

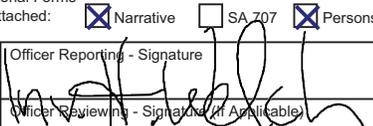
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 05-25-2010	Report Time 0900	Orig. Reported Date 05-22-2010	Nature of Call (for Incident) 7	Agency Report Number 100015671	1.Original	2.Supplement	2
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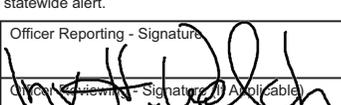
NARRATIVE / CONTINUATION

1 On 05/22/2010 at approximately 0530 hours, Central Dispatch contacted Inv. Welch as on call CID and requested she contact Sgt. Mejias of
 2 district two. Inv. Welch made contact with Sgt. Mejias, who advised a forty three year old female, later identified as Forte, Monique (V1) was
 3 transported via EVAC to the Florida Hospital in Deland, where she was pronounced dead at approximately 0445 hours. Sgt. Mejias requested Inv.
 4 Welch respond to the hospital and take over the investigation. Sgt. Mejias advised Forte's residence had been taped off with crime scene tape, a
 5 crime scene log had been started, and a signed consent to search form and a key had been obtained from Forte's husband, Bleuel, Chad (N1).
 6
 7 Upon Inv. Welch's arrival, Inv. Welch made contact with Deputy Shirah, Sgt. Webster, and Dr. Wieman. Dr. Wieman advised upon Forte's
 8 arrival at the hospital, staff attempted to resuscitate her with negative results. Dr. Wieman stated the pathology report indicated Forte had cocaine
 9 in her system. Dr. Wieman advised Forte's entire right leg showed petechiae (broken capillaries or blood vessels). Inv. Welch additionally noted a
 10 large bruise on Forte's right knee, a bruise on her right breast, a small open wound on her left arm which appeared to be fresh, and a bruise on the
 11 inside of her left arm.
 12
 13 Inv. Welch took several photos, which were later placed onto a CD and submitted into evidence at the district four office.
 14
 15 Inv. Welch made contact with Baldwin, Ellen (W1) and Bleuel and conducted interviews with both separately. Baldwin advised she had been a
 16 student at Stetson University, then she became Forte's teaching assistant, then her graduate assistant. Baldwin advised Forte was her mentor
 17 and very good friend. Baldwin advised she would often go to Forte's residence and stay with her when she felt unsafe at her own apartment.
 18
 19 Baldwin advised she arrived at Forte's residence at approximately 1500 hours on 05/21/2010 and Forte was working on an accreditation report
 20 for Stetson. Baldwin advised Forte has been extremely stressed out over the approaching due date of the report and of the demands of her work.
 21 Forte was also responsible for taking care of her mother, who recently moved to the Deland area and had medical issues.
 22
 23 Baldwin advised at approximately 1800 hours, she observed Forte consume cocaine and have two vodka and cranberry drinks. At
 24 approximately 2100 hours, Baldwin stated she saw "stars" and became sick. Forte vomited on her way to the bathroom and proceeded to vomit
 25 while in the bathroom. Forte advised she did feel well at all and decided to lay down on her bed in the master bedroom. Baldwin advised Forte
 26 did not believe in seeing doctors and would not go to the hospital.
 27
 28 Baldwin stated she was so worried about Forte that at approximately 2130 hours she called the dean of Stetson University, Michelson, Stuart
 29 (O1) and advised him the work load Forte was taking on was killing her. Baldwin stated Forte was not the kind of person who would ask for help
 30 or tell anyone she was overloaded with work. Baldwin advised she pleaded with the Michelson to provide some help for Forte before she was hurt
 31 by the work load.
 32
 33 Baldwin advised Bleuel fell asleep on the couch in the living room and she went to bed in the guest bedroom. Baldwin advised at
 34 approximately 0430 hours, she heard Forte gasping, but thought it was her sleep apnea. Baldwin went to the master bedroom and turned on the
 35 light. Baldwin observed Forte laying on her left side and observed her lips were blue in color. Baldwin shook Forte and even tried to bit her in an
 36 attempt to wake her with negative results. Baldwin observed Forte was not breathing, so she yelled to Bleuel and called 911. Baldwin advised
 37 Bleuel began CPR and continued until EVAC arrived on scene.
 38
 39 Inv. Welch then interviewed Bleuel. Bleuel advised he arrived home at approximately 1800 hours on 05/21/2010. Bleuel stated his wife and
 40 Baldwin were at the house upon his arrival. Bleuel advised Forte consumed two vodka and cranberry drinks and was working on her report.
