

21CF2771

CIRCUIT WARRANT TO ARREST

STATE OF FLORIDA

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL  
CIRCUIT, OF THE STATE OF FLORIDA, IN AND  
FOR MARION COUNTY

vs

AGENCY CASE NUMBER:  
21-06489

JA'MEISHA TA'SHAY WALLACE

S.S. [REDACTED]	HEIGHT: 5'2	LKA: <del>4420</del> NW
D.L.: W420-438-00-751-1	WEIGHT: 263	GAINESVILLE RD, OCALA,
D.O.B: 07/11/2000	HAIR: BLK	<del>FL-34482</del> subject is currently
SEX: F	EYES: BRN	housed in the Florida
RACE: B		Department of Corrections

IN THE NAME OF THE STATE OF FLORIDA, TO ALL AND SINGULAR THE SHERIFFS OF FLORIDA, SPECIAL AGENTS OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT AND FLORIDA STATE ATTORNEYS INVESTIGATORS:

WHEREAS, KEVIN LINGIS has made oath that in the County and State aforesaid, JA'MEISHA TA'SHAY WALLACE (R/G/: B/F, DOB: 07/11/2000, SSN: [REDACTED] in the County of Marion, and the State of Florida, on or about May 2, 2021:

COUNT I: BATTERY ON A LAW ENFORCEMENT OR OTHER OFFICER (F3)  
784.03(1)(a) and 784.07(2)

JA'MEISHA TA'SHAY WALLACE on or about May 2, 2021, did, intentionally touch or strike [REDACTED] a a corrections officer with the Florida Department of Corrections, against the will of [REDACTED] or intentionally cause bodily harm to [REDACTED] while knowing that [REDACTED] was a a corrections officer with the Florida Department of Corrections and was presently engaged in a lawful performance of her legal duties, in violation of Florida Statutes 784.03(1)(a) and 784.07(2)

COUNT II: BATTERY ON FACILITY EMPLOYEE (F3)  
784.078

JA'MEISHA TA'SHAY WALLACE on or about May 2, 2021, did unlawfully commit battery upon [REDACTED] a facility employee by causing or attempting to cause that employee to come into contact with blood, saliva or urine by throwing, tossing or expelling such fluid or material, in violation of Florida Statutes 784.078 and 784.03

Contrary to the form of the statute in such cases made and provided and against the peace and dignity of the State of Florida.

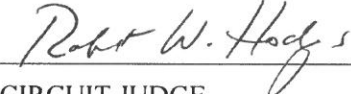
THESE ARE, THEREFORE, to command you to arrest and bring the above named defendant before the CIRCUIT Judge to be dealt with according to law.

**BOND RECOMMENDATIONS**

Count 1 BATTERY ON A LAW ENFORCEMENT OR OTHER OFFICER \$5,000.00  
Count 2 BATTERY ON FACILITY EMPLOYEE \$5,000.00

THE UNDERSIGNED HEREBY ENDORSES BAIL IN THE AMOUNT OF \$10,000.00 AND DOES/DOES NOT AUTHORIZE MODIFICATIONS OF THIS BAIL BY THE JUDGE PRESIDING AT FIRST APPEARANCE.

Given under my hand and seal this 27 day of July, 2021.

  
CIRCUIT JUDGE

SERVED  
\_\_\_\_\_  
\_\_\_\_\_  
MONTH DAY YEAR  
TIME: \_\_\_\_ AM \_\_\_\_ PM  
WILLIAM WOODS, SHERIFF  
MARION COUNTY, FLORIDA  
\_\_\_\_\_  
DEPUTY SHERIFF

ATTENTION IMMEDIATELY UPON SERVICE OF THIS WARRANT, PLEASE NOTIFY _____ OF THE _____ PHONE - (352) _____
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**PLEASE PLACE THIS WARRANT/CAPIAS IN: (CHECK APPROPRIATE LINES)**

1- FCIC

2- NCIC

**IF FCIC ONLY:**

STATEWIDE

SURROUNDING COUNTIES ONLY

MARION COUNTY ONLY

OTHER \_\_\_\_\_

**WE WILL EXTRADITE SUBJECT FROM THE FOLLOWING REGION(S) IF PLACED IN NCIC:**

REGION A

REGION E

REGION B

REGION F

REGION C

REGION G

REGION D

REGION H

CONTINENTAL U.S.

