VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Agency Report Number: 100032016

Juvenile ☐ Hate Crime ☐
Gang ☐ Elderly Abuse / Exploitation ☐
Domestic Violence ☒ VOR H - Co-Habitant
Endangered / Other ☐

Agency ORI Number: FL0640000 | Zone #: 47 | Telephone Handled Call? (T.H.C.): 1. Yes 2. No — 2

EVENT DATA

Reported: Day	Date	Time (mil.)	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)	Nature of Call (Report Type)
Wednesday	10-13-2010	1908	1909	1915	2010	33S Simple or Agg Assault/Battery-Spouse(UCR)

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other

Incident: Day From	Date	Time (mil.)	TO	Day	Date	Time (mil.)	Occurred During: D - Day N - Night U - Unknown
Thursday	10-07-2010	1900					

Offense	Type	Statute Violation Number	Description	A - Attempted C - Committed
#1	1	784.045(1)(B)	Agg Battery-Knew/Should of-Victim Pregnant	C
#2				

Incident Location (Street, Apt. Number): 1942 KIRKWOOD ST | City: DELTONA | Zip: 32738

Business Name / Area Identifier	# Prem. Entered	Drug Related (0. N/A 1. Yes 2. No)	Alcohol Related (0. N/A 1. Yes 2. No)	Forced Entry (1. Yes 2. No 3. Attempted)	Arson-Inhabited (1. Occupied 2. Unoccupied 3. Abandoned)	Arson-Attempted (1. Yes 2. No)
		0	1			

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

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. 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

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)
1	V	1	3		WIGLE	JACQUELINE	M

Address (Street, Apt. Number)	City	State	Zip	Residence Phone
1942 KIRKWOOD ST	DELTONA	FL	32738	(386) 717-8046

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
	W	F	11-20-1980	29	N	1	1	H	09	1	H

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)

Address (Street, Apt. Number) | City | State | Zip | Residence Phone

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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

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Offense Indicator (1. #1 2. #2 3. Both)	Subject Code (S-Suspect V-Victim D-Defendant (Missing Person))	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity
1	S	S	1	3	LOUGHRAN	DEREK	S	W	M	N

Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name
08-24-1976	34		6' 05		200		GRN	BRO	

Nickname / Street Name	Place of Birth - City	County	State	Employer/Other/School	Occupation
			NJ		

Last Known Address (Street, Apt. Number)	City	State	Zip	Address Type	Phone	Phone Type
1942 KIRKWOOD ST	DELTONA	FL	32738	H	(386) 717-8046	C

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 L655177763040			

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
/		/ / / /		

IF MISSING

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	Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary Adult 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No	1. Yes 2. No	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 2. #2 3. Both)	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
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IF MISSING

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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.

NARRATIVE

INVESTIGATIVE LEADS:

- BOTH VICTIM AND SUSPECT HAD VISIBLE INJURIES FROM AN OCCURRENCE ONE WEEK PRIOR.

- THE VICTIM IS THREE(3) MONTHS PREGNANT.

- THE SUSPECT IS AWARE OF THE VICTIM BEING PREGNANT.

ADMINISTRATIVE

Final Case Status: _____ Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded

☐ Victim Advocate ☐ Triad ☐ SA Referral

☐ DCF Hotline ☐ CAC Spoke With: _____ Date: _____ Time: _____

☐ FCIC / NCIC Entry ☐ FCIC / NCIC Cancel ☐ T.T. BOLO Date: _____ By: _____

Connecting Report Number _____ Agency _____

Additional Forms Attached: ☒ Narrative ☒ SA 707 ☐ Persons ☒ Property ☐ Veh./Tow Sheet ☐ Other Describe: _____

Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Miller, Wayne		7192	1A47	10-13-2010

Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
	10-13-2010	1908		33S	100032016	1

NARRATIVE / CONTINUATION

NARRATIVE:

ON 10-13-2010 AT 1909 HOURS, DEPUTY MILLER RESPONDED TO 1942 KIRKWOOD ST., DELTONA IN RESPONSE TO A REPORT OF A DISPUTE. UPON ARRIVAL, CONTACT WAS MADE WITH WIGLE, JACQUELINE(V1), AND HER BOYFRIEND LOUGHRAN, DEREK(S1).

LOUGHRAN STATED HE AND WIGLE HAD BEEN INVOLVED IN A DISPUTE THAT BECAME PHYSICAL WHEN SHE GRABBED HIS ARMS, AND PUNCHED HIM IN THE FACE, CAUSING INJURY. LOUGHRAN APPEARED INTOXICATED, AND HAD A STRONG ODOR OF AN ALCOHOLIC BEVERAGE ON HIS BREATH. HE FURTHER STATED HE AND WIGLE HAD A PHYSICAL DISPUTE ON 10-08-2010, WHERE SHE BEGAN THROWING ITEMS AT HIM, AND BROKE A GLASS ON HIM. HE HAD SEVERAL LACERATIONS THAT HAD BEEN STITCHED LOCATED ON HIS RIGHT ARM, AND STITCHES ON THE RIGHT SIDE OF HIS NECK. LOUGHRAN STATED THE INJURIES WERE FROM THE GLASS THAT WIGLE BROKE ON HIM. LOUGHRAN WENT TO AN UNKNOWN HOSPITAL WHERE HIS INJURIES WERE TREATED. HE NEGLECTED TO CONTACT LAW ENFORCEMENT AT THAT TIME, AND WANTED TO REPORT IT THIS DATE SINCE HE AND WIGLE WERE AGAIN FIGHTING.

