

OFFICE of VITAL STATISTICS
CERTIFIED COPY

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) JOSEPH SWIECH		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) September 23, 1979		4a. AGE-Last Birthday (Years) 26	4b. UNDER 1 YEAR Months Days Hours Minutes
6. SOCIAL SECURITY NUMBER 119-74-7759		7. BIRTHPLACE (City and State or Foreign Country) Oswego, New York	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Roadway		8. COUNTY OF DEATH Pasco	
10. FACILITY NAME (If not institution, give street address) Grand Blvd. 21 feet south of Dahlia Avenue		11a. CITY, TOWN, OR LOCATION OF DEATH New Port Richey	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14a. RESIDENCE - STATE Florida		14b. COUNTY Pasco	
14c. STREET ADDRESS 5108 Pilon Avenue		14d. CITY, TOWN, OR LOCATION New Port Richey	
14e. APT. NO.		14f. ZIP CODE 34652	
14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Assistant Director		15b. KIND OF BUSINESS/INDUSTRY Day Care Center	
18. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input checked="" type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) James Swiech		21. MOTHER'S NAME (First, Middle, Maiden Surname) Sharon Lynn Shufelt	
22a. INFORMANT'S NAME James Swiech		22b. RELATIONSHIP TO DECEDENT Father	
23a. CITY OR TOWN Palm Harbor		23b. STREET ADDRESS 455 Act 19 South Unit 77	
23c. ZIP CODE 34683		23d. CITY OR TOWN Oswego	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) St. Paul's Cemetery		25a. LOCATION - STATE New York	
25b. LOCATION - CITY OR TOWN Oswego		26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) 3163	
28. NAME OF FUNERAL FACILITY Loyless Funeral Home		28a. FACILITY'S MAILING - STATE Florida	
29a. CITY OR TOWN Land O' Lakes		29b. STREET ADDRESS 5310 Land O' Lakes Blvd	
29c. ZIP CODE 34639			
30. CERTIFIER: <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) <i>PAUL J. SWIECH</i>		31b. DATE SIGNED (mm/dd/yyyy) 03/26/2006	
31c. TIME OF DEATH (24 hr) 0125		33. MEDICAL EXAMINER'S CASE NUMBER 060600466	
34a. LICENSE NUMBER (of Certifier) ME 71056		34b. CERTIFIER'S NAME Jon Thogmartin, M.D., M.E.	
35a. CERTIFIER'S - STATE Florida		35b. CITY OR TOWN Largo	
35c. STREET ADDRESS 10900 Ulmerton Rd.		35d. ZIP CODE 33778	
37. REGISTRAR - Signature and Date <i>Marilyn C. Griffin</i>		38a. LOCAL REGISTRAR - Signature <i>E. Laine L. Llewellyn</i>	
37b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 4, 2006			

Marilyn C. Griffin
CHIEF DEPUTY REGISTRAR

JUN 27 2006

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



B2112906

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

STATE OF FLORIDA
Department of Highway Safety & Motor Vehicles
 Driver And Vehicle Information Database (DAVID)

**DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO
 S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES**

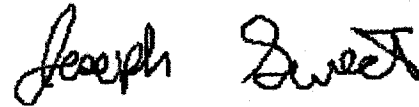
Application for Driver License/I.D. Card or Receipt

DRIVER LICENSE

DL/ID Number: **S200490793430** Class: **E** County: **4**

I do hereby certify that the answers given by me on this application are true. I also understand the operation of a motor vehicle constitutes consent to any sobriety test required by law and consent to release of driving records required by law.

