

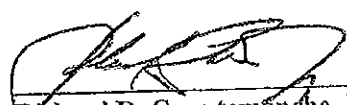
Date: 11/28/11

RE: Public Records Request

Dear Sir/Madam:

Please find enclosed the records as you requested from the Tallahassee Police Department. As required by Florida or Federal law, certain portions are exempt from public record and must be redacted. Should you have any questions or feel that this has not answered your request in any way, feel free to contact this office at (850) 891-4234.

<u>Florida Statute</u>	<u>Exemption</u>
<input checked="" type="checkbox"/> 119.071(2)(c) & 119.011(3)(c)	Active Criminal Investigative and Intelligence Information
<input type="checkbox"/> 406.135	Autopsy Photographs, Video or Audio Records
<input type="checkbox"/> 119.071(5)(b)	Bank Account Numbers, Debit, Charge & Credit Card Numbers
<input type="checkbox"/> 119.071(2)(d)	Surveillance Techniques, Procedures or Personnel
<input type="checkbox"/> 119.071(2)(e)	Substance of a Confession by a person arrested
<input type="checkbox"/> 119.071(2)(f)	Confidential Informants or Sources
<input type="checkbox"/> 316.066(3)(c)	Crash Reports prior to 60 days after the date the report is filed
<input type="checkbox"/> 943.053(2)	Criminal History Information from the federal government or another state
<input type="checkbox"/> 415.107 & 39.202	Abuse records from the Department of Children & Families
<input type="checkbox"/> 943.059 or 943.0585(4)	Sealed or Expunged Records
<input type="checkbox"/> 365.171(15)	Emergency 911 Requests for Help - Identity of Caller
<input type="checkbox"/> 119.071(2)(h)	Identity of the Victim of a Sexual Offense or Child Abuse
<input type="checkbox"/> 119.071(2)(j)	Home or Employment Addresses, telephone number, or assets of victim of certain crimes upon request (Crimes include sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence.)
<input type="checkbox"/> 985.04(5)	Misdemeanor Offenses Committed by Juveniles (if the juvenile committed a felony offense, the name, photograph, address and crime of the child are not exempt from disclosure)
<input type="checkbox"/> 395.3025 / HIPPA	Medical Records in General
<input type="checkbox"/> 539.003	Pawn Broker Records
<input checked="" type="checkbox"/> 119.071(5)(a)	Social Security Numbers
<input checked="" type="checkbox"/> 119.071(4)(c)	Identity of Undercover Personnel
<input type="checkbox"/>	


Richard D. Courtemanche, Jr.
Assistant City Attorney
Police Legal Advisor

POLICE DEPARTMENT
234 East Seventh Avenue
Tallahassee, FL 32303
850-891-4200
TDD: 711 • Talgov.com

JOHN R. MARKS, III
Mayor

ANITA F. THOMPSON
City Manager

ALLAN J. KATZ
Mayor Pro Tem

JAMES R. ENGLISH
City Attorney

ANDREW GILLUM
Commissioner

GARY HERNDON
City Treasurer-Clerk

DEBBIE LIGHTSEY
Commissioner

SAM M. McCALL
City Auditor

MARK MUSTIAN
Commissioner

TALLAHASSEE POLICE DEPARTMENT
OFFENSE REPORTING FORM
AGENCY NUMBER: FL0370300

Case/Incident Number
98-44355

INCIDENT

Arson Involved Gang Related
 Domestic Related Firearm Involved

Primary Crime/Incident: Hazing Additional Crimes: Date/Time Occurred: 11-9-98 approx 8:30A Date/Time Reported: 11-13-98 5:18p

Location of Incident (Address): 1209-A OR 1309-A PEPPER DRIVE Business Name: N/A Patrol Zone/RA:

Name (Last, First, Middle (turn if Business)): Wesley Dewy Delton Address: [REDACTED] Keily Ron City: Tallahassee State: FL Residence Phone:

BSN: [REDACTED] Race: B Sex: M DOB: 11-29-78 Occupation/Bus. Name/School: FAMU STUDENT Business Phone: N/A

Victim Injured: Yes No If yes, explain in narrative: TCH Victim's Behavior: Calm Upset
 Alcohol/Drugs Used: Yes No If yes, explain in narrative:

VICTIM

WITNESSES

CODE: V = VICTIM O = OWNER W = WITNESS R = REPORTING PERSON

Code	Name (Last, First, Middle)	Race	Sex	D.O.B.	Address	Residence Phone	Business Phone
R	Dr. White, Julian	B	M		FAMU - Dept of Music	[REDACTED] WK	[REDACTED] PM

VEHICLE / I.O. INFORMATION

Place of Incident: Structure Vehicle Street/Alley Woods
 Park/Yard Garage Parking Lot Other

