

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number 140022186
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<input type="checkbox"/> Juvenile	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Gang	<input type="checkbox"/> Elderly Abuse / Exploitation
<input type="checkbox"/> Domestic Violence	VOR _____
<input type="checkbox"/> Endangered / Other	

Agency ORI Number FL0640000	Zone # 34	Telephone Handled 1. Yes 2. No 2
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Reported: Day Saturday	Date 08-16-2014	Time (mil.) 0809	Time Dispatched (mil.) 0811	Time Arrived (mil.) 0818	Time Completed (mil.) 0907	Nature of Call (Report Type) 1 Drunk Driver
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EVENT DATA

Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Saturday	Date 08-16-2014	Time (mil.) 0809	TO	Day Saturday	Date 08-16-2014	Time (mil.) 0907	Occurred During: D - Day U - Unknown N - Night	D
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Offense #1 4	Type 316.193(1)	Statute Violation Number 316.193(1)	Description DUI Alcohol or Drugs 1st Off	A - Attempted C - Committed	C
Offense #2	Type	Statute Violation Number	Description	A - Attempted C - Committed	

Incident Location (Street, Apt. Number) 1102 AVENUE I	City ORMOND BEACH	Zip 32174
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Business Name / Area Identifier	# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 1	Forced Entry 1. Yes 2. No 3. Attempted	Arson-Inhabited 1. Occupied 2. Unoccupied	3. Abandoned	Arson-Attempted 1. Yes 2. No
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Location Type 26	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel	05. Convenience Store	09. Supermarket	13. Bank/Financial Inst.	17. Gov't/Public Bldg.	21. Airport	25. Parking Lot/Garage	29. Motor Vehicle
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CODES

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. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
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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
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VICTIM/WITNESS

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)
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Address (Street, Apt. Number)	City	State	Zip	Residence Phone
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Business/School/Other Address (Street, Apt. Number)	City	State	Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)	Synopsis of Involvement
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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
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INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	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:
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No	
Dental Record Available? 1. Yes 2. No		I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.									

SUBJECT / MISSING SECTION	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)	
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NARRATIVE

1 On August 16, 2014 Deputies responded to 1102 Avenue I, Ormond Beach in reference to an unconscious male behind the wheel of a vehicle
 2 parked in the middle of the road. Upon arrival Deputy Wheeler observed a black Toyota passenger vehicle bearing Florida tag # AYNQ15 facing
 3 east while parked in the westbound lane of the roadway. VCFD and EVAC were on scene attending to the driver who was sitting in the drivers
 4 seat with his seatbelt on and the keys in the ignition. Paramedics advised there was no medical emergency and suspected the driver may be
 5 intoxicated due to the strong odor of alcohol emanating from the driver.
 6
 7 Deputy Wheeler contacted the driver and asked him for identification. The driver produced his Florida drivers license # O236-103-86-085-0 and
 8 was identified as Christopher C. Osterkamp (D1). Deputy Wheeler asked Osterkamp why he was sleeping in his car and he stated, " Nothing"
 9 Deputy Wheeler then asked Osterkamp if he knew where he was at and he said, " I'm in Astor ". It should be noted that Osterkamp was no where
 10 near Astor which is on the westside of Volusia County. Deputy Wheeler detected a strong odor commonly associated with an alcoholic beverage

ADMINISTRATIVE	Final Case Status: <u>1</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed Wheeler, Timothy	Officer Reporting - Signature 	ID. Number 8076	Unit 1C33	Date 08-16-2014
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 08-16-2014	Report Time 0809	Orig. Reported Date 08-16-2014	Nature of Call (for Incident) 1	Agency Report Number 140022186	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11 emanating from Osterkamp's breath as he spoke. Deputy Wheeler also observed that Osterkamp's eyes were bloodshot and watery, and his

12 eyelids were droopy. Deputy Wheeler asked Osterkamp how much he had to drink tonight and he said, " Probably a lot, more than enough."

13 Deputy Wheeler asked Osterkamp what he was drinking and he said, " Beer, probably too much, I should not have been drinking." Deputy

14 Wheeler suspected that Osterkamp was impaired. Deputy Wheeler asked Osterkamp to exit the vehicle. Osterkamp exited the vehicle slowly and

15 used the vehicle for support. Osterkamp staggered while walking and swayed while standing. Osterkamp almost lost his balance (2) different

16 times after he exited his vehicle.

