

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input checked="" 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 _____		INCIDENT REPORT		Agency Report Number 170015684																					
Agency ORI Number FL0640000				Zone # 21		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																					
Reported: Day Tuesday		Date 06-13-2017		Time (mil.) 0001		Time Dispatched (mil.) 0004		Time Arrived (mil.) 0024		Time Completed (mil.) 0137		Nature of Call (Report Type) SOD Suspected Overdose															
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Monday		Date 06-12-2017		Time (mil.) 1130		TO Day Tuesday		Date 06-13-2017		Time (mil.) 0024		Occurred During: D - Day U - Unknown N - Night N									
#1 Offense #1 Type 9		Statute Violation Number 7777777777		Description Police Information		A - Attempted C - Committed C		#2 Statute Violation Number		Description		A - Attempted C - Committed		Incident Location (Street, Apt. Number) 106 Turkey Nest Trl		City PIERSON		Zip 32180									
Business Name / Area Identifier		# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 1		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 01		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub		09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital		13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage		17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway		29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other											
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other		P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County 3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident									
Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns		09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant		Z-Other											
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # 1 R 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Miller Bettina M		Name (Last/Business) (First) (Middle) Miller Bettina M		Address (Street, Apt. Number) 106 Turkey Nest Trl		City State Zip Residence Phone PIERSON FL 32180 (386) 749-2338		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 Reporting party		If Victim Type 1, 2, or 3 W		Race F		Sex F		Date of Birth 07-21-1955		Age 61		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # 1 W 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Lolley David L		Name (Last/Business) (First) (Middle) Lolley David L		Address (Street, Apt. Number) 106 Turkey Nest Trl		City State Zip Residence Phone PIERSON FL 32180 (386) 624-3128		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 Resident		If Victim Type 1, 2, or 3 W		Race M		Sex M		Date of Birth 03-23-1964		Age 53		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # 1 O 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Photong Tiffany S		Name (Last/Business) (First) (Middle) Photong Tiffany S		Address (Street, Apt. Number) 106 Turkey Nest Trl		City State Zip Residence Phone PIERSON FL 32180		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 Victim of Overdose		If Victim Type 1, 2, or 3 O		Race F		Sex F		Date of Birth 08-26-1988		Age 28		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # 1 O 2		V. Type 3		Nature of Call (for Victim, if different from Incident) Martin Beau J		Name (Last/Business) (First) (Middle) Martin Beau J		Address (Street, Apt. Number) 106 Turkey Nest Trl		City State Zip Residence Phone PIERSON FL 32180		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 Victims boyfriend		If Victim Type 1, 2, or 3 W		Race M		Sex M		Date of Birth 08-07-1981		Age 35		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # 1 O 3		V. Type 1		Nature of Call (for Victim, if different from Incident) Martin Landon H		Name (Last/Business) (First) (Middle) Martin Landon H		Address (Street, Apt. Number) 106 Turkey Nest Trl		City State Zip Residence Phone PIERSON FL 32180 (386) 749-2338		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 Grandson of R1		If Victim Type 1, 2, or 3 W		Race M		Sex M		Date of Birth 09-20-2005		Age 11		Ethnicity N		Res. Type 2		Res. Status 1		Means of Attack		Extent of Injury		Domestic Violence		Relationship	

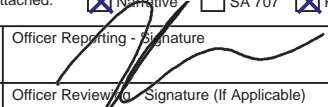
INCIDENT REPORT (CONT.)