INTERNATIONAL

AUTHORIZED BY

/s/ JANINE A NIXON  
JANINE A NIXON  
Assistant State Attorney  
Florida Bar No. 0027669

ARREST  SWORN COMPLAINT  HOLD

JUVENILE  NOTICE TO APPEAR

OBTS NUMBER:  
AGENCY ORI NUMBER:  
**FL037275C**

**OFFICE OF THE INSPECTOR GENERAL**

SPN NUMBER:  
AGENCY CASE REPORT NUMBER:  
**21-06489**

**PROBABLE CAUSE AFFIDAVIT**

<b>DEFENDANT</b>	NAME OF SUBJECT (LAST, FIRST, MI): <b>Wallace, Ja'Meisha Ta'Shay</b>				ALIAS / MAIDEN: <b>N/A</b>				
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): <b>11120 NW Gainesville RD (Lowell Correctional)</b>			CITY: <b>Ocala</b>		STATE: <b>FL</b>	ZIP CODE: <b>34482</b>	TELEPHONE NUMBER: <b>(352) 690-8887</b>	
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): <b>11120 NW Gainesville Rd (Lowell Correctional)</b>			CITY: <b>Ocala</b>		STATE: <b>FL</b>	ZIP CODE: <b>34482</b>	TELEPHONE NUMBER: <b>(352) 690-8887</b>	
	MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): <b>N/A</b>			SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION): <b>Tattoo-Right Arm (Jerk)</b>					
	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: <b>F</b>	DATE OF BIRTH: <b>07/11/2000</b>	HEIGHT: <b>5'02"</b>	WEIGHT: <b>263</b>	HAIR COLOR: <b>Black</b>	EYE COLOR: <b>Brown</b>	COMPLEXION: <b>Brown</b>	BUILD:
	DRIVERS LICENSE / STATE ID NUMBER: <b>W420-438-00-751-1</b>		STATE OF DL / ID: <b>FL</b>	SOCIAL SECURITY NUMBER: [REDACTED]		PHOTO NUMBER:	PLACE OF BIRTH: <b>Florida</b>		COUNTRY OF CITIZENSHIP: <b>USA</b>
	SUBJECT'S OCCUPATION: <b>N/A (Inmate)</b>			SPN NUMBER:		AGENCY ORI NUMBER: <b>FL037275C</b>		SO ID / AGENCY ID / NUMBER:	BOOKING NUMBER:
	LOCATION OF ARREST: <b>N/A</b>			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"/> NTA	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE	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"/> NTA	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE	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"/> NTA	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE	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"/> NTA	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE	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: <b>11120 NW Gainesville Road, Ocala, Florida 34482</b>					TELEPHONE NUMBER: <b>352-690-8887</b>	
	(NAME):	ADDRESS: <b>11120 NW Gainesville Road, Ocala, Florida 34482</b>					TELEPHONE NUMBER: <b>352-690-8887</b>	
	(NAME):	ADDRESS:					TELEPHONE NUMBER:	
	(NAME):	ADDRESS:					TELEPHONE NUMBER:	

<b>CHARGE 1</b>	OFFENSE DESCRIPTION: <b>Battery of Facility Employee by Throwing, Tossing, or Expelling Certain Fluids or Materials</b>			<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: <b>784.078</b>		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS		DATE OF OFFENSE: <b>05/02/2021</b>		TIME OF OFFENSE: <b>6:45 PM</b>	BAIL AMOUNT: <b>\$5,000.00</b>		VICTIM'S TELEPHONE NUMBER: [REDACTED]	
	VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]			CITY: [REDACTED]	STATE: [REDACTED]	ZIP CODE: [REDACTED]	

