

RETURN

This Warrant was received by this department at
WALTON County, Florida,
on the _____ day of _____ A.D., 20
and executed in _____ County,
Florida, on the _____ day of _____
A.D., 20 _____ by arresting the within named:
PERRY, ROSEVELT R.

Arresting Officer / Department

Date and time of service

Place of service

REMARKS

[Handwritten signatures and initials in the remarks section]

CASE NO. 19-03475

IN _____ CIRCUIT _____ COURT
_____ WALTON _____ COUNTY

STATE OF FLORIDA

WARRANT

ORDER TO TAKE INTO CUSTODY

STATE OF FLORIDA

VS.

PERRY, ROSEVELT R

In the name of the State of Florida, to the Law
Enforcement Officers of said County

WHEREAS: INSPECTOR RICHARD AUSTIN

has made oath on the _____ day
of OCTOBER A.D., 2019 in the County
aforesaid one PERRY, ROSEVELT R
did unlawfully violate F.S.S: 800.09 (2) (a) 1

Lewd and Lascivious in the Presence of an Employee

Contrary to the law and such case and provided,
and against the peace and dignity of the State of
Florida. This Warrant is a command to arrest
instanter the above named:

PERRY, ROSEVELT R

and bring said person before the court to be
dealt with according to law.

Given under my hand and seal this 22 day
of Nov A.D., 20 19

(Seal)

Judge / Deputy Clerk

*11/22/2019 2:25 JWS/ku
11/15/2019 3:00 ASA*

19LL2815

WARRANT REQUEST FORM

FELONY: X MM: _____

DEFENDANT: Perry, Roosevelt AGENCY CASE #: 19-03475

OFFENSE: Lewd and Lascivious in Presence of Employee F.S.: 800.09(2a)1

LOCATION OF OFFENSE: 691 Institutional Detention Springs DATE/TIME: 02/22/2019 @ 11:54 P.M.

CO-DEFENDANT(S): _____

COMPLAINANT: _____ (119 exempt) ADDRESS _____

HOME PHONE: _____ WORK PHONE: (850) 951-1300

Complete and submit the following items with the intake cover sheet:

- X COMPLAINT
- X OFFENSE / INCIDENT REPORT
- X OFFICER'S PROBABLE CAUSE STATEMENT
- X REPORT OF INTERVIEW(S) WITH WITNESS(S)
(may be incorporated in offense/incident report or officer's probable cause statement)
- X REPORT OF INTERVIEW WITH DEFENDANT
(may be incorporated in offense/incident report or officer's probable cause statement)
- X PHYSICAL / DOCUMENT EVIDENCE (list):
Fixed wing video

INVESTIGATING AGENCY: DOC-DIG

OFFICER / INVESTIGATOR: Inspector Richard Austin

FOR STATE ATTORNEY OR COURT USE ONLY:

WARRANT RECOMMENDED: X SUMMONS RECOMMENDED: _____

INSUFFICIENT EVIDENCE: _____ INVESTIGATION INCOMPLETE: _____

ASA: W. Colahan DATE: 11/18/19

COMMENTS: _____

Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____
 SA Case No. (s) _____

Warrant/Capias

Agency ORI # **FL037275C**

PAGE 01 of 2

1. Agency Name: FDC/Office of the Inspector General		2. Agency Report Number: 19-03475		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: (if applicable)	
4. Date/Time of Offense: 02/22/2019 2354 hrs.		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: L.E. Inspector Richard Austin	

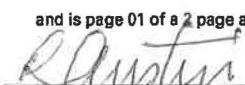
8. Defendant's Name: (Last) Perry			(First) Rosevelt			(Middle) R			ALIAS			9. OBTS:								
10. Race/Sex: B/M		11. Date of Birth: 02/19/1965		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of 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: 5'10"		16. Weight: 182		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Scar: Left Arm, Tattoo Left Arm: Rat												
20. Driver's License Number/State:				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone: N/A								
24. Address: (Street, Apartment Number) 691 Institution Road												(City) DeFuniak Springs			(State) FL			(Zip) 32433		

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) Lewd and Lascivious in the Presence of an Employee						60. Statute or Ordinance Number: 800.09(2)(a)(1)						<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) 691 Institution Road						(City) DeFuniak Springs			(State) FL			(Zip) 32433			74. Secondary Phone Number: (850)951-1300		
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____										76. Information Given: <input type="checkbox"/> Victim <input type="checkbox"/> 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: INSP. DARLA HENDERSON			Person responsible for statements: Insp. Richard Austin			 Officer/Complainant Signature						Richard Austin Type or print Complainant name					

Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No. (s) _____

Warrant/Capias

Agency ORI # **FL037275C**

80. Agency Name: FDC/Office of the Inspector General	81. Agency Report Number: 19-03475	82. Date/Time of Arrest:	83. Investigating Officer: L.E. Inspector Richard Austin
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

Your Affiant is Law Enforcement Inspector Richard Austin, of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe and does believe that on February 22, 2019, Inmate Rosevelt Perry, DC# 448995, did commit the offense of Lewd and Lascivious Exhibition in the Presence of an Employee in violation of F.S.S. 800.09 (2)(a)(1).

Based on a sworn, recorded statement from the victim, [REDACTED] and physical evidence of fixed wing video, FLDOC-IG Case 19-03475 was initiated.

On October 7, 2019 Inspector Austin reviewed the related video record from the J-Dormitory and observed Inmate Perry enter the day room, grab his exposed penis with his left hand and aggressively move his hand up and down his penis. The video record was secured as evidence in this case.

On October 8, 2019, at approximately 11:31 a.m., Inspector Austin conducted a sworn, recorded interview with Inmate Rosevelt Perry in the Inspector's Office. The Miranda Rights Waiver was read to Inmate Perry. Inmate Perry decided he did not want to answer questions without a lawyer present. The interview was terminated at approximately 11:34 a.m.

Inmate Perry has a tentative release date of March 7, 2020.

Your Affiant respectfully submits that probable cause has been established to conclude Inmate Roosevelt Perry did commit, on the grounds of Walton Correctional Institution, Walton County, DeFuniak Springs, Florida, the criminal offense of Lewd and Lascivious Exhibition in the Presence of an Employee, in violation of F.S.S. 800.09(2)(a)(1), and respectfully requests a capias be issued for Inmate Rosevelt Perry, B/M, DOB 02/19/1965.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>22</u> day of <u>Nov</u> , 20 <u>19</u>
x <u>Richard Austin</u> Signature of Officer/Complainant	<u>LSI Stacy L. Harris</u> Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification #3501A ID Type
<u>Richard Austin</u> Officer/Complainant's Name (Printed)	<u>122296</u> ID Number

87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	88. Adult's Name: (Last) _____ (First) _____ (Middle) _____
89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____	90. Residential Phone: _____ 91. Business Phone _____
92. Notified By: (Name) _____	93. Date/Time: _____ 94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)	
Transferred to <input type="checkbox"/> Secure Detention	Released to <input type="checkbox"/> HRS Intake Officer, not detained
Processed within the agency and released <input type="checkbox"/> to other than HRS	
Release Date: _____ Release Time: _____ Released to (Name): _____	