

AFFIDAVIT – COMPLAINT

Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

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

PAGE 01 of 2

Agency ORI # **FL037275C**

Amended

1. Agency Name: OFFICE OF INSPECTOR GENERAL-FDC		2. Agency Report Number: 21-13914		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony		3a. Ordinance Type: (if applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 09/11/2021 1233		5. Date/Time of Arrest: 09/11/2021 1328 hrs		6. Arresting Officer: SENIOR INSPECTOR TAMMY COX		7. Investigating Officer: SENIOR INSPECTOR TAMMY COX	

8. Defendant's Name: (Last) Allore			(First) Cathy		(Middle) Luann		ALIAS		9. OBTS:	
10. Race/Sex: W/F		11. Date of Birth: 04/10/1966		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: 52.5 grams raw weight		
15. Height: 5'2		16. Weight: 260		17. Eye Color: BRO		18. Hair