

AFFIDAVIT - COMPLAINT

1. Agency Name: OFFICE OF INSPECTOR GENERAL-FDC		2. Agency Report Number: 21-07205		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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 05/15/2021		5. Date/Time of Arrest: 1015		6. Arresting Officer:		7. Investigating Officer: SENIOR INSPECTOR TAMMY COX	

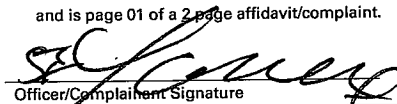
8. Defendant's Name: (Last) ABERCROMBIE		(First) DANIELLE		(Middle)		ALIAS		9. OBTS:	
10. Race/Sex: W/F		11. Date of Birth: 11/05/1986		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:	
15. Height: 5'7"		16. Weight: 240		17. Eye Color: BRO		18. Hair Color: BRO/BLN		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: A162-179-86-905-0			21. Social Security Number:		22. Residential Telephone:		23. Business Telephone:		
24. Address: (Street, Apartment Number) 6721 Chenkin Rd			(City) Zephyrhills		(State) FL		(Zip) 33542		

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) INTRODUCTION OF CONTRABAND			60. Statute or Ordinance Number: 944.47 (1)(a)(4) (1) COUNT			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
61. Charge Description: (# 1) POSSESSION OF A CONTROLLED SUBSTANCE			62. Statute or Ordinance Number: 893.13 (3) COUNTS			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
63. Charge Description: (# 1) CONSPIRACY TO INTRODUCE CONTRABAND			64. Statute or Ordinance Number: 777.04 (3) / 944.47 (1) COUNT			<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)			74. Secondary Phone Number:						
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____					76. Information Given: Victim <input type="checkbox"/> Arrest Info <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <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 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: _____		Person responsible for statements: S _____		 Officer/Complainant Signature	
				Tammy Cox Type or print Complainant name	

Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

Clerk's Case No.

SA Case No.(s)

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # **FL037275C**

80. Agency Name: OFFICE OF INSPECTOR GENERAL FDC	81. Agency Report Number: 21-07205	82. Date/Time of Arrest: UKN	83. Investigating Officer: SENIOR INSPECTOR TAMMY COX
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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:

Narrative: Your Affiant is Senior Inspector Tammy Cox with the Office of Inspector General for the Florida Department of Corrections (FDC).

On May 15, 2021, Your Affiant received intelligence in reference to Danielle Abercrombie (Defendant) introducing narcotics into Suwannee Correctional Institution Annex (SCI-A). Your Affiant made contact with the Defendant inside the secure perimeter at SCI-A. Your Affiant engaged in a consensual conversation with the Defendant who broke down and admitted to being in possession of a controlled narcotics, concealed inside of her vaginal cavity.

Your Affiant escorted the Defendant to the restroom, where she was instructed to remove the narcotics from her vaginal cavity. The defendant removed said narcotics to which were packaged for introduction. The defendant was secured and advised she was under arrest. Post-Miranda the Defendant confessed [REDACTED] The Defendant was escorted outside of SCI-A. A request for transport was made to Suwannee County Sheriff's Office.

The Defendant was turned over to SCSO Corporal Dave Stevenson and escorted to Suwannee County Jail to be booked on the above listed charges.

The narcotics were unwrapped and identified as 7.3 grams of methamphetamine packaged weight, forty (40) Suboxone Strips weighing .5 grams packaged weight, and two (2) Xanax pills.

Your Affiant respectfully submits that probable cause has been established and that the Defendant, Daniel Abercrombie, did in the County of Suwannee, and the State of Florida, commit the criminal offense of Introduction of Contraband into a State Correctional Institution, in violation of F.S.S. 944.47 (1)(a)(4), Conspiracy to Introduce Contraband, in violation of F.S.S. 777.04 (3) and Possession of a Controlled Substance, in violation of F.S.S. 893.13.

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

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>15</u> day of <u>May</u> , 20 <u>21</u> Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type _____ Seal
Signature of Officer/Complainant <u>SI Tammy Cox</u> Officer/Complainant's Name (Printed)	<u>114869</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) <input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HRS Release Date: _____ Release Time: _____ Released to (Name): _____	