



Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

Re: Death Investigation

Location: 113 Mason Park

Date of Incident: October 10, 2016

Time: 10:37 hours

Police Report Number: 160021182

Units responded to the above location in regards to a nine-year old child that was not breathing.

Investigation revealed that the nine year along with his parents and another child were inside the residence and all appeared to be overcome by fumes.

The mother was incoherent but was able to go next door and asked a neighbor to call for help.

There was a generator in another room with the door closed and towels placed under the door; the generator was not on it appeared to have run out of gas.

The father, mother and child were taken to Halifax hospital to be treated; there condition is unknown at this time. The deceased victim is a nine year old male.

This appears to be a tragic accident.

One DBPD officer who went into the house was checked at the scene and he is fine.

The deceased is identified as Jose Barrios W/M DOB 12/11/06.

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.



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Father is Pedro L. Hernandez W/M 12/24/68 he is in a critical condition. Mother is Matilda Barrios W/F age unknown; she will survive unknown what lasting effect it will have on her. Brother Luis Hernandez W/M age unknown; maybe transported to Arnold Palmer. No further update will be given on the victim's condition unless death occurs.

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DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

EVENT DATA	<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 Report Number 160021182			
	Agency ORI Number FL0640100			Zone # DB41	Telephone Handled 1. Yes 2. No 2	
	Reported: Day Monday	Date 10-10-2016	Time (mil.) 1037	Time Dispatched (mil.)	Time Arrived (mil.)	Time Completed (mil.)
	Nature of Call (Report Type) DEAD Dead Person					
	Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
	Incident: Day From Sunday		Date 10-09-2016		Time (mil.) 2200	
	TO Monday		Date 10-10-2016		Time (mil.) 1037	
	Occurred During: D - Day N - Night		U - Unknown		U	
	Offense #1	Type 9	Statute Violation Number 77777777		Description DEATH INVESTIGATION	
	Offense #2		Statute Violation Number		Description	
Incident Location (Street, Apt. Number) 113 Mason Park Dr			City DAYTONA BEACH		Zip 32114	
Business Name / Area Identifier residence		# Prem. Entered 0	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	Forced Entry 1. Yes 3. Attempted 2. No	
Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No				
Location Type 01	Location Type Codes 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg. 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence/Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway 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 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other		Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other 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 3. Florida 1. City 4. Out-of-State 2. County		
Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury		
Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant				
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)	
Name (Last/Business) Varbarde		Name (First) Johana				
Address (Street, Apt. Number) 117 Mason Park Dr		City DAYTONA BEACH FL		State	Zip 32114	
Residence Phone (386) 868-8114						
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 R-1/neighbor			
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 07-12-1983	Age 33	Ethnicity H	
Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1 V	# 1	V. Type 1	Nature of Call (for Victim, if different from Incident)	
Name (Last/Business) Barrios		Name (First) Jose				
Address (Street, Apt. Number) 113 Mason Park Dr		City DAYTONA BEACH FL		State	Zip 32114	
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 V-1/deceased			
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 12-11-2006	Age 9	Ethnicity H	
Res. Type 1	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)	
Name (Last/Business) Hernandez		Name (First) Pedro				
Address (Street, Apt. Number) 113 Mason Park Dr		City DAYTONA BEACH FL		State	Zip 32114	
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 O-1/decedent's father/medical patient			
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 12-24-1968	Age 47	Ethnicity H	
Res. Type 1	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)	
Name (Last/Business) Barrios		Name (First) Matilda				
Address (Street, Apt. Number) 113 Mason Park Dr		City DAYTONA BEACH FL		State	Zip 32114	
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 O-2/decedent's mother/medical patient			
If Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth 45	Age 45	Ethnicity H	
Res. Type 1	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)	
Name (Last/Business) Hernandez		Name (First) Luis				
Address (Street, Apt. Number) 113 Mason Park Dr		City DAYTONA BEACH FL		State	Zip 32114	
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 O-3/decedent's brother/medical patient			
If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 5	Age 5	Ethnicity H	
Res. Type 1	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	
	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.												

