

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number 150008994	
Agency ORI Number FL0640000				Zone # 35	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2
Reported: Day Thursday	Date 04-02-2015	Time (mil.) 1816	Time Dispatched (mil.) 1820	Time Arrived (mil.) 1837	Time Completed (mil.) 1922
Nature of Call (Report Type) 33 Simple or Agg Assault/Battery(UCR class)					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From Thursday		Date 04-02-2015		Time (mil.) 1816	
TO Day Thursday		Date 04-02-2015		Time (mil.) 1816	
Occurred During: D - Day N - Night		U - Unknown D			
Offense #1 Type 1 Statute Violation Number 784.07(2)(B)		Description Battery on LEO/Firefighter/EMT/etc		A - Attempted C - Committed C	
Offense #2 Type 1 Statute Violation Number 784.07(3)		Description Battery on Detention Facil.Employee w/Flui		A - Attempted C - Committed C	
Incident Location (Street, Apt. Number) 1354 INDIAN LAKE RD					
City DAYTONA BEACH			Zip 32124		
Business Name / Area Identifier VOLUSIA COUNTY CORR. FACILITY		# Prem. Entered 2	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No
Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		Arson-Attempted 1. Yes 2. No	
Location Type 19	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other				
V/W Code V-Victim W-Witness R-Reporting Person		N-Next of Kin O-Other		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	
4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other	
P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian		O-Oriental/Asian U-Unknown	
Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County		3. Florida 4. Out-of-State	
Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.	
Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns	
09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant Z-Other	
Offense Indicator 1. #1 2. #2 3. Both		V/W Code V	# 1	V. Type 2	Nature of Call (for Victim, if different from Incident) GOOD
Name (Last/Business) CHRISTINE		(First) (Middle)			
Address (Street, Apt. Number) 1354 INDIAN LAKE RD		City DAYTONA BEACH FL		State FL	Zip 32124
Residence Phone (386) 254-1566		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type			
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement HAD URINE THROWN ON HER BY D1					
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth XX-XX-XXXX	Age 28	Ethnicity N
Res. Type O	Res. Status O	Means of Attack O	Extent of Injury 10	Domestic Violence 2	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code V	# 2	V. Type 2	Nature of Call (for Victim, if different from Incident) HAWKINS
Name (Last/Business) SABRINA		(First) (Middle)			
Address (Street, Apt. Number) 1354 INDIAN LAKE RD		City DAYTONA BEACH FL		State FL	Zip 32124
Residence Phone (386) 254-1566		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type			
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement GOT BIT BY D1					
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth XX-XX-XXXX	Age 36	Ethnicity H
Res. Type O	Res. Status O	Means of Attack O	Extent of Injury 09	Domestic Violence 2	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code V	# 3	V. Type 2	Nature of Call (for Victim, if different from Incident) CAPPS
Name (Last/Business) DARLENE		(First) (Middle)			
Address (Street, Apt. Number) 1354 INDIAN LAKE RD		City DAYTONA BEACH FL		State FL	Zip 32124
Residence Phone (386) 254-1566		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type			
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement GOT BIT BY D1					
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth XX-XX-XXXX	Age 40	Ethnicity N
Res. Type O	Res. Status O	Means of Attack O	Extent of Injury 03	Domestic Violence 2	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code #		V. Type	Nature of Call (for Victim, if different from Incident)
Name (Last/Business)		(First) (Middle)			
Address (Street, Apt. Number)		City		State	Zip
Residence Phone		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type			
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement					
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code #		V. Type	Nature of Call (for Victim, if different from Incident)
Name (Last/Business)		(First) (Middle)			
Address (Street, Apt. Number)		City		State	Zip
Residence Phone		Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type			
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement					
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship

INCIDENT REPORT (CONT.)

Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
1		D 1	3	BROWN SHONTELL L	B	F	N
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
11-01-1987	27	5' 02"	110	BRO	BRO		
Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	Occupation
					FL	UNEMPLOYED	
Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
366 DOROTHY AVE				HOLLY HILL	FL	32118	H
Other Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Driver's License State/Number			Social Security Number		Other ID Number		ID Type
FL B650780879010			XXX-XX-XXXX				
Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)	
Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity Glasses
MEDI		LBR	A				
If Subject:	Demeanor	Mask	Weapon Type		If Arrested:	Subject Was Already in Custody?	Warrant From:
ANG						1. Yes 2. No 1	1. This Agency 2. Other Agency
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:	Dentist Name:
Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.							

Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	Occupation
Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Other Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Driver's License State/Number			Social Security Number		Other ID Number		ID Type
Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)	
Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity Glasses
If Subject:	Demeanor	Mask	Weapon Type		If Arrested:	Subject Was Already in Custody?	Warrant From:
						1. Yes 2. No	1. This Agency 2. Other Agency
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:	Dentist Name:
Incident Type		6. Disaster Victim		Foul Play Suspected?		Missing Before?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.							

1 On 04/02/15 at approximately 1837 hours Deputy Tippie responded to 1354 Indian Lake Rd., Daytona Beach (Volusia County Correctional Facility) in reference to a battery complaint. Upon arrival Deputy Tippie spoke with Correction Officer Sabrina Hawkins(V2).

