Condition:		Doctor Name:		Dentist Name:								
<b>VICTIM/WITNESS</b>	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							
<b>VICTIM/WITNESS</b>	Dental Record Available? 1. Yes 2. No																	
<b>VICTIM/WITNESS</b>	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.																	
<b>ADMIN.</b>	Officer Reporting - Printed <b>Maxwell, William</b>				Officer Reporting - Signature 				ID. Number <b>7555</b>	Unit <b>1E25</b>	Date <b>05-04-2015</b>							
<b>ADMIN.</b>	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date							



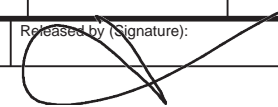
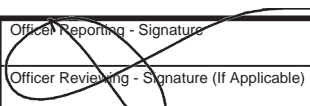
# VOLUSIA COUNTY SHERIFF'S OFFICE

## ADDITIONAL PERSONS REPORT

<b>EVENT</b>	Report Date <b>05-04-2015</b>	Report Time <b>0919</b>	Orig. Reported Date <b>05-01-2015</b>	Nature of Call (for Incident) <b>7 Dead Person</b>			Agency Report Number <b>150011805</b>	1. Original 2. Supplement <b>2</b>																										
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<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>1 W</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>Volinsky</b>		(First) <b>Jessica</b>		(Middle) <b>M</b>																						
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>2800 N. A1A #701</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32117</b>		Residence Phone <b>(386) 589-7546</b>		Other Address (Street, Apt. Number) City State Zip Address Type Other Phone Phone Type																							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 O</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>Bryant</b>		(First) <b>Jamie</b>		(Middle)																					
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32117</b>		Residence Phone <b>[REDACTED]</b>		Other Address (Street, Apt. Number) City State Zip Address Type Other Phone Phone Type																							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 O</b>	# <b>2</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>MacCrae</b>		(First) <b>Melvina</b>		(Middle)																					
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32117</b>		Residence Phone <b>[REDACTED]</b>		Other Address (Street, Apt. Number) City State Zip Address Type Other Phone Phone Type																							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2		V/W Code <b>1 O</b>	# <b>2</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>MacCrae</b>		(First) <b>Melvina</b>		(Middle)																					
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>		City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32117</b>		Residence Phone <b>[REDACTED]</b>		Other Address (Street, Apt. Number) City State Zip Address Type Other Phone Phone Type																							
<b>SUBJECT / MISSING SECTION</b>	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 / School	Occupation						
<b>SUBJECT / MISSING SECTION</b>	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							
<b>SUBJECT / MISSING SECTION</b>	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 Color		Build		Facial Features		Speech / Voice		Deformity		Glasses							
<b>SUBJECT / MISSING SECTION</b>	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:	
<b>IF MISSING</b>	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.		Officer Reporting - Printed <b>Campbell, Robert</b>		Officer Reporting - Signature 		ID. Number <b>7103</b>		Unit <b>1E26</b>		Date <b>05-04-2015</b>					
<b>ADMIN.</b>	Officer Reporting - Printed		Officer Reporting - Signature		ID. Number		Unit		Date		Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number		Unit		Date															

# VOLUSIA COUNTY SHERIFF'S OFFICE

## PROPERTY REPORT

<b>EVENT</b>	Report Date <b>05-04-2015</b>	Report Time <b>0919</b>	Original Incident Date <b>05-01-2015</b>	Nature of Call (for Incident) <b>7</b>	Agency Report Number <b>150011805</b>	1. Original 2. Supplement <b>2</b>					
<b>THEFT</b>	Type Theft <b>00. N/A</b>	Type Theft Codes 01. Burglary    02. Robbery    04. Pocket Picking    06. Embezzlement    08. From Public    09. From Vehicle    11. By Computer    13. Bicycle    99. Other 03. Shoplifting    05. Purse Snatching    07. From Coin Oper. Machine    Access Bldg.    10. Extortion    12. Fraud    14. Motor Vehicle Parts									
<b>CODES</b>	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned	20. Safekeeping 21. Digital Evidence		
<b>DRUG</b>	Activity P. Possess B. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram    6. Ton 2. Milligram    7. Liter 3. Kilogram    8. Milliliter 4. Ounce    9. Dose Unit/Term 5. Pound    99. Other				
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv. #	Item #	Status	Category	Article	Description			
			<b>4</b>	<b>1</b>	<b>1</b>	<b>Y</b>	<b>OTHER</b>	<b>CD containing interviews with Staff (CO's)</b>			
	Serial Number	Owner Applied Number	Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv. #	Item #	Status	Category	Article	Description			
			<b>2</b>	<b>2</b>	<b>10</b>	<b>Y</b>	<b>OTHER</b>	<b>Photos and misc paperwork</b>			
	Serial Number	Owner Applied Number	Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv. #	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv. #	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
<b>CHAIN OF CUSTODY</b>	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	<b>1-2</b>	<b>05-04-2015</b>	<b>1116</b>	<b>Campbell</b>		<b>Ops Evidence locker</b>					
	Leave Blank:	Reason for Change: <b>COC</b>									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
<b>ADMIN.</b>	Officer Reporting - Printed <b>Campbell, Robert</b>	Officer Reporting - Signature 	ID. Number <b>7103</b>	Unit <b>1E26</b>	Date <b>05-04-2015</b>	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