Lighting Conditions: Dawn Daylight Dusk Dark (Streetlights on) Moonlight
 Dark (Streetlights off) Dark (No streetlights) Other

Weather Conditions: Clear Cloudy Foggy
 Rain Other

Type of Structure: Residential: Single Family Dwelling Apartment/Condo Duplex/Townhouse Hotel/Motel Other
 Non-Residential: Convenience Fast Food Gas Station Restaurant/Bar Drug Medical Financial Institution Industrial Entertainment/Recreation
 Religious Public Building Other (explain in narrative)

N/A Vehicle Motorcycle Year: Make: Model: Style: Color: State: License/Certification #:

Victim Vessel Other
 Suspect Moped

Vehicle Identification Number (VIN): Tag Decal Number/Year: Vehicle Secured: Yes No

SOLVABILITY FACTORS

Was an arrest made? Yes No Is there any significant evidence present? Yes No
 Can a suspect be named or located? Yes No Can any stolen property be identified? Yes No
 Was neighborhood check conducted? Yes No Was any property recovered? Yes No
 Can suspect vehicle be described? Yes No Is followup needed? Yes No
 Was the crime scene processed? Yes No Weapon Used? If yes, describe in narrative:

PROPERTY CODE: S = STOLEN L = LOST D = DAMAGED R = RECOVERED

PROPERTY / UCR

Code	Qty.	Description (ID Marks/Brand Name)	Value S or L or R	Value D
		N/A		
		Additional Property Listed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Total

ADMINISTRATIVE

Entered FCIC/NCIC Date: Entering Person's Signature/I.D.#: Supervisor's Initials:

Officer(s) Reporting / Dept. I.D.#: Michael Wright 784 Date: 11-13-98 Supervisor Approving / Dept. I.D.#: 1. Suchalski 218 Date: 11/13/98
 2.

Case Status (Status must be indicated for all cases.): Open/Pending Closed Case Disposition: Unfounded Cleared by Arrest Cleared Exceptionally

TALLAHASSEE POLICE DEPARTMENT

SUBJECT CODE:
A=ARRESTED PERSON S=SUSPECT

For Missing Person - State/County/City of Birth

Case/Incident Number

98-44355

Page 2 of 5

1.	Name (Last, First, Middle) SEE NARRATIVE	Address	Phone	Nickname/Alias						
	Race	Sex	D.O.B.	HT	WT	Hair Color	Eye Color	S.S.N.	CJIS/FCIC #	Driver License/ID #
2.	Name (Last, First, Middle)	Address	Phone	Nickname/Alias						
	Race	Sex	D.O.B.	HT	WT	Hair Color	Eye Color	S.S.N.	CJIS/FCIC #	Driver License/ID #
3.	Name (Last, First, Middle)	Address	Phone	Nickname/Alias						
	Race	Sex	D.O.B.	HT	WT	Hair Color	Eye Color	S.S.N.	CJIS/FCIC #	Driver License/ID #

ARRESTED PERSON/SUSPECT

FACIAL HAIR	1	2	3	BUILD	1	2	3	FACIAL FEATURES	1	2	3	SCARS/MARKS	1	2	3
Beard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy/Stocky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brimmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TATTOOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Shaven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheek, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fu-Manchu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Freckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small/Petite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moles/Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Sideburns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pimples/Pocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mustache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutton Chops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOSE	1	2	3	APPAREL	1	2	3	Leg, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Sideburns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cap/Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leg, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unshaven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cloth Over Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earrings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Track Marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN TONE	1	2	3	Pointed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glasses/Sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TATTOO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown - Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Cloth/Rag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRAWING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown - Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown - Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAIR STYLE	1	2	3	Mask-Skr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Afro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruddy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stocking Over Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennis Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEETH	1	2	3	Crewcut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watchos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dreadlocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipped/Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARS/MARKS							
Decayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TATTOOS	1	2	3				
Caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arm, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arm, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Irregular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buttock, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Protruding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buttock, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Cheek, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

ADDITIONAL CRIMES:

NARRATIVE: I responded to Tallahassee Community Hospital and made contact with Dr White with FAMU's Department of Music. Dr White stated that it was brought to his attention that one of his band members was severely beaten as an initiation into a group within the band known as "CLONES". He stated that the student had already discussed the incident with him and he felt obligated to call the police.

