	Juvenile	L	Hate Crime					IIACIL	DENT RI	EPORI				Pag	e <u>1</u>	of	4Pages
	Gang			e / Exploitation								Agency Rep 15001180		ber			
	Domestic Vi		OR		Age	ency ORI N	Number				Zone #	110001100		Telephone Ha	andled	1. Ye	s ,
	Endangered					0640000					JL			Call? (T.H.C.)	2. No	2
	Reported: Day	Date	Time (m		Dispatched	(mil.)		Arrived (mi		completed (mil.)) Nature o	f Call (Report					
	Friday Incident Type:	05-01-2 3. Misdem		Ordinance	4 Incident: Da	ıv Da	1500	Tir	1730 me (mil.)	Day	 7 Date		Person Time (m	nil.) ı O	ccurred D	urina:	
	Felony Traffic Felony	Traffic	9. (Other	From	´	 i-01-201	- 1	, ,	то			Time (iii) D	- Day - Night	uring: U - Unkno	own
וַ∠	Offense		te Violation Nur	mber	Tilday	100	70120	Description						1.0	Ť	Attempted	
EVENT DATA	#1		7777 te Violation Nur						lissing Perso	n/All other n	on-crimes					Committee	
닐	#2	Statt	te violation nui	libei				Description	JII							Attempted Committee	
	Incident Location	(Street, Apt. N	umber)						City					Zip			
<u> </u>	1354 INDIAN Business Name			# Prem.	Entorod I	Orug Relat	ed	Alcoh	DAY nol Related	Forced Ent		Arson-Inh	ahitad	32124		Arson-Atter	mntod
		/ Area Identille		# FIEIII.). N/A 1.	Yes		A 1. Yes	1. Yes 3.	Attempted	1. Occupio	ed 3.	Abandoned		1. Ye	s
	VCBJ Location Type	Location Type	Codes			2.	No 0		2. No 0	2. No		2. Unoccu	pied			2. No	
		01.Residence 02.Apartment		Convenience Stas Station		permarket pt/Discoun			d/Financial Inst. mercial/Office B			21.Airport 22.Bus/Rail Te		25.Parking Lo 26.Highway/F			Motor Vehicle Other Mobile
	19	03.Residence	Other 07.L	iquor Sales sar/Nightclub	11.Sp	ecialty Sto	re		strial/Mfg.	19.Jail/	/Prison	23.Construction	n Site	27.Park/Woo	dlands/Éi	eld 88.L	Jnknown Other
	V/W Code	1 04.1 lotel/iviole	Victim/Subject	Туре	_	ess/Phone		10.31017	stue	Race	IOIOUS BIOU.	Sex		ence Type	F	Residence	
		N-Next of Kin D-Other	0. N/A 1. Juvenile	 Business Government 	B. Bu	siness/Wo		Message Next of Kir	P. Pager S. School	1	O-Oriental/Asian U-Unknown	M-Male F-Female	0. NA 1. City	 Florida Out-of- 		0. N/A 1. Full Year	
	R-Reporting Per		 L.E. Officer Adult 	6. Church 9. Other	H. Ho			Other	V. Vacation			U-Unknown			2	2. Par. Yea 3. Non-Res	
CODES	Means of Attack			Extent	of Injury							Domestic	Violence		Relations	ship to Offe	nder
이	F-Firearm K-Knife/Cutting		Dangerous s, Fists, Feet, E	00.N/A tc. 01.Gun	shot 04.	Laceration Unconscio	us	07.Lc	oss. Internal Inju oss of Teeth	10.No \	asions/Bruises /isible Injury	1. Yes 2. No		S-Spouse P-Parent	0-0	Sibling Other Famil	
	Offense Indica	tor [V/	W Code #	02.Stab	bed 05. Nature of 0	Poss.Brok				99.Othe	Pr Serious Injury		(First)	C-Child	H-C	Co-Habitant	(Middle)
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	2. #2 Address (Street,			J					City	Diogan	State	Zip	фііі	Res	sidence Pl	hone	
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	Business/School			umber)		City		5	State	Zip		Address T	ype B	susiness/School			Phone Type
VICTIM/WITNESS	Other Contact In	fo (Time Availa	ole Interpreter	etc)				Syno	psis of Involvem	ent							
Ӹ	Other Contact III	io (Time Availa	ole, interpreter,	610.)				Cellr	•	iont.							
