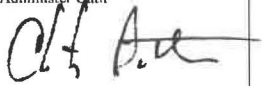


PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	4	Juvenile	N				
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-00397					
Location of Offense Taylor Correctional Institute, 8501 Hampton Springs Rd., Perry, Florida.32348				Date of Offense 01/03/2020	Date of Arrest					
Name: Aaron Wilson DC#C07805										
Race W - White B - Black	I - Indian American O - Oriental Asian	Sex M	DOB or Age 07/01/1993	Height 5'05"	Weight 145	Eye Color Brn				
				Hair Color Brn	Complexion Fair	Build THIN				
Address (Street, Apt, Number) LKA: Taylor Correctional Institution, 8501 Hampton Springs Rd.				(City) Perry	(State) FL	Phone () -				
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other				Name of Parent or Custodian (Last, First, Middle)		Residence Phone () -				
Address (Street, Apt, Number)				(City)	(State)	Business Phone () -				
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)					
Released to: (Name)			Relationship	Date	Time					
Activity: N. N/A P. Posses	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium / Deriv	P. Paraphernalia / Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Possession of contraband in prison (cellular phone)			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 944.47 (1)(a)6		Violation of Section (ORD)			
Activity N	Drug Type N	Amount / Unit		State Attorney Number		Court Number				
<input type="checkbox"/> PC #	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
Charge Description			Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number:		Violation of Section (ORD)			
Activity N	Drug Type N	Amount / Unit		State Attorney Number		Court Number				
<input type="checkbox"/> PC #	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
Charge Description			Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number:		Violation of Section (ORD)			
Activity N	Drug Type N	Amount / Unit		State Attorney Number		Court Number				
<input type="checkbox"/> PC #	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following Violation of the law: On the 03rd day of January 2020, at 9:00pm PM (Specially include facts constituting cause for arrest)										
Your Affiant is Inspector David Spicer with the Office of Inspector General for the Florida Department of Corrections, and the defendant is Inmate Aaron Wilson who was assigned to Taylor Correctional Institution. Your affiant has conducted an investigation into possession of contraband, cell phone.										
On January 03, 2020, Sergeant Cyril Brown and Sergeant Joshua Wells were staff participants in a mass search in the G1-dormitory. Sergeant Brown, utilizing a CEIA handheld metal detector, received a positive response activation around the waistband of Inmate Wilson. A pat search was conducted by Sergeant Wells and was unsuccessful in locating the contraband. Sergeant Brown and Sergeant Wells then escorted Inmate Wilson to the Transfer and Receiving building with the intent of checking Inmate Wilson with the body scanner. During transport, Inmate Wilson voluntarily admitted to possessing a cell phone and he removed it from inside his clothing near his rear waistband of his pants in the presence of both Sergeant Brown and Sergeant Wells. Separate sworn recorded statements from Sergeant Brown and Sergeant Wells were obtained and were consistent with the aforementioned sequence of events.										
The contraband phone was recovered and is stored as evidence under the control of the OIG.										
Inmate Wilson refused to make a statement to your affiant.										
Your Affiant respectfully submits probable cause has been established indicating Inmate Wilson did commit the violation of Possession of Contraband in violation of FSS 944.47 (1)(a)6 in Taylor County, Taylor Correctional Institution on January 03, 2020. Your Affiant respectfully requests a warrant be issued for Inmate Wilson for one count of FSS 944.47 (1)(a)6, Possession of Contraband.										

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

PC. Exists for Charge(s)		Judge's Signature	Date					
<input type="checkbox"/> Miranda Warning	Hold for Agency Name :	Verified By:	Date:	Bond Charge #	Bond Charge #	Bond Charge #		
<input type="checkbox"/> Adults Only Hold for First Appearance <input type="checkbox"/> Do not Bond Out Reason:			Bond Type 1. ROR 2. Cash	3. Surety 4. Bail / Bond	5. Cert 6. Other	Type	Type	Type
I swear/Afirm the above and attached statements are true and correct		Sworn to And subscribed before me, the undersigned authority this	Returnable Court Date		Returnable Court Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Inspector's / Complainant's Signature		Name/Title of Person Authorized to Administer Oath	Release Date		Release Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
David Spicer	125505/4		Releasing Officer				Page 2 of 2	
Name	ID# / Dist							