



GLOCK

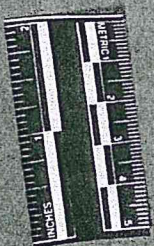
35

AUSTRIA

.40

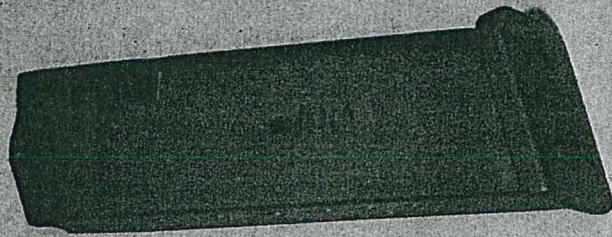
TTL B-2 STREAMLIGHT

LASERED RADIATION IS EMITTED FROM THIS APERTURE. CLASS 2 LED, WHITE LASER PRODUCT. MAX OUTPUT:  $5\text{ mW}$ . WAVELENGTH: 650 - 660 nm. NOTICE 50, 26JULY01. LASER



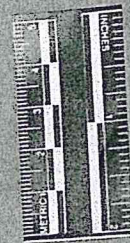
DISCARDING INSTRUCTIONS  
This product is not to be discarded in a household trash bin. It should be disposed of in a hazardous waste collection program. For more information, call 1-800-4-A-ARMS (427763).  
© 1999 Remington-Union Metallic Cartridge Co.

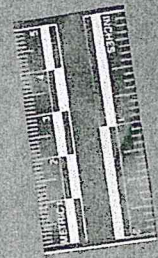
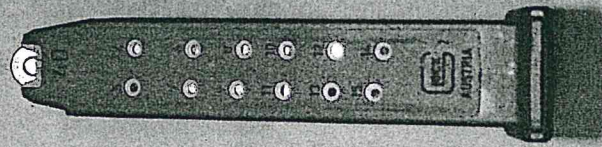


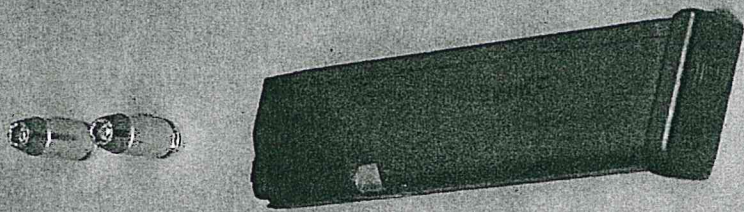




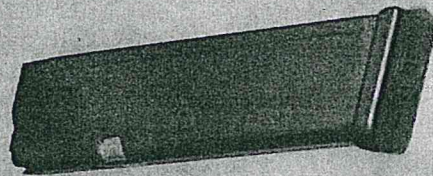








UNIVERSITY OF CALIFORNIA  
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DEPARTMENT OF HISTORY  
100 S. ZEEB HALL  
BERKELEY, CA 94720-1500  
TEL: 415.495.1500  
WWW.LIBRARY.UCALIF.EDU



From Investigator: FLAZZINI Date: 2/24/15 Time: 1:45 PM

SUSPECT NAME: DOB: Race: Sex:

AKA'S: SSN: - -

ADDRESS: 831 MAYBROOK DR. Phone: ( ) -

D/L:

**\*\*\* PLEASE CIRCLE APPLICATION NEEDED AND PRIORITY \*\*\***

**PRIORITY: circle one:** Whenever This Week In \_\_\_ days  
 Today In \_\_\_ Hours

RMS x3 DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 NAME  
 ADDRESS

CJIS x3 DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 NAME  
 WARRANTS - VOLUSIA COUNTY ONLY

EAGENT/FCIC/NCIC x3 DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 CRIMINAL HISTORY - NATIONAL  
 CRIMINAL HISTORY - FLORIDA  
 VEHICLE  
 D/L  
 WANTS/WARRANTS - NATIONAL

CLEAR/DFACTS DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 DRIVER'S LICENSE  
 NAME  
 ADDRESS  
 PHONE  
 VEHICLE  
 SSN

PICTURES/ PHOTO LINE UP DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 D/L  
 BOOKING

PROPERTY APPRAISER DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 OWNERSHIP INFO  
 HOUSE LAYOUT

INSITE / CASE EXPLORER x3 DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_  
 INQUIRY  
 ENTRY

OTHER: \_\_\_\_\_

**Location Master Information**

Address	MLI	LINKS	City	Map	Rep Dist	Fire RD	Map Coordinates	Zone
831 MAYBROOK DR	196320	196320	DELTONA		771	771	-81.25320/28.8863769	

**Summaries**

Summary	Agency	Reference No	Sec Reference No	Invl	Reason	Date
	VCSO	<u><a href="#">120027462 (Incident)</a></u>		LOC	49A	09/17/2012
	VCSO	<u><a href="#">070034701 (Incident)</a></u>		LOC	8	10/08/2007
	VCSO	<u><a href="#">070007409 (Incident)</a></u>		LOC	ERROR	03/05/2007
	VCSO	<u><a href="#">070003697 (Incident)</a></u>		LOC	RECVEH	02/02/2007
	VCSO	<u><a href="#">010034894 (Incident)</a></u>		LOC	13A	10/26/2001

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End of document



The Volusia County Property Appraiser makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The values shown in the Total Values section at the end of the Property Record Card are "Working Tax Roll" values, as our valuations proceed during the year. These Working Values are subject to change until the Notice of Proposed Taxes (TRIM) are mailed in mid-August. For Official Tax Roll Values, see the History of Values section within the property record card below.

Last Updated: 02-10-2015 Today's Date: 2-12-2015		Volusia County Property Appraiser's Office <b>Property Record Card (PRC)</b> Morgan B. Gilreath Jr., M.A., A.S.A., C.F.A. Property Appraiser			
Full Parcel ID	30-18-31-66-13-0280	Mill Group	016 Deltona		
Short Parcel ID	8130-66-13-0280				
Alternate Key	2890622	2014 Final Millage Rate	24.87150		
Parcel Status	Active Parcel	PC Code	01		
Date Created	21 DEC 1981				
Owner Name	PEREZ REBECA		<a href="#">GO TO ADD'L OWNERS</a>		
Owner Name/Address 1					
Owner Address 2	972 DANDRIDGE DR				
Owner Address 3	DELTONA FL				
Owner Zip Code	32725				
Owner Percentage	100	Ownership Type	Fee Simple		
Location Address	831 MAYBROOK DR DELTONA 32725				

**LEGAL DESCRIPTION**  
 LOT 28 BLK 1738 DELTONA LAKES UNIT 66 MB 28 PGS 124-127 INC  
 PER OR 5227 PG 4469 PER OR 6885 PG 2806 PER OR 6937 PG 3010

SALES HISTORY							<a href="#">GO TO ADD'L SALES</a>	
#	BOOK	PAGE	DATE	INSTRUMENT	QUALIFICATION	IMPROVED?	SALE PRICE	
1	6937	3010	11/2013	Warranty Deed	Unqualified Sale	Yes	54,000	
2	6885	2806	7/2013	Certificate of Title	Unqualified Sale	Yes	100	
3	5227	4469	12/2003	Warranty Deed	Qualified Sale	Yes	93,000	

HISTORY OF VALUES								<a href="#">GO TO ADD'L HISTORY</a>				
YEAR	LAND	BLDG (S)	MISC	JUST	ASD	SCH ASD	NS ASD	EXEMPT	TXBL	SCH TXBL	ADD'L EX	NS TXBL
2014	9,111	47,053	2,530	58,694	58,694	58,694	58,694	0	58,694	58,694	0	58,694
2013	7,923	43,026	1,413	52,362	44,381	44,381	44,381	25,000	19,381	19,381	0	19,381

LAND DATA												

CODE	TYPE OF LAND USE	FRONTAGE	DEPTH	# OF UNITS	UNIT TYPE	RATE	DPH	LOC	SHP	PHY	JUST VAL
0101	IMP PVD THRU .49 AC	79.0	126.0	79.00	FRONT FEET	115.00	100	100	100	100	9,111
NEIGHBORHOOD CODE		9338	DELTONA LAKES UNIT 66								
TOTAL LAND CLASSIFIED											0
TOTAL LAND JUST											9,111

**BUILDING CHARACTERISTICS**

**BUILDING 1 OF 1** GO TO BLDG SKETCH

Physical Depreciation %	24	Next Review	2019	Obsolescence	Functional	0%
		Year Built	1980		Locational	0%
Quality Grade	300	Architecture			Base Perimeter	162

<b>Improvement Type</b>	Single Family					
Roof Type	HIP	Bedrooms	2	7FixBath	0	
Roof Cover	Asphalt / Composition Shingle	Air Conditioned	Yes	6FixBath	0	
Wall Type	Drywall	Fireplaces	0	5FixBath	0	
Floor Type	Combination	XFixture	0	4FixBath	0	
Foundation	Concrete Slab	Heat Method 1	Forced Ducted	3FixBath	2	
Heat Source 1	Electric	Heat Method 2		2FixBath	0	
Heat Source 2		Year Remodeled				

SECTION #	AREA TYPE	EXTERIOR WALL TYPE	NUMBER OF STORIES	YEAR BUILT	ATTIC FINISH	% BSMT AREA	% BSMT FINISH	FLOOR AREA
1	Heated Living Area (BAS)	CONCRETE BLOCK STUCCO	1.0	1980	N	0.00	0.00	1098 Sq. Feet
6	Finished Enclosed Porch (FEP)	Non-Applicable	1.0	2004	N	0.00	0.00	195 Sq. Feet
8	Finished Enclosed Porch (FEP)	Non-Applicable	1.0	1997	N	0.00	0.00	154 Sq. Feet
4	Finished Open Porch (FOP)	Non-Applicable	1.0	1980	N	0.00	0.00	35 Sq. Feet
7	Unfinished Garage (UGR)	Non-Applicable	1.0	1980	N	0.00	0.00	330 Sq. Feet

**MISCELLANEOUS IMPROVEMENTS**

TYPE	NUMBER UNITS	UNIT TYPE	LIFE	YEAR IN	GRADE	LENGTH	WIDTH	DEPR. VALUE
SHED RES	100	SF	50	1980	3	10	10	482
SHED RES	100	SF	50	1990	3	10	10	803
PATIO/CONCSLAB	377	SF	30	2013	3	0	0	1,145



**PLANNING AND BUILDING**

PERMIT NUMBER	PERMIT AMOUNT	DATE ISSUED	DATE COMPLETED	DESCRIPTION	OCCUPANCY NBR	OCCUPANCY BLDG
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NONE

**TOTAL VALUES** The values shown in the Total Values section at the end of the Property Record Card are "Working Tax Roll" values, as our valuations proceed during the year. These Working Values are subject to change until the Notice of Proposed Taxes (TRIM) are mailed in mid-August. For Official Tax Roll Values, see the History of Values section above.