=	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit	у	Res. Type	Res. Status	Means of Attac	k Extent of	f Injury	Domestic Vi	iolence	Relation	ship
	1, 2, or 3 Offense Indicato	r V/	F	01-17-1982		33	U										
က္က	1. #1 3. Bo 2. #2		W Code #	V. Type	Nature of 0	Call (for Vi	ctim, if dif	ferent from	n Incident)	Name (Last	/Business)		(First)				(Middle)
買		" 1 R	W Code #	V. Type	Nature of (Call (for Vi	ctim, if dif	ferent from	n Incident)	1 '			(First)				(Middle)
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	1. #1			ictim		ode #	Subj. Typ	e Name	(Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. #2 Dat	e of Birth	D-Defendant (Age To Age	Missing Persor Height		Height	Weight	To V	Veight	Eye Colo	or		Hair Color	r		Mai	l den Name			
	Nic	kname / Street Name			Place of I	Birth - C	City	County		State	En	nployer/Other	/School				Occupati	ion		
	Las	t Known Address (Stre	et, Apt. Number)				City		S	tate	Zip)		Addres	s Type	Phon	e			Phone Type
	Oth	er Address (Street, Apt	. Number)				City		S	tate	Zip)		Addres	s Type	Phon	e			Phone Type
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SECTION	Clo	thing (Describe)							Scars	/Marks/Tatte	oos (Tvi	pe/Describe)			Scars/I	Marks/	Tattoos (Typ	e/Describ	oe)	
		r Length /Style	/ Skin	/ Build	/	Facia	/ al Features						Deformity						Glasses	
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T		Date of Last Contact	Date of Ema	•		ion	Caution R							Habits (L	rugs / Aid	conoi)	I			
37EC	ত্র	May Be With:	Phy	sical Condition				Mental Con	idition:			Doctor	Name:				Dentist Na	ime:		
l S	SSING	Incident Type 1. Runaway 2. Parents	6. Disaste Victim			oul Play uspected?	,	Mis	ssing Bef	ore?		Fingerprints Available?	5	P	hoto Avail	lable?		Dental F Availabl		
	M	3. Involuntary 4. Disabled	7. Volunt			Yes No	ĺ	1. `	Yes No	ı		1. Yes 2. No	1		. Yes . No		1	1. Yes 2. No		1
	=	5. Endangered	8. Unkno	wn		Unknown	1	8. 1	Unknowr											
		l,person; and this age	ncy has my permission	to enter this p		Printed)	e alert.						(Signature	e) certify	that I hav	ve repo	rted the abo	ve perso	n as a m	issing
	Offe	nse Indicator	Subject Code	ictim	Co		Subj. Typ	e Name	(Last)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. #2 Dat	e of Birth	D-Defendant (Age To Age	Missing Persor Height		 Height	Weight	To V	Veight	Eye Colo	or		Hair Color	r		Mai	den Name			
	Nic	kname / Street Name			Place of I	Birth - C	City	County		State	En	nployer/Other	/School				Occupat	ion		
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	Oth	er Address (Street, Apt	. Number)				City		S	tate	Zip)		Addres	s Type	Phon	e			Phone Type
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		r Length /Style	/ Skin	/ Build	/	Facia	/ al Features						Deformity						Glasses	
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MIS	If S	Date of Last Contact	Date of Ema	1	/ Cauti	ion	/ Caution Re	eason	/		/		If Arrest Personal I	ted: in	Custody'	? 1 2	. Yes	1. T	his Ager Other Age	icy
CT/		May Be With:		sical Condition				Mental Con	dition:			Doctor		- 100110 (2			Dentist Na	ımo:		
SUBJECT	9	Incident Type	1119	Sical Condition		oul Play				2				Lp	h-4- A!	1-1-0	Dentist Ne		Dd	
S S	MISSING	1. Runaway 2. Parents	6. Disaste Victim			uspected?	•	IMIS	ssing Bef	ore?		Fingerprints Available?	i		hoto Avail	iable?		Dental F Availabl		
	F	3. Involuntary 4. Disabled	7. Volunta Adult	· 1	2.	Yes No		2.1		I		1. Yes 2. No			. Yes . No			1. Yes 2. No		1
		5. Endangered	8. Unkno	wn		Unknown	1	8.1	Unknowr											
		person; and this ag	gency has my permi	ssion to enter		Printed).	statewide	alert.					(Signature	e) certify	y that I h	ave re	ported the	above p	erson a	s a missing
	1	On the above	date and time	, Deputy T	urner	respor	nded to	1345 lr	ndian I	_ake Ro	ad, D	aytona E	Beach, i	n refe	rence	to a	decease	d pers	son.	
	3		er made contac																	
NARRATIVE	4 5		Brogan was ind orted Brogan wa																	
2RA	6 7	Attempts to re	esuscitate Brog	an on sce	ne yie	lded n	egative	results	. Brog	gan was	pron	ounced o	decease	ed by a	at 1424	4 hou	ırs.			
N A	8	Deputy Turne	er secured the s	scene and	comp	leted t	he crim	e scene	log.											
	9 10	Sgt. LeCates	notified VCSO	Major Ca	se and	d Crime	e Scene	e, who r	espon	ded to t	he so	ene.								