<b>EVNT</b>	Report Date 05-04-2015	Report Time 0919	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original 2.Supplement	2
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NARRATIVE / CONTINUATION

1 For informational purposes, Investigator Campbell is changing Jessica M Volinsky from (O1) on the original report to (W1).

2

3 On 05/01/2015 at approximately 1500 hours, Investigator Campbell was notified that there was a death at the Volusia County Branch - Facility in

4 Daytona Beach, FL. The following interviews were recorded - see CD for full details on interviews.

5

6 Upon arrival, Law enforcement was met by Warden Matthew Reinhart who advised that prisoner April Brogan (V1) had passed away in her cell.

7

8 Investigator Campbell interviewed Jessica M Volinsky (W1) who advised that Brogan had only been at the jail for two days. Volinsky stated that

9 when Brogan arrived she told Volinsky that she was "dope sick". Volinsky stated that Brogan's vomit smelled horrible and appeared to be foamy.

10 Volinsky stated that Brogan was sick the entire time she was in their cell. On 05/01/2015, Volinsky stated that Brogan did walk down to the

11 cafeteria for some juice in hopes that it would help with her withdrawl symptoms. Volinsky stated that Brogan refused to go to lunch. After lunch,

12 Volinsky returned to the cell to use the restroom - it appeared that Brogan was sleeping.

13

14 At approximately 1300 hours, Volinsky stated that the Officers were calling prisoners for some sort of appointments. Volinsky stated that she did

15 not know Brogan's name during this time and thought maybe they may have called her name - Volinsky went to the cell to find out her name.

16 Volinsky stated that is when she noticed that Brogan's hand was in an upward placement. Volinsky grabbed Brogan's arm to see her name tag

17 and noticed Brogan was cold to the touch and her lips were blue. Volinsky notified staff of her findings.

18

19 Investigator Campbell interviewed Officer Jamie Bryant who stated that she was the Officer calling out prisoners names for medical appointments.

20 Officer Bryant is the staff member that Volinsky told that she could not wake up Brogan. Officer Bryant called a Code blue.

21

22 Officer Bryant stated that the staff members began to put the prisoners in their cells and locked down the cell block.

23

24 Investigator Campbell interviewed Officer Melvina McCrae who advised that she responded to the unit calling for code blue assistance. Officer

25 McCrae advised that she did not observe the victim in the cell nor did she go near the cell.

26

27 Officer Christine Good advised she was assisting in moving prisoners to secure them for the code blue. Officer Good did not observe the victim in

28 her cell. Officer Good did stated that she was advised by other inmates that Brogan was smelling up the cell block. In addition, the inmates also

29 advised her that Brogan left the toilet seat in the common area bloody and dirty. (Day room)

30

31 Officer Crystal Mabry advised that responded from the East wing to assist in the Code blue. Officer Mabry stated that she heard the inmates

32 yelling that Brogan was blue. Officer Mabry stated that she did enter the cell where the victim was located to assist medical with getting the

33 resources needed. Officer Mabry stated that she recalls that Brogan was cold to the touch and blue. Officer Mabry stated that at no time did she

34 observe Brogan moving or responsive.

35

36 Lieutenant Melissa Denman advised that she responded to the code blue as procedure dictates. Lt. Denman stated that she recalled seeing the

37 victim on her back on the cell floor. She did not see Brogan moving on her own. Lt. Denman stated that she recalled the other inmates advising

38 that Brogan was blue. Lt. Denman stated that Officers did perform their hourly checks on the inmates. The officers do not wake up the inmates to

39 get a verbal acknowledgement. They just check to see if they are in their cells. Lt. Denman stated that she is unaware of any issue/disciplinary

40 regarding Brogan. Brogan was booked into the branch jail on 4/29/2015 at approximately 1930 hours.