ADMINISTRATIVE	Officer(s) Reporting/Dept. I.D. # 1. Michael Wright 784 2.	Date 11-13-98	Supervisor Approving/Dept. I.D. # 1. Suehali 210 2.	Date 11/13/98	
	Case Status (Status must be indicated for all cases.) <input checked="" type="checkbox"/> Open/Pending <input type="checkbox"/> Closed	Case Disposition <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared Exceptionally			

CONTINUATION SUPPLEMENT STATEMENT

TALLAHASSEE POLICE DEPARTMENT OFFENSE REPORTING FORM AGENCY NUMBER FL0370300

Case/Incident Number 98-44355

INCIDENT

Juvenile Involved Domestic Related Gang Related Firearm Involved

Type of Crime or Incident on Original Report Hazing

Correct Crime or Incident

Location of Incident 1209-A or 1309-A Pepper Dr

Date of Original Report 11-13-98

Date of This Report 11-13-98

Victim's Name (Last, First, Middle), Alias(es) or Business Lucey, Ivory

Property Recovered (if yes, enter value) N/A

In the state of Florida/Leon County, swears/affirms this following to be a true and accurate statement:

NARRATIVE

Contact was then made with the victim, Lucey, in room #307 of TCH. Lucey is a member of the FAMU marching band clarinet section which consists of 36 people. On Monday November 9th at approximately 8:30p, he went to a residence believed to be on Pepper Drive - possibly [redacted] which is the home of [redacted] B/F. He and two other B/m were to be initiated into "Phase One" of the 'clones'. When the hazing began there were approximately 25-30 people present, most of which were band members. Only four males including himself were present.

The Hazing consisted of the group taking turns paddling each of the three continuously. At first he was instructed to bend over and place his hands on his knees. A second position required him to lay on the floor with only his toes and elbows touching the floor. Usually there were two at a time taking turns striking him on the buttocks with wooden paddles. Lucey stated, "that if you fell onto the floor they would continue the beating telling you to get up but you couldn't."

At times he would attempt to get up from either of the

ADMINISTRATIVE

I understand and know what I am doing. No promises/threats/coercion of any kind have been made to me in making this statement.

Sworn to and subscribed before me, the undersigned authority, this ___ day of ___, 19__.

Signature

Signature

Officer(s) Reporting/Dept. I.D. # Date 1. Michael Wright 784 11-13-98

Supervisor Approving/Dept. ID # Date 1. Suchali 218 111398

Case Status (Status must be indicated for all cases.) [X] Open/Pending [] Closed

Case Disposition [] Unfounded [] Cleared by Arrest [] Cleared Exceptionally

CONTINUATION SUPPLEMENT STATEMENT

TALLAHASSEE POLICE DEPARTMENT
OFFENSE REPORTING FORM
AGENCY NUMBER FL0370300

Case/Incident Number
98-44355

Juvenile Involved Gang Related
Domestic Related Firearm Involved

INCIDENT

Type of Crime or Incident on Original Report Hazing	Correct Crime or Incident	
Location of Incident Pepper Drive	Date of Original Report 11-13-98	Date of This Report 11-13-98
Victim's Name (Last, First, Middle), Arrestee or Business Luckey, Ivory	Property Recovered (If yes, enter value) N/A	

In the state of Florida/Leon County, _____ swears/affirms the following to be a true and accurate statement:

NARRATIVE

positions but others in the group would physically hold him down. Initially Luckey began to count the number of strikes he received. At first he got to 36 or 37 and then lost count. Next he counted to 67 and then gave up. Luckey estimated the total number of strikes was near 300.

At one point Luckey decided the beating was too severe and started to leave. As he got to his car members followed him out and convinced him that he was almost done and not to give up. Luckey then went back inside for the completion of this phase of the hazing. He stated that mostly girls did all of the paddling and there were numerous slaps to his face by the members. He estimated that 90% of the blows were "hard licks" (of the est. 300 total).

The next day (Tuesday) he began to be ill from the beating. On Wednesday he was admitted to the hospital for severe bruising to his buttocks.

Mason's phone # is [redacted] which comes back to [redacted] Lipona Rd. Luckey stated the house was a gray old style "cracker type" house on Pepper Drive just west of Lake Bradford Rd past the curve. He remembered [redacted] or [redacted] being in the house number.

ADMINISTRATIVE

I understand and know what I am doing. No promises/threats/coercion of any kind have been made to me in making this statement	Sworn to and subscribed before me, the undersigned authority, this _____ day of _____, 19____
Signature _____	Signature _____
Officer(s) Reporting Dept. ID # Michael Wright 784	Date 11-13-98
Supervisor Approving Dept. ID # Suchalski 218	Date 11-13-98
Case Status (Status must be indicated for all cases) <input checked="" type="checkbox"/> Open/Pending <input type="checkbox"/> Closed	Case Disposition <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed by Arrest <input type="checkbox"/> Closed Exceptionally

CONTINUATION SUPPLEMENT STATEMENT

TALLAHASSEE POLICE DEPARTMENT
OFFENSE REPORTING FORM
AGENCY NUMBER FL0370300

Case/Incident Number
98-44355

INCIDENT

Type of Crime or Incident on Original Report Hazing	Correct Crime or Incident
Location of Incident [Redacted] Pepper Drive	Date of Original Report 11-13-98
Victim's Name (Last, First, Middle), Arrestee or Business Lucky, Every	Date of This Report 11-13-98
	Property Recovered (if yes, enter value) N/A