		al Case Final status: Statu	Case s Codes: 1.Arrest/A	Adult 2.Ar	rest/Juv.	3.Exce	eptional/Adu	ult 4.Ex	ceptiona	l/Juv. 5.	Closed	6.Unfound	led		Victim Ad	vocate	Пт	riad	SA	A Referral
INE		DCF Hotline				1	Date:		ime:		FCIC	/ NCIC Entry					Date			
STRATIV	Cor	CAC Spok	e With:		Addit	tional Forr	ms				FCIC	/ NCIC Canc	el							
NIS						ttached:	Naı	rrative	SA 70	7 Per	rsons	Property		./Tow Sh	eet		Describe:			
ADMINI		cer Reporting - Printed ner, Jason				Officer	Reporting	Signature			_		ID. Nu 8194	mber		Unit 1A34	ļ.		Date 05-01-2	2015
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NARRATIVE / SUPPLEMENT

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팃	Report Date	Report Tim	e Orig. Repo	orted Date	Nature of Call (for Incider	nt)	Agency Report Number			1.Original
اڃَ					7		150011805			
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DEATH INVESTIGATION REPORT

Page 4 of 4 Pages

EVNT	Report Date	Report Time		Orig. Report	ed Date	Natur	e of Call (for	Incider	nt)		Age	ency Report Numb	oer							1.0	Original	ī
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	Cool to the touch			Int										Observed							N	
	Weather Conditions Wh	en Victim Found:														p. Ou	tside:		- 1	np. In	iside:	
z	Clear Autopsy Request?		Medic	cal Examiner (alled?			Name	e: M.E.	. / Investigator					74				74			
은						Υ		Inves	stigate	or Orozoco												
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	Physician at Scene?		Date	E Last Attende	d Victim:		Treatment:		TIKITO	VVII						Natu	re of Illne	ess				
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Ϋ́	Will Sign Death Certifica	ite?		Dr. Doan	д Беац Бу	(IName)	1.											142				
E	Location:											Ambulance Used	d (Name	·):				Uni	it ID:			
ES	1354 Indian Lake R Attendant's Name(s):	.d		L	AYTON.	A BEA	<u>ICH</u>		32	2124	\dashv	Transported To:						Tim	ne:			
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Ӗ	Funeral Home (Name):				Address:												R	otatio	on [R	equested	
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	Other Agency:						O.A. Officer:							O.A	. Case	Num	ber:					
	Person Code #	Where Victim Fe	ound:										Positi	on of Body:								
	Condition of Body:			Ge	neral Appe	arance	:						Any Ir	ijury?						1	Vehicle Inv	/olved?
	Weather Conditions Wh	en Victim Found:													Tem	p. Ou	tside:		Ten	np. In	nside:	
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	Person Code #	Where Victim Fe	ound:											on of Body:								
	Condition of Body:			Ge	neral Appe	arance	:						Any Ir	njury?							Vehicle Inv	volved?
	Weather Conditions Wh	Conditions When Victim Found:													Tem	p. Ou	tside:		Ten	np. In	iside:	
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j	Officer Reporting - Print	ed				Office	er Reporting	Signa	ture				II). Number		Т	Unit			Da	te	
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				NARF	RATIVE / S	UPPLEMENT	•	Page1_	of4ı	Pages
Z	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incide	ent)	Agency Report Number			1.Original	
<u> </u>	05-04-2015	1022	05-01-2015	7	- O	150011805			2.Supplement	2
KRALIVE / CONTINUATION	05-04-2015 1	1022 -01-2015, Investigate of arrival, Investigate of arrival, Investigator of arrival of arr	os-o1-2015 for Maxwell responsor Maxwell was informed and four vestigator Maxwell observed way tube inside head of the color of the col	Nature of Call (for Incide 7) Inded to the Volusion ormed April Brogand her deceased was advised 911 at 1424 hours by Brogan was lying or throat and AED ator Maxwell obset top bunk mattres or crime scene super 11), who is assigned emergency. O'N it is were discolord. O'Neil stated B funtil EVAC arriverised she had never a compressions. Liconpressions. Liconpressio	a County Brance in (V1) was four and an immedia were called any Doctor Doan. If on the floor of strips attached erved an Ambuss was rolled particles and in the floor of strips attached erved an Ambuss was rolled particles. O'Neil advirogan was assigned on scene. Cer had any interesting and in the floor of the floor	Agency Report Number 150011805 Th Jail (VCBJ), in report of decease inside attended responded EVAC responded EVAC responded to her body. Investigation of the artially with no significant at VCBJ. Control of the floor with the artially with the cell, is a Brogan was rested to the floor with the artial advised Brogan was rested to the floor with the artial at the cell of the had never had an article of the aforemention call emergency. We will not the aforemention call emergency.	reference to an in- the north wing cense was initiated bed to the VCBJ factors was wearing a top the stigator Maxwell centered from the properties of bodily fluids of the observed Brown of the incident and gan never responding prior to the incident and gan never responding the prior to the incident and gan never responding the prior to the incident and gan never responding the prior to the incident and gan never responding the prior to the incident and gan never responding the prior to the incident gan and ga	custody death. Ill block, cell# D11 by both VCBJ med illity. Investigator l wo piece orange jubserved no signs Brogan with an oxy on the sheets or m responded to cell ogan was located top bunk to the flot demergency medi ded to the efforts a ent. O'Neil stated she responded to xygen system for so Brogan prior to th CBJ location. Whi arrival to the cell, se	1.0riginal 2.Supplement 2.Supplement 2.Supplement 2.Supplement 2.Supplement 2.Supplement 3.Investigate ical staff an Maxwell was Impsuit with of trauma o igen cylinde iattress. 4. unit #D11, if on the top b isor by Barba cal attention ind was she had no 4. dell unit #D1 iche Ambu ba is incident. 4. dell unit #D1 iche Ambu ba is incident. 4. dell unit #D1 iche Ambu ba is incident. 4. dell unit #D1 iche Ambu ba is incident. 4. dell unit #D1 iche Ambu ba is incident. 4. dell unit #D1 iche Ambu ba is incident. 4. dell unit #D1 iche Ambu ba is incident.	or nd s n no or er in bunk ara
	34 Broga 35 Broga 36 stated 37 over a 38 White 39 40 *See a 41 42 Invest 43 #D11, 44 life sul 45 took o 46 involve 47 48 *See a 49 50 O'Neil	n was unresponsive n to the floor with as Brogan was unresp ttempts to resuscitat advised she had ne audio recording of ini igator Maxwell met v in reference to a Co oport equipment and ver efforts. Glasper ement in the case. audio recording of ini , Lloyd, White, and C igator Maxwell had r	on the top bunk of sistance of VCBJ consive and the AE te Brogan. White ver had any interacterview with White with Angela Glaspede Blue alert for a diactivating the oxystated she had not terview with Glaspede Glasper advised the form of the further involven.	on her back. White personnel. White personnel. White ED was unable to stated she disconnection with Brogan e for details. er (O4), who is as a medical emerger year for the Ambrever had any interperson of the person details. er for details.	e advised Broga advised she be locate any cardinued efforts a prior to the inconsigned medical necy. Glasper so bag. Glasper action with Brogation with Brogation with Brogation action with Brogation action with Brogation with Broga	an's neck was disc egan CPR with che liopulmonary activi nd relocated to the ident. White state personnel at VCB stated upon arrival advised she assis gan prior to the inc	colored on the side est compressions ity. White advised e medical facility of dishe had no furth as J. Glasper advise to the cell, she as sted in CPR efforts cident. White advi	es. White stated so and breathes on less and breathes on less and breathes on less are supported by the state of the state	he relocated Brogan. Whiscene and nanagement the case. to cell uniting the advaid on scene rther	d nite took t.
