

NICK NAVARRO
SHERIFF
BROWARD COUNTY
P.O. BOX 9507
FORT LAUDERDALE, FLORIDA 33310

DATE: July 26, 1990 90-19
MEMO TO: Major Frank LeBlanc, Assistant Director
DLE/Support Services
FROM: Roy Vrchota, Jr., Commander *RV*
Special Operations Group
SUBJECT: DEPUTY RICK SWOPE - RESIGNATION

Attached is a memo from Deputy Rick A. Swope dated July 25, 1990, subject: Early Resignation.

Second paragraph alleges "unprecedented harassment" by Sgt. Craig Rucker and Lt. Bob Rios. Sgt. Rucker and Lt. Rios have become participants in the investigation of Deputy Swope's problems not because they wanted to but because of their responsibilities and assignments in Special Operations.

A number of questions have arisen since June 18, when Swope's involvement in the Estevez case first came to light.

We have been assisting Internal Affairs with their investigation when requested and have made our best effort at resolving the matters brought to our attention.

We will continue to assist I.A. until their investigation is concluded.

RV/cc
Attachment

NICK NAVARRO
SHERIFF
BROWARD COUNTY
P.O. BOX 9507
FORT LAUDERDALE, FLORIDA 33310

DATE: July 25, 1990
MEMO TO: Chief R. Vrchota
FROM: Deputy Rick A Swope
Traffic Unit
SUBJECT: Early Resignation

Per our discussion on this date, I am submitting my resignation earlier than anticipated. Effective Friday night at midnight, July 27, 1990 I will no longer be a member of the Broward County Sheriff's Office.

As it is obvious that members of your command, specifically Sgt Craig Rucker and Lt Bob Rios have engaged in unprecedented harassment of the above signed Deputy Sheriff, I regret that my departure is immediate.

Since my resignation was submitted two weeks ago, numerous investigations have been initiated, with the sole purpose and goal of discrediting my record. Calls have been made to other employers that I work for in an attempt to discredit my reputation, including making statements that I have been fired. These statements were made most likely without your knowledge, however those making these statements are members of your command. Make no mistake, those making these statements will be contacted and a formal complaint will be made by this Deputy and his attorney.

I regret that it has come to this.

Sincerely,


Rick A Swope

cc: Sheriff Nick Navarro
PBA
Ray Russell

Received, Reviewed &
Reply Sent 7/26/90



**BROWARD COUNTY SHERIFF'S OFFICE
DISCIPLINARY ACTION RECOMMENDED
OR
COUNSELING REPORT**

Rick SWOPE

CCN: 3880

DATE July 27, 1990

Deputy Sheriff

August 27, 1984

CLASSIFICATION

DATE OF HIRE

DLE SOG THI
DEPARTMENT DIVISION UNIT/SECTION

EMPLOYEE STATUS:
 PROBATIONAL PERMANENT OTHER

You are hereby charged with violating the Sheriff's Office Policy and Procedure Manual.

CHARGE

SECTION & PARAGRAPH

1.9.7 OBEDIENCE TO ORDERS:

Employees will obey the lawful order of a superior, including any order relayed from a supervisor by an employee of the same or lesser rank.

(Attach additional sheets as necessary)

FACTS: Description of specific actions, statements made by employee; attach statements of witness, if any and attach copies of other documents if appropriate. Also state reasons for recommendations.

On Friday, July 27, 1990, this writer was directed to contact Deputy Swope, and order him to respond to the Internal Affairs Office to be suspended pursuant to a Departmental investigation. This writer contacted Deputy Swope by phone and advised him to report to the Internal Affairs Office to relinquish his badge and I,D. He came to the Administration Building, but did not report to Internal Affairs. Deputy Swope only turned in his final paperwork to Finance and left.

Sgt RA Ziegler

#1763

Supervisor's Signature/CCN

Sergeant Robert Ziegler, #1763 7/30/90

Print Supervisor's Name/Date

(Attach additional sheets as necessary)

In signing this Report I acknowledge only that it has been discussed with me and that I have received a copy. I understand that I may respond orally or in writing and that such response will be made a part of this Report and taken into consideration prior to a final determination being made.

Employee's Signature / Date

IF OTHER THAN COUNSELING, THE FOLLOWING MUST BE COMPLETED:

RECOMMENDED ACTION: Written Reprimand 5 Day(s) Suspension Demotion Dismissal Effective Date(s) Day(s) Loss of Leave

FINAL RECOMMENDATION

5 Day Suspension w/ Pay

DISTRICT/DIVISION APPROVAL:

Signature & Title.

Date

Colm 1714
Department Head

8/15/90
Date

DISTRIBUTION: White copy to Employee - Green to Internal Affairs
Yellow to Division/District File after Department Approval

**BROWARD COUNTY SHERIFF'S OFFICE
DISCIPLINARY ACTION RECOMMENDATION
OR
COUNSELING REPORT**

SWOPE, RICK

3880

AUGUST 7, 1990

CCN:

DATE

NAME
DEPUTY

AUGUST 27, 1984

CLASSIFICATION
D.L.F.

