PROBABLE CAUSE AFFIDAVIT									
OBTS #		///////////////////////////////////////	1. Arres	Affidavit 3. to Appear 4. 5.	lavit 3. Complaint Affidavit pear 4. Request for Capias			Juvenile	
ORI# FL0372750	C Office of	of Insp	ector Gen			and the second se		-10235	
Location of Offense			·····		Date of Of	e of Offense		Date of A	rrest
Columbia Correctional Institution June 17, 2019 Name: Maikel Diaz, DC# B04161									
Race	Weight Eye Color Hair			or Comple	exion	Build			
W – White I – Indian American B – Black O – Oriental Asian	M 09/28/1986	Height 6'01"	174	Brown	Black	Med		Med	
Address (Street, Apt, Number				· ·	itate)	Phone	81-5199		
□ 1. Parent Name of Pa									ence Phone
 2. Legal Custodian 3. Other 	2. Legal Custodian							()	
Address (Street, Apt, Number) (City)					(\$	state)	Busin	ess Phone	
Notified By: (Name)		Date	e	Time	1. Handle	Disposition ed / Processed ept and Released		rned over to DOH/ arcerated (County	
Released to: (Name)				Relationship Date				Time	
Activity: S. Sell R. Smuggle N. N/A B. Buy D. Deliver P. Posses T. Traffic E. Use	K. Dispense / M. Manufacture / Distribute Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroine	H. Hallucin M. Marijuz O. Opium	ana Equi	hernalia / ipment ietic	U. Unknown Z. Other	
Charge Description Possession of Contraband (c	State Violation Number: 944.47 (1)(c)					Violation of	Section (ORD)		
Activity N N	Amount / Unit		State Attorney	y Number	Court	Number			
PC Capias AC F	BW 🖸 PW 🗍 Juv. PU 🗍	□ Juv. PU □ Citation Date Issued Writt. Att. □ Domestic Viol Inj. #					stic Viol Inj.	Order of Arrest	
Charge Description	Counts	G F.S.	State Violatio	n Number:				Violation of	Section (ORD)
Activity Drug T N N	ype Amount / Unit		State Attorney	y Number	Court Number				
PC Capias AC F	3W 🗆 PW 🔲 Juv. PU 🗋	Citation	Date Issued	Writt. A #	.tt.		Dome Dome	stic Viol Inj.	Order of Arrest
Charge Description	Counts	D F.S.	State Violatio	n Number:				Violation of	Section (ORD)
Activity Drug T				State Attorney Number Court Num			nber		
PC Capias AC F	W PW Juv. PU	Citation	Date Issued	Writt. A			Dome	stic Viol Inj.	Order of Arrest
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following Violation of the law: On the 17 th day of June 2019, at 11:05 ZAM, D PM (Specially include facts constituting cause for arrest)							aw:		

Your Affiant is Senior Inspector Scott Gambel with the Office of Inspector General for the Florida Department of Corrections, and the defendant is Inmate Maikel Diaz who was assigned to Columbia Correctional Institution. Your affiant has conducted an investigation into a Possession of Contraband.

On June 17, 2019, Officer Ryan Nelson reports that Inmate Maikel Diaz could not clear the metal detector at the center tower at Columbia Correctional Institution. Inmate Diaz was escorted to the confinement dorm where a hand-held metal detector was used to indicate that Inmate Diaz had a foreign object inside his body. Inmate Diaz defecated in a shower where a cellular telephone was found in his feces.

The phone was sent to the phone lab for a data download and a number linked to Inmate Diaz was found in the data. The number, (786)-865-1807, was cross referenced with the Securus inmate phone system as to Niurka Ferrer, who is listed in visitation as Diaz' mother. This number is also linked to a female named Kristin Cedeno, girlfriend of Diaz.

Your Affiant respectfully submits probable cause has been established indicating Inmate Maikel Diaz did commit the violation of Possession of Contraband in violation of FSS 944.47 (1)(a)6 in Columbia County, Columbia Correctional Institution on June 17, 2019. Your Affiant respectfully requests a warrant be issued for Inmate Maikel Diaz for one count of FSS 944.47 (1)(c), Possession of Contraband.

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

PC. Exists for Charge(s) Judge's Signature Date									
Miranda Hold for Agency Warning Name :			Date:			Bond Charge # Bond Charge #		Bond Charge #	
Adults Only Hold for First Appearance Do not Bond Out Reason:		1.	Bond Type ROR Cash	 Surety Bail / Bond 	5. Cert 6. Other	Туре	Туре	Туре	
I swear/Afirm the above and attached statements are true and correct	R	Returnable Court Date				Returnable Court Time	☐ AM ☐ PM		
Inspector's / Complement's Signature	Name/Title of Person Authorized to Administer Oath		Release Date				Release Time		AM PM
Name (Printed) ID# / Dist	Shipley	R	Releasing Officer						Page 20f2
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