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PROPERTY REPORT

EVNT	Report Date	•	1	inal Incident Date	Nature of Call (for	Incident)			Report Num	nber			Page2	1.Original	_Pages
THEFT	05-04-201 Type Theft	5 1022 Type Theft Code 00. N/A		01-2015 04. Pocket Picki	7	ezzlement		150011 08. From		09. From Veh	siala 11 Bu	Compute	r 13. Bicycle	2.Supplement	2 9.Other
티	99 Person Code	01. Burglary	03. Shoplifting	05. Purse Snato	hing 07. From		r.Machine		ss Bldg.	10. Extortion	12. Fra		-	/ehicle Parts	s.Other
	V-Victim S-Suspect D-Defendan W-Witness Category Co	N-Next of Kin O-Other t R-Reporting Party	4. Other	1. Ev 2. Da 3. Ars 4.Pho	imaged Prop. 6.1 son/Burned 7.1 oto & Release Ag	Lost Recovered Recovered Jency Rec	I (Outside overed)	8.Found 9.Found/Cont 10.Prisoner's 11.Stolen		12.Stolen And 13.Disposal 14.Prop. Of De 15.Return to O	ceased 18	Baker Ac	ct Confiscated led	20.Safekeeping 21.Digital Eviden	
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PROPERTY	If Article	Qty. Brand	Mod	del	Jewelry Type		If Drug	Activity	Туре	Quantity	Unit		Estimated Stre	et Value	
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Page 4 of 4 Pages

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Page 1 of 6 Pages

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PROPERTY REPORT

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CHAIN OF CUSTODY	Item #						Releas	ed by (P	rinted	d):	R	eleased by	y (S	Signature):		Receiv	ved by (Print	ed):		Received by (S	ignature):	
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ż	Officer Reporting - Printed						Offi	cel Reporting - S	Signatur	W.				- 1	ID. Number		Unit		Date			
M	Officer Reporting - Printed Campbell, Robert Officer Reviewing - Printed (If Applicable)						Offi	cer Reviewing - S	Signatu	ıre (If Appli	ical	able)		-	7103 ID. Number		1E26 Unit		05-04-2015 Date			
Z	Officer Reviewing - Printed (If Applicable)								/		1			-								

						NARI	RATIVE / S	UPPL	EMENT				Page3	3	_of <u>6</u>	_Pages
Z	Repor	t Date	Report Time	Orig. Reported Da	ite	Nature of Call (for Incid	ent)	Agency Re	port Number						1.Original	ī
	05-04	I-2015	0919	05-01-2015		7		1500118							2.Supplement	2
	4 5	On 05/01 Daytona	mational purposes 1/2015 at approxin Beach, FL. The f	nately 1500 ho	ours, riews	Investigator Car were recorded	mpbell was noti - see CD for ful	fied that I details	there was	a death	at the Vo	olusia Co	ounty Br			
	6 7	Upon arr	ival, Law enforcer	nent was met	by v	varden Matthew	Reinnart who a	avisea ti	nat prison	er Aprii E	Brogan (V	1) nad p	oassed a	awa	y in ner ce	∋II.
	8 9 10 11	when Bro Volinsky cafeteria	tor Campbell inter ogan arrived she t stated that Brogar for some juice in returned to the ce	old Volinsky th n was sick the hopes that it w	nat sl enti /oulc	he was "dope sid re time she was I help with her w	ck". Volinsky st in their cell. Or ithdrawl sympto	ated than 05/01/20ms. Vo	t Brogan's 2015, Volir linsky stat	vomit s nsky stat	melled ho ed that Bi	rrible ar rogan di	nd appea	ared dow	d to be foa n to the	amy.