41

42 Sergeant Angela Prudente advised that she was eating lunch when the code blue was called. She responded from the cafeteria. Sgt. Prudente

43 observed medical staff working on Brogan on the cell floor. The Sergeant did state that the victim appeared to be pale/white in color. Sgt.

44 Prudente stated that she did the cell checks and nothing appeared to be out of the ordinary - they do not wake up the inmates.

45

46 Sergeant Willie Jenkins advised that he was in the South Wing when he responded to the Code blue. Sgt. Jenkins observed the medical staff

47 working on the victim - on the cell floor. Sgt Jenkins did not observe the victim moving/respond.

48

49 After the interviews, Inv. Campbell contacted VCSO central dispatch teletype in order to arrange Flagler County Sheriff's office to make next of kin

50 notification. Corporal Reckenwald called Investigator Campbell on his County issued cell phone at approximately 1900 hours on 5/1/2015 to

51 advise he gave notification.

52

53 At approximately 2027 hours, (5/1/2015) VCSO Central dispatch called Inv. Campbell and advised him that the victims Sister required a call.

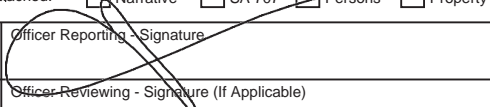
54 Rebecca Brogan (Sister) was advised to contact the Volusia County Medical examiners office. (386-313-1909)

55

56 On the Intake health Screening report - the staff asks the question if she does any drugs, no was marked. When asked if she has ever gone

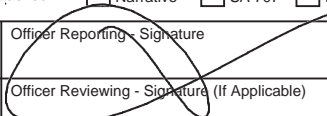
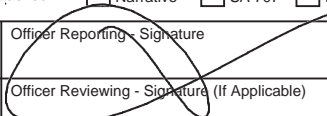
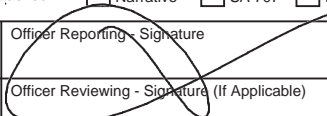
57 through withdraw from drugs, it was marked no.

58

<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: _____ 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 <b>Campbell, Robert</b>	Officer Reporting - Signature 	ID. Number <b>7103</b>	Unit <b>1E26</b>	Date <b>05-04-2015</b>		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

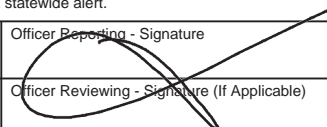
## NARRATIVE / SUPPLEMENT

EVENT	Report Date 05-04-2015	Report Time 0919	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original	2.Supplement	2											
ADMINISTRATIVE	<p>59 On the above date, Inv. Campbell was notified that Brogan had cocaine in her system. Law enforcement is waiting for the toxicology results and</p> <p>60 the medical examiners final determination of the cause of death.</p> <p>61</p> <p>62 Interview CD's were submitted to evidence for safe keeping.</p> <p>63</p> <p>64 Case status: CLOSED</p>																		
<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</p> <p><input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <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: _____</p> <p><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 Sheet <input type="checkbox"/> Other Describe: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Officer Reporting - Printed <b>Campbell, Robert</b></td> <td style="width: 35%;">Officer Reporting - Signature </td> <td style="width: 10%;">ID. Number <b>7103</b></td> <td style="width: 10%;">Unit <b>1E26</b></td> <td style="width: 10%;">Date <b>05-04-2015</b></td> </tr> <tr> <td>Officer Reviewing - Printed (If Applicable)</td> <td>Officer Reviewing - Signature (If Applicable)</td> <td>ID. Number</td> <td>Unit</td> <td>Date</td> </tr> </table>										Officer Reporting - Printed <b>Campbell, Robert</b>	Officer Reporting - Signature 	ID. Number <b>7103</b>	Unit <b>1E26</b>	Date <b>05-04-2015</b>	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date
Officer Reporting - Printed <b>Campbell, Robert</b>	Officer Reporting - Signature 	ID. Number <b>7103</b>	Unit <b>1E26</b>	Date <b>05-04-2015</b>															
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date															