JOSEPH J SWIECH
 455 ALT 19 SOUTH #232
 PALM HARBOR, FL 34683-0000



Issue Type: **Original** Conditional Messages: **Organ Donor Safe Driver**

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
09-23-79	W	M	6'02			11-12-04	10:41:41	09-23-11	00-00-00

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
119-74-7759	J700411120039	(J72) LEONA/7018	(J72) LEONA/7018	J70	Yes

EXAMINATIONS

Road Sign	Road Rule	Drive Test	MC Rule	MC Skill	Oral Exam	DELAP	Non-English Exam
Reciprocated	Reciprocated	Reciprocated			No	No	No

Vision	Tag Number	Contact Lenses	Visual Acuity	WITHOUT	Vision Report	Medical Report	Hearing
Passed		No	left: 40	right: 40			Good

CDL EXAMINATIONS

Phy. Exam	Gen Knowledge	Air Brakes	Comb. Veh.	Passenger	Double/Triple	Tanker
Comply 391	Haz.Mat.	Inspect	Basic Skill	Skill Test	Third Party	Knowledge Type
No					No	

Applicant: Do you operate a CMV outside the State of Florida? (Y/N) **No**

OUT OF STATE LICENSE INFORMATION

State	Issue Date	License Number	Expiration	Disposition
NY	09-15-00	352984958	09-23-08	Surrendered

STATEMENT OF APPLICANT CONCERNING LICENSE OR ID CARD

- I have been convicted of DWL/DUI 2 or more times within the last 5 years or 3 or more times within the past 10 years in any state.
- I have in my possession or under my control a valid driver license issued by the State of Florida, or any other state.
- I have been licensed in another state.
- Due to my part time residence/employment or military assignment in the State, it is necessary for me to retain my out-of-state driver license.

IDENTIFICATION AND PHYSICAL MENTAL QUALIFICATIONS

STATE OF FLORIDA
Department of Highway Safety & Motor Vehicles
Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

Driver License Transaction Page

Driver License Transaction on 11-12-04



DL/ID Number Class
S200-490-79-343-0 E

JOSEPH J SWIECH
455 ALT 19 SOUTH #232
PALM HARBOR, FL 34683-0000

Date of Birth Sex Height
09-23-79 M 6'02

Restrictions Endorsements

Fingerprint on file
None

Issue Date Issue Time
11-12-04 10:41:41

Expiration Date Duplicate Date
09-23-11

Form Number
J700411120039

Conditional Messages: **SAFE DRIVER ORGAN DONOR**

Associated Application

[Individual Summary](#)

[New Search](#)

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STATE OF FLORIDA
Department of Highway Safety & Motor Vehicles
 Driver And Vehicle Information Database (DAVID)
Historical Driver License Activity

DL/ID Number: **S200-490-79-343-0** Class: **E** Issued: **11/12/04** Expires: **09/23/11** Restrictions: Endorsements:

JOSEPH J SWIECH
455 ALT 19 SOUTH #232
PALM HARBOR PINLLAS 34683-5933
 Date of Birth: **09/23/79** Race: **W** Sex: **M** Height: **6'2**

CDL Issued: **00/00/00** Original Issued: **11/12/04** Prev DL Number: **352984958** State: **NY** PBatch: CBatch: **111204J70**

DL Exams				
Vis: 01P	Sign: 01R	Rule: 01R	Drive: 01R	Mtr: 00 00

CDL Exams											
Vis: 00	Gen: 00	Air: 00	Comb: 00	D T: 00	Tank: 00	HazMat: 00	Pass: 00	Pre-trip: 00	Skills: 00	Basic: 00	Bus: 00

Duplicate Licenses:

Replacement Licenses:

Messages
****NO ENTRY AGAINST RECORD IN ABOVE NAME**
****BLOCK PERSONAL INFORMATION**
****BLOCK FOR MAILING LIST**
****THIS PERSON HAS A DIGITAL IMAGE**

Description	Crsh or Offense Effective Date	Conviction Date	Reinstatement Date	County, State
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[New Search](#) [Main Menu](#)

License Class, Restriction Codes, and Endorsements

STATE OF FLORIDA
Department of Highway Safety & Motor Vehicles
 Driver And Vehicle Information Database (DAVID)

**DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO
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Individual Summary Page