	15 16 17 18	not know Volinsky and notic	ximately 1300 hour Brogan's name destated that is whe code Brogan was constant.	during this time on she noticed old to the touc	and that h and	I thought maybe Brogan's hand v d her lips were b	they may have was in an upwar lue. Volinsky n	called head placer otified s	er name - nent. Voli taff of her	Volinsky insky gra findings.	went to tabbed Bro	the cell t gans ar	to find o m to see	ut h e he	ner name. er name ta	ag
	20 21	Officer B	tor Campbell inter	nember that V	olins	ky told that she	could not wake	up Brog	an. Office	er Bryant	called a (Code bli		ical	appointm	ents.
	22 23	Officer B	ryant stated that t	he staff memb	ers b	pegan to put the	prisoners in the	eir cells a	and locked	d down th	ne cell blo	ck.				
A ION	24		tor Campbell inter advised that she c							the unit	calling for	code b	lue assi	star	nce. Office	er
	27 28	her cell.	hristine Good adv Officer Good did her that Brogan le	stated that she	e wa	s advised by oth	er inmates that	Brogan	was smell							
KA IVE	31 32 33	yelling the resource	rystal Mabry advis at Brogan was blu s needed. Officer Brogan moving or	ue. Officer Ma Mabry stated	bry s	stated that she d	lid enter the cell	where t	he victim v	was loca	ted to ass	sist med	ical with	n ge	tting the	
	36 37 38 39	victim on that Brog get a ver	nt Melissa Denma her back on the c gan was blue. Lt. bal acknowledger g Brogan. Brogan	cell floor. She Denman state nent. They jus	did r d tha	not see Brogan r at Officers did pe eck to see if they	moving on her or erform their hour y are in their ce	wn. Lt. ly check lls. Lt. [Denman s s on the in Denman st	stated the nmates. tated tha	at she rec The office	alled the	e other i ot wake	inma up	ates advis the inmat	sing tes to
	42 43 44 45	observed Prudente	t Angela Prudente d medical staff wor e stated that she d	rking on Broga lid the cell che	n or cks a	the cell floor. T and nothing appe	The Sergeant die eared to be out	d state tl of the or	nat the vic dinary - th	tim appe ney do no	eared to be ot wake up	e pale/v p the inr	white in o	colo	or. Sgt.	
		_	t Willie Jenkins ad on the victim - on								Sgt. Jenki	ns obse	erved the	e me	edical staf	f
- 1	50	notification	interviews, Inv. Con. Corporal Recle e gave notification	kenwald called												of kin
	54		ximately 2027 hou Brogan (Sister) w									rictims S	Sister red	quir	ed a call.	
			ntake health Scree withdraw from dru				estion if she doe	s any dr	ugs, no wa	as marke	ed. When	asked	if she ha	as e	ever gone	
اں	Final (Status		Final Case Status Codes: 1.Arres	st/Adult 2.Arrest	/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed	6.Unfounded	i	Victim Ad	vocate	Triad		SA Refe	rral
2		CF Hotline				Date:	Time:	I 🛏	NCIC Entry		T.T. BOLO		Date:		By:	
		AC ecting Report	Spoke With: Number Agency	T		onal Forms			NCIC Cancel		Ch	Other	1			
ز ا	Office	r Reporting - F	Printed		Att	Marrativ	e SA 707	Persons	Property	Veh./To		Other Des	scribe:	_	Date	
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			Printed (If Applicable)			Officer Reviewing - Sign	hature (If Applicable)			ID. Numbe	r	Unit		$\overline{}$	Date	

NARRATIVE / SUPPLEMENT

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EVNT	Repor	t Date	Report Time	Orig. Reported Dat	te	Nature of Call (for Incide	nt)	Agency Report Number	Ť		1.Original	٦
		1-2015	0919	05-01-2015		7		150011805			2.Supplement 2	4
	60 61	the medi	cal examiners fina	al determination	n of	the cause of deat	d cocaine in he th.	er system. Law e	enforcement is waiting	for the toxicolog	gy results and	
		Interview	CD's were subm	itted to evidend	ce fo	or safe keeping.						
