

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OFFICE OF THE INSPECTOR GENERAL

PROBABLE CAUSE AFFIDAVIT

OBTS NUMBER:
 AGENCY ORI NUMBER:
FL037275C

SPN NUMBER:
 AGENCY CASE REPORT NUMBER:
19-17193

DEFENDANT	NAME OF SUBJECT (LAST, FIRST, MI): Adams, Thomas D.				ALIAS / MAIDEN: N/A				
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): 20706 US Highway 90 West-Baker Corr. Inst.			CITY: Sanderson		STATE: FL	ZIP CODE: 32087	TELEPHONE NUMBER: 386-719-4500	
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER:	
	MNAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):			SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):					
	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: M	DATE OF BIRTH: 06/19/1988	HEIGHT: 5'09"	WEIGHT: 203	HAIR COLOR: Black	EYE COLOR: Brown	COMPLEXION: Dark	BUILD: Medium
	DRIVERS LICENSE / STATE ID NUMBER: N/A	STATE OF DL N/A	SOCIAL SECURITY NUMBER: [REDACTED]	PHOTO NUMBER:	PLACE OF BIRTH:	COUNTRY OF CITIZENSHIP: USA			
	SUBJECT'S OCCUPATION: None / 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.):				SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):				

CO-DEF.	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE	JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED	NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):					WORK TELEPHONE NUMBER:
	PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:		

WITNESS	(NAME)	ADDRESS:	TELEPHONE NUMBER
	(NAME):	ADDRESS:	TELEPHONE NUMBER
	(NAME):	ADDRESS:	TELEPHONE NUMBER:
	(NAME):	ADDRESS:	TELEPHONE NUMBER:

CHARGE 1	OFFENSE DESCRIPTION: Possession of Contraband (Controlled Substance)	<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)(4)(c)	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input checked="" 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: 09/30/2019	TIME OF OFFENSE: 1:10am	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: 386-719-4500
	VICTIM (NAME): State of Florida	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): Baker Correctional Institution - M/U 20706 US Highway 90 West	CITY: Sanderson	STATE: FL	ZIP CODE: 32087

CHARGE 2	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 3	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	
	<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:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):

**Baker Correctional Institution Main Unit, 20706 US HWY
90 West**

CITY OF:

Sanderson

COUNTY OF:

Baker

STATE OF:

FLORIDA

Your affiant is Inspector David Chisholm of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about September 30, 2019, while at the Baker Correctional Institution Main Unit, in Baker County Florida, Inmate Thomas Adams DC#T59537 did commit the offense of Introduction, removal, or possession of contraband; in violation of s. 944.47; when he, an inmate in the custody of the Department of Corrections, did actually and intentionally possess a Controlled Substance inside the secure perimeter of the Baker Correctional Institution Main Unit.

Correctional Officer Sergeant Jonathan Koger, a certified, uniformed Officer, reported that on September 30, 2019, while conducting a search of D-Dorm, he discovered Inmate Thomas Adams to be in possession of a Controlled Substance (Methamphetamines/Amphetamines). Inmate Adams committed the criminal offense of Possession of Contraband, in violation of 944.47 (1)(a)(c) Florida State Statute.

Your affiant respectfully submits that based on the statement provided by Sergeant Jonathan Koger in a recorded interview and the recovery of the controlled substance, probable cause has been established that Inmate Thomas Adams #T59537 was in Possession of Contraband as defined in Florida State Statute 944.47 (1)(a)(4)(c).

(This section is intentionally left blank for additional information or notes.)

NTA	<input type="checkbox"/> MANDATORY APPEARANCE IN COURT AT:	DATE OF APPEARANCE:	TIME OF APPEARANCE:
			<input type="checkbox"/> AM <input type="checkbox"/> PM

JURAT	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:

JURAT	SWORN TO AND SUBSCRIBED BEFORE ME THIS:	I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
	_____ DAY OF _____, _____	NAME (PRINT): Inspector David Chisholm
	SIGNATURE: _____	SIGNATURE: _____
	TITLE: _____	AGENCY: FDC - OIG LEO ID NUMBER: 3740