DL/ID Number Class Status
 S200-490-79-343-0 E VALID

JOSEPH J SWIECH
 455 ALT 19 SOUTH #232
 PALM HARBOR FL 346835933

All Addresses On File

Date of Birth Sex Height State Of Birth
 09-23-79 M 6'02 New York

Restrictions Endorsements

Issue Date Duplicate Expiration Date
 11-12-04 Date 09-23-11

Joseph Swiech

SSN Form Number
 119-74-7759 J700411120039

Conditional Messages: **SAFE DRIVER ORGAN DONOR**

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
View	1GNDT13W2W2211204	AUTO	BROWN	UTILITY	CHEVROLET	11-09-04	224558363

Driver License Transactions								
Record	DL ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View	S200-490793430	11-12-04	11-12-04	11-12-04 10:41:41	DL	Original	None	

[Historical Driver License Activity](#) [Vehicle Insurance](#) [Previous Vehicles](#)
[Photo Array](#) [Signature Array](#)
[New Search](#) [Main Menu](#)

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WEARING A BLACK COLORED HOODED SWEAT SHIRT, MAROON COLORED
 SWEAT, WHITE T-SHIRT, BLUE JEANS, TENNIS SHOES

**FLORIDA HIGHWAY PATROL
EVIDENCE / PROPERTY RECEIPT**

CHECK IF PRESENT
 SHARPS /
 BIOHAZARD

THI / Other Dept. Case No. 706-20-025 Date 03 26 06 Time 1:15 AM PM FHP Case No. FHP06060FF039259

<input checked="" type="checkbox"/> 01 Property of Deceased	<input type="checkbox"/> 05 Property Seized	<input type="checkbox"/> 09 Weapon/Firearm Safekeeping (NTE 60 Days)	EP (OFFICE USE ONLY) Control Number <u>06-071</u>
<input type="checkbox"/> 02 Stolen Property	<input type="checkbox"/> 06 Safekeeping	<input type="checkbox"/> 10 Found/Abandoned Property	
<input type="checkbox"/> 03 Public Property	<input type="checkbox"/> 07 Seized Vehicle	<input type="checkbox"/> 11 Evidence (Other)	
<input type="checkbox"/> 04 DHSMV Property	<input type="checkbox"/> 08 Weapons/Firearms (T.O.T., S.O.)	<input type="checkbox"/> 12 Joint Investigation	

LOCATION WHERE PROPERTY IMPOUNDED (Give exact location where property was located)
Urbano Blvd / DANVIA Av

DISCOVERED BY (Name) Officer M. Shivers ADDRESS 16026 SW 52 URBANO BLVD PHONE NO. (781) 941-4191

OWNER / VICTIM JOSEPH J. SWICKH ADDRESS 455 ROUT 19 SO #232, PALM HARBOR PHONE NO. ()

SUBJECT / SUSPECT INCARCERATED YES NO WARRANT YES NO

DOB _____ RACE/ORIGIN _____ SEX _____ D.L. # / I.D. Card # _____ STATE _____

ITEM #	QUANTITY	DESCRIPTION OF PROPERTY OBTAINED (Include Serial Number) (Itemize Currency by Denomination)	OFFICE USE ONLY		
			S/N Checked and Entered	BIN/Location	
A	1	CELL PHONE T-MOBILE		G-2	
B	2	DISPOSAL LIGHTER		}	
C	1	LEATHER WATCH BAND ("N" WATCH)			
D	1	NY HANKERS MONEY CLIP			
E	1	MASTER CARD A.T & T 6522			
F	1	VISA JP MORGAN CHASE 0397			
G	1	VISA SUN TRUST 9367			
H	1	CROWN BANK 6337			
I	1	PR BROWN SHOES			
J	1	WHITE HAT			G-2

I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.

SIGNATURE (X) _____ PRINT _____

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a State Trooper.