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

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	
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May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:		
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NARRATIVE

1 On 06/13/2017 at approximately 0004 hours, Deputy Coker was dispatched to 106 Turkey Nest Trl, Pierson in reference to an alleged heroin
 2 overdose. Upon arrival, Deputy Coker noticed a female, later identified as Tiffany Photong (O1), laying on the living room floor breathing slowly
 3 and unconscious. Deputy Coker noticed Tiffany to have blue lips and a slowed pulse. Due to Deputy Coker's training and experience, Deputy
 4 Coker suspected Tiffany may be under the influence of narcotics and in need of emergency treatment for suspected opioid overdose. Deputy
 5 Coker administered the first dose of the Narcan nasal spray at 0030 hours. Tiffany remained unresponsive to the antagonist. Deputy Coker
 6 administered the second dose of the Narcan nasal spray at 0031 hours, and placed Tiffany in the recovery position and monitored her progress. At
 7 0035 hours, the positive effects of the Narcan became evident. Tiffany began answering questions and communicating with deputies. Emergency
 8 medical personnel arrived and began providing medical treatment to Tiffany.
 9
 10 Deputy Coker made contact with Bettina Miller (R1) who advised the following:

ADMINISTRATIVE	Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input checked="" type="checkbox"/> DCF Hotline	Date: <u>06-13-2017</u>	Time: <u>0545</u>	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO
	<input type="checkbox"/> CAC	Spoke With: <u>FAX</u>	<input type="checkbox"/> FCIC / NCIC Cancel	Date: _____	By: _____
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statement</u>			
Officer Reporting - Printed <u>Coker, Brandon</u>	Officer Reporting - Signature 	ID. Number <u>7824</u>	Unit <u>1C21</u>	Date <u>06-13-2017</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 06-13-2017	Report Time 0001	Orig. Reported Date 06-13-2017	Nature of Call (for Incident) SOD	Agency Report Number 170015684	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11

12 Bettina stated she observed her son Beau Martin (O2) come out of his room in distress. Bettina advised Beau was falling over items in the

13 house and told her he had just taken heroin. Bettina stated Beau then ran to his bedroom and kicked the door open. Bettina advised she followed

14 Beau to his bedroom and observed his girlfriend, Tiffany, laying on the bed breathing slowly and unconscious. Bettina stated Beau grabbed Tiffany

15 and carried her out to the living room and began praying for her, [REDACTED] Bettina advised Beau told her they had both injected heroin

16 and smoked marijuana. Bettina provided Deputy Coker with a written statement regarding the incident.

17

18 Deputy Coker learned from Beau, the couple had just "shot up" heroin and smoked marijuana. Beau appeared to be highly under the influence

19 of narcotics and had a hard time concentrating. Beau was ultimately transported by EVAC to Florida Hospital Deland and Tiffany via VCFS. The

20 two used Narcan nasal sprays were disposed of.

21

22 Deputy Coker made contact with David Lolley (W1) who stated he witnessed the incident after being awakened by Bettina.

23

24 Deputy Coker located several items related to narcotics inside Beau's bedroom. The items were as follows: 5 syringes, prescription medications

25 belonging to Darin Gay, two spoons with trace amounts of narcotic residue, clear bag with trace amounts of a green leafy substance, clear bag

26 with trace amounts of a white powdered substance, a tin container with narcotic paraphernalia and five straws. The white powder substance was

27 tested with a Nark 13 and had a presumptive positive test for cocaine. The items were packaged and submitted into the district II evidence locker

28 for destruction.

29

30 Sgt. Pierce was notified of the administering of Narcan and responded to the scene.

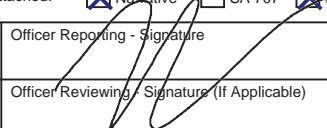
31

32 Deputy Coker noticed three small children asleep at the residence. The children, Landon Martin (O3), Jaden Martin (O4) and Wyatt Martin

33 (O5), all appeared to be in good health. DCF was notified due to the living conditions and drug use present.

34

35 Case status: Closed

Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input checked="" type="checkbox"/> DCF Hotline	Date: <u>06-13-2017</u> Time: <u>0545</u>	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____
<input type="checkbox"/> CAC	Spoke With: <u>FAX</u>	<input type="checkbox"/> FCIC / NCIC Cancel		
Connecting Report Number _____ Agency _____	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statement</u>			
Officer Reporting - Printed <u>Coker, Brandon</u>	Officer Reporting - Signature 	ID. Number <u>7824</u>	Unit <u>1C21</u>	Date <u>06-13-2017</u>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing / Signature (If Applicable)	ID. Number	Unit	Date

ADMINISTRATIVE