In the state of Florida/Leon County, _____ swears/affirms the following to be a true and accurate statement:

NARRATIVE

Lucky had visible bruising on both buttocks. Photographs of his injuries were taken by ID #830 - A. Pearson of TPD. Lucky was very cooperative and agreed to provide a sworn written statement however he preferred that he not have to write the statement until in the morning as he was too tired tonight. Lucky provided a partial list of names of members that he remembered being present. They are:

[Redacted] B/F	[Redacted] B/F
[Redacted] B/F	[Redacted] B/F
[Redacted] B/F	[Redacted] B/F
[Redacted] B/m	[Redacted] B/m
[Redacted] B/m	[Redacted] B/F

Many other members were present and involved however these were the only names he could recall during initial investigation. Lucky did not say that he would not prosecute for the incident. It was apparent that he was in fear of future violence as a result of pressing charges. Lucky's mother was present during the entire investigation. Lucky remains at TCH. Case information was provided to the victim.

ADMINISTRATIVE

I understand and know what I am doing. No promises/threats/coercion of any kind have been made to me in making this statement.		Sworn to and subscribed before me, the undersigned authority, this _____ day of _____, 19____.	
Signature _____		Signature _____	
Officer(s) Reporting Dept. #0. # 1. Michael Wright 784	Date 11-13-98	Supervisor Approving Dept. ID # 1. Sushali 218	Date 111398
Case Status (Status must be indicated for all cases.) <input checked="" type="checkbox"/> Open/Pending <input type="checkbox"/> Closed	Case Disposition <input type="checkbox"/> Unbonded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared Exceptionally	Copies to: Central Records CID Crime Analysis PIO	

DL 12-16-98

TALLAHASSEE POLICE DEPARTMENT
OFFENSE REPORTING FORM

HAZING 98-44355
1209-A OR 1309-A PEPPER DR 11/13/98 11/17/98
LUCKEY, IVERY DELEON

NARRATIVE SUMMARY:

Officer Wright responded to TCH to take a delayed report of a hazing, from the FAMU Marching 100. Luckey was a member of the band and was undergoing "Phase 1" initiation of the group called the "Clones" with in the band. This consisted of about 300 hard paddles to his buttocks. The severity of the paddles resulted in Luckey being admitted into the hospital.

ADDITIONAL INFORMATION:

I looked into this incident as reported by Officer Wright. Based on the victim's statement, he left when the beating got to severe, but then returned when convinced he was almost through with the initiation. Unfortunately, the battery statute requires that the unlawful touching be against a person's will for it to become a crime. Therefore, this incident does not fall within the confines of an illegal act.

However, this incident may fall within the guidelines of improper conduct among FAMU students. To that end, I forwarded a copy of the report to Assistant Chief John Earst for forwarding to the student judicial board for review and possible actions.

RECOMMENDED DISPOSITION: CLOSED/CLEARED EXCEPTIONALLY.

INVESTIGATOR MARK ORMEROD #664 _____
SERGEANT DONNA BROWN #213 _____

RECORDS ✓
CRIME ANALYSIS
VICTIM ADVOCATE
OFFICER WRIGHT

02-12-16-98

TALLAHASSEE POLICE DEPARTMENT CRIME SCENE REPORT

JUVENILE INVOLVED ()

CASE NUMBER: 98-44355

TYPE OF CRIME Battery		
LOCATION OF INCIDENT Tallahassee Community Hospital #307	DATE OF ORIGINAL REPORT 11-13-98	DATE OF THIS REPORT 11-14-98
VICTIM'S NAME (Last, First, Middle/Initial, DOB) OR BUSINESS Lucky Jr., Ivery (B/M 112978)		

# OF ITEMS/AREAS PROCESSED WHITE	PROPERTY () IMPOUNDED () DESTROYED	LATENT PRINTS DEVELOPED () YES () NO <input checked="" type="checkbox"/> NA LATENT PRINTS OF VALUE () YES () NO () FINGERS () PALMS () PARTIALS	PHOTOGRAPHY () VIDEO () POLAROID <input checked="" type="checkbox"/> COLOR () BLACK &
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NARRATIVE:

On 11-13-98, I was dispatched to room 307 at the Tallahassee Community Hospital in reference to a battery. Upon arrival, I met with Officer M. Wright who advised me that this was related to a hazing incident within the FAMU Marching Band. The victim had been paddled over 300 times. The victim had abrasions on his buttocks.

The abrasions were documented via 35mm color photography.

TECHNICIAN REPORTING A. Pearson-AP	Dept. I. D. No. 830	Date 11-14-98
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	Dept. I. D. No. 830	Date 11/17/98
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