

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 <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type: (# applicable)	
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>Blk</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) (City) (State) (Zip) <b>Santa Rosa Correctional Institution 5850 East Milton Road Milton, FL 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) <b>5850 East Milton Rd Milton FL 32583</b>			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: <input checked="" type="checkbox"/> Victim Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest 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]		<b>Kate Devine</b> Type or print Complainant name	