NARRATIVE	1	On 10 October I responded with other units for a CPR in progress at 113 Mason Park Dr. I arrived and found R-1 (Varberde), O-2 (Barrios), and O-3 (L. Hernandez) in the driveway of the residence. R-1 stated that she was unable to awaken the two people left in the house.
	2	
	3	
	4	I entered the house and immediately smelled a strong odor of exhaust, as if from a small engine. I found V-1 (J. Hernandez) and O-1 (P. Hernandez) in the southeast corner bedroom. Both were laying in adjacent beds.
	5	
	6	
	7	O-1 was laying supine with his head pointed south. His skin had a red hue. He was breathing/snoring, though his breathing seemed shallow and labored. I observed phlegm coming from his mouth.
	8	
	9	
	10	V-1 was laying on a bed to the east of O-1. V-1's head was pointed south and he was right lateral recumbent, and wrapped in a blanket. I

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 checked="" type="checkbox"/> DCF Hotline	Date: <u>10-10-2016</u> Time: <u>1440</u>	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: By:
	<input type="checkbox"/> CAC	Spoke With: <u>Kristen 961</u>	<input type="checkbox"/> FCIC / NCIC Cancel		
	Connecting Report Number: <u>160068639</u>	Agency: <u>EVAC</u>	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>ME form</u>		
	Officer Reporting - Printed: <u>Manjasek, Alexander</u>	Officer Reporting - Signature:	ID. Number: <u>D05323</u>	Unit: <u>3A60</u>	Date: <u>10-10-2016</u>
Officer Reviewing - Printed (If Applicable):	Officer Reviewing - Signature (If Applicable):	ID. Number:	Unit:	Date:	

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	10-10-2016	1037	10-10-2016	DEAD	160021182		1

NARRATIVE / CONTINUATION

11 attempted to pull of the blanket to assess his condition, and was met with resistance. V-1's body was stiff and not pliable, and would not allow me
 12 to remove the blanket. I felt his foot, and found his foot stiff and cold to the touch. I was able to pull enough of the blanket off to view his face, and
 13 found V-1's eyes fixed and unmoving, and phlegm coated his mouth and nose area.
 14
 15 I radioed this information into dispatch, and heard fire department personnel entering the residence behind me. I searched the house for any more
 16 patients and found none, and I began opening windows and doors to ventilate the house.
 17
 18 In a back (west) central room I found a large generator, which had been separated from the rest of the house by an inner door. A towel was placed
 19 inside the door across the door jamb, as if to block air flow into the house. The room containing the generator had two windows on the west side
 20 that were open approximately two inches, though this room had a very strong odor of exhaust. I had all other personnel not wearing breathing
 21 apparatus exit the residence while the exhaust dissipated.
 22
 23 Daytona Beach Fire personnel removed O-1 from the residence, and treated O-1, O-2, and O-3. All three were transported to Halifax Hospital via
 24 ambulance A118 under case number EV160068639.
 25
 26 V-1 was pronounced deceased at 1049 hours by Daytona Beach Firefighter/Paramedic Rosi.
 27
 28 DBFD personnel vented the house with an exhaust fan. Sergeant Ransom removed a propane tank and gasoline canister from the living room at
 29 the suggestion of Fire personnel.
 30
 31 Officer Bryant secured the crime scene and logged personnel entry. Detective Bissa responded and took scene photographs. Detective Bissa
 32 notified the Medical Examiner's Office, and I completed a Medical Examiner request form.
 33
 34 C.I.D. responded to the scene. Sergeant Goss made initial notification to Department of Children and Families (D.C.F.), though I later notified
 35 D.C.F. via the hotline at 1440 hours, and spoke to Kristen (961).
 36
 37 The Medical Examiner's livery service arrived at 1225 hours and took possession of V-1. M.E. Investigator Orozco also responded and initiated
 38 her investigation.
 39
 40 Officer Bryant and I secured the residence and two vehicles, and released the crime scene at 1255 hours.
 41
 42 I interviewed R-1 at her residence. R-1 stated that O-2 and O-3 had gone to R-1's home, two houses north of their own, for help. R-1 stated that
 43 O-1 and O-2 were vomiting and dizzy, and O-2 didn't seem aware of where she was. R-1 had gone into their home and attempted to awaken V-1
 44 and O-1, and was unable, and had called 911 for assistance. R-1 completed a sworn written statement in Spanish.
 45
 46 O-1's name is presumed, and we obtained it from the two vehicles parked in the front yard. R-1 provided me with names for V-1, O-2, and O-3,
 47 and a date of birth for V-1. I did not find dates of birth for O-2 or O-3.
 48
 49 I was unable to locate O-2 in Finder.
 50
 51 I later learned that V-1's last name was Barrios, and not Hernandez. I updated this report to reflect this. I was unable to confirm the last name of
 52 O-3, whether it was Hernandez or Barrios.
 53
 54 My involvement was recorded on Axon.

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 checked="" type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With: <u>Kristen 961</u>	Date: <u>10-10-2016</u> Time: <u>1440</u>	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____
	Connecting Report Number <u>160068639</u>	Agency <u>EVAC</u>	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>ME form</u>			
	Officer Reporting - Printed <u>Manjasek, Alexander</u>	Officer Reporting - Signature	ID. Number <u>D05323</u>	Unit <u>3A60</u>	Date <u>10-10-2016</u>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		