2

3

4 Officer Hawkins stated as she was assisting in securing inmate Shontell L. Brown(D1), Brown began to spit and kick. Officer Hawkins said

5 Brown was told to stop trying to resist the efforts to secure her but Brown refused to comply. Officer Hawkins said she was not hit by Brown's

6 kicks or spit but was bitten by Brown. Officer Hawkins said she received a small red mark on the top of her left hand from where Brown bit her.

7 Officer Hawkins also advised sometime when Brown was flailing her body Officer Hawkins injured her right wrist which was now swollen and had a

8 small bruise. Officer Hawkins stated Brown told her she was sorry for hurting Officer Hawkins but needed to because she knew she would receive

9 five years in prison for each officer she battered. Officer Hawkins completed a written statement advising she wanted to pursue criminal charges.

10

Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date: By:
Connecting Report Number Agency		Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe:		
Officer Reporting - Printed Tippie, Sean		Officer Reporting - Signature 		ID. Number 7286
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		Unit 1D33
				Date 04-02-2015

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

NARRATIVE

ADMINISTRATIVE

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVT	Report Date 04-02-2015	Report Time 1816	Orig. Reported Date 04-02-2015	Nature of Call (for Incident) 33	Agency Report Number 150008994	1.Original 2.Supplement 1
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NARRATIVE / CONTINUATION

11 Deputy Tippie spoke with Correction Officer Darlene Capps(V3). Officer Capps stated as she was assisting Officer Hawkins secure Brown in
 12 restraints Brown was "thrashing around" as she began to spit kick and bite. Officer Capps said while Brown was on the floor, attempting to be
 13 detained, Brown bit the top of Officer Capps' right hand causing a small laceration. Officer Capps completed a written statement advising she
 14 wanted to pursue criminal charges.
 15
 16 Deputy Tippie spoke with Correction Officer Christine Good. Officer Good said as she was completing her rounds to check the inmates, Brown
 17 asked for some toilet tissue. Officer Good stated when she opened the cell door flap to give Brown the toilet paper Brown threw a "med" cup of
 18 urine at her. Officer Good advised the urine covered her pants, a portion of her jacket and shoes. Officer Good advised she changed pants and
 19 cleaned up prior to deputy arrival. Officer good said this incident was prior to the incident between Brown and Officers Hawkins and Capps.
 20 Officer Good completed a written statement advising she wanted to pursue criminal charges.
 21
 22 Deputy Tippie observed Officer Hawkins' and Capps' injuries which were photographed and the photographs were later uploaded into the
 23 digital crime scene program. Deputy Tippie noticed swelling and a bruise on Officer Hawkins' right wrist area. Deputy Tippie also noticed a small
 24 red mark on the top of Officer Hawkins' left hand. Deputy Tippie observed a small laceration on top of Officer Capps' right hand. Deputy Tippie
 25 asked if there was video of the incident and was advised there was but the warden would have to authorize its release and the warden was not
 26 available during the time of this report.
 27
 28 Deputy Tippie spoke with Brown. Deputy Tippie read Brown her Miranda rights from a department issued card which Brown said she
 29 understood and agreed to speak about the incident. Brown stated she threw her urine on one officer and bit another. Brown said she was unsure
 30 which officer she bit and which officer she threw her urine on. Deputy Tippie informed Brown she was being accused of biting two officers and
 31 Brown said she only bit one. Deputy Tippie asked Brown why she did this and Brown stated because she was homeless, did not have anywhere
 32 to go and she would rather be in prison so she does not have to sell her body for a place to stay or for food.
 33
 34 Deputy Tippie arrested Brown for two counts of battery on a corrections officer and battery on a detention facility employee by throwing,
 35 tossing, or expelling certain fluids or materials. Brown was already incarcerated for unrelated charges.

Final Case Status: 1 <input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded Spoke With: _____ Date: _____ Time: _____ Connecting Report Number _____ Agency _____ Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel	Date: _____ By: _____	
Officer Reporting - Printed Tippie, Sean	Officer Reporting - Signature 	ID. Number 7286	Unit 1D33	Date 04-02-2015
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____ Pg # 1 of 4

