PROBABLE CAUSE AFFIDAVIT															
OBTS#								est Affidavit 3 ce to Appear 4 5	Reques	aint Affidav st for Capia Court Referr	s 4	J	uvenile		N
ORI#	FL00	372750		F	orida	Depart	tment of (	Correctio	ns –	Repo	ort#	20-	0083	2	
Office of Inspector General															
Location of Offense Date of Arrest  Date of Offense Date of Arrest											-				
Columbia Cor		Institution	1						1/08/20	/08/2020			Dute of farest		
Name: Inma	te Bria	an Saud	er DC#	96829	94						Alias:				
	White I - Indian American W M 8/27/1974 5'11"						Weight 185	Eye Color UNK	Hair C BALD	Hair Color Complexion BALD MED				Build MED	
Address (Street, Apt, Number) 216 SE Corrections Wav							(City) (Stat Lake City Fl			te)	Phone				
□ 1 Parent							•						Residence Ph	one	
Address (Street, Apt, Number)							(City)			(Sta	te)	1	Business Pho	ne	
Notified By: (Name) Date					e	Time	1 Ha				urned over to DOH/C&F carcerated (County Jail				
Released to: (Name)						Relationship Date				Time					
Activity: S Sell R Smuggle K Dispense / M Manufacture / Z Other N N/A B Buy D Deliver Distribute Produce / P Posses T Traffic E Use Cultivate						Type: N N/A A Amphetamine	B Barbiturate C Cocaine E Heroine	M Ma	H Hallucinogen P Paraphernalia / U Unknown M Marijuana Equipment Z Other O Opium / Deriv S Synthetic						
Charge Description Counts ⊠FS						I	State Violation Number: Violation of Section (ORI 784.07 (2)(b)					(ORD)			
Activity Drug Type Amount / Unit							State Attorney Number Court Number								
□ PC □ Cap	C Capias AC BW PW Juv PU Citation Date Issued Writt. Att. Domestic Viol Inj G						Order	of Arrest							
Charge Description Counts ⊠ FS					State Violation Number:				Violation of Section (ORD)						
Activity						State Attorney Number Court Nu			ırt Numb	mber					
□ PC □ Cap #	C Capias AC BW PW Juv PU Citation					Date Issued	ued Writt. Att. Dome			estic Viol Inj					
Charge Description Counts   FS   1   Ord					State Violation Number:				Violation of Section (ORD)						
Activity Drug Type Amount / Unit					State Attorney Number			Court Number							
□ PC □ Capias □ AC □ BW □ PW □ Juv PU □ Citation #						Date Issued Writt. Att. Domestic Viol Inj 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 8 day of January 2020 at 500   MM   PM (Specially include facts constituting cause for arrest)															
Your Affia	nt is In	specto	Chris	McGa	auley v	vith the	Office of	Inspector	Gene	ral (O	(IG) for	the F	Florid	a Depart	ment

of Corrections, and the defendant is Inmate Brian Sauder (Inmate Sauder), DC# 968294 who is currently housed at Columbia Correctional Institution (CCI). Your affiant has investigated a Battery of Law Enforcement Officer, while Inmate Sauder was housed at CCI.

On January 22, 2020,	and Sergeant Harry Lee (Sergeant Lee) were
interviewed and testified similarly to the fo	
staff employee and Sergeant Lee escorte	d Inmate Sauder (from N-Dormitory),
	Inmate Sauder was
his hand restraints in front of him, while bei	ng . Once inside the
Inmate Sauder starting screaming "Fuck yo	ou!", attempting to remove his hands from the hand restraints and in
doing so was	n an outward and upward motion towards Sergeant Lee and
Sergeant Lee observed the	from Inmate Sauder's strike n the facial area.
There is no video inside the	for this inspector to review.

Inmate Sauder was interviewed Post Miranda and denied all allegations against him.

Your Affiant respectfully submits probable cause has been established Inmate Brian Sauder did commit the violation of (1) count, Battery on Law Enforcement Officer in violation of § 784.07(2)(b), Florida State Statue in Columbia County, Columbia Correctional Institution on January 8, 2020. Your Affiant respectfully requests a warrant be issued for Inmate Brian Sauder for one (1) count of § 784.07(2)(b), the laws relating to Battery on Law Enforcement Officer.

		Judge's Signature			Date			
☐ Miranda Warning	Hold for Agency Name :	Verified By:	Date:		Bond Charge #	Bond Charge #	Bond Charge #	
	y irst Appearance nd Out Reason:	Bond Type   3 Suret   1 ROR   4 Bail / 2 Cash   Bond Bond   2 Bond   3 Suret   4 Bail / 3 Bond   4 Bail / 3 Bond   4 Bail / 3 Bond   5 B	6 Other	Туре	Туре	Туре		
I swear/Affirm the above and attached statements are true and correct  Sworn to And subscribed before me, the undersigned authority this day of 20			Returnable Court Date		I	Returnable Court Time	□ AM □ PM	
Officer's / Co	omplainant's Signature ley #99915/D4	Name/Title of Person Authorized to Administer Oath	Release Date		F	Release Time	□ AM □ PM	
Name (Printed)	) ID# / Dist	Releasing Officer				Page 2 of 2		