17

18 Deputy Wheeler asked Osterkamp to submit to a series of Field Sobriety Exercises, Osterkamp agreed to attempt the exercises. The results for

19 the Field Sobriety Exercises are as follows;

20

21 - Horizontal Gaze Nystagmus- Deputy Wheeler observed a lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation, and

22 on set of Nystagmus prior to 45 degrees in both eyes. Osterkamp was unable to keep his head still and had to be reminded to follow stimulus with

23 eyes only. Osterkamp swayed while standing.

24

25 - Walk and turn- could not maintain balance during instructions, started too soon, missed heel-to-toe on steps 4 and 7 of first nine steps and steps

26 3 and 6 of second nine steps, stopped while walking, and took 10 steps during the first nine steps.

27

28 - One Leg Stand- swayed (distinct, noticeable side to side and front to back movement), used arms to balance (raised more than 6 inches), and

29 put foot down two times. Did not complete the exercise after 10 seconds

30

31 - Finger to Nose- Did not keep eyes closed, failed to return arms to side as instructed, did not keep head tilted back, swayed while balancing

32 (more than 2 inches), missed finger to nose. Deputy Wheeler observed eyelid tremors.

33

34 Based on the totality of Deputy Wheeler's investigation, Osterkamp was placed under arrest for Driving Under the Influence and was asked to

35 submit to a breath test. Osterkamp refused to submit to a breath test and was read the Florida Implied Consent Warning. Osterkamp

36 acknowledged that

37 he understood the warning and again refused to submit to a breath test. Osterkamp was read the Miranda Warning and refused to answer any

38 further questions.

39

40 The vehicle was turned over to a family member.

41

42 Osterkamp was transported to Volusia County Sheriff's Office District 3 Office for processing. Osterkamp was issued Florida DUI Citation#

43 AOYY1MP for Driving Under the Influence.

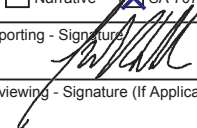
44

45 Osterkamp was later transported to the Volusia County Branch Jail with a \$500.00 bond.

46

47 An audio recording of Osterkamps's statements was submitted into VCSO District 3 evidence locker

48

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Officer Reporting - Printed Wheeler, Timothy	Officer Reporting - Signature 		ID. Number 8076	Unit 1C33	Date 08-16-2014
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 3

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 Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>		Agency Case Number: <u>140022186</u>
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>08-16-2014</u> Time of Arrest: <u>0841</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>1102 Avenue I, Ormond Beach</u>		Arrested By: <u>Wheeler, Timothy</u>	ID Number: <u>8076</u>
DEFENDANT	NAME (Last) <u>Osterkamp</u> (First) <u>Christopher</u> (Middle) <u>C</u>	A.K.A.:	Sex: <u>M</u> Race: <u>W</u>
DOB: <u>XX-XX-XXXX</u>	Age: <u>28</u> Driver's Lic./ID No.: <u>O236-103-86-085-0</u>	State: <u>FL</u> Year Expires: <u>2020</u>	S.S.# - <u>XXX-XX-XXXX</u>
Height: <u>6' 01</u>	Weight: <u>250</u> Hair: <u>BRO</u> Eyes: <u>BRO</u>	P.O.B. (City, State, Country): <u>FL</u>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Probation: 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"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER) <u>XXXXXXXXXXXX</u>		(CITY) <u>XXXXXXXXXX</u> (STATE) <u>XX</u> ZIP CODE <u>XXXXX</u>	RESIDENCE PHONE <u>(XXX) XXX-XXXX</u>
Address - Local (STREET, APT. NUMBER)		(CITY) (STATE) ZIP CODE	RESIDENCE PHONE
Address - Other (Employer/School) (STREET, APT. NUMBER)		(CITY) (STATE) ZIP CODE	BUS/SCHOOL PHONE

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 checked="" type="checkbox"/>	Traffic Infraction(s) <input checked="" type="checkbox"/>	DUI <input checked="" type="checkbox"/>	Total Charges: <u>1</u>
#1 Charge: <u>DUI Alcohol or Drugs 1st Off</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>316.193(1)</u>	Citation No.: <u>A0YY1MP</u>	Bond: <u>500.00</u>				
#2 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:				
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:				