<b>CHARGE 2</b>	OFFENSE DESCRIPTION: <b>Battery of Facility Employee by Throwing, Tossing, or Expelling Certain Fluids or Materials</b>			<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: <b>784.078</b>		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS		DATE OF OFFENSE: <b>05/02/2021</b>		TIME OF OFFENSE: <b>6:45 PM</b>	BAIL AMOUNT: <b>\$5,000.00</b>		VICTIM'S TELEPHONE NUMBER: <b>352-690-8887</b>	
	VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]			CITY: [REDACTED]	STATE: [REDACTED]	ZIP CODE: [REDACTED]	

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): <b>Lowell Correctional Institution 11120 NW Gainesville Road</b>			CITY OF: <b>Ocala</b>		COUNTY OF: <b>Marion</b>		STATE OF: <b>Florida</b>	
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Your affiant is Law Enforcement Inspector Kevin Lingis #12570 with the Office of the Inspector General, Florida Department of Corrections


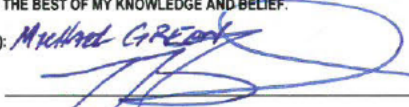
The Defendant did violate §784.078, Battery of Facility Employee by Throwing, Tossing, or Expelling Certain Fluids or Materials; to wit:

On May 2, 2021 at approximately 6:45 PM, Correctional Officer [REDACTED] was assigned as a [REDACTED] at Lowell Correctional Institution (LCI) Annex. She was [REDACTED] on Quad #4. Both were employed at LCI Annex as facility employees. They were [REDACTED] Inmate Ja'Meisha Wallace DC #V80925 in cell [REDACTED]. While they were at cell front, Inmate Wallace retrieved a cup of urine from inside the cell and threw it on Officer [REDACTED] and [REDACTED]. The urine struck Officer [REDACTED] in the face and [REDACTED] on the arm.

Both Officer [REDACTED] and [REDACTED] provided written statements and sworn recorded statements indicating [REDACTED]

This incident was captured on the LCI Annex closed circuit video system and what was viewed was consistent with the reports and statements provided by Officer [REDACTED] and [REDACTED]. On June 25, 2021, Inmate Wallace was read Miranda warning from a department issued Miranda rights waiver form. Inmate Wallace indicated she understood her rights and refused to provide a sworn recorded statement without legal counsel.

Probable Cause exists for the arrest of Inmate Ja'Meisha Wallace for violation of Battery of Facility Employee by Throwing, Tossing, or Expelling Certain Fluids or Materials in violation of Florida State Statute 784.078.

NTA	<input type="checkbox"/> MANDATORY APPEARANCE IN COURT AT:	DATE OF APPEARANCE:	TIME OF APPEARANCE: <input type="checkbox"/> AM <input type="checkbox"/> 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:
JURAT	SWORN TO AND SUBSCRIBED BEFORE ME THIS: <u>25th</u> DAY OF <u>June</u> , 2021 SIGNATURE:  TITLE: <u>Inspector Kevin Lingis</u>	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): <u>Michael G. [REDACTED]</u> SIGNATURE:  AGENCY: <u>FDC - OIG</u> LEO ID NUMBER: <u>12570/113006</u>	

ARREST  SWORN COMPLAINT  HOLD

JUVENILE  NOTICE TO APPEAR

# SUPPLEMENT FIFTH JUDICIAL CIRCUIT

OBTS NUMBER:  
AGENCY ORI NUMBER:

SPN NUMBER:  
AGENCY CASE REPORT NUMBER:

<b>DEF.</b>	NAME OF SUBJECT (LAST, FIRST, MI):					ALIAS / MAIDEN:	
	RACE:	SEX:	DATE OF BIRTH:	HEIGHT:	WEIGHT:	JAIL NUMBER:	SO ID / AGENCY ID / NUMBER:
	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN / ORIENTAL					

<b>WITNESS</b>	#3 (NAME):	ADDRESS:	TELEPHONE NUMBER: ( )
	#4 (NAME):	ADDRESS:	TELEPHONE NUMBER: ( )

<b>CHARGE 4</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"/> CAPIAS NUMBER:	<input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	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 5</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"/> CAPIAS NUMBER:	<input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	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 6</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"/> CAPIAS NUMBER:	<input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	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 7</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"/> CAPIAS NUMBER:	<input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	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>PROSECUTIVE SUMMARY - CONTINUED</b>	
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