The Volusia County Property Appraiser makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation.

Land Value	9,111	New Construction Value	0
Building Value	47,053	City Econ Dev/Historic Taxable	0
Miscellaneous	2,430		
<b>Total Just Value</b>	<b>58,594</b>	Previous Total Just Value	<b>58,694</b>
School Assessed Value	58,594	Previous School Assessed	58,694
Non-School Assessed Value	58,594	Previous Non-School Assessed	58,694
Exemption Value	0	Previous Exemption Value	0
Additional Exemption Value	0	Previous Add'l Exempt Value	0
School Taxable Value	58,594	Previous School Taxable	58,694
Non-School Taxable Value	58,594	Previous Non-School Taxable	58,694

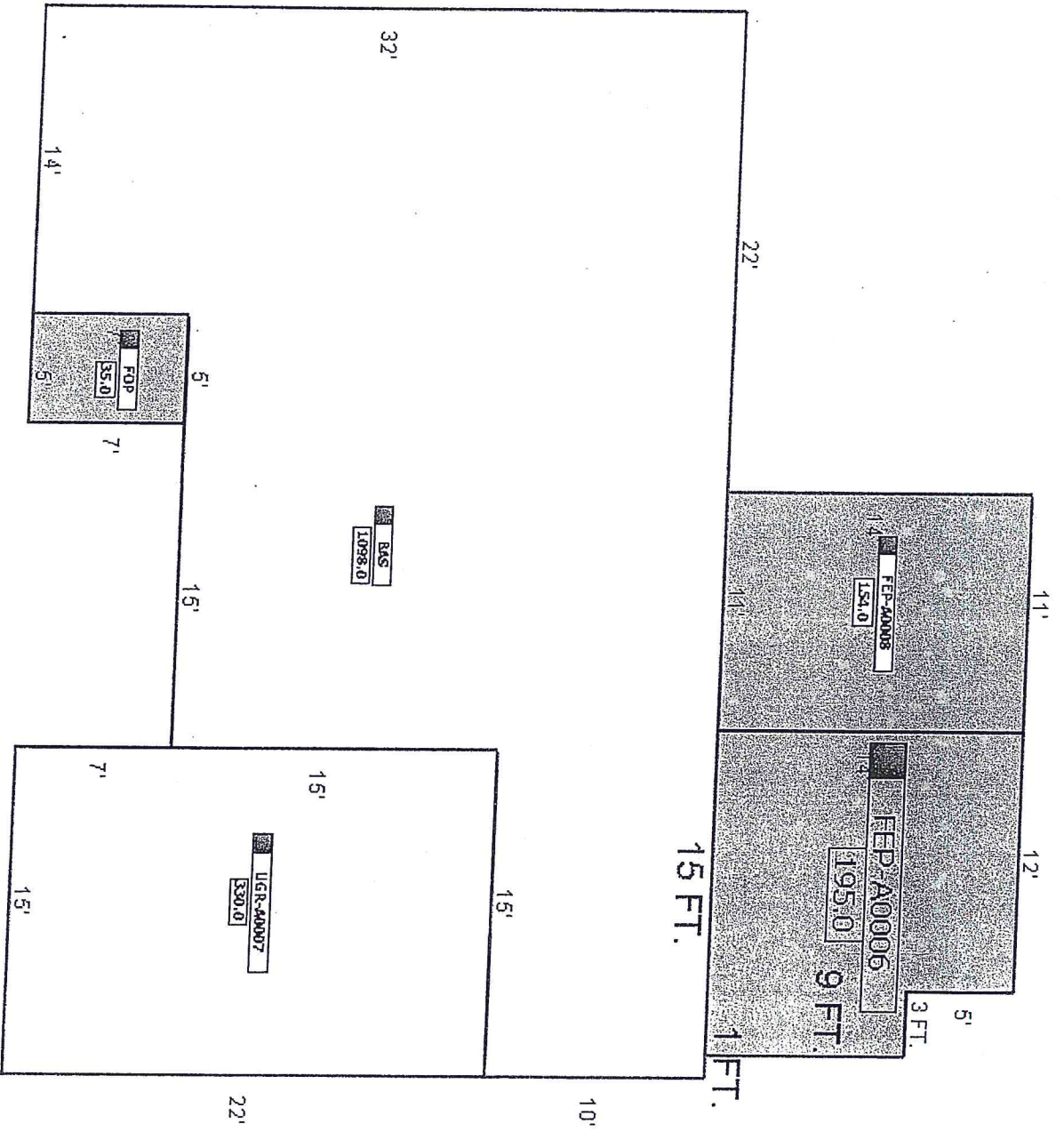
<input type="checkbox"/> MapIT <input type="checkbox"/> PALMS <input type="checkbox"/> Map Kiosk	<input type="button" value="Parcel Notes"/>
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**MapIT:** Your basic parcel record search including sales.

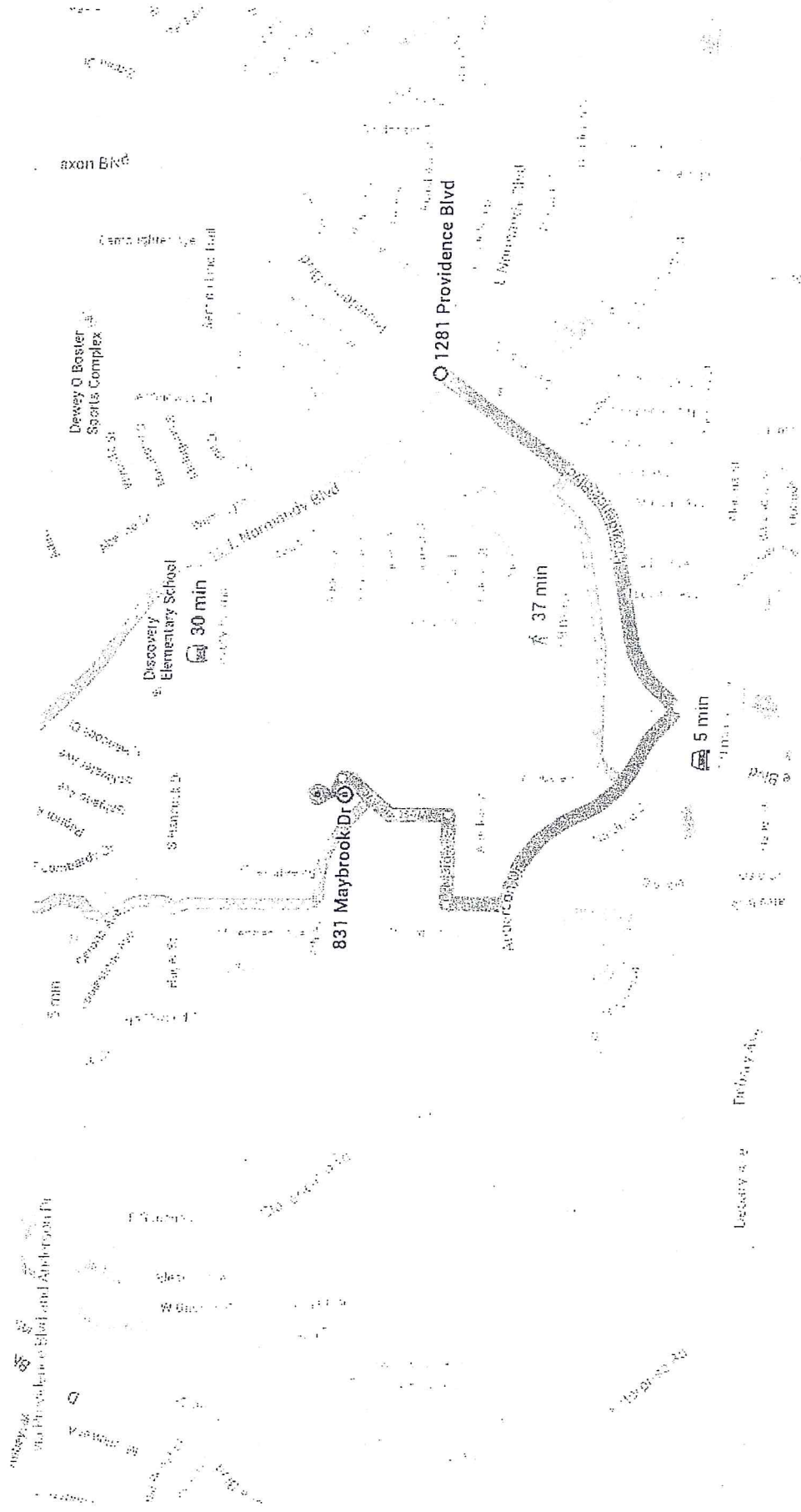
**PALMS:** Basic parcel record searches with enhanced features.

