

☐ ARREST ☒ SWORN COMPLAINT ☐ HOLD

☐ JUVENILE ☐ NOTICE TO

APPEAR

OBTS NUMBER:

OFFICE OF THE INSPECTOR GENERAL

SPN NUMBER:

AGENCY ORI NUMBER:

FL037275C

PROBABLE CAUSE AFFIDAVIT

AGENCY CASE REPORT NUMBER:

19-08054

DEPENDANT

NAME OF SUBJECT (LAST, FIRST, MI):

Cotto, Josue

ALIAS / MAIDEN:

911 HOME ADDRESS (SREET, APARTMENT NUMBER, ETC.):

5964 U.S. Highway 90 (Suwanee Cl)

CITY:

Live Oak

STATE:

FL

ZIP CODE:

32060

TELEPHONE NUMBER:

386-963-6530

BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):

Same as above

SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):

Multiple Tattoos: Face-Tattoo under left and right eye, both arms, chest and neck.

RACE:

☒ WHITE ☐ AMERICAN INDIAN
☐ BLACK ☐ ASIAN / ORIENTAL

SEX:

M

DATE OF BIRTH:

10-06-1973

HEIGHT:

6'03"

WEIGHT:

290 Lbs.

HAIR COLOR:

Brown

EYE COLOR:

Brown

COMPLEXION:

Light

BUILD:

Heavy

DRIVERS LICENSE / STATE ID NUMBER:

Unknown

STATE OF DL

ID:

Social Security Number:

PHOTO NUMBER:

PLACE OF BIRTH:

Puerto Rico

COUNTRY OF CITIZENSHIP:

USA

SUBJECT'S OCCUPATION:

Inmate

SPN NUMBER:

AGENCY ORI NUMBER:

FL037275C

SO ID / AGENCY ID / NUMBER:

BOOKING NUMBER:

LOCATION OF ARREST:

DATE OF ARREST:

TIME OF ARREST
(MILITARY):

DATE OF BOOKING:

TIME OF BOOKING
(MILITARY):

SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):

LEO/Corrections Officer

SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):

DC Inmate File

CO-DEF.

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN
COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN
COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN
COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN
COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

JUVENILE

JUVENILE DISPOSITION:

☐ RELEASED TO JAC
☐ ISSUED NTA AND RELEASED

NAME OF PARENT / GUARDIAN (NOTIFIED ☐ YES ☐ NO):

WORK TELEPHONE NUMBER:

PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):

CITY:

STATE:

ZIP CODE:

HOME TELEPHONE NUMBER:

WITNESS

(NAME):

Corrections Sgt. David Bowman

ADDRESS:

RMC West Unit, 8183 SW 152nd Loop Lake Butler, Florida 32054

TELEPHONE NUMBER:

(386) 496-6002

(NAME):

Corrections Officer Jeremy Posey

ADDRESS:

RMC Main Unit, 7765 S CR 231 Lake Butler, Florida 32054

TELEPHONE NUMBER:

(386) 496-6000

(NAME):

ADDRESS:

TELEPHONE NUMBER:

(NAME):

ADDRESS:

TELEPHONE NUMBER:

CHARGE 1

OFFENSE DESCRIPTION:

Possession of Contraband-Homemade Weapon 1-count

X FELONY

☐ MISDEMEANOR
☐ TRAFFIC ☐ NTA

944.47 (1)(a)5

VICTIM NOTIFICATION:

ARREST: ☐ YES
☐ NO
RELEASE: ☐ YES
☐ NO

☐ WARRANT

☐ CITATION

☐ CAPIAS

NUMBER:

☐ JUVENILE PU ORDER

☐ CIVIL ORDER

☐ CITATION

DATE OF OFFENSE:

05-10-2019

TIME OF OFFENSE:

9:30 PM

BAIL AMOUNT:

VICTIM'S TELEPHONE NUMBER:

386) 496-6002

VICTIM (NAME):

State of Florida

ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

RMC Main Unit

CITY:

Lake Butler

STATE:

Florida

ZIP CODE:

32054

CHARGE 2

OFFENSE DESCRIPTION:

Possession of Contraband-Currency-\$2000 dollars 1-count

X FELONY

☐ MISDEMEANOR
☐ TRAFFIC ☐ NTA

COMPLETE STATUTE / ORDINANCE NUMBER:

944.47 (1)(a)1

VICTIM NOTIFICATION:

ARREST: ☐ YES
☐ NO
RELEASE: ☐ YES
☐ NO

☐ WARRANT

☐ CITATION

☐ CAPIAS

NUMBER:

☐ JUVENILE PU ORDER

☐ CIVIL ORDER

☐ CITATION

DATE OF OFFENSE:

05-10-2019

TIME OF OFFENSE:

9:30 PM

BAIL AMOUNT:

VICTIM'S TELEPHONE NUMBER:

386) 496-6002

VICTIM (NAME):

State of Florida

ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

RMC Main Unit

CITY:

Lake Butler

STATE:

Florida

ZIP CODE:

32054

CHARGE 3

OFFENSE DESCRIPTION:

Possession of Contraband-Narcotics-K2 1-count

X FELONY

☐ MISDEMEANOR
☐ TRAFFIC ☐ NTA

COMPLETE STATUTE / ORDINANCE NUMBER:

944.47 (1)(a)4

VICTIM NOTIFICATION:

ARREST: ☐ YES
☐ NO

☐ WARRANT

☐ CITATION

☐ CAPIAS

NUMBER:

☐ JUVENILE PU ORDER

☐ CIVIL ORDER

☐ CITATION

DATE OF OFFENSE:

05-10-2019

TIME OF OFFENSE:

9:30 PM

BAIL AMOUNT:

VICTIM'S TELEPHONE NUMBER:

386) 496-6002

VICTIM (NAME):

State of Florida

ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

RMC Main Unit

CITY:

Lake Butler

STATE:

Florida

ZIP CODE:

32054

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):
RMC Main Unit, 7765 S CR 231

CITY OF:
Lake Butler

COUNTY OF:
Union

STATE OF:
Florida

Your Affiant is Inspector William L. Wise with the Office of Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on or about May 10th, 2019, Inmate Josue Cotto DC# 140418 did illegally possess a homemade weapon (count 1), currency (count 2), narcotics (count 3) and a cellular phone with seven (7) SIM cards (count 4), while inside a secured correctional facility in violation of Florida Statute 944.47(1)(a)5, 944.47(1)(a)1, 944.47(1)(a)4, 944.47(1)(a)6 and did commit the criminal act of Possessing Contraband inside a Correctional Facility, 4-counts.

On May 10th, 2019, while on duty at the Reception Medical Center Main Unit, Sergeant David Bowman was present in the mezzanine in I-Dormitory with Officer Jeremy Posey when he ordered Inmate Cotto, Josue DC# 140418, to submit to a strip search. Sergeant Bowman observed Inmate Cotto produce a homemade weapon and held it in his hand. Sergeant Bowman broke the seal to his chemical agents and ordered him to drop the weapon, to which he complied along with a sock. Sergeant Bowman opened the sock and found money, twenty (20) one hundred dollar bills in U.S. currency. Upon conducting a strip search, Sergeant Bowman discovered a bag of green leafy substance that appeared to be synthetic cannabinoids (K-2) that weighed 55 grams. When Inmate Cotto was ordered to squat and cough, he grabbed for something near his buttocks and threw it on the floor. The object was a cellular phone that had a total of seven (7) SIM cards, two (2) batteries and one (1) memory card, all wrapped together.

Your Affiant respectfully submits based on the recorded testimony provided by Corrections Sergeant David Bowman and Corrections Officer Jeremy Posey in their incident report, probable cause has been established that Inmate Josue Cotto DC# 140418 did possess illegal contraband (4-counts), homemade weapon (count 1), currency (\$2000) two thousand dollars (count 2), K2 narcotics (count 3) and a cellular phone with seven (7) SIM cards (count 4), while inside a secured correctional facility in violation of Florida Statute 944.47(1)(a)5, 944.47(1)(a)1, 944.47(1)(a)4, 944.47(1)(a)6 and did commit the criminal act of Possessing Contraband inside a Correctional Facility, 4-counts.

☐ MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

☐ AM
☐ PM

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

DEFENDANT (SIGNATURE):

DATE:

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

12th DAY OF November, 2019

I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME (PRINT): William L. Wise

SIGNATURE: *William L. Wise*

SIGNATURE: *William L. Wise*

TITLE: Inspector Supervisor

AGENCY: DC - OIG LEO ID NUMBER: 116642

☐ ARREST ☒ SWORN COMPLAINT ☐ HOLD

☐ JUVENILE ☐ NOTICE TO APPEAR

OBTS NUMBER:
AGENCY ORI NUMBER: FL037275C

SUPPLEMENT

EIGHTH JUDICIAL CIRCUIT

SPN NUMBER:
AGENCY CASE REPORT NUMBER: 19-08054

DEF.	NAME OF SUBJECT (LAST, FIRST, MI): Cotto, Josue					ALIAS / MAIDEN:	
	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: M	DATE OF BIRTH: Lake Butler	HEIGHT: 6'03"	WEIGHT: 290	JAIL NUMBER:	SO ID / AGENCY ID / NUMBER:

WITNESS	#3 (NAME):	ADDRESS:	TELEPHONE NUMBER: ()
	#4 (NAME):	ADDRESS:	TELEPHONE NUMBER: ()

CHARGE 4	OFFENSE DESCRIPTION: Possession of Contraband-Cellphone 1-count		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: 944.47 (1)(a)6	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE: 05-10-2019	TIME OF OFFENSE: 9:30 PM	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: (386) 496-6002
	VICTIM (NAME): State of Florida		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): RMC Main Unit		CITY: Lake Butler	STATE: FL ZIP CODE: 32054

CHARGE 5	OFFENSE DESCRIPTION:		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: ()
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:

CHARGE 6	OFFENSE DESCRIPTION:		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: ()
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:

CHARGE 7	OFFENSE DESCRIPTION:		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: ()
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:

PROSECUTIVE SUMMARY - CONTINUED						