 41 Bleuel advised blood work would most likely show cocaine in his wife's system, but he reluctant to provide this information due to the credibility
 42 and pride of his wife. Bleuel stated his wife became sick at approximately 2100 hours after she advised she saw "stars". Bleuel advised his wife
 43 vomited in the bathroom before retreating to the master bedroom where she fell asleep. Bleuel advised he last saw his wife alive when she got up
 44 at approximately 2300 hours for a drink of water. Bleuel stated he fell asleep on the couch and at approximately 0400-0430 hours he was
 45 awakened by Baldwin, who advised him his wife was not breathing and to call 911. Bleuel advised he ran to the bedroom and began CPR on his
 46 wife.
 47
 48 Bleuel stated his wife had no known medical issued, but she would never go see a doctor for anything. Bleuel stated his wife was healthy,
 49 except for the extreme amount of stress she has been experiencing.
 50
 51 Inv. Welch recorded both interviews by utilizing a digital voice recorder. The interviews were later placed onto a CD and submitted it into
 52 evidence at the district four office.
 53
 54 Inv. Welch made contact with on call major case investigator Seymour, who responded to the hospital. Inv. Welch made contact with the
 55 medical examiner, who advised he would take jurisdiction over the body. The M.E. sent livery service to the hospital to take possession of Forte's
 56 body.
 57
 58 This case was turned over to major case Inv. Seymour.

ADMINISTRATIVE	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	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		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 type="checkbox"/> Other Describe:			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
Welch, Heather			6871	1F93	05-25-2010
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)			Agency Report Number		1. Original			
	05-25-2010	0900	05-22-2010	7 Dead Person			100015671		2. Supplement <u>2</u>			
CODES	V/W Code		Victim/Subject Type		Address/Phone Type			Race	Sex	Residence Type	Residence Status	
	V-Victim	N-Next of Kin	0. N/A	4. Business	B. Business/Work	M. Message	P. Pager	N-N/A	I-American Indian	0. N/A	3. Florida	
VICTIM/WITNESS	W-Witness		1. Juvenile		C. Cell			W-White	F-Female	1. City	4. Out-of-State	
	O-Other		2. L.E. Officer		H. Home			O-Oriental/Asian	U-Unknown	2. County	1. Full Year	
VICTIM/WITNESS	R-Reporting Person		3. Adult		O. Other			B-Black	U-Unknown	2. Non-Resident		
	Means of Attack		Extent of Injury		Nature of Call (for Victim, if Different from Incident)			Domestic Violence		Victim Relationship to Offender		
VICTIM/WITNESS	F-Firearm		00. N/A		03. Laceration			1. Yes		S-Spouse		
	O-Other Dangerous		01. Gunshot		04. Unconscious			2. No		B-Sibling		
VICTIM/WITNESS	K-Knife/Cutting Inst.		02. Stabbed		05. Poss. Broken Bones			99. Other Serious Injury		Z-Other		
	H-Hands, Fists, Feet, Etc.									P-Parent		
VICTIM/WITNESS	O-Other Family									C-Child		
	H-Co-Habitant											
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First) (Middle)				
	1. #1	3. Both			MICHELSON			STUART				
VICTIM/WITNESS	2. #2		1	3	Address (Street, Apt. Number)			City		State		
					421 NORTH WOODLAND BLVD			DELAND		FL		
VICTIM/WITNESS	Address (Street, Apt. Number)		City		State		Zip		Residence Phone			
	421 NORTH WOODLAND BLVD		DELAND		FL		32720		(386) 822-7376			
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type			
	Other Contact Info (Time Available, Interpreter, etc.)		City		State		Zip		Other Phone			
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Phone Type			
	Other Contact Info (Time Available, Interpreter, etc.)		City		State		Zip		Phone Type			
VICTIM/WITNESS	Synopsis of Involvement		City		State		Zip		Residence Phone			
	DEAN OF STETSON UNIVERSITY		DELAND		FL		32720		(386) 822-7376			
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
	1, 2, or 3	W	M	06-07-1952	57	N						
VICTIM/WITNESS	Offense Indicator	V/W Code	#	V. Type	Name (Last/Business)			(First) (Middle)				
	1. #1	3. Both										
VICTIM/WITNESS	2. #2				Address (Street, Apt. Number)			City		State		
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type			
	Other Contact Info (Time Available, Interpreter, etc.)		City		State		Zip		Other Phone			
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Phone Type			