**Map Kiosk:** More advanced tools for custom searches on several layers including parcels.











# VOLUSIA COUNTY SHERIFF'S OFFICE

## PROPERTY REPORT

<b>EVNT</b>	Report Date 02-24-2015	Report Time 1215	Original Incident Date	Nature of Call (for incident) 31	Agency Report Number 150003792	1. Original 2. Supplement
<b>THEFT</b>	Type Theft 00. N/A 01. Burglary	Type Theft Codes 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

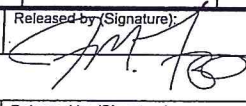
<b>CODES</b>	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	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	
	Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment		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 P. Possess S. 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 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other	

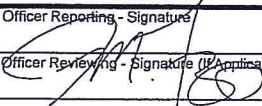
<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
	Serial Number	Owner Applied Number			Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		

<b>PROPERTY</b>	Leave Blank:	Person Code	#	Pers. 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 \$		
	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 \$		
	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 \$		
	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):	
	1,2	02-24-2015	1600	Investigator John M. Frazzini		Evidence		
	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:			
	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 Frazzini, John	Officer Reporting - Signature 	ID. Number 1589	Unit	Date 02-24-2015
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

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OBEYED BY: \_\_\_\_\_ DVIE \_\_\_\_\_

Condition of bag when obeyed:  Obed  Sealed

CAUTION: AVOID CONTACT WITH \_\_\_\_\_

**EVIDENCE PROPERTY**

Agency VCSO Case No. 15-3792

Item No. 1 Offense NARCOTICS

Suspect DEREK CRUCE

Victim SOT

Date and Time of Recovery 02-24-15

Recovered By INV. FRACCHI

Description and/or Location APPROX

DO NOT CALL HERE TO OPEN — DO NOT CALL HERE TO OPEN — DO NOT CALL

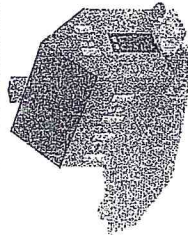


P.O. Box 85149 | Richmond, VA 23295-0001

ELECTRONIC SERVICE REQUESTED

0012952116829316 004 004  
Derek A. Cruice  
831 Maybrook Dr.  
Deltona, FL 32725-7262

753



Welcome  
to the neighborhood!

Derek Cruice  
831 Maybrook Dr.  
Deltona, FL 32725-7262



JMP

SEALED BY:

Date: 02-24-15



# VOLUSIA COUNTY SHERIFF'S OFFICE

## PROPERTY REPORT

<b>THEFT</b>	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original
	02-10-2015	1115		31	150003792	2. Supplement <u>2</u>
<b>THREAT</b>	Type Theft	Type Theft Codes				
	00. N/A	02. Robbery	04. Pocket Picking	05. Embezzlement	08. From Public	09. From Vehicle
		01. Burglary	03. Shoplifting	05. Purse Snatching	07. From Coin Oper. Machine	Access Bldg.
					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	N-Next of Kin	1. Finder	2. Damaged Prop.	3. Arson/Burned	4. Photo & Release
		S-Suspect	O-Other	5. Lost	6. Recovered	7. Recovered (Outside Agency Recovered)
		D-Defendant	R-Reporting Party	8. Found	9. Found/Contraband	10. Prisoner's Pers./Prop.
		W-Witness	4. Other	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>	Category Code	E-Equipment/Measuring Devices/Tools	J-Items of Identification			
	B. Bicycle	F-Furniture and Furnishings	J-Special Docs/Food Stamps/Tickets	M. Musical Instrument	R-Radio/TV/Sound Devices	V.Viewing Equip (Binoculars)
		C. Camera/Photo Equipment	K-Keepsakes and Collectibles	O. Office Equipment	S-Sports/Camping/Rec.Equip.	W.Well-drilling Equipment
		D-Data Processing Equipment	L. Livestock	P. Personal Accessories	T-Toxic Chemicals	Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)

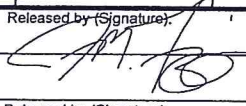
<b>DRUG</b>	Activity	D. Deliver	Z. Other	Type	U. Unknown	Unit
	P. Possess	E. Use		A. Amphetamine	M. Marijuana	1. Gram
		S. Sell		B. Barbiturates	O. Opium/Derivative	2. Milligram
		B. Buy		C. Cocaine	P. Paraphernalia/Equipment	3. Kilogram
		T. Traffic		E. Heroin	S. Synthetic	4. Ounce
		R. Smuggle		H. Hallucinogen		5. Pound
						6. Ton
						7. Liter
						8. Milliliter
						9. Dose Unit/Term
						99. Other

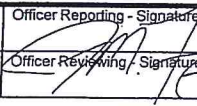
<b>PROPERTY</b>	Leave Blank	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description
					1	1	Y	DRUGS	1-CPB w/ cannabis particles & 1-cannabis "roach"
		Serial Number	Owner Applied Number		Value Recovered:	Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value
					\$				\$
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit
								1	99
		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
					2	1	Y	OTHER	(2) pieces of mail
		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
		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
					\$				\$
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit
		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
					\$				\$
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit
		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):
	1,2	02-10-2015	1600	Investigator John M. Frazzini		Evidence	
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:			

Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Frazzini, John		1589		02-10-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

DO NOT CUT HERE TO OPEN — DO NOT CUT HERE TO OPEN — DO NOT CUT HERE TO OPEN

# todo suyo

convierta toda su casa en una zona de  
conexión y descubra las posibilidades

## YOU'VE BEEN PRE-APPROVED

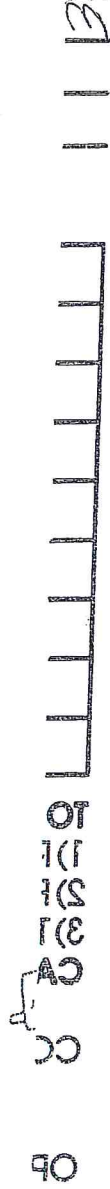
### No Annual Fee, P

#### Now available for:

901A020909\*422\*40518-02\*V08  
Deltona Neighbor  
831 Maybrook Dr  
Deltona, FL 32725-7262

0012999112946081 001 001  
Mallorie D. Blanco  
831 Maybrook Dr.  
Deltona, FL 32725-7262

1056



DO NOT CUT HERE TO OPEN — DO NOT CUT HERE TO OPEN — DO NOT CUT HERE TO OPEN

FOLD HERE

Date: 02-10-15

SEALED BY: *[Signature]*

TO BE MAINTAINED IN THIS OFFICE

**EVIDENCE PROPERTY**

Agency VCSO Case No. 15-3792

Item No. 1 Offense NARCOTICS

Suspect \_\_\_\_\_

Victim SoF

Date and Time of Recovery 02-10-15

Recovered By INV. FRACZNI

Description and/or Location ONE (1)

CPB CONTAINING CANNABIS PARTICLES AND ONE (1)

RECEIVED

NOTICE

# SEARCH WARRANT CHECK LIST

1. TURN IN RED BOOK TO SWAT
2. PICK DATE WITH SWAT
3. NOTIFICATION E-MAILS
  - a. EMAIL TO: Robert Jones, John Bonnevier, Robert Goggin, and Charles Mandizha. Add Tommy Dane if it is SWAT.
  - b. EXAMPLE: On (this day) the Westside Narcotics Task Force will execute a narcotics search warrant in the area of (this intersection) with in (these city limits) at approximately (this time). The assistance of SWAT was/was not requested.
  - c. EMAIL SWAT MATRIX AND REPORT TO: Major Jones and Cpt. Adkins (only on swat hit)
4. ORGANIZE DEPUTY – Deltona SCU
5. NINJAS
6. OPS PLAN
7. ASSIGN SOMEONE FOR EYES ON IN A.M.
8. NOTIFY LOCAL AGENCY
9. APPROVE WARRANT WITH ASA – James Disinger 03-03-15
10. GET WARRANT SINGED BY JUDGE – Judge Matthew Foxman 03-03-15

11. MAKE COPIES OF WARRANT FOR SWAT AND TARGET
12. CHECK RAID KIT
13. CHECK VIDEO/STILL CAMERA
14. COMPLETE HEADER PAGES FOR 707'S IF POSSIBLE

**AFTER SEARCH WARRANT IS COMPLETED**

1. AFTER ACTION EMAIL
2. SEARCH WARRANT RETURN

# VOLUSIA COUNTY SHERIFFS OFFICE OPERATION PLAN

UNIT 1N43

CASE # 15-3792      OPERATION COMMANDER Sgt. Jimmie Carlisle      DATE 03/04/2015

### TYPE OF OPERATION

UC     SEARCH WARRANT     ARREST WARRANT     SURVEILLANCE     OTHER \_\_\_\_\_

### LAW ENFORCEMENT OFFICERS

NAME	AGENCY	CALL SIGN	VEHICLE/ COLOR	ASSIGNED DUTY
		CELL PHONE		
1. Sgt. J. Carlisle	VCSO	1N40 [REDACTED]		Supervisor
2. Inv. A. Raimundo	VCSO	1N41 [REDACTED]		Search Team
3. Inv. T. Raible	VCSO	1N42 [REDACTED]		Search Team
4. Inv. J. Frazzini	VCSO	1N43 [REDACTED]		Search Team
5. Inv. J. Patterson	VCSO	1N44 [REDACTED]		Case Agent
6. Inv. A. Blais	VCSO	1N45 [REDACTED]		Search Team
7.	VCSO			Marked Unit
8.				
9.				
10.				
11.				
12.				

### SUSPECTS

NAME	TARGET CODE	ADDRESS	AGE	RACE/SEX/WT/HT/HAIR
1. Derek A. Cruice	S1	831 Maybrook Drive, Deltona		W / M
2. Samantha Sterrett	S2	831 Maybrook Drive, Deltona		W / F
3. Gerald M. Bishop	S3	1590 O'Hara Street, Deltona		W / M
4.				
5.				

### TARGET VEHICLES

DRIVER	MAKE	MODEL	TYPE	COLOR	TAG
1. S1	Suzuki		4 - Door	Blue	DMWR88
2. S3	Chevrolet	Impala	4 - Door	Gold	AAYN63
3.					
4.					
5.					

**SPECIAL REMARKS (WEAPONS, COUNTER-SURV., ETC.)**

Trash pulls positive for cannabis. Suspects have prior histories for narcotics possession. Unknown small children or animals. No surveillance cameras observed on the front or sides of the residence, but a possible camera was observed above the rear screened-in porch.