	63 64	Case sta	tus: CLOSED									
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ĭ	Пр	CF Hotline _I				Date:	Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	By:	٦
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ADMINISTRATIVE	Conne	ecting Report N	Number Agency			onal Forms tached: Narrative	SA 707	Persons Property	Veh./Tow Sheet Othe	er Describe:		_
Z	Office	r Reporting - F	Printed			Officer Reporting Signa			ID. Number Uni	it	Date	\dashv
ā	Camp	bell, Rober	t						7103 1E2		05-04-2015	\rfloor
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	V/W V-Vi	Code ctim N-N	ext of Kin	Victim/Sub 0. N/A	4	. Business	В.		Phone Type ss/Work	e M. Me	essage	P. Pager	Rac N-N		I-Americ	can Indian	Sex M-M		1	dence Typ A 3. Flo		0. N/A	
S		Vitness O-O	ther	1. Juvenile 2. L.E.Offic	cer 6	. Governmen . Church	C.	Cell			xt of Kin	S. School				tal/Asian	1	emale	1. Cit	y 4. Ou		2. Pa	ll Year rt Year
CODES		eporting Person ins of Attack		3. Adult	9	Extent of In		H. Home O. Other V. Vacation B-Black U-Unknown										I-Unknown 2. County 3. Non-Residence of the country 3. Non-Residence of the country of the count					
		rearm	O-Other D	angerous		00. N/A 01. Gunsho	03	03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 04. Unconscious 07. Loss of Teeth 10. No Visible Injury									1. Yes S-Spouse B-Sibling Z-Other					Z-Other	
		nife/Cutting Inst.	H-Hands, I	Fists, Feet, E	tc.	02. Stabbe	d 05	. Poss.	Broken Bo		08. Bur	ns	Name (L	99.Ot	ther Seri	ous Injury		2. No (First)		C-Child		o-Habita	
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VICTIM/WITNESS	If Victim Type Race Sex Date of Birth Age							Eth	nnicity	<u> </u>	Correction Res. Type		es. Status	s	Means	of Attack	Ex	tent of In	jury	Domes	stic Violen	ce F	Relationship
	1, 2,	or 3	F				28	N															
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ړ	1. #1	1 3. Both	0	5 5	3	, po Inall	01 08	of Call (for Victim, if Different from Incident) Name (Last/Business) Denman									(First) (Middle) Melissa						
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	1, 2, Offen	or 3 W	F Subject	ct Code			51 Code	<u> N</u> #	Subj. Typ	ne Na	ame (Last)			(First)	t)			(Mid	dle)	Race	Sex	Ethr	nicity
	1. #1 2. #2		S-Sus D-Defe	pect Vendant	Victim (Missin	ig Person)																	
	Date	late of Birth Age To Age Height To Height Wei								1	To Weight	Eye Co	olor		ŀ	Hair Color		Ma	iden Na	ime			
	Nickname / Street Name Place of							h - Ci	tv	Cour	nty	State	En	nployer	r / Schoo	ol				Occupat	tion		
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SECTION	Driver's License State/Number							Social Security Number Other ID Number						I	ID Type								
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윌	Ciou	/	,	/	/		/		/		Ocai	3/11/01/13/10		JG/DG3	scribe)		Scars/Marks/Tattoos (Type/Describe)						
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		/ /	/	Maali	1 10/-	eapon Type			/		/			/	Щ,		/ Lo.	h:+ \\\/-	/	1	1 1/4/	F	
Ö	If Su	ubject: Demean	/ "	Mask	VVE	eapon Type	/		/		/		/			If Arrested:		bject Wa Custody?	1.	Yes	Warrant From: 1. This Agency		
SUBJECT		Date of Last Con	tact	Date of En	nancipat	tion	Caution	1	Caution R	eason	•		-		T F	Personal Hab	oits (Dr	ugs / Alc		No	1 2. 0	Other Age	епсу
SU																							
		May Be With:		Pi	nysical (Condition:				Mental	Condition:				Doctor Na	ame:				Dentist Na	ame:		
	9	Incident Ty	ре				Foul	Play			Missing Be	afore?		Finge	erprints		Ph	oto Avail	able?		Dental F	Record	
	MISSING	1. Runaway 2. Parents	/	Disas Victir			1 '	ected?	?			J. J. G.			lable?						Availabl	le?	
		Involunta Involunta Involunta		7. Volur Adult	ntary	I	1. Ye 2. No		I		1. Yes 2. No		I	1. Ye 2. No			- 1	Yes No		I	1. Yes 2. No		1
	쁘	5. Endange		8. Unkn				known			8. Unknow	/n											
		l,					_ `	nted) _	-1						(S	Signature)	ertify	that I hav	e report	ted the abo	ove perso	n as a m	issing
	Offic	person; and this er Reporting - Prir		my permission	on to ent	ter this perso				Signat	ure					ID. Numbe	er .		Unit		Т	Date	
ADMIN		nobell. Robert						Officer Reporting - Signature							7103	••		1E26			05-04-2	2015	
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EVNT	Repo	ort Date	Report T	Time	Orig.	Reported Dat	e Na	ature of Call	nt)							Agency Report Number					
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>	If Vic 1, 2,	cuiii i ype	F	Sex Dat	e of Birt		Age 51	Ethnicity N		Res. Type	RE	es. Status	IVIE	eans or Att	ack	Extent of Ir	ijury	Domes	stic violen	ce R	elationship
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	2. #2 Date	.#2 D-Defendant (Missing Person) Date of Birth Age To Age Height To Height Weight To Weight Eye Color Hair Color								M	aiden N	ame									
	Nickname / Street Name Place							City	Cou	inty	State	l Em	ployer / S	School				Occupat	tion		
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SUBJECT	11 30	Date of Last Co	/	Date of En	ancinat	tion (/ Caution	/	n Reason	/		/				s (Drugs / Ald	2.	No.		other Age	