	Other Contact Info (Time Available, Interpreter, etc.)		City		State		Zip		Phone Type			
VICTIM/WITNESS	Synopsis of Involvement		City		State		Zip		Residence Phone			
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
	1, 2, or 3											
VICTIM/WITNESS	Offense Indicator	Subject Code	Code #		Name (Last)			(First) (Middle)				
	1. #1	S-Suspect	V-Victim									
VICTIM/WITNESS	2. #2	D-Defendant	(Missing Person)									
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
VICTIM/WITNESS	Nickname / Street Name		Place of Birth - City		County		State		Employer / School		Occupation	
	Last Known Address (Street, Apt. Number)		City		State		Zip		Address Type		Phone	
VICTIM/WITNESS	Other Address (Street, Apt. Number)		City		State		Zip		Address Type		Phone	
	Other Contact Info (Time Available, Interpreter, etc.)		City		State		Zip		Address Type		Phone	
VICTIM/WITNESS	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)							
VICTIM/WITNESS	Hair Length / Style		Skin Color		Build		Facial Features		Speech / Voice		Deformity	
	Glasses											
VICTIM/WITNESS	If Subject:		Demeanor		Mask		Weapon Type		If Arrested:		Subject Was Already in Custody?	
											1. Yes	
VICTIM/WITNESS											2. No	
											Warrant From:	
VICTIM/WITNESS											1. This Agency	
											2. Other Agency	
VICTIM/WITNESS	Date of Last Contact		Date of Emancipation		Caution		Caution Reason		Personal Habits (Drugs / Alcohol)			
VICTIM/WITNESS	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
VICTIM/WITNESS	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
	1. Runaway		6. Disaster Victim		1. Yes		1. Yes		1. Yes		1. Yes	
VICTIM/WITNESS	2. Parents		7. Voluntary Adult		2. No		2. No		2. No		2. No	
	3. Involuntary		8. Unknown		8. Unknown		8. Unknown					
VICTIM/WITNESS	4. Disabled											
	5. Endangered											
VICTIM/WITNESS	I, _____ (Printed)		_____ (Signature)		_____ (Signature)		_____ (Signature)		_____ (Signature)		_____ (Signature)	
	person; and this agency has my permission to enter this person in a statewide alert.											
ADMIN.	Officer Reporting - Printed		Officer Reporting - Signature		ID. Number		Unit		Date			
	Welch, Heather				6871		1F93		05-25-2010			
ADMIN.	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number		Unit		Date			

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement				
	05-25-2010	0900	05-22-2010	7	100015671		2				
THEFT	Type Theft	Type Theft Codes									
	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Bldg.	09. From Vehicle	11. By Computer	13. Bicycle	99. Other		
CODES	Person Code	Person Involvement Code		Status Code:							
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	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			
DRUG	Category Code	E-Equipment/Measuring Devices/Tools		I-Items of Identification			V.Viewing Equip (Binoculars)				
	B. Bicycle C. Camera/Photo Equipment D.Data Processing Equipment	F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	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	W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)					
PROPERTY	Activity	D. Deliver		Z. Other			Type	Unit			
	P. Possess S. Sell B. Buy T. Traffic R. Smuggle	E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate		A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other			
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
					1	1	D	DISK	CD CONTAINING PHOTOS OF THE BODY		
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
						\$	05-22-2010			\$0	
PROPERTY	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		
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
					2	1	D	DISK	CD CONTAINING INTERVIEWS		
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
						\$	05-22-2010			\$0	
PROPERTY	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		
PROPERTY	Leave Blank:	Person Code	#	Pers. Inv.	Item #	Status	Category	Article	Description		
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
						\$				\$	
PROPERTY	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		
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	1-2	05-25-2010	1400	INV. H. WELCH #6871	<i>Inv. H. Welch</i>	DISTRICT 4 EVIDENCE	<i>Evidence</i>				
	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:								
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Welch, Heather	<i>Heather Welch</i>			6871	1F93	05-25-2010				
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date					