NARRATIVE / CONTINUATION

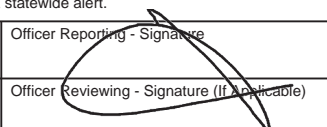
# VOLUSIA COUNTY SHERIFF'S OFFICE

## ADDITIONAL PERSONS REPORT

<b>EVENT</b>	Report Date <b>05-04-2015</b>	Report Time <b>0919</b>	Orig. Reported Date <b>05-01-2015</b>	Nature of Call (for Incident) <b>7 Dead Person</b>			Agency Report Number <b>150011805</b>	1. Original 2. Supplement <b>2</b>						
<b>CODES</b>	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 M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	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				
<b>VICTIM/WITNESS</b>	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. 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 Z-Other P-Parent O-Other Family C-Child H-Co-Habitant		
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>O</b>	# <b>3</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident) <b>Good</b>			Name (Last/Business) <b>Christine</b>		(First) <b>Christine</b>		(Middle)		
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>			
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)				City		State		Zip		Address Type		Other Phone	
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>Corrections officer</b>									
<b>VICTIM/WITNESS</b>	If Victim Type 1, 2, or 3	Race <b>U</b>	Sex <b>F</b>	Date of Birth <b>[REDACTED]</b>	Age <b>28</b>	Ethnicity <b>N</b>	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>O</b>	# <b>4</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident) <b>Mabry</b>			Name (Last/Business) <b>Crystal</b>		(First) <b>Crystal</b>		(Middle)		
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>			
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)				City		State		Zip		Address Type		Other Phone	
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>Lieutenant at VCBJ Facility</b>									
<b>VICTIM/WITNESS</b>	If Victim Type 1, 2, or 3	Race <b>U</b>	Sex <b>F</b>	Date of Birth <b>[REDACTED]</b>	Age <b>25</b>	Ethnicity <b>N</b>	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 3. Both 2. #2	V/W Code <b>O</b>	# <b>5</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident) <b>Denman</b>			Name (Last/Business) <b>Melissa</b>		(First) <b>Melissa</b>		(Middle)		
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>				City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>			
<b>VICTIM/WITNESS</b>	Other Address (Street, Apt. Number)				City		State		Zip		Address Type		Other Phone	
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>Lieutenant at VCBJ Facility</b>									
<b>VICTIM/WITNESS</b>	If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>[REDACTED]</b>	Age <b>51</b>	Ethnicity <b>N</b>	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship		
<b>SUBJECT / MISSING SECTION</b>	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) <b>[REDACTED]</b>		(First) <b>[REDACTED]</b>		(Middle) <b>[REDACTED]</b>		Race	Sex	Ethnicity	
<b>SUBJECT / MISSING SECTION</b>	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name				
<b>SUBJECT / MISSING SECTION</b>	Nickname / Street Name			Place of Birth - City		County	State	Employer / School		Occupation				
<b>SUBJECT / MISSING SECTION</b>	Last Known Address (Street, Apt. Number)				City		State	Zip	Address Type		Phone	Phone Type		
<b>SUBJECT / MISSING SECTION</b>	Other Address (Street, Apt. Number)				City		State	Zip	Address Type		Phone	Phone Type		
<b>SUBJECT / MISSING SECTION</b>	Driver's License State/Number			Social Security Number			Other ID Number			ID Type				
<b>SUBJECT / MISSING SECTION</b>	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)					
<b>SUBJECT / MISSING SECTION</b>	Hair Length / Style		Skin Color	Build	Facial Features		Speech / Voice	Deformity		Glasses				
<b>SUBJECT / MISSING SECTION</b>	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		
<b>SUBJECT / MISSING SECTION</b>	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)						
<b>SUBJECT / MISSING SECTION</b>	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:					
<b>IF MISSING</b>	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	
<b>IF MISSING</b>	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.													
<b>ADMIN.</b>	Officer Reporting - Printed <b>Campbell, Robert</b>			Officer Reporting - Signature 				ID. Number <b>7103</b>		Unit <b>1E26</b>		Date <b>05-04-2015</b>		
<b>ADMIN.</b>	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## ADDITIONAL PERSONS REPORT