SUB		Date of Last Co	maci	Date of En	апсіраі	uon (Jaulion	Caulic	iii Reasoii					Perso	пат паріі	s (Drugs / Aid	onoi)				
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_	Offic	person; and this		iny permission	πι ισ ent	ter triis persor		ficer Report	ng - Signa	N e				ID.	Number		Unit		Т	Date	
ADMIN		npbell, Robert						Cincer repound - Signature)3		1E26			05-04-2	015
A	Offic	cer Reviewing - P	rinted (If App	olicable)	Of	ficer Review	ing - Signa	ature (If	licable)			ID.	Number		Unit			Date			

					NAR	RATIVE / S	UPPLEMENT	-	Page1_	of2	_Pages		
LN>	Repor		Report Time	Orig. Reported Date		dent)	Agency Report Number			1.Original	Ī		
NARRATIVE / CONTINUATION EVNT	05-01 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 33 33 34 35 36 36 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38	On 050 Scene I Upon at Campbo Graves a Corree Sheet. Of The door towards and the rescue lines extended the bed Graves belonging Graves negative Office power of the Critical The per Digital ion 0500 Gallagh The info	1457 115 at 1457hrs Inv. nivestigator regardi rrival Graves met Vell: who was the as then entered into Cotional Officer and Graves photograph or to the cell was open to the door. The viction top of the two piece related actions attained up to the vicand it was open with the searched the night was located unterpreted to any requested contact then searched the night was located unterpreted to any rending autopsy. The was turned over the scene Sign-In State and belongings with the search was turned over the scene Sign-In State and the scene Sign-In State an	O5-01-2015 Graves was noting the death of CSO Major Cassigned case ago Cell Block D who the cell block in the death of the entire grown and the vicinity was clothed too and sometime. An I.V. bat ith paddle and I be made with the cell with negatinder the bunk and a Orozco with the readily identifial for to the staff of Sheet was turned were transported oaded to the Dial of Graves receivant the results were the control of the cell with readily identifial or to the staff of the staff of the cell with readily identifial or to the staff of the cell was turned to the Dial of Graves receivant the results were transported to the Dial of Control of the Dial		o the Volusia Concility. Its Maxwell and Concility. Its	Agency Report Number 150011805 Funty Correctional Campbell both of went the scene and general population by Dep. J. Turner oved too the actual next to the bunk for the abdomen. The bottle with wheel and tubing extended nor was attempting to any further examinand or articles of each of the victim it was conducted the different for submittal.	Facility regarding a whom briefed Gravidentify and collecton area. The gener who was maintain I cell: #11, which wace up with her height leg of the suit where were numeros was positioned ad to the victim as way to be used. mination of the victim as collected for soon scene examinatory Orozco for transfer was complete having	a request for a Dives regarding the et any articles of earl population are ning a Crime Scewas located on the ead toward the way as pulled up to eat the door end of well. A defibrillato tim being conduct A facility issued be subsequent returnation of the victim sport to the Medical population of the Medical population of the victim sport to t	1.original 2.Supplement strict / Crime incident. videntiary va a was poster ne Sign-In e second lev all and her fe expose the ki to resuscitati the bunk an r was located ted. ack for perso n to family. which was cal Examiner	e alue. ed by yel. eet tinee tion / nd d on		
ADMINISTRATIVE	c.		Spoke With:		Date:	4.Exceptional/Juv.	5.Closed 6.Unfounded FCIC / NCIC Entry FCIC / NCIC Cancel	T.T. BOLO	Date:	SA Referr	ral		
SIN					Attached: Narrati	Attached: Narrative SA 707 Persons Property Veh./Tow Sheet Other Describe:							
M		r Reporting -			Officer Reporting - Sign	Unit	Date						
Ā		es, Richar r Reviewing	d - Printed (If Applicable)		Officer Alexhewing - Sig	nature (If Applicable)	1F31 Unit	05-05-2015 Date					

PROPERTY REPORT

EVNT	Report D		Report Ti	me		inal Incident Date Nature of Call (for Incident)						Agency Report Number 1.0riginal 2.Supplement								
THEFT	05-01-2 Type The	eft Ty	1457 rpe Theft Code). N/A	es 02. Robbery	05-01-201 04. I	ocket Picki	ing	06. Embez	zzlemeni	t	08. From		09.	. From Veh	icle 11. By	Compute	er 13. Bicycle		ther	
티	Person C	01	. Burglary	03. Shopliftin		urse Snato	hing	07. From 0	Coin Ope	er.Machine		ess Bldg.	10.	. Extortion	12. Fr			/ehicle Parts		
,	V-Victim S-Suspec D-Defend W-Witnes	ct O- dant R- ss	Next of Kin Other Reporting Party	1. Finder 2. Owner		1. Ev 2. Da 3. Ars	idenc image son/B	e 5.Led Prop. 6.Redurned 7.Red	ecovere ecovere	d d (Outside covered)		9.Found/Contraband 13.Disposal 17.Bake 10.Prisoner's Pers.Prop. 14.Prop. Of Deceased 18.Seize						20.Safekeeping 21.Digital Evidence		