**COMMUNICATIONS**

CAR TO CAR: LE 4

U/C FREQ:  RED

YELLOW

BLUE

ALTERNATE: LE Tac 4

GREEN

BROWN

OTHER

**BUST SIGNALS**

PRIMARY	SECONDARY	EMERGENCY

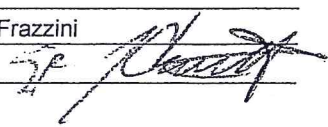
**NEAREST TRAUMA CENTER:**

Halifax Hospital

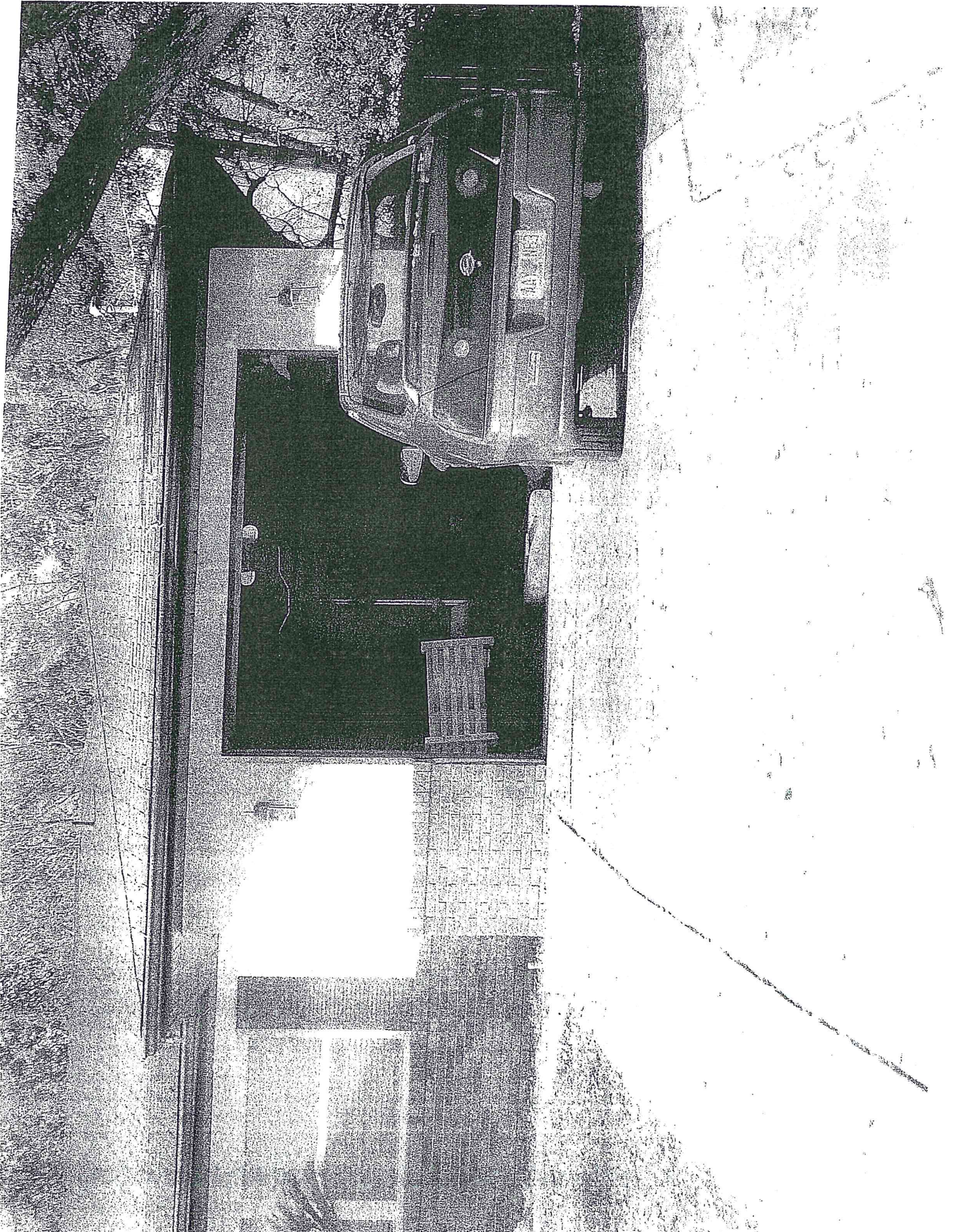
COMMAND POST PX: \_\_\_\_\_

CASE AGENT: Investigator John M. Frazzini

DATE: 03/04/2015

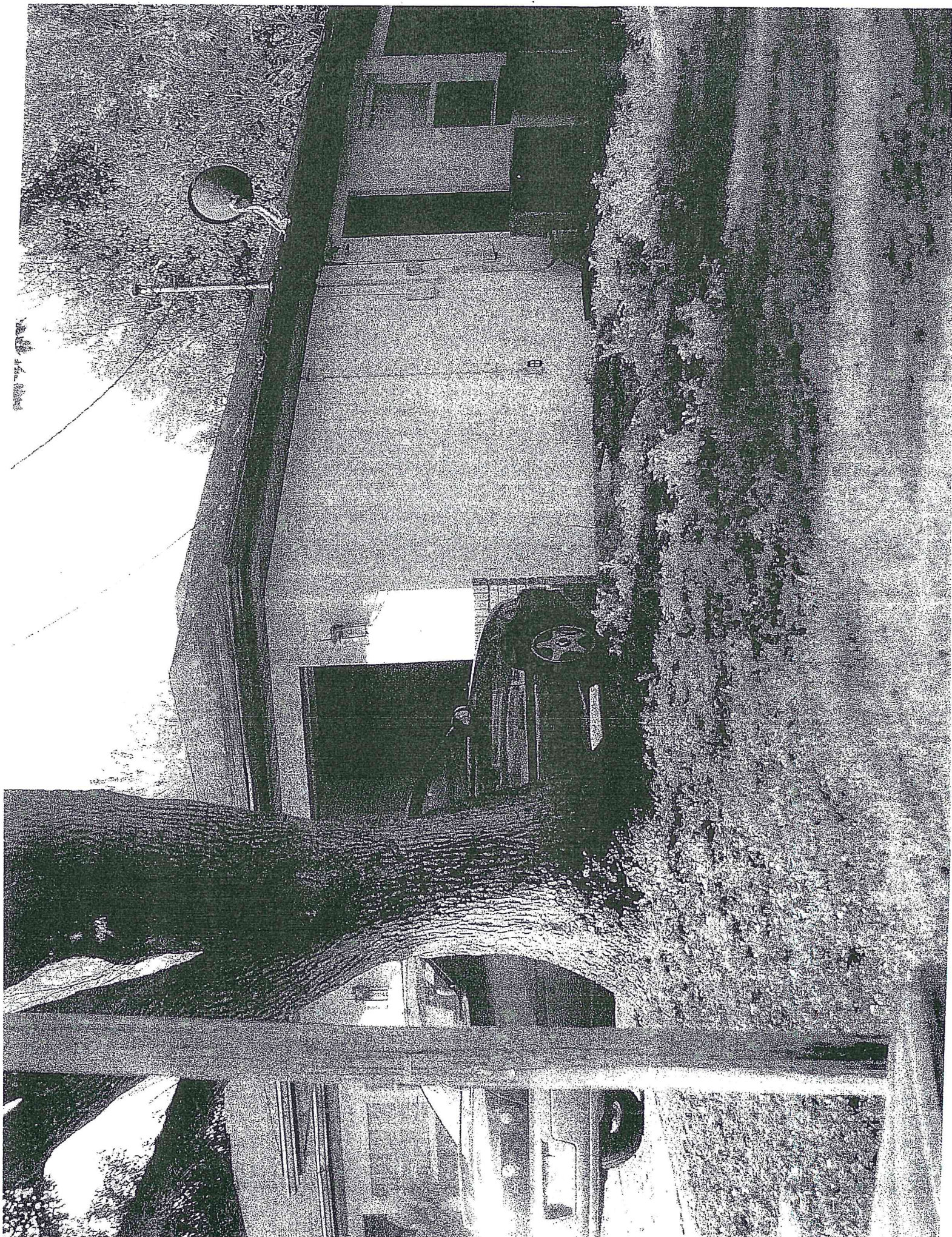
SUPERVISOR: Sgt. Jimmie Carlisle 

DATE: 03/04/2015















HOUSE COPY

## SEARCH WARRANT

IN THE CIRCUIT COURT, IN AND FOR VOLUSIA COUNTY, FLORIDA

IN THE NAME OF THE STATE OF FLORIDA

TO:

BEN F. JOHNSON, SHERIFF OF VOLUSIA COUNTY, FLORIDA, and/or any one or more of his duly sworn deputies, and/or R.J. Larizza, State Attorney for the Seventh Judicial Circuit of the State of Florida, and/or any one or more of his duly sworn investigators, and/or Chief William Ridgway, Deland Police Department and/or any one or more of his duly sworn officers, and/or Commissioner Rick Swearingen, Florida Department of Law Enforcement and/or any one or more of his duly sworn agents, and/or Administrator Michele Leonhart, US Department of Justice Drug Enforcement Administration and/or any one or more of her duly sworn agents and/or task force members.

WHEREAS, complaint on oath and in writing, supported by affidavit, having been made this day before the undersigned Matthew Foxman  
Circuit Judge

AND WHEREAS, said facts made known to me have caused me to certify and find that there is probable cause to believe that certain laws have been or are being violated in or on certain premises and the curtilage thereof, or that evidence of the violation of certain laws is being kept in or on certain premises or curtilage thereof, in Volusia County, Florida being known and described as follows:

**831 Maybrook Drive, Deltona, Florida. Traveling from the intersection of Providence Blvd and Anderson Drive, travel southwest on Providence Blvd for approximately 0.9 mile until you reach Anderson Drive. Turn right onto Anderson Drive and travel for approximately 0.5 mile until you reach W. 9th Street. Turn right (west) onto W. 9th Street and travel for approximately 0.1 mile until you reach N. 3rd Avenue. Turn right onto N. 3rd Avenue and travel for approximately 0.2 mile until you reach Westline Trail. Turn left onto Westline Trail and travel for approximately 0.2 mile until you reach Maybrook Drive. Turn left onto Maybrook Drive and travel for approximately 118 feet. The residence will be the 2nd residence on the left (southeast) side of the road. The residence is a single story single family residence constructed of concrete block / stucco. The residence is white in color stucco (top half) over brown stucco brick (bottom half) with green window shutters, green facia, and green soffit. The roof is a brown shingle roof. The front door of the residence faces northwest and is green in color. The driveway is located on the southwest side of the residence and leads to the single-car garage. There are white numbers, "83" above the number "1", to the right side of the front door. There are also black numbers "831" positioned in a horizontal fashion and affixed to the mailbox located in front of the residence. The residence sits between 823 Maybrook Drive (left) and 839 Maybrook Drive (right).**

And being the premises occupied or under the control of:

**Pamela Marie Powell, Derek Andre Cruice, Samantha Marie Sterrett, and/or any other person(s) unknown.**

And there is now being kept in or on said premises and curtilage certain,

**Controlled substances, to wit: Cannabis and/or any and all associated derivatives and/ or any other controlled substances and associated paraphernalia.**

Which is being kept and used in violation of the Laws of the State of Florida, to wit: the laws prohibiting,

**Possession of controlled substances, in violation of 893.13 a Florida State Statute  
Possession of drug paraphernalia, in violation of 893.147 a Florida State Statute**

AND WHEREAS the facts establishing the grounds for this application are set forth in the affidavit of which affidavit is made a part of this search warrant, by reference.