<b>EVENT</b>	Report Date <b>05-04-2015</b>	Report Time <b>0919</b>	Orig. Reported Date <b>05-01-2015</b>	Nature of Call (for Incident) <b>7 Dead Person</b>			Agency Report Number <b>150011805</b>	1. Original	2. Supplement <b>2</b>												
<b>CODES</b>	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 N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	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. Part Year 3. Non-Resident								
<b>VICTIM/WITNESS</b>	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							
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 2. #2	3. Both	V/W Code <b>O</b>	# <b>6</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>Prudente</b>		(First) <b>Angela</b>										
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>			City <b>DAYTONA BEACH FL</b>		State	Zip	Residence Phone [REDACTED]			Other Address (Street, Apt. Number)										
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)			Synopsis of Involvement <b>Sergeant at VCBJ facility</b>																	
<b>VICTIM/WITNESS</b>	If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>F</b>	Date of Birth [REDACTED]	Age <b>51</b>	Ethnicity <b>N</b>	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship									
<b>VICTIM/WITNESS</b>	Offense Indicator 1. #1 2. #2	3. Both	V/W Code <b>O</b>	# <b>7</b>	V. Type <b>3</b>	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) <b>Jenkins</b>		(First) <b>Willie</b>										
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number) <b>1300 Red John Road</b>			City <b>DAYTONA BEACH FL</b>		State	Zip	Residence Phone [REDACTED]			Other Address (Street, Apt. Number)										
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)			Synopsis of Involvement <b>Sergeant at VCBJ facility</b>																	
<b>VICTIM/WITNESS</b>	If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>M</b>	Date of Birth [REDACTED]	Age <b>49</b>	Ethnicity <b>N</b>	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship									
<b>VICTIM/WITNESS</b>	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)										
<b>VICTIM/WITNESS</b>	Address (Street, Apt. Number)			City		State	Zip	Residence Phone			Other Address (Street, Apt. Number)										
<b>VICTIM/WITNESS</b>	Other Contact Info (Time Available, Interpreter, etc.)			Synopsis of Involvement																	
<b>VICTIM/WITNESS</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									
<b>SUBJECT / MISSING SECTION</b>	Offense Indicator 1. #1 2. #2	3. Both	Subject Code S-Suspect D-Defendant	V-Victim (Missing Person)	Code #	Subj. Type	Name (Last)		(First)		(Middle)	Race	Sex	Ethnicity							
<b>SUBJECT / MISSING SECTION</b>	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		Nickname / Street Name									
<b>SUBJECT / MISSING SECTION</b>	Place of Birth - City			County	State	Employer / School		Occupation			Last Known Address (Street, Apt. Number)										
<b>SUBJECT / MISSING SECTION</b>	City			State	Zip	Address Type	Phone	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone						
<b>SUBJECT / MISSING SECTION</b>	Driver's License State/Number			Social Security Number			Other ID Number			ID Type			Clothing (Describe)								
<b>SUBJECT / MISSING SECTION</b>	Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			Hair Length / Style			Skin Color	Build	Facial Features	Speech / Voice	Deformity	Glasses			
<b>SUBJECT / MISSING SECTION</b>	If Subject:			Demeanor	Mask	Weapon Type			If Arrested:			Subject Was Already in Custody?		Warrant From:							
<b>SUBJECT / MISSING SECTION</b>	Date of Last Contact			Date of Emancipation			Caution	Caution Reason			Personal Habits (Drugs / Alcohol)										
<b>SUBJECT / MISSING SECTION</b>	May Be With:			Physical Condition:			Mental Condition:			Doctor Name:			Dentist Name:								
<b>IF MISSING</b>	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		
<b>IF MISSING</b>	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.																				
<b>ADMIN.</b>	Officer Reporting - Printed <b>Campbell, Robert</b>			Officer Reporting - Signature 			ID. Number <b>7103</b>			Unit <b>1E26</b>			Date <b>05-04-2015</b>								
<b>ADMIN.</b>	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number			Unit			Date								



# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-01-2015	Report Time 1457	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original 2.Supplement   2
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NARRATIVE / CONTINUATION

1

2 On 050115 at 1457hrs Inv. Graves was notified to respond to the Volusia County Correctional Facility regarding a request for a District / Crime

3 Scene Investigator regarding the death of an inmate at the facility.

4

5 Upon arrival Graves met VCSO Major Case Unit Investigators Maxwell and Campbell both of whom briefed Graves regarding the incident.

6 Campbell: who was the assigned case agent, requested that Graves document the scene and identify and collect any articles of evidentiary value.

7

8 Graves then entered into Cell Block D which had been cleared relative to the general population area. The general population area was posted by

9 a Correctional Officer and the cell block in which the inmate died was posted by Dep. J. Turner who was maintaining a Crime Scene Sign-In

10 Sheet. Graves photographed the entire general population area and then moved too the actual cell: #11, which was located on the second level.