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: <u>FL0640000</u>		Agency Case Number: <u>150008994</u>	
Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>		Date Arrested: <u>04-02-2015</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Time of Arrest: <u>1918</u>	
OBTS # _____		Arrested By: <u>Tippie, Sean</u>	
ADDRESS OF ARREST (Street, City, State, Zip): <u>1354 INDIAN LAKE RD DAYTONA BEACH FL 32124</u>		ID Number: <u>7286</u>	
DEFENDANT		A.K.A.: _____	
NAME (Last) <u>BROWN</u> (First) <u>SHONTELL</u> (Middle) <u>L</u>		Sex: <u>F</u> Race: <u>B</u>	
DOB: <u>11-01-1987</u>		S.S.#: <u>XXX-XX-XXXX</u>	
Age: <u>27</u> Driver's Lic./ID No.: <u>B650780879010</u>		State: <u>FL</u> Year Expires: _____	
Height: <u>5' 02</u> Weight: <u>110</u> Hair: <u>BRO</u> Eyes: <u>BRO</u>		P.O.B. (City, State, Country): <u>FL</u>	
Scars, Marks, Tattoos: _____		Business & Occupation: <u>UNEMPLOYED</u>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Address - Mailing/Permanent (STREET, APT. NUMBER) <u>366 DOROTHY AVE</u>		RESIDENCE PHONE _____	
(CITY) <u>HOLLY HILL</u> (STATE) <u>FL</u> ZIP CODE <u>32118</u>			
Address - Local (STREET, APT. NUMBER) _____		RESIDENCE PHONE _____	
(CITY) _____ (STATE) _____ ZIP CODE _____			
Address - Other (Employer/School) (STREET, APT. NUMBER) _____		BUS/SCHOOL PHONE _____	
(CITY) _____ (STATE) _____ ZIP CODE _____			

CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>		Attachments: Affidavit(s)? <input type="checkbox"/>		Statement(s) <input type="checkbox"/>		NTA Schedule <input type="checkbox"/>		Report <input type="checkbox"/>		Traffic Infraction(s) <input type="checkbox"/>		DUI <input type="checkbox"/>		Total Charges: <u>3</u>	
#1	Charge: <u>Battery on LEO/Firefighter/EMT/etc</u>	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: <u>784.07(2)(B)</u>	Citation No.:	Bond: <u>2000</u>										
#2	Charge: <u>Battery on LEO/Firefighter/EMT/etc</u>	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: <u>784.07(2)(B)</u>	Citation No.:	Bond: <u>2000</u>										
#3	Charge: <u>Battery on Detention Facil.Employee w/Flui</u>	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: <u>784.078(3)</u>	Citation No.:	Bond: <u>2000</u>										

CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	
#1	NAME (Last) _____ (First) _____ (Middle) _____	Race: _____	Sex: _____	DOB: _____	Age: _____
#2	NAME (Last) _____ (First) _____ (Middle) _____	Race: _____	Sex: _____	DOB: _____	Age: _____

NARRATIVE

The undersigned certifies and swears that there is probable cause to believe the above-named defendant,

on the 02 day of April, 2015, at approximately 0616 a.m. p.m.

at 1354 INDIAN LAKE RD DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 willfully and unlawfully threw urine on one correctional officer and bit two others as they were attempting to secure her. These actions were

2 against the will and consent of the victims.

3

4 On 04/02/15 at approximately 1837 hours Deputy Tippie responded to 1354 Indian Lake Rd., Daytona Beach (Volusia County Correctional

5 Facility) in reference to a battery complaint. Upon arrival Deputy Tippie spoke with Correction Officer Sabrina Hawkins(V2).

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7 Officer Hawkins stated as she was assisting in securing inmate Shontell L. Brown(D1), Brown began to spit and kick. Officer Hawkins said Brown

8 was told to stop trying to resist the efforts to secure her but Brown refused to comply. Officer Hawkins said she was not hit by Brown's kicks or spit

9 but was bitten by Brown. Officer Hawkins said she received a small red mark on the top of her left hand from where Brown bit her. Officer Hawkins

10 also advised sometime when Brown was flailing her body Officer Hawkins injured her right wrist which was now swollen and had a small bruise.

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12 prison for each officer she battered. Officer Hawkins completed a written statement advising she wanted to pursue criminal charges.

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15 restraints Brown was "thrashing around" as she began to spit kick and bite. Officer Capps said while Brown was on the floor, attempting to be

NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>		FINE, AND COSTS AMOUNT: _____	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.							
SIGNATURE OF DEFENDANT _____				Date _____		RELATIONSHIP TO JUVENILE _____	
				SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____		JUVE DISP. CITATION No. _____	

Sworn to and subscribed before me, the undersigned this <u>02</u> day of <u>April</u> , <u>2015</u> , Name: <u>[Signature]</u>		I swear/affirm the above statements are correct and true		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		TIPPIE, SEAN		7286	
Type of Identification: _____		NAME (PRINTED)		ID NUMBER	

OFFICIAL USE ONLY

Inmate Number & Facility: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: BROWN	(Last)	(First)	(Middle)	Agency Case Number: 150008994
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CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 3
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		

16 detained, Brown bit the top of Officer Capps' right hand causing a small laceration. Officer Capps completed a written statement advising she wanted
 17 to pursue criminal charges.

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 29 time of this report.

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 34 only bit one. Deputy Tippie asked Brown why she did this and Brown stated because she was homeless, did not have anywhere to go and she would
 35 rather be in prison so she does not have to sell her body for a place to stay or for food.

36
 37 Deputy Tippie arrested Brown for two counts of battery on a corrections officer and battery on a detention facility employee by throwing, tossing,
 38 or expelling certain fluids or materials. Brown was already incarcerated for unrelated charges.

Sworn to and subscribed before me, the undersigned this <u>02</u> day of <u>April</u> , 2015 Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	TIPPIE, SEAN NAME (PRINTED)	7286 ID NUMBER