

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:  
**19-20082**

<b>DEFENDANT</b>	NAME OF SUBJECT (LAST, FIRST, MI): <b>Kroft, Jimmy</b>				ALIAS / MAIDEN: <b>N/A</b>				
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): <b>7765 S. County Road 231, (RMC)</b>			CITY: <b>Lake Butler</b>		STATE: <b>FL</b>	ZIP CODE: <b>32054</b>	TELEPHONE NUMBER: <b>386-496-6117</b>	
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): <b>CITY:</b>				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 checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: <b>M</b>	DATE OF BIRTH: <b>11/09/1980</b>	HEIGHT: <b>6'03"</b>	WEIGHT: <b>174</b>	HAIR COLOR: <b>Brown</b>	EYE COLOR: <b>Hazel</b>	COMPLEXION: <b>Medium</b>	BUILD: <b>Slim</b>
	DRIVERS LICENSE / STATE ID NUMBER: <b>N/A</b>	STATE OF DL <b>N/A</b>	SOCIAL SECURITY NUMBER: [REDACTED]	PHOTO NUMBER:	PLACE OF BIRTH:	COUNTRY OF CITIZENSHIP: <b>USA</b>			
	SUBJECT'S OCCUPATION: <b>None / Inmate</b>		SPN NUMBER:	AGENCY ORI NUMBER: <b>FL037275C</b>	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.):					

<b>CO-DEF.</b>	(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

<b>JUVENILE</b>	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:	

<b>WITNESS</b>	(NAME)	ADDRESS:	TELEPHONE NUMBER
	(NAME):	ADDRESS:	TELEPHONE NUMBER
	(NAME):	ADDRESS:	TELEPHONE NUMBER:
	(NAME):	ADDRESS:	TELEPHONE NUMBER:

<b>CHARGE 1</b>	OFFENSE DESCRIPTION: <b>Possession of Controlled Substance (K-2 and Morphine)</b>	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: <b>893.13</b>	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: <b>11/06/2019</b>	TIME OF OFFENSE: <b>10:00 AM</b>	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: <b>386-496-6117</b>
	VICTIM (NAME): <b>State of Florida</b>	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): <b>Reception and Medical Center (RMC) 7765 S. County Road 231,</b>	CITY: <b>Lake Butler</b>	STATE: <b>FL</b>	ZIP CODE: <b>32054</b>

<b>CHARGE 2</b>	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:

<b>CHARGE 3</b>	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):  
RMC - 7765 S. County Road 231,

CITY OF:  
Lake Butler

COUNTY OF:  
Union

STATE OF:  
FLORIDA

Your affiant is Senior Inspector Stacy Fish of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about November 06, 2019, Inmate Jimmy Kroft #X25395, an inmate in the custody of the Department of Corrections and housed at Reception and Medical Center, in Union County, Florida, was found to be in possession of a controlled substance. Sergeant Ernie Elixson, a certified, uniformed Correctional Officer, conducted a search of Inmate Kroft's inmate locker and discovered 17 packets of a green, leafy substance that weighed approximately 2 grams and was concealed inside of a sock. The green, leafy substance tested positive for Synthetic Cannabinoids, commonly know as K-2. Sergeant Elixson then conducted a strip search of Inmate Kroft's person and discovered 6 white, round tablets that were concealed in a small, altered, sewn pocket in either his inmate shorts or inmate boxers. The white, round tablets were identified as Morphine Sulfate 30mg. Inmate Kroft committed the criminal offense of Possession of Controlled Substance, in violation of 893.13, Florida State Statute.

Your affiant respectfully submits that based on the testimony provided by Sergeant Elixson in a sworn, recorded interview and the recovery of the controlled substance, probable cause has been established that Inmate Jimmy Kroft #X25395 was in Possession of Controlled Substance as defined in Florida State Statute 893.13.

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:

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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): **Senior Inspector Stacy Fish**

SIGNATURE: \_\_\_\_\_

AGENCY: **FDC - OIG** LEO ID NUMBER: **6758**

NTA

JURAT