WIGLE APPEARED TO BE COHERENT WHEN TALKING WITH DEPUTY MILLER, AND STATED SHE AND LOUGHRAN HAD NOT BEEN INVOLVED IN A PHYSICAL ALTERCATION ON 10-13-2010. SHE ADVISED LOUGHRAN HAD CONSUMED A LARGE AMOUNT OF ALCOHOL THIS DATE AND WAS YELLING AT HER AND WANTING HER CELL PHONE. SHE REFUSED TO LET HIM HAVE HER PHONE, AND LEFT THE HOME TO PREVENT HIM FROM CAUSING HER INJURY.

WIGLE STATED SHE WAS THREE MONTHS PREGNANT AND LOUGHRAN WAS AWARE, SINCE THEY RESIDED TOGETHER AS A FAMILY, AND HE WAS THE FATHER. THEY HAD NO CHILDREN IN COMMON. WIGLE FURTHER STATED ON 10-07-2010 SHE AND LOUGHRAN WERE INVOLVED IN A PHYSICAL ALTERCATION. SHE DID NOT REMEMBER THE CAUSE OF THE ARGUMENT, BUT SAID IT AGAIN REVOLVED AROUND THE USE OF HER CELL PHONE.

WIGLE STATED LOUGHRAN STOMPED ON THE TOP OF HER LEFT FOOT WHEN HE ATTEMPTED TO TAKE HER CELL PHONE FROM HER ON 10-07-2010, CAUSING HER INJURY. SHE ATTEMPTED TO GET AWAY FROM LOUGHRAN, WHO FOLLOWED HER AND GRABBED HER ARMS. SHE HELD A GLASS IN HER HAND AT THE TIME AND HIT LOUGHRAN WITH IT, CAUSING IT TO SHATTER. SHE STATED HE LEFT HER AT THAT TIME AND WENT TO A HOSPITAL TO HAVE HIS INJURIES TREATED. SHE NEGLECTED TO REPORT THE INCIDENT AT THAT TIME.

DEPUTY MILLER OBSERVED INJURIES TO LOUGHRAN'S RIGHT ARM, AND NECK AREA CONSISTENT WITH HIS STATEMENT. DEPUTY MILLER ALSO OBSERVED BRUISING ON WIGLE'S RIGHT FOOT CONSISTENT WITH HER STATEMENT. DUE TO LOUGHRAN'S KNOWLEDGE OF WIGLE'S PREGNANCY, HE WAS CONSIDERED TO BE THE PRIMARY AGGRESSOR ON 10--07-2010, OR 10-08-2010. NO INJURY FROM THE DISPUTE ON 10-13-2010 COULD BE OBSERVED ON LOUGHRAN, AND WAS DETERMINED TO BE UNFOUNDED.

SWORN WRITTEN STATEMENTS WERE RECEIVED FROM BOTH LOUGHRAN, AND WIGLE. LOUGHRAN DECIDED TO LEAVE THE RESIDENCE FOR THE NIGHT TO PREVENT ANY FURTHER DISTURBANCE. DUE TO THE DELAYED REPORT OF THE DISTURBANCE FROM 10-07-2010, AND A LACK OF WITNESSES, NO ARREST WAS MADE AT THE TIME OF THIS REPORT. A PHOTO WAS TAKEN OF WIGLE'S INJURY AND PLACED INTO EVIDENCE LOCKERS AT DISTRICT 4. DEPUTY MILLER COMPLETED A SAO 707 AFFIDAVIT AND FORWARDED IT TO THE SAO FOR THEIR REVIEW.