11 The door to the cell was open and the victim could be seen lying on the floor next to the bunk face up with her head toward the wall and her feet

12 towards the door. The victim was clothed in a facility issued Orange two piece jumpsuit. The right leg of the suit was pulled up to expose the knee

13 and the top of the two piece suit was pulled up in such a fashion as to expose the abdomen. There were numerous items relative to resuscitation /

14 rescue related actions attached too and spread around the victim. An oxygen bottle with wheels was positioned at the door end of the bunk and

15 lines extended up to the victim. An I.V. bag was hung from the upper bunk and tubing extended to the victim as well. A defibrillator was located on

16 the bed and it was open with paddle and lines exposed indicating it had been or was attempting to be used.

17

18 Graves requested contact be made with the Medical Examiner's Office prior to any further examination of the victim being conducted.

19

20 Graves then searched the cell with negative results reference to any contraband or articles of evidentiary value. A facility issued back for personal

21 belongings was located under the bunk and after a search revealed it to belong to the victim it was collected for subsequent return to family.

22

23 Graves then met Inv. Karla Orozco with the Medical Examiner's Office. Orozco conducted the on scene examination of the victim which was

24 negative reference to any readily identifiable trauma. The victim was removed from the scene by Orozco for transport to the Medical Examiner's

25 Office pending autopsy.

26

27 The scene was turned over to the staff of the facility for disposition.

28

29 The Crime Scene Sign-In Sheet was turned over to Inv. Graves by Dep. Turner for submittal.

30

31 The personal belongings were transported to the VCSO Crime Scene Unit for subsequent packaging.

32

33 Digital images were downloaded to the Digital Crime Scene Database.

34

35 On 050415 at 1045hrs Inv. Graves received a call form Orozco who advised that the autopsy was complete having been performed by Dr. T.

36 Gallagher. She advised that the results would be pending the outcome of toxicology but there was cocaine detected via preliminary testing.


37

38 The information provided by Orozco was forwarded to Inv. Campbell.

39

40 No further action by Inv. Graves.

41

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	Date:
	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 <b>Graves, Richard</b>	Officer Reporting - Signature 		ID. Number <b>2188</b>	Unit <b>1F31</b>	Date <b>05-05-2015</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

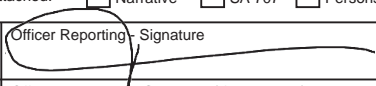
# VOLUSIA COUNTY SHERIFF'S OFFICE

## PROPERTY REPORT

<b>EVENT</b>	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original		
	05-01-2015	1457	05-01-2015	7	150011805	2. Supplement <u>2</u>		
<b>THEFT</b>	Type Theft	Type Theft Codes						
	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public	09. From Vehicle	11. By Computer	
<b>CODES</b>	Person Code	Person Involvement Code	Status Code:					
	V-Victim	1. Finder	1. Evidence	5. Lost	8. Found	12. Stolen And Recovered	16. Vehicle Inventory Prop.	
<b>DRUG</b>	Activity	Type	Unit					
	P. Possess	A. Amphetamine	1. Gram	6. Ton				
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv.	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number	Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv.	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number	Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv.	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number	Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
<b>PROPERTY</b>	Leave Blank:	Person Code #	Pers. Inv.	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number	Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
<b>CHAIN OF CUSTODY</b>	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	1	05-07-2015	1600	Inv. Richard C. Graves Jr.		evidence locker		
<b>ADMIN.</b>	Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date		
	Graves, Richard			2188	1F31	05-05-2015		
<b>ADMIN.</b>	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date		

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVENT	Report Date 08-17-2015	Report Time 0831	Orig. Reported Date 05-01-2015	Nature of Call (for Incident) 7	Agency Report Number 150011805	1.Original	2.Supplement
ADMINISTRATIVE	<p>1 On the above date and time, Investigator Campbell received the Medical examiners report stating that April Brogan's cause of death was</p> <p>2 determined to be Opiate Withdrawl Syndrome. Further, the report advised that she also had Bronchial asthma. The manner of death was</p> <p>3 concluded as Natural.</p> <p>4</p> <p>5 Case status: CLOSED</p>						
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	
ADMINISTRATIVE	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC		Date: _____ Time: _____		<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO		Date: _____ By: _____
ADMINISTRATIVE	Spoke With: _____		<input type="checkbox"/> FCIC / NCIC Cancel				
ADMINISTRATIVE	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: _____				
ADMINISTRATIVE	Officer Reporting - Printed <b>Campbell, Robert</b>		Officer Reporting - Signature 		ID. Number <b>7103</b>	Unit <b>1E25</b>	Date <b>08-17-2015</b>
ADMINISTRATIVE	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

NARRATIVE / CONTINUATION