CODES		e ra/Photo E	Equipment Equipment	E-Equipment F-Furniture a G-Games an H-Household	nd Furnishin d Gambling		I-Items of Ide J-Special Doo K-Keepsakes L. Livestock	cs/Food	Stamps/Ti	0.0	kets M. Musical Instrument R-Radio/TV/Sound O. Office Equipment S-Sports/Camping P.Personal Accessories T-Toxic Chemicals									
	Activity P. Possess D. Deliver S. Sell E. Use B. Buy K. Dispense/Distribut T. Traffic R. Smuggle Cultivate					E C C E			ohetamine biturates aine bin ucinogen	O. O P. Pi E	M. Marijuana O. Opium/Deriva P. Paraphernalia Equipment S. Synthetic					igram 7 ogram 8 nce 9	i. Ton '. Liter i. Milliliter I. Dose Unit/Term 9.Other			
						. Item #	S 14	tatus		egory	Article OTHER	Article		cription	g and toileti		and o	3.0thor		
F	Serial Nu	Serial Number Owner Applied Number						Value Recover	red:	D	ate Recovered:		_	eiture Y / N			Value \$			
PROPERTY	If Article Qty.		Brand		Model			\$ Jewelry Type	If C		Activity	Туре		Quantity	Unit		Estimated Stre	et Value		
	If Gun	Make		Model	Ca	ber	Туре	e/Cat		Action		Finish		E	Barrel Length		Barrel Type			
>	Leave Bla	Leave Blank: Person Code # Pers. Invl. Item						tatus	Cate	egory	Article OTHER		1	cription	ontained in	call ID	call ID #12627			
ERT	Serial Number		Owner Applied Nun				Value Recover	red:	D	ate Recovered:		Forfeiture Y / N:		l: F.W.T.C.	(Y/N)	Value \$				
PROPERTY	If Article	Qty.	Brand	Model		odel		Jewelry Type		If Drug	Activity	Туре		Quantity	uantity Unit		Estimated Stre	et Value		
	If Gun	If Gun Make Model			Ca	ber	Туре	e/Cat		Action		Finish		E	Barrel Length		Barrel Type			
≻	Leave Blank: Person Code #				Pers. Inv	. Item #	S	tatus	Cate	egory	Article		Des	cription						
ERT	Serial Number			Owner App	lied Number		Value Recovered			D	ate Recovered:		Forf	eiture Y / N	I: F.W.T.C.	(Y/N)	Value \$			
PROPERTY	If Article Qty.		Brand		Model			Jewelry Type		If Drug	Activity	Туре		Quantity	Unit		Estimated Stre \$	et Value		
<u></u>	If Gun	Make		Model	Ca	ber				Action		Finish		E	Barrel Length		Barrel Type			
_	Leave Blank: Person Code			Code #	Pers. Inv	. Item #	S	tatus	Cate	egory	Article		Des	cription						
ERT	Serial Nu	ımber		Owner App	lied Number			Value Recover	red:	D	ate Recovered:		Forf	eiture Y / N	I: F.W.T.C.	(Y/N)	Value \$			
PROPERTY	If Article	Qty.	Brand	Model				Jewelry Type		If Drug	Activity Type		Quantity		Unit		Estimated Street Value \$			
_	If Gun	Make		Model		Caliber T		Type/Cat		Action	Finish			E	Barrel Length		Barrel Type			
	Item # 1	Date 05-0	e: 7-2015	Time: 1600		eased by (F Richard		rinted): Released by (S			(Signature):	Signature): Re			rinted): (er		Received by (Signature):			
	Leave Bla	ank:			saf	son for Ch	1													
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ODY	Leave Bla	ank:			Re	son for Ch	ange:													
UST.	Item #	Date):	Time:	Re	eased by (I	Printe	d):	Re	eleased by	(Signature):		Rece	eived by (Pi	rinted):		Received by (S	ignature):		
OFC	Leave Bla	ank:			Re	son for Ch	ange:													
CHAIN OF CUSTODY	Item #	Date	e:	Time:	Re	eased by (I	Printe	d):	Re	eleased by	(Signature):		Rece	eived by (Pi	rinted):		Received by (S	ignature):		
히	Leave Bla	ank:			Re	son for Ch	ange:													
	Item #	Date):	Time:	Re	eased by (I	Printe	d):	Re	eleased by	(Signature):		Rece	eived by (Pr	rinted):		Received by (S	ignature):		
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	Item# Date: Time:			Time:	Re	eased by (I	Printe	d):	Re	eleased by	(Signature):		Rece	eived by (Pr	rinted):		Received by (Signature):			
	Leave Bla	ank:			Re	son for Ch	ange:		'											
į		eporting - Richard					Off	icer Reporting - S	Signature		///			ID. Numb	er	Unit 1F31		Date 05-05-2015		
ADMIN.			Printed (If Appl	icable)			Off	icer Reviewing	Signatur	e (if Appli	zole)			ID. Numb	er	1F31 Unit				

							N.A	ARRATI	VE / S	UPPLE	-MENI				Page 1	of1	_Pages
Ž	Report Da	ate	Report Time	•	Orig. Reported	Date	Nature of Call (for	Incident)		Agency Re	port Number					1.Original	1
	08-17-20		0831		05-01-2015		7			15001180							2
	1 Or 2 de 3 co 4	n the aletermin	0831 pove date a	nd time, iate Witl I.	Investigat	or Ca		ved the Me	dical exa	15001180 miners r	eport stati	ing that ronchia	April Brog	an's ca The ma	use of dea	2.Supplement th was	2
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ш	Status:	e 5	Status Codes:	1.Arrest/A	dult 2.Arre	st/Juv.	3.Exceptional/Ac	dult 4.Excep	tional/Juv.	5.Closed	6.Unfounded		Victim Ad	vocate	Triad	SA Refe	erral
ADMINISTRATIVE		Hotline					Date:	Time:	:		NCIC Entry		T.T. BOLO		Date:	By:	
TR/	CAC Connectin	ng Report I	Spoke With: Number Age	ency			onal Forms				NCIC Cancel				1		
SN							tached: Na		SA 707	Persons	Property	_		Other Des	scribe:		
		eporting - F					Officer Reporting	Signature				ID. Numb	er	Unit		Date	
Ā	Campbe Officer Re		t Printed (If Applical	ble)			Officer Reviewing	- Signature (If A	Applicable)			7103 ID. Numb	er	1E25 Unit		08-17-2015 Date	
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