

Adult Def.  PC Arrest

Clerk's Case No.

Juvenile Def.  Application for

# AFFIDAVIT - COMPLAINT

SA Case No.(s)

Warrant/Capias

PAGE 01 of 2

Agency ORI # FL0372750

1. Agency Name <b>FDC-Office of the Inspector General</b>		2. Agency Report Number: <b>20-02991</b>		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony		3a. Ordinance Type: (if applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: <b>02/12/2020 / 5:09 a.m.</b>		5. Date/Time of Arrest: <b>02/12/2020 / 12:30pm</b>		6. Arresting Officer: <b>Sr. LE Inspector Kate Devine</b>		7. Investigating Officer: <b>Sr. LE inspector Kate Devine</b>	

8. Defendant's Name: (Last) <b>Swinton</b>			(First) <b>Sylvester</b>			(Middle) <b>L</b>			ALIAS			9. OBTS:		
10. Race/Sex: <b>B/M</b>		11. Date of Birth: <b>12/17/1980</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:					
15. Height: <b>5'10"</b>		16. Weight: <b>162</b>		17. Eye Color: <b>Bro</b>		18. Hair Color: <b>Bik</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Tattoos-Face, Chest, Neck, Left &amp; Right Arms &amp; Other</b>						
20. Driver's License Number/State: <b>N/A</b>				21. Social Security Number: [REDACTED]				22. Residential Telephone: <b>N/A</b>			23. Business Telephone: <b>(850)983-5800</b>			
24. Address: (Street, Apartment Number) <b>Santa Rosa Correctional Institution</b>			(City) <b>5850 East Milton Road</b>			(State) <b>Milton, FL</b>			(Zip) <b>32583</b>					

25. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			26. OBTS:		
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State			30. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:					
32. Height:		33. Weight:		34. Eye Color:		35. Hair Color:		36. Scars, marks, tattoos, unique physical features: (Location, type & description)						
37. Driver's License Number/State:				38. Social Security Number:				39. Residential Telephone:			40. Business Telephone:			
41. Address: (Street, Apartment Number)			(City)			(State)			(Zip)					

42. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			43. OBTS:		
44. Race/Sex:		45. Date of Birth:		46. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State			47. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No		48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:					
49. Height:		50. Weight:		51. Eye Color:		52. Hair Color:		53. Scars, marks, tattoos, unique physical features: (Location, type & description)						
54. Driver's License Number/State:				55. Social Security Number:				56. Residential Telephone:			57. Business Telephone:			
58. Address: (Street, Apartment Number)			(City)			(State)			(Zip)					

59. Charge Description: (# 1) <b>Battery LEO by throwing, tossing or expelling certain fluids</b>		60. Statute or Ordinance Number: <b>784.078(3)(a)</b>		<b>Bond \$5,000</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number:				<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1)		64. Statute or Ordinance Number:				<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (if business, list legal business name) (Last)			(First)			(Middle)			66. Race/Sex		67. Date of Birth:		68. Telephone Number:	
69. Contact Person if victim is deceased, a minor child, or business: (Last)			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number)			(City)			(State)			(Zip)			74. Secondary Phone Number:		
75. Victim Notification of Arrest: NOTIFIED BY: <b>Sr. Inspector Kate Devine</b> DATE: <b>02/12/2020</b> TIME: <b>12:30pm</b>								76. Information Given: Victim <input type="checkbox"/> Arrest Info <input checked="" type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info						

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		79. I certify that all of the above information is true and correct to the best of my knowledge and is page 01 of a 2 page affidavit/complaint.			
Evidence Custodian's Name: <b>Inspector Darla Henderson</b>		Person responsible for statements: <b>Sr. Inspector Kate Devine</b>		[Signature]		Type or print Complainant name: <b>Kate Devine</b>	

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Case No. \_\_\_\_\_  
SA Case No.(s) \_\_\_\_\_

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Agency ORI # **FL037275C**

80. Agency Name: <b>FDC-Office of the Inspector General</b>	81. Agency Report Number: <b>20-02991</b>	82. Date/Time of Arrest: <b>2/12/2020 / 12:26pm</b>	83. Investigating Officer: <b>Sr. LE Insp. Kate Devine</b>
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

Your Affiant is Senior Law Enforcement Inspector Kate Devine, of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe and does believe that on February 12, 2020, Inmate Sylvester Swinton, DC# X30678, at Santa Rosa Correctional Institution located at 5850 East Milton Road, Milton, Florida 32583, did commit the criminal offense of Battery on a Law Enforcement Officer by throwing, tossing or expelling feces on a uniformed correctional officer in violation of F.S.S. Chapter 784.078(3)(a).

Based on sworn, recorded statements, obtained from [REDACTED] (Complainant/Victim) and Correctional Officer Jacob Tremont (Witness), physical evidence and a review of the related fixed wing video record, FDC-OIG Case 20-02991 was initiated.

In sworn testimony, [REDACTED] (Complainant/Victim) asserted, [REDACTED]



In sworn testimony, Officer Tremont (Witness) asserted, on February 12, 2020, he was working at Santa Rosa Correctional Institution, assisting inmate orderlies in providing breakfast meals to inmates housed in Wing two (2) of C-Dormitory. Officer Tremont advised he did not witness the actual battery on [REDACTED]. However, when he heard the commotion, Officer Tremont turned and observed Inmate Swinton drop a cup outside of his assigned cell C2-218 and then pull his hand back into his cell through the open handcuffing portal. Officer Tremont also observed [REDACTED] with brown liquid on his uniform shirt and pants along with [REDACTED] having brown liquid on his face, shirt and pants.

On February 12, 2020, [REDACTED] declined to participate in an interview about this incident and declined to pursue charges against Inmate Swinton for Battery on an Inmate.

On February 12, 2020, post-Miranda, Inmate Sylvester Swinton invoked his rights and declined to be interviewed about this incident.

Your Affiant respectfully submits that probable cause has been established to conclude Inmate Sylvester Swinton, DC#X30678, did commit, on the grounds of Santa Rosa Correctional Institution, Santa Rosa County, Milton, Florida, the criminal offense of Battery on a Law Enforcement Officer by throwing, tossing or expelling certain fluids in violation of F.S.S. Chapter 784.078(3)(a).

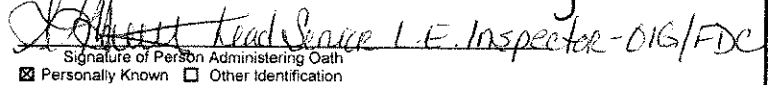
85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge

  
Signature of Officer/Complainant

**Sr Inspector Kate Devine**  
Officer/Complainant's Name (Printed)

**83990**  
ID Number

Sworn to and subscribed before me this 12<sup>th</sup> day of February, 2020

  
Signature of Person Administering Oath

Personally Known  Other Identification

Seal

ID Type

87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		88. Adult's Name: (Last) _____ (First) _____ (Middle) _____	
89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____		90. Residential Phone: _____	91. Business Phone _____
92. Notified By: (Name) _____		93. Date/Time: _____	94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)		Processed within the agency and released	
<input type="checkbox"/> Transferred to Secure Detention		<input type="checkbox"/> to other than HRS	
<input type="checkbox"/> Released to HRS Intake Officer, not detained			
Release Date: _____	Release Time: _____	Released to (Name): _____	