DUI

SOG

DATE OF HIRE

DEPARTMENT

DIVISION

UNIT/SECTION

EMPLOYEE STATUS:

PROBATIONAL

PERMANENT

OTHER

You are hereby charged with violating the Sheriff's Office Policy and Procedure Manual.

CHARGE

SECTION & PARAGRAPH

OFF-DUTY SERVICE/CONFLICT OF INTEREST

2.2.80 (B); (C); (D); (G)

ON-DUTY SERVICE

2.2.79 (A); (B); (C)

SEARCH WARRANTS

11.18.1 (A)

INSUBORDINATION

2.2.49

OBEEDIENCE TO ORDERS

1.9.7

(Attach additional sheets as necessary)

FACTS: Description of specific actions, statements made by employee; attach statements of witness, if any and attach copies of other documents if appropriate. Also state reasons for recommendations.

SEE ATTACHED I/A REPORT PREPARED BY LT. RICK FREY

Colm 1714

Supervisor's Signature/CCN

MARK SCHLEIN, CCN 1714

Print Supervisor's Name/Date

(Attach additional sheets as necessary)

In signing this Report I acknowledge only that it has been discussed with me and that I have received a copy. I understand that I may respond orally or in writing and that such response will be made a part of this Report and taken into consideration prior to a final determination being made.

Employee's Signature / Date

IF OTHER THAN COUNSELING, THE FOLLOWING MUST BE COMPLETED:

RECOMMENDED ACTION:

Written Reprimand

Day(s) Suspension

Demotion

Dismissal

Effective Date(s)

Day(s) Loss of Leave

FINAL RECOMMENDATION

Termination

DISTRICT/DIVISION APPROVAL:

Signature & Title.

Date

DISTRIBUTION:

White copy to Employee - Green to Internal Affairs

Yellow to Division/District File after Department Approval

Colm 1714

Department Head

Date

8/15/90

BROWARD COUNTY SHERIFF'S OFFICE
 DISCIPLINARY ACTION RECOMMENDATION OR
 COUNSELING REPORT Page 2 of 2

NAME: SWOPE, RICK			CCN: 3880	DATE: AUGUST 7, 1990
NAME: DEPUTY				DATE: AUGUST 27, 1984
CLASSIFICATION	DUI	SOG		DATE OF HIRE
D. L. E.				
DEPARTMENT	DIVISION	UNIT/SECTION	EMPLOYEE STATUS:	
			<input type="checkbox"/> PROBATIONAL	<input type="checkbox"/> PERMANENT <input type="checkbox"/> OTHER

You are hereby charged with violating the Sheriff's Office Policy and Procedure Manual.

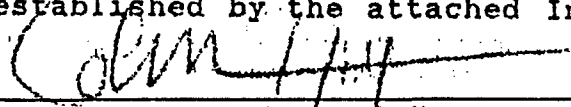
CHARGE	SECTION & PARAGRAPH
OFFICIAL REPORTS (TRUTHFULNESS IN OFFICE MATTERS)	2.2.44 (A)

(Attach additional sheets as necessary)

FACTS: Description of specific actions, statements made by employee; attach statements of witness, if any and attach copies of other documents if appropriate. Also state reasons for recommendations.

On June 19, 1990, I asked Deputy Rick Swope if he was working as a consultant for the defense on a double traffic fatality investigated by the Broward Sheriff's Office Traffic Homicide Unit. Deputy Swope denied any involvement in this case as a consultant for the defense.

This denial was a lie as subsequently established by the attached Internal Affairs investigation.


 Supervisor's Signature/CCN
MARK SCHLEIN / CCN 1714
 Print Supervisor's Name/Date

(Attach additional sheets as necessary)

In signing this Report I acknowledge only that it has been discussed with me and that I have received a copy. I understand that I may respond orally or in writing and that such response will be made a part of this Report and taken into consideration prior to a final determination being made.

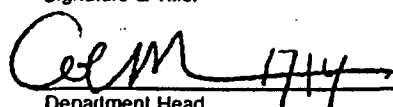
 Employee's Signature / Date

IF OTHER THAN COUNSELING, THE FOLLOWING MUST BE COMPLETED:

RECOMMENDED ACTION: Written Reprimand Day(s) Suspension Demotion
 Dismissal Effective Date(s) _____ Day(s) Loss of Leave

FINAL RECOMMENDATION: Termination

DISTRICT/DIVISION APPROVAL:

Signature & Title:  / 1714
 Department Head

Date: 8/15/90

DISTRIBUTION: White copy to Employee - Green to Internal Affairs
 Yellow to Division/District File after Department Approval