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 16 day of August, 2014, at approximately 0818 a.m. p.m. at 1102 Avenue I ORMOND BEACH within Volusia County, violated the law and did then and there:

1 On August 16, 2014 Deputies responded to 1102 Avenue I, Ormond Beach in reference to an unconscious male behind the wheel of a vehicle parked
 2 in the middle of the road. Upon arrival Deputy Wheeler observed a black Toyota passenger vehicle bearing Florida tag # AYNQ15 facing east while
 3 parked in the westbound lane of the roadway. VCFD and EVAC were on scene attending to the driver who was sitting in the drivers seat with his
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 8 identified as Christopher C. Osterkamp (D1). Deputy Wheeler asked Osterkamp why he was sleeping in his car and he stated, " Nothing" Deputy
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 10 which is on the westside of Volusia County. Deputy Wheeler detected a strong odor commonly associated with an alcoholic beverage emanating
 11 from Osterkamp's breath as he spoke. Deputy Wheeler also observed that Osterkamp's eyes were bloodshot and watery, and his eyelids were
 12 droopy. Deputy Wheeler asked Osterkamp how much he had to drink tonight and he said, " Probably a lot, more than enough." Deputy Wheeler
 13 asked Osterkamp what he was drinking and he said, " Beer, probably too much, I should not have been drinking." Deputy Wheeler suspected that
 14 Osterkamp was impaired.
 15

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	JUVE DISP. CITATION No.

Sworn to and subscribed before me, the undersigned this <u>16</u> day of <u>August</u> , <u>2014</u> , Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u>	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE <u>WHEELER, TIMOTHY</u> NAME (PRINTED)	<u>8076</u> ID NUMBER
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	Type of Identification: _____	

OFFICIAL USE ONLY Inmate Number & Facility:

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Osterkamp	(Last)	Christopher	(First)	C	(Middle)	Agency Case Number: 140022186
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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 checked="" type="checkbox"/>	Traffic Infraction(s) <input checked="" type="checkbox"/>	Total Charges: 1
#	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:		

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22 - Horizontal Gaze Nystagmus- Deputy Wheeler observed a lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation, and on set of Nystagmus prior to 45 degrees in both eyes. Osterkamp was unable to keep his head still and had to be reminded to follow stimulus with eyes only. Osterkamp swayed while standing.

25

26 - Walk and turn- could not maintain balance during instructions, started too soon, missed heel-to-toe on steps 4 and 7 of first nine steps and steps 3 and 6 of second nine steps, stopped while walking, and took 10 steps during the first nine steps.

28

29 - One Leg Stand- swayed (distinct, noticeable side to side and front to back movement), used arms to balance (raised more than 6 inches), and put foot down two times. Did not complete the exercise after 10 seconds

31

32 - Finger to Nose- Did not keep eyes closed, failed to return arms to side as instructed, did not keep head tilted back, swayed while balancing (more than 2 inches), missed finger to nose. Deputy Wheeler observed eyelid tremors.

34

35 Based on the totality of Deputy Wheeler's investigation, Osterkamp was placed under arrest for Driving Under the Influence and was asked to submit to a breath test. Osterkamp refused to submit to a breath test and was read the Florida Implied Consent Warning. Osterkamp acknowledged that he understood the warning and again refused to submit to a breath test. Osterkamp was read the Miranda Warning and refused to answer any further questions.

39

40 The vehicle was turned over to a family member.

41

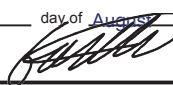
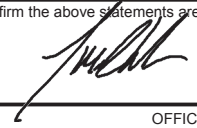
42 Osterkamp was transported to Volusia County Sheriff's Office District 3 Office for processing. Osterkamp was issued Florida DUI Citation# A0YY1MP for Driving Under the Influence.

44

45 Osterkamp was later transported to the Volusia County Branch Jail with a \$500.00 bond.

46

47 An audio recording of Osterkamps's statements was submitted into VCSO District 3 evidence locker

Sworn to and subscribed before me, the undersigned this <u>16</u> day of <u>August</u> , 2014 Name: 	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	WHEELER, TIMOTHY NAME (PRINTED)	8076 ID NUMBER