TROOPER Officer M. Shivers Signature Officer M. Shivers Print
 Troop 1022 District 1022 I.D. No. 1022

Date Evidence Submitted to T.S.F. 3-26-06 Time 8:05 AM PM Date Evidence submitted to Evidence _____ Time _____ AM PM

RECEIVED BY <u>Officer M. Shivers</u>	REASON <u>LOST AT SCENE</u>	DATE AND TIME RECEIVED <u>03 26 06 / 7:20 AM</u>
RECEIVED BY <u>Officer M. Shivers</u>	REASON <u>PLACED INTO TSE</u>	DATE AND TIME RECEIVED <u>03 26 06 / 9:05 AM</u>
RECEIVED BY <u>James Sureda</u>	REASON <u>FATHER</u>	DATE AND TIME RECEIVED <u>3-27-06 10:24 AM</u>

ANNA RUSSELL
727-729-0653

MR SWIECH
727-505-1557

Joseph Swiech's father?

Florida
GDL CLASS A

James Swiech
ORGAN DONOR

7704021008
Operator of a motor vehicle constitutes consent to any sobriety test required by law.

SAFE DRIVER


ISSUED 08-21-04 EXPIRES 08-12-11
DUPICATE 00-00-00

BIRTH DATE 08-12-63 SEX M HT 5-01
BOOZE N

JAMES A SWIECH
466 ALT 18 S #144
PALM HARBOR, FL 34683-0000

LICENSE NUMBER
S200-441-53-292-0

The Sunshine State



MEDICAL EXAMINER
District Six

Pinellas & Pasco Counties

Evidence Release Sheet

1 of 2

Case Number 5060466

Decedent Swiech, Joseph **Race:** W **Sex:** M **Age:** 26 Years
Pathologist JON R. THOGMARTIN, MD, ME **Investigating Agency** Florida Highway Patrol Land O Lake
Investigator CHARLES D. BRININ **Agency Case Number** 706-23-025
Date/Time Death 03/26/2006 01:25

All items were delivered sealed in envelopes or bags:

- | | | | |
|----------------------------------|--|--|--|
| Sexual Assult Swabs | Fingernail Clippings: | Hair Standards: | Blood Standards: |
| <input type="checkbox"/> Vaginal | <input type="checkbox"/> Right Hand | <input checked="" type="checkbox"/> Head | <input type="checkbox"/> ETA Dried Spots |
| <input type="checkbox"/> Oral | <input type="checkbox"/> Left Hand | <input type="checkbox"/> Pubic | <input type="checkbox"/> Red Top Tubes(s) |
| <input type="checkbox"/> Rectal | <input type="checkbox"/> Gunshot Residue | <input type="checkbox"/> Arm | <input checked="" type="checkbox"/> Purple Top Tubes |
| <input type="checkbox"/> Other | <input type="checkbox"/> SEM Stubs | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Other:
 ① Brown sealed paper bag containing "white sheets from around body"
 ① Brown Paper bag sealed containing "① Green Black sweat shirt."
 ① sealed Brown Paper bag containing "① Brown shirt."
 ① sealed Brown Paper bag containing "① white shirt"
 ① sealed Brown Paper bag containing "① Brown Belt."
 ① sealed Brown Paper bag containing "① pair of blue jeans."
 ① sealed Brown Paper bag containing "① red underwear."
 ① sealed Brown Paper bag containing "② White socks."
 ① sealed clear bag containing "① Ten finger print card & ② & ③ Palm Print Cards."
 LAST INTERVIEW

Released By: <u>J. Thogmartin</u> Agency: <u>MFD</u>	Released To: <u>Shane Robson Smith</u> Agency: <u>WFO</u>
Signature: <u>[Signature]</u> 3/26/06 1230	Signature: <u>[Signature]</u> Date: 3/26/06
Released By: <u>Shane Robson Smith</u> Agency: <u>WFO</u>	Released To: <u>PPR M. S. [Signature]</u> Agency: <u>FHP</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u> Date: 0327/06
Released By: _____ Agency: _____	Released To: _____ Agency: _____
Signature: _____	Signature: _____ Date: _____