CASE STATUS: PENDING / CASE FILED

ADMINISTRATIVE

Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	☐ Victim Advocate ☐ Triad ☐ SA Referral

☐ DCF Hotline ☐ CAC	Spoke With:	Date:	Time:	☐ FCIC / NCIC Entry ☐ FCIC / NCIC Cancel	☐ T.T. BOLO	Date:	By:

Connecting Report Number	Agency	Additional Forms Attached: ☒ Narrative ☒ SA 707 ☐ Persons ☒ Property ☐ Veh./Tow Sheet ☐ Other Describe:

Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date
Miller, Wayne		7192	1A47	10-13-2010
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 ☐ NOTICE TO APPEAR ☐ AFFIDAVIT ☒ C.C. ☐ ADULT ☒ JUVENILE ☐ Court Case Number:

(ORI) FL: FL0640000 Agency Name: VOLUSIA COUNTY SHERIFF'S OFFICE Agency Case Number: 100032016

FCIC/NCIC Check? ☒ Yes ☐ No OBTS # U.C.R: Date Arrested: Time of Arrest:

ADDRESS OF ARREST (Street, City, State, Zip): Arrested By: ID Number:

DEFENDANT

NAME (Last): LOUGHRAN (First): DEREK (Middle): S A.K.A.: Sex: M Race: W

DOB: 08-24-1976 Age: 34 Driver's Lic./ID No.: L655177763040 State: FL Year Expires: S.S.# -

Height: 6' 05 Weight: 200 Hair: BRO Eyes: GRN P.O.B. (City, State, Country): NJ Statement: Yes ☒ No ☐

Scars, Marks, Tattoos: Business & Occupation: Citizenship: Yes ☐ No ☐

Probation: Yes ☐ No ☒ Sexual Predator: Yes ☐ No ☒ English: Yes ☒ No ☐ Deaf/Mute: Yes ☐ No ☒

Address - Mailing/Permanent (STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	RESIDENCE PHONE
1942 KIRKWOOD ST	DELTONA	FL	32738	(386) 717-8046

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 ☒ Attachments: Affidavit(s)? ☐ Statement(s) ☐ NTA Schedule ☐ Report ☐ Traffic Infraction(s) ☐ DUI ☐ Total Charges: 1

	Charge:		FS/ORD:	Citation No.:	Bond:
#1	Agg Battery-Knew/Should of-Victim Pregnant	FEL ☐ MISD ☐ ORD ☐	784.045(1)(B)		
#2		FEL ☐ MISD ☐ ORD ☐			
#3		FEL ☐ MISD ☐ ORD ☐			

CO-DEFENDANT

Co-Def #1. Arrested? Y ☐ N ☐ Fel. ☐ Misd. ☐ Traf. ☐ Ord. ☐ NTA ☐ *Co-Def #2.* Arrested? Y ☐ N ☐ Fel. ☐ Misd. ☐ Traf. ☐ Ord. ☐ NTA ☐

	NAME (Last)	(First)	(Middle)	Race:	Sex:	DOB:	Age:
#1							
#2							

NARRATIVE

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

on the 07 day of October, 2010, at approximately 0700 ☐ a.m. ☒ p.m.

at 1942 KIRKWOOD ST DELTONA within Volusia County, violated the law and did then and there:

CAUSED INJURY TO THE VICTIM WHOM HE KNEW TO BE THREE MONTHS PREGNANT, AND WHOM HE RESIDED WITH AS A FAMILY.

ON 10-13-2010 AT 1909 HOURS, DEPUTY MILLER RESPONDED TO 1942 KIRKWOOD ST., DELTONA IN RESPONSE TO A REPORT OF A DISPUTE. UPON ARRIVAL, CONTACT WAS MADE WITH WIGLE, JACQUELINE(V1), AND HER BOYFRIEND LOUGHRAN, DEREK(S1).

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NOTICE TO APPEAR

MANDATORY APPEARANCE ☐ YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY ☐ 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

SIGNATURE OF JUVENILE PARENT OR CUSTODIAN RELATIONSHIP TO JUVENILE

JUVE DISP. CITATION No.

Sworn to and subscribed before me, the undersigned this _____ day of _____, _____, Name:

I swear/affirm the above statements are correct and true

Notary Public ☐ Law Enforcement or Corrections Officer ☐

Personally Known ☐ *Produced Identification* ☐

Type of Identification: _____

OFFICER'S/COMPLAINANT'S SIGNATURE

MILLER,WAYNE L NAME (PRINTED) 7192 ID NUMBER

Rt Thumb

OFFICIAL USE ONLY

Inmate Number & Facility:

Narrative Supplement **707-B**

☐ Arrest
☒ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case Number:

Defendant Name: (Last) LOUGHRAN	(First) DEREK	(Middle) S	Agency Case Number: 100032016

CHARGES DOMESTIC VIOLENCE? Yes ☒ Attachments: Affidavit(s)? ☐ Statement(s) ☐ NTA Schedule ☐ Report ☐ Traffic Infraction(s) ☐ Total Charges:1

#	Charge:	FEL ☐ MISD ☐ ORD ☐	FS/ORD:	Citation No.:	Bond:
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Sworn to and subscribed before me, the undersigned
this _____ day of _____ , _____ ,
Name:

I swear/affirm the above statements are correct and true

D/S W Miller

Right Thumb

Notary Public ☐ Law Enforcement Officer ☐
Personally Known ☐ *Produced Identification* ☐
Type of Identification:

OFFICER'S/COMPLAINANT'S SIGNATURE

MILLER,WAYNE L — NAME (PRINTED)
7192 — ID NUMBER