NOW THEREFORE, you or either of you, with such lawful assistance as may be necessary, are hereby commanded, in the daytime or in the nighttime, or on any Sunday, to enter and search the aforesaid premises together with the yard and curtilage thereof, including any vehicles located within the curtilage and any person residing in the above-described premises and any other person reasonably believed to be connected or involved with the aforementioned illegal activity, for the property described in this warrant, and if the same of any part thereof be found, you are hereby authorized to seize and secure same, giving proper receipt therefore and delivering a completed copy of this warrant to the person in control of the premises, or in the absence of any such person, leaving a completed copy where the property is found, and making a return of your doings under this warrant within ten (10) days of the date hereof, and you are further directed to bring said property so found and also the bodies of the person or persons in possession thereof before the Court having jurisdiction of this offense and thereafter to be disposed of according to law.

WITNESS my hand and seal this 3<sup>rd</sup> day of March, 2015.

  
\_\_\_\_\_  
JUDGE, IN AND FOR VOLUSIA COUNTY, FLORIDA

**AFFIDAVIT  
For Search Warrant**

IN THE CIRCUIT COURT, IN AND FOR VOLUSIA COUNTY, FLORIDA,

State of Florida )  
County of Volusia )

BEFORE ME, Matthew Fossman Judge of the Circuit Court in and for Volusia  
County, Florida, personally came Investigator John M. Frazzini.

Who being first duly sworn, deposes and says: That affiant has reason to believe that those  
certain premises located in Volusia County, Florida, described as follows, to-wit:

**831 Maybrook Drive, Deltona, Florida. Traveling from the intersection of Providence Blvd and Anderson Drive, travel southwest on Providence Blvd for approximately 0.9 mile until you reach Anderson Drive. Turn right onto Anderson Drive and travel for approximately 0.5 mile until you reach W. 9<sup>th</sup> Street. Turn right (west) onto W. 9<sup>th</sup> Street and travel for approximately 0.1 mile until you reach N. 3<sup>rd</sup> Avenue. Turn right onto N. 3<sup>rd</sup> Avenue and travel for approximately 0.2 mile until you reach Westline Trail. Turn left onto Westline Trail and travel for approximately 0.2 mile until you reach Maybrook Drive. Turn left onto Maybrook Drive and travel for approximately 118 feet. The residence will be the 2<sup>nd</sup> residence on the left (southeast) side of the road. The residence is a single story single family residence constructed of concrete block / stucco. The residence is white in color stucco (top half) over brown stucco brick (bottom half) with green window shutters, green fascia, and green soffit. The roof is a brown shingle roof. The front door of the residence faces northwest and is green in color. The driveway is located on the southwest side of the residence and leads to the single-car garage. There are white numbers, "83" above the number "1", to the right side of the front door. There are also black numbers "831" positioned in a horizontal fashion and affixed to the mailbox located in front of the residence. The residence sits between 823 Maybrook Drive (left) and 839 Maybrook Drive (right).**

And being the premises occupied or under the control of:

**Pamela Marie Powell, Derek Andre Cruice, Samantha Marie Sterrett, and/or any other person(s) unknown.**

And there is now being kept in or on said premises and curtilage certain,

**Controlled substances, to wit: Cannabis and/or any and all associated derivatives and/ or any other controlled substances and associated paraphernalia.**

Which is being kept and used in violation of the Laws of the State of Florida, to wit: the laws prohibiting,

**Possession of controlled substances, in violation of 893.13 a Florida State Statute  
Possession of drug paraphernalia, in violation of 893.147 a Florida State Statute**

That the facts tending to establish the grounds for this application and the probable cause of  
affiant believing that such facts exist are as follows:



Your affiant, Investigator John M. Frazzini attended the basic Law Enforcement Academy at Seminole Community College. Investigator Frazzini has been employed as a sworn law enforcement officer with the Volusia County Sheriff's Office for 13 years and is currently assigned to the Deltona Narcotics Enforcement Team. Your affiant has attended CMS Field Training Officer School and was a Field Training Officer for approximately 2 years. Investigator Frazzini has also attended Orange County SWAT School and was a member of the SWAT Team for 7 1/2 years. During that time, Investigator Frazzini served hundreds of Search Warrants with the SWAT Team. Investigator Frazzini was also previously assigned to the Criminal Investigations Division / Property Crimes Unit and had obtained and executed numerous residential Search Warrants. Investigator Frazzini has attended Narcotics Identification and Investigation School, and numerous other law enforcement related schools.

During February of 2015, Investigator Frazzini received anonymous information about narcotics activity occurring at 831 Maybrook Drive, Deltona. The information advised that there was a male by the name of "Derek Cruice" and his girlfriend named "Samantha Sterrett" that live at this residence. Both individuals are known to use and sell a variety of illegal narcotics to include cannabis.

On 02/10/2015, Sergeant Carlisle and Investigator Raible, of the Volusia County Sheriff's Office Deltona Narcotics Enforcement Team, conducted a trash analysis at 831 Maybrook Drive in Deltona, Florida. The investigators removed two (2) white in color trash bags with red straps which were tied closed, from a dark colored trash container, located on the right of way to the right of the driveway, separate and apart from any other trash on the street. Investigator Frazzini examined the contents of the white in color trash bags, at a predetermined location, and located the following items: one (1) clear plastic sandwich bag containing cannabis particles and one (1) burnt cannabis "roach". Investigator Frazzini also located two pieces of mail addressed to "831 Maybrook Drive, Deltona, Florida 32725". Investigator Frazzini obtained a presumptive positive reaction for cannabis when a sample of the cannabis particles was field tested using a NARK #9 Field test kit. Investigator Frazzini secured the above items into VCSO evidence for safekeeping.

On 02/24/2015, Sergeant Carlisle and Investigator Raible, of the Volusia County Sheriff's Office Deltona Narcotics Enforcement Team, conducted a trash analysis at 831 Maybrook Drive in Deltona, Florida. The investigators removed two (2) white in color trash bags with red straps which were tied closed, from a dark colored trash container, located on the right of way to the right of the driveway, separate and apart from any other trash on the street. Investigator Frazzini examined the contents of the white in color trash bags, at a predetermined location, and located the following items: approximately 0.1 grams of cannabis (particles and stems). Investigator Frazzini also located two pieces of mail addressed to "Derek Cruice" at "831 Maybrook Drive, Deltona, Florida 32725". Investigator Frazzini obtained a presumptive positive reaction for cannabis when a sample of the cannabis particles was field tested using a NARK #9 Field test kit. Investigator Frazzini secured the above items into VCSO evidence for safekeeping.

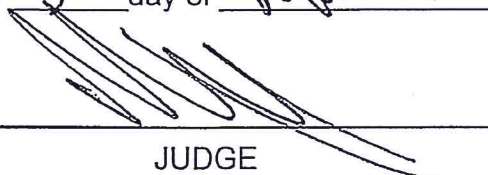
While conducting surveillance on the residence, Investigator Frazzini observed a dark blue in color Suzuki passenger car bearing Florida tag DMWR88 parked on the north side of the residence. A computer check of the D.A.V.I.D. for the Florida tag DMWR88 showed that the vehicle is registered to "Derek Andre Cruice".

A computer check of the D.A.V.I.D. for the address "831 Maybrook Drive" showed that there is a male named "Derek Cruice" and a female named "Samantha Sterrett" that both use the address as their current home address.

WHEREFORE, affiant makes this affidavit and prays the issuance of a search warrant in due form of law for the search of the above-described premises and the curtilage thereof including any vehicles located within the curtilage and any persons therein, for the said property, heretofore described, and for the seizure and safe keeping thereof, subject to the order of a Court having jurisdiction thereof, by the duly constituted officers of the law.

  
AFFIANT

Sworn to and subscribed before me this 3<sup>rd</sup> day of March, 2015.

  
JUDGE

# SKILLS BANK QUESTIONNAIRE

This questionnaire shall be completed each time an employee/appointee is evaluated or a change in status occurs. Upon completion, forward to the Personnel Section.

NAME: Todd Raible

DID#: 7046

## LANGUAGE SKILLS (Check appropriate box)

SPANISH	<input type="checkbox"/>	KOREAN	<input type="checkbox"/>
RUSSIAN	<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>
PORTUGUESE	<input type="checkbox"/>	HUNGARIAN	<input type="checkbox"/>
FILIPINO	<input type="checkbox"/>	HAITIAN	<input type="checkbox"/>
POLISH	<input type="checkbox"/>	GERMAN	<input type="checkbox"/>
SWEDISH	<input type="checkbox"/>	FRENCH	<input type="checkbox"/>
VIETNAMESE	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>
TURKISH	<input type="checkbox"/>	CZECH	<input type="checkbox"/>
SYRIAN	<input type="checkbox"/>	PATOIS	<input type="checkbox"/>
JAPANESE	<input type="checkbox"/>	SIGN	<input type="checkbox"/>
BRILLE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

## COMPUTER SKILLS (Check appropriate box)

MICROSOFT OUTLOOK	<input checked="" type="checkbox"/>
MICROSOFT WORD	<input checked="" type="checkbox"/>
WORD PERFECT	<input type="checkbox"/>
LOTUS	<input type="checkbox"/>
POWER POINT	<input type="checkbox"/>
RMS	<input checked="" type="checkbox"/>
CAD	<input checked="" type="checkbox"/>
EXCEL	<input type="checkbox"/>
ACCESS	<input type="checkbox"/>
OTHER	<u>CLEAR</u>

RESERVE MILITARY STATUS: ACTIVE RESERVE  INACTIVE RESERVE

MILITARY BRANCH: \_\_\_\_\_

WORK EXPERIENCE: PILOT  NEGOTIATOR  DIVER  HOMICIDE INV.   
RADAR  INSTRUCTOR  OTHER: SWAT

SPECIAL SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: Check appropriate box and fill in requested information.

HIGHT SCHOOL	<input type="checkbox"/>	SOME COLLEGE	<input type="checkbox"/>
JUNIOR COLLEGE (AA/AS)	<input type="checkbox"/>	COLLEGE (BA/BS)	<input checked="" type="checkbox"/>
MASTERS (MA/MS)	<input type="checkbox"/>	DOCTORATE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		

MINOR: Education

MAJOR: History

OTHER EDUCATION: List courses not sponsored or paid for by the Department and attach copy of transcript.

COURSE NAME[S] \_\_\_\_\_  
\_\_\_\_\_

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes  No  TR  
Initial

2. Do you have any questions about this policy?

Yes  No  TR  
Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes  No  TR  
Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes  No  TR  
Initial

Reporting this type of conduct can be done to any one of the following:

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

T. RAIBLE 7246  
(PRINT) EMPLOYEE'S NAME D.I.D.

T. Raible  
EMPLOYEE'S SIGNATURE 03/12/14  
DATE

J. Carlisle 1390  
(PRINT) SUPERVISOR'S NAME D.I.D.

J. Carlisle  
SUPERVISOR'S SIGNATURE 3-12-14  
DATE

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes  No TR  
Initial

2. Do you have any questions about this policy?

Yes  No TR  
Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes  No TR  
Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes  No TR  
Initial

**Reporting this type of conduct can be done to any one of the following:**

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

TODD RAIBLE 7046  
(PRINT) EMPLOYEE'S NAME D.I.D.

[Signature]  
EMPLOYEE'S SIGNATURE 02/19/13  
DATE

Jimmie Carlido 1390  
(PRINT) SUPERVISOR'S NAME D.I.D.

[Signature]  
SUPERVISOR'S SIGNATURE 3-19-13  
DATE

VOLUSIA COUNTY SHERIFF'S OFFICE

Ben F. Johnson, Sheriff



WORKPLACE HARASSMENT AND DISCRIMINATION POLICY REVIEW

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes No T.T. Initial

2. Do you have any questions about this policy?

Yes No T.T. Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes No T.T. Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes No T.T. Initial

Reporting this type of conduct can be done to any one of the following:

- \* Anyone in your Chain of Command \*
\* Internal Affairs \*
\* Volusia County Personnel Office \*
\* Florida Commission on Human Rights \*
\* Equal Employment Opportunity Commission \*

Tammy Thoman (PRINT) EMPLOYEE'S NAME D.I.D.

Damonee Thoman EMPLOYEE'S SIGNATURE

03-25-13 DATE

M. Campa Nella 1429 (PRINT) SUPERVISOR'S NAME D.I.D.

M. Campa Nella SUPERVISOR'S SIGNATURE

3-4-13 DATE

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes  No JK  
Initial

2. Do you have any questions about this policy?

Yes  No JK  
Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes  No JK  
Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes  No JK  
Initial

Reporting this type of conduct can be done to any one of the following:

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

TODD RAIBLE 7046  
(PRINT) EMPLOYEE'S NAME D.I.D.

[Signature]  
EMPLOYEE'S SIGNATURE

03/08/12  
DATE

SGT MIKE HAVERNER 2344  
(PRINT) SUPERVISOR'S NAME D.I.D.

[Signature]  
SUPERVISOR'S SIGNATURE

0308-12  
DATE

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes No TR  
Initial

2. Do you have any questions about this policy?

Yes  No TR  
Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes No TR  
Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes  No TR  
Initial

**Reporting this type of conduct can be done to any one of the following:**

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

TODD RAIBLE 7046  
(PRINT) EMPLOYEE'S NAME D.I.D.

[Signature]  
EMPLOYEE'S SIGNATURE

03/01/12  
DATE

Sgt MIKE HAVETNER 2344  
(PRINT) SUPERVISOR'S NAME D.I.D.

[Signature]  
SUPERVISOR'S SIGNATURE

03/01/12  
DATE

0150 71 00000 000700



# SKILLS BANK QUESTIONNAIRE

This questionnaire shall be completed each time an employee/appointee is evaluated or a change in status occurs. Upon completion, forward to the Personnel Section.

NAME: Todd Raible

DID#: 7046

## LANGUAGE SKILLS (Check appropriate box)

SPANISH   
RUSSIAN   
PORTUGUESE   
FILIPINO   
POLISH   
SWEDISH   
VIETNAMESE   
TURKISH   
SYRIAN   
JAPANESE   
BRAILLE

KOREAN   
ITALIAN   
HUNGARIAN   
HAITIAN   
GERMAN   
FRENCH   
CHINESE   
CZECH   
PATOIS   
SIGN   
OTHER \_\_\_\_\_

## COMPUTER SKILLS (Check appropriate box)

MICROSOFT OUTLOOK   
MICROSOFT WORD   
WORD PERFECT   
LOTUS   
POWER POINT   
RMS   
CAD   
EXCEL   
ACCESS   
OTHER CLEAR \_\_\_\_\_

RESERVE MILITARY STATUS: ACTIVE RESERVE

INACTIVE RESERVE

MILITARY BRANCH: \_\_\_\_\_

WORK EXPERIENCE: PILOT  NEGOTIATOR  DIVER  HOMICIDE INV.   
RADAR  INSTRUCTOR  OTHER: SWAT

SPECIAL SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION:

Check appropriate box and fill in requested information.

HIGHT SCHOOL   
JUNIOR COLLEGE (AA/AS)   
MASTERS (MA/MS)   
OTHER

SOME COLLEGE   
COLLEGE (BA/BS)   
DOCTORATE

MINOR: Education

MAJOR: History

OTHER EDUCATION: List courses not sponsored or paid for by the Department and attach copy of transcript.

COURSE NAME[S] \_\_\_\_\_  
\_\_\_\_\_

**VOLUSIA COUNTY SHERIFF'S OFFICE  
CAREER COUNSELING CHECKLIST**

Employee Name: Raible, Todd Rank: Deputy II

Division: LES Assignment: District II CID

- |  | <u>YES</u>                          | <u>NO</u>                |
|--|-------------------------------------|--------------------------|
| 1. Review of the employee's work performance during the previous year discussed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Employee's career goals discussed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Duties and responsibilities of the next higher position discussed.            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Training required to attain the employee's career goals discussed.            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Employee's major strengths/weaknesses discussed.                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Summation of the employee's weaknesses and a plan to improve.                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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I have read and have received a copy of the Career Counseling Checklist.

Employee Signature: 

Counselor's Signature: 

Counseling Date: 2/23/2011

Cc: Personnel  
Career Counselor  
Employee

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes No TR  
Initial

2. Do you have any questions about this policy?

Yes  No TR  
Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes No TR  
Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes  No TR  
Initial

Reporting this type of conduct can be done to any one of the following:

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

Todd Raible 7046  
(PRINT) EMPLOYEE'S NAME D.I.D.

[Signature]  
EMPLOYEE'S SIGNATURE

02/23/11  
DATE

Brian Hudson 1596  
(PRINT) SUPERVISOR'S NAME D.I.D.

[Signature]  
SUPERVISOR'S SIGNATURE

2/23/2011  
DATE

## KRONOS Time and Attendance Tracking Procedures

KRONOS is the County's time and attendance system. To ensure consistency across the County in effectively and ethically reporting an employee's time and attendance, please note the following:

1. All employees, regardless of whether they are considered non-exempt (hourly) or exempt (salaried), should review and electronically approve their timecard at the end of each pay period prior to their supervisor's approval. Any discrepancies should be discussed with the supervisor prior to approvals.
2. Employees should clock in at their designated PC, where applicable, unless otherwise instructed by their supervisor.
3. Regardless of how an employee accesses KRONOS (e. g. PC, time clock, TeleTime), logons, passwords, badge numbers, or PINs should never be shared with anyone. If an employee feels his/her password was compromised, (s)he must change it immediately.
4. **An employee or supervisor must never log on to KRONOS using another employee's log on information. Clocking/punching another employee in/out and/or falsely reporting time that wasn't worked is considered falsifying a record/document and is viewed as stealing time which is considered a fraudulent act subject to disciplinary action up to and including termination.**
5. The only exceptions where a non-exempt (hourly) employee's punch should be deleted are (1) if the employee punched twice (double-punch), (2) the employee started working forgetting to punch in, then punched in late, and notified the manager of his/her actual start time, or (3) the manager added an incorrect punch. Supervisors must add comments to any edited or leave time to document the reason for the change or leave.
6. Supervisors who receive KRONOS manager rights (i.e. are now responsible for using KRONOS to manage their employee's time and attendance) must contact Ramona Jackson, HR Training Manager in Personnel, at 386-736-5951 or extension 3200 to schedule a KRONOS training session.

Additional information regarding the KRONOS password policy can be found by logging on to KRONOS and clicking on My Links. If you have any questions regarding this, please contact Phyllis Brodeur, Payroll Supervisor/Finance Accounting at 386-736-5933 or extension 2383.

***I have received, read, understand and will comply with the KRONOS Time and Attendance Tracking Procedures.***

Signature: 

Date: 10/13/09

Print Name: TODD PAIBLE

Employee ID #: 7046

Department/Division: VCSO / CID D2


## Driver License Status Reporting Requirement

Any employee who drives a county vehicle, or could be subject to drive a county vehicle, is expected to possess and maintain a valid driver license. It is the employee's responsibility to immediately inform his or her supervisor if the employee's driver license becomes invalid, expired, suspended, or the employee is charged with a misdemeanor or felony traffic citation. Employees who do not have a valid driver license are prohibited from driving county vehicles.

I understand that as an employee of County of Volusia who currently drives a county vehicle, or could be subject to drive a county vehicle at any time in the future, I am expected to possess and maintain a valid driver license. It is my responsibility to immediately inform my supervisor if my driver license becomes invalid, expired, suspended, or if I am charged with a misdemeanor or felony traffic citation. My failure to report a change in the status of the validity of my driver license and then operate a county vehicle that requires a driver license will subject me to disciplinary action up to and including termination of employment.

I further understand that if I do not have a valid driver license I am prohibited from driving county vehicles for any purpose.

***I have received, read, understand and will comply with the above Driver License Status Reporting Requirement.***

Signature:  Date: 10/13/09  
Print Name: TODD RAIBLE Employee ID #: 7046  
Department/Division: VCSO / CID D2

## Password Security Procedure

I understand that, as a County of Volusia employee, I am expected to protect the accuracy, integrity and safekeeping of the contents and programs on my individually assigned PC as well as any PC that I use at work and will not share my individual password(s) with any other employee other than my manager for safekeeping in event of emergency. In addition, I will not allow another employee to use my password(s), and I will not use another employee's password to conduct county business unless directed by and/or authorized by my division director. If I feel that my passwords have been compromised, I will change them immediately and notify my manager and/or IT Support Desk of my concern.

Compliance with this policy is mandatory and considered a condition of continued employment. Failure to follow this mandate will subject me to discipline up to and including termination of employment.

*I have received, read, understand and will comply with the above Password Security Procedure.*

Signature: 

Date: 10/13/09

Print Name: TODD RAIBLE

Employee ID #: 7046

Department/Division: VCSD / CID D2

Issued: 9/22/09

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?

Yes  No JK  
Initial

2. Do you have any questions about this policy?

Yes  No JK  
Initial

3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes  No JK  
Initial

4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?

Yes  No JK  
Initial

Reporting this type of conduct can be done to any one of the following:

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

Todd J. Raible  
(PRINT) EMPLOYEE'S NAME D.I.D. 7276

[Signature]  
EMPLOYEE'S SIGNATURE

09/22/09  
DATE

Sgt. P. Thoman 1334  
(PRINT) SUPERVISOR'S NAME D.I.D.

[Signature]  
SUPERVISOR'S SIGNATURE

09/28/09  
DATE

VOLUSIA COUNTY SHERIFF'S OFFICE  
Ben F. Johnson, Sheriff



**WORKPLACE HARASSMENT AND DISCRIMINATION  
POLICY REVIEW**

After reviewing Directive 22.10 with you, I am required to ask you the following questions:

1. Do you understand this policy?  
 Yes  No      TR  
Initial
2. Do you have any questions about this policy?  
Yes  No      TR  
Initial
3. Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?  
 Yes  No      TR  
Initial
4. Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace that are inconsistent with this policy?  
Yes  No      TR  
Initial

Reporting this type of conduct can be done to any one of the following:

- \* Anyone in your Chain of Command \*
- \* Internal Affairs \*
- \* Volusia County Personnel Office \*
- \* Florida Commission on Human Rights \*
- \* Equal Employment Opportunity Commission \*

LODD RAIBLE 7046  
(PRINT) EMPLOYEE'S NAME      D.I.D.

[Signature]  
EMPLOYEE'S SIGNATURE

04/07/10  
DATE

Sgt. P. Thoman 1334  
(PRINT) SUPERVISOR'S NAME      D.I.D.

SAD.9  
SUPERVISOR'S SIGNATURE

04-8-10  
DATE



# SKILLS BANK QUESTIONNAIRE

This questionnaire shall be completed each time an employee/appointee is evaluated or a change in status occurs. Upon completion, forward to the Personnel Section.

NAME: Todd J Raible

DID#: 7046

SS#: [REDACTED] - [REDACTED] - [REDACTED]

## LANGUAGE SKILLS (Check appropriate box)

SPANISH	<input type="checkbox"/>	KOREAN	<input type="checkbox"/>
RUSSIAN	<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>
PORTUGUESE	<input type="checkbox"/>	HUNGARIAN	<input type="checkbox"/>
FILIPINO	<input type="checkbox"/>	HAITIAN	<input type="checkbox"/>
POLISH	<input type="checkbox"/>	GERMAN	<input type="checkbox"/>
SWEDISH	<input type="checkbox"/>	FRENCH	<input type="checkbox"/>
VIETNAMESE	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>
TURKISH	<input type="checkbox"/>	CZECH	<input type="checkbox"/>
SYRIAN	<input type="checkbox"/>	PATOIS	<input type="checkbox"/>
JAPANESE	<input type="checkbox"/>	SIGN	<input type="checkbox"/>
BRaille	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

## COMPUTER SKILLS (Check appropriate box)

MICROSOFT OUTLOOK	<input type="checkbox"/>
MICROSOFT WORD	<input type="checkbox"/>
WORD PERFECT	<input type="checkbox"/>
LOTUS	<input type="checkbox"/>
POWER POINT	<input type="checkbox"/>
RMS	<input type="checkbox"/>
CAD	<input type="checkbox"/>
EXCEL	<input type="checkbox"/>
ACCESS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

RESERVE MILITARY STATUS: ACTIVE RESERVE  INACTIVE RESERVE

MILITARY BRANCH: \_\_\_\_\_

WORK EXPERIENCE: PILOT  NEGOTIATOR  DIVER  HOMICIDE INV.   
RADAR  INSTRUCTOR  OTHER \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: Check appropriate box and fill in requested information.

HIGH SCHOOL	<input type="checkbox"/>	SOME COLLEGE	<input type="checkbox"/>
JUNIOR COLLEGE (AA/AS)	<input type="checkbox"/>	COLLEGE (BA/BS)	<input checked="" type="checkbox"/>
MASTERS (MA/MS)	<input type="checkbox"/>	DOCTORATE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		

MINOR: Education

MAJOR: History

OTHER EDUCATION: List courses not sponsored or paid for by the Department and attach copy of transcript.

COURSE NAME[S] \_\_\_\_\_

# SKILL BANK QUESTIONNAIRE

This questionnaire shall be completed each time an employee/appointee is evaluated or a change in status occurs. Upon completion, forward to the Personnel Section.

NAME: Todd J Raible

DID#: 7046

SS#: [REDACTED]

LANGUAGE SKILLS (Check appropriate box)

COMPUTER SKILLS (Check appropriate box)

SPANISH	<input type="checkbox"/>	KOREAN	<input type="checkbox"/>	MICROSOFT OUTLOOK	<input type="checkbox"/>
RUSSIAN	<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	MICROSOFT WORD	<input type="checkbox"/>
PORTUGUESE	<input type="checkbox"/>	HUNGARIAN	<input type="checkbox"/>	WORD PERFECT	<input type="checkbox"/>
FILIPINO	<input type="checkbox"/>	HAITIAN	<input type="checkbox"/>	LOTUS	<input type="checkbox"/>
POLISH	<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	POWER POINT	<input type="checkbox"/>
SWEDISH	<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	RMS	<input type="checkbox"/>
VIETNAMESE	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	CAD	<input type="checkbox"/>
TURKISH	<input type="checkbox"/>	CZECH	<input type="checkbox"/>	EXCEL	<input type="checkbox"/>
SYRIAN	<input type="checkbox"/>	PATOIS	<input type="checkbox"/>	ACCESS	<input type="checkbox"/>
JAPANESE	<input type="checkbox"/>	SIGN	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
BRILLE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		

RESERVE MILITARY STATUS: ACTIVE RESERVE  INACTIVE RESERVE

MILITARY BRANCH: \_\_\_\_\_

WORK EXPERIENCE: PILOT  NEGOTIATOR  DIVER  HOMICIDE INV.   
RADAR  INSTRUCTOR  OTHER \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: Check appropriate box and fill in requested information.

HIGH SCHOOL	<input type="checkbox"/>	SOME COLLEGE	<input type="checkbox"/>
JUNIOR COLLEGE (AA/AS)	<input type="checkbox"/>	COLLEGE (BA/BS)	<input checked="" type="checkbox"/>
MASTERS (MA/MS)	<input type="checkbox"/>	DOCTORATE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		

MINOR: Education

MAJOR: History

OTHER EDUCATION: List courses not sponsored or paid for by the Department and attach copy of transcript.

COURSE NAME[S] \_\_\_\_\_  
\_\_\_\_\_

# VOLUSIA COUNTY SHERIFF'S OFFICE CAREER COUNSELING CHECKLIST

Employee Name: Raible, Todd #7046 Rank: Deputy II

Division: LES/DISTRICT 2 Assignment: Patrol Division

	<u>YES</u>	<u>NO</u>
1. Review of the employee's work performance during the previous year discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Employee's career goals discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Duties and responsibilities of the next higher position discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Training required to attain the employee's career goals discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Employee's major strengths/weaknesses discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Summation of the employee's weaknesses and a plan to improve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIS RAIBLE IS TO SEEK TRAINING CLASSES  
AND ON THE JOB INCIDENTS TO PREPARE  
FOR A POSITION IN INVESTIGATIONS.

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I have read and have received a copy of the Career Counseling Checklist.

Employee Signature:  #7046

Counselor's Signature:  #1455

Counseling Date: 02-27-06

Cc: Personnel  
 Career Counselor  
 Employee

# Sheriff's Office



William R. Lee  
Chief Deputy  
123 W. Indiana Avenue  
DeLand, Florida 32721-0569

March 10, 2005

Todd Raible

335 S. Peninsula Dr.  
Daytona Beach, FL 32118

Dear Mr. Raible:

I would like to take this opportunity to congratulate you on your appointment as a full-time *Deputy Sheriff II* with the Volusia County Sheriff's Office (VCSO). The following information is provided to assist you in processing for this position.

Prior to your first day of work, you must be fingerprinted. Fingerprinting is performed on Tuesday, Wednesday, and Thursday between 9:00-11:00 and 1:00-3:00 at the Sheriff's Office Operations Center at 1330 Indian Lake Road, Daytona Beach (see attached map.) No appointment is necessary.

Your *Field Training and Evaluation Program (FTEP)* will begin at 8:00 am on Tuesday, March 29 at the Stephen Saboda Training Center (where you had your interview.) Please wear your utility uniforms.

New employees who anticipate receiving state salary incentive monies for education or career development must provide official transcripts sent directly from the college or university to the Edgar Burgos, VCSO Payroll Section, P.O. Box 569, DeLand, FL 32721-0569.

If you have any questions relating to your employment or this letter, please contact me at (386) 736-5961 ext. 2108. Once again, congratulations on your appointment and welcome to the Volusia County Sheriff's Office.

Sincerely,

Laura Bounds  
VCSO Administrative Services Director  
091L0097.05



# County of Volusia

DEPARTMENT OF PUBLIC PROTECTION  
Beach Safety Division

440 South Beach Street • Daytona Beach, Florida 32114-5004  
(386) 239-SURF • Fax: (386) 239-6420  
www.volusia.org



**To:** Kevin C. Sweat  
Director, Personnel

**From:** Todd J. Raible  
Senior Lifeguard


**Date:** March 10, 2005

**Re:** Resignation

First I would like to say thank you for the seven years of life guarding service and three years as a Beach Patrol Officer that you have allowed me to perform. The time I have spent on the beach will most likely be my most enjoyable in life. Also the friendships and responsibility that I have gained through out these years of service will be something that I will cherish and take with me into future endeavors.

With that said I feel that at this time in my life I must try new endeavors and seek various challenges off the beach. Since the beach is the place I started off in life, it is my sincere hope to return to it in the future. Yet, at this time, I am formally resigning my position as a Senior Lifeguard with the Volusia County Beach Patrol. My final day will be on March 27, 2005. Once again I cannot thank you enough for the opportunities and friendships that you and this organization have given me over the years and I wish everyone on the beach the brightest futures.

Thank you,



Todd J. Raible

**VOLUSIA COUNTY  
EMPLOYEE PERFORMANCE EVALUATION  
CUMULATIVE RATING FORM**

EMPLOYEE NAME: Raible, Todd (Kronos ID: [REDACTED]) JOB TITLE: Investigator TYPE OF EVALUATION:

END OF PROBATION  
 ANNUAL  SPECIAL  
 OTHER

DEPARTMENT: V.C.S.O. DIVISION: LES/NARCOTICS

*Cy 2013/2014*

JOB CATEGORY RATINGS	OUTSTANDING	EXCEEDS STANDARDS	MEETS STANDARDS	NEEDS IMPROVEMENT	UNACCEPTABLE
A- INITIATIVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. COOPERATIVENESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. PERFORMANCE STANDARDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DECISION MAKING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. COMMUNICATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. CUSTOMER SERVICE / PUBLIC RELATIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DEPENDABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. RESOURCE MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISORY ABILITY**

A- TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. PLANNING AND ASSIGNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIRECTION AND LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. FAIRNESS AND APPROACHABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DECISION MAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. RESOURCE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**OVERALL EVALUATION** (Please Check One)

<b>OUTSTANDING</b> <input type="checkbox"/>	<b>EXCEEDS STANDARDS</b> <input checked="" type="checkbox"/>	<b>MEETS STANDARDS</b> <input type="checkbox"/>	<b>NEEDS IMPROVEMENT</b> <input type="checkbox"/>	<b>UNACCEPTABLE</b> <input type="checkbox"/>
--	---	--	--	---

Comments and Goals: (Evaluator)

A. Comments on employee's performance, i.e. employee's strengths and areas for improvement: (attach additional pages as necessary)

*Inv. Raible demonstrates outstanding communication skills he shares information and makes an effort to communicate with his coworkers. He maintains tact and courtesy in more difficult and or stressful circumstances. Inv. Raible is a dependable employee and a team player who is always ready to assist other members of his unit. He is always on time and has no unscheduled absences. Inv. Raible readily accepts new or additional assignments. He actively promotes a good working relationship with his fellow Investigators. Inv. Raible's work exceeds expectation for accuracy, completeness and does not require revision. He is able to determine the proper chain of command in new or exceptional work situations. During the past year Inv. Raible has worked diligently investigating and solving narcotic investigations, executing 22 narcotic search warrants and conducting several narcotic buy walks.*

B. Goals and recommendations:

*Seek additional law enforcement related courses.*

C. Comments: (Endorser) (if applicable)

*Thank you for your excellent work Todd! me*

Evaluator Name (please print) <i>Sgt. Jimmie Carlisle (Kronos ID [redacted])</i>	Title <i>Sergeant</i>	Signature <i>[Signature]</i>	Date <i>3-12-14</i>
Endorser Name (if applicable) (please print) <i>Lt. Bobby Goggin</i>	Title <i>Lieutenant</i>	Signature <i>[Signature]</i>	Date <i>03-14-14</i>

EMPLOYEE CERTIFICATION: This Evaluation has been explained. My signature does not mean I agree with this rating.

*[Signature]* \_\_\_\_\_ 03/12/14  
Signature of Employee Date

Department Head Name (please print) <i>M. S. Coffin Jr</i>	Signature <i>[Signature]</i>	Date <i>3/20/14</i>
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*11207101.02X*

**#01833** *[Signature]*

SPK

VOLUSIA COUNTY  
EMPLOYEE PERFORMANCE EVALUATION  
CUMULATIVE RATING FORM

EMPLOYEE NAME: Raible, Todd (Kronos ID: 40175) JOB TITLE: Investigator TYPE OF EVALUATION:

END OF PROBATION

ANNUAL  SPECIAL

OTHER

DEPARTMENT: V.C.S.O.

DIVISION: LES/NARCOTICS

Cy 12/13

JOB CATEGORY RATINGS	OUTSTANDING	EXCEEDS STANDARDS	MEETS STANDARDS	NEEDS IMPROVEMENT	UNACCEPTABLE
A- INITIATIVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. COOPERATIVENESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. PERFORMANCE STANDARDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DECISION MAKING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. COMMUNICATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. CUSTOMER SERVICE / PUBLIC RELATIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DEPENDABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. RESOURCE MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISORY ABILITY**

A- TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. PLANNING AND ASSIGNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIRECTION AND LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. FAIRNESS AND APPROACHABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DECISION MAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. RESOURCE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LR 02/12/17

(P)



**OVERALL EVALUATION (Please Check One)**

<b>OUTSTANDING</b>	<b>EXCEEDS STANDARDS</b>	<b>MEETS STANDARDS</b>	<b>NEEDS IMPROVEMENT</b>	<b>UNACCEPTABLE</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Goals: (Evaluator)

A. Comments on employee's performance, i.e. employee's strengths and areas for improvement: (attach additional pages as necessary)

Inv. Raible has been assigned to the Deltona narcotics enforcement team for the past year. Inv. Raible is a hard worker and a thorough investigator. He has an excellent work ethic can be counted on to do the right thing for his investigative unit and the Sheriffs office. He reacts effectively to changing conditions and is able to carry out improvements. Inv. Raible demonstrates excellent communication skills he shares information and makes an effort to communicate with his coworkers. He maintains tact and courtesy in more difficult and or stressful circumstances. Inv. Raible is a dependable employee, he is a team player who always ready to assist other members of his investigative unit promoting a good working relationship with its members. Inv. Raible's work meets expectations for accuracy, completeness and neatness and does not require revisions. His quality of work meets essential performance standards; he readily accepts new and additional assignments. Inv. Raible is a dependable employee who is always on times and has no unscheduled absences. He maintains tact and courtesy in difficult and stressful circumstances.

B. Goals and recommendations:

Seek additional law enforcement related courses.

C. Comments: (Endorser) (if applicable)

Todd - your work in ONET and SWAT are very much appreciated! Thank you! me

Evaluator Name (please print) Sgt. Jimmie Carlisle (Kronos ID 097603)	Title Sergeant	Signature 	Date 3-18-13
Endorser Name (if applicable) (please print) Lt. Bobby Goggin <i>AK 02916</i>	Title Lieutenant	Signature 	Date 03-13-12
EMPLOYEE CERTIFICATION: This Evaluation has been explained. My signature does not mean I agree with this rating.			
 Signature of Employee			Date 03/18/13
Department Head Name (please print) <i>M. A. Coffin Jr</i>	Signature 		Date 3/4/13

#01833

*11/2 - 11 - 1 - 2 11.11*

**VOLUSIA COUNTY  
EMPLOYEE PERFORMANCE EVALUATION  
CUMULATIVE RATING FORM**

EMPLOYEE NAME: Raible, Todd      Kronos [REDACTED]      JOB TITLE: Investigator      TYPE OF EVALUATION:  
 END OF PROBATION  
 ANNUAL     SPECIAL  
 OTHER

DEPARTMENT: Sheriff's Office      DIVISION: L.E.S.D./WVNTF

JOB CATEGORY RATINGS	OUTSTANDING	EXCEEDS STANDARDS	MEETS STANDARDS	NEEDS IMPROVEMENT	UNACCEPTABLE
A- INITIATIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. COOPERATIVENESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. PERFORMANCE STANDARDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DECISION MAKING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. COMMUNICATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. CUSTOMER SERVICE / PUBLIC RELATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DEPENDABILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. RESOURCE MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISORY ABILITY**

A- TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. PLANNING AND ASSIGNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIRECTION AND LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. FAIRNESS AND APPROACHABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DECISION MAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. RESOURCE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OVERALL EVALUATION (Please Check One)**

**OUTSTANDING**

**EXCEEDS STANDARDS**

**MEETS STANDARDS**

**NEEDS IMPROVEMENT**

**UNACCEPTABLE**

Comments and Goals: (Evaluator)

A. Comments on employee's performance, i.e. employee's strengths and areas for improvement: (attach additional pages as necessary)

Investigator Raible has several years of CID experience. In August, Inv. Raible transferred to the WVNTF. In January, Inv. Raible was transferred to the newly formed Deltona Narcotics Task Force. Inv. Raible is quickly gaining valuable experience. He has participated in numerous buy/walks, buy/bust and search warrants. He has drafted and executed 12 narcotic search warrants and participated in approximately 50. Inv. Raible actively seeks out new learning experiences and challenging work situations. In October, Inv. Raible attended a week long Meth school. In addition, he is currently on the SWAT team. Inv. Raible demonstrates the ability to make good decisions in daily matters and unexpected situations. During November, Inv. Raible, conducted a knock and talk at a suspected cannabis grow. It eventually turned into a search warrant where investigators recovered 366 cannabis plants, approx. 1200 grams of cannabis, \$1510 in currency and 7 firearms. Inv. Raible is considered an asset to the Volusia County Sheriff's Office and the Deltona Narcotics Task Force. Keep up the good work.

B. Goals and recommendations:

Continue to seek out training through various law enforcement courses.  
Prepare yourself for a promotional opportunity within the Sheriff's Office.  
Keep up the good work.

C. Comments: (Endorser) (if applicable)

*Good Job Todd - Glad to have you.*

*Great job Todd! Thank you for all of your hard work!*

Evaluator Name (please print) Mike Havenner Kronos #08620	Title Sergeant	Signature <i>[Signature]</i>	Date 03-1-12
Endorser Name (if applicable) (please print) Bobby Goggin	Title Lieutenant	Signature <i>[Signature]</i>	Date 03-02-12

EMPLOYEE CERTIFICATION: This Evaluation has been explained. My signature does not mean I agree with this rating.

*[Signature]*  
Signature of Employee

*03/02/12*  
Date

Department Head Name (please print) <i>M. J. Coffin Jr.</i>	Signature <i>[Signature]</i>	Date 03/15/12
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**#01883**

*MAR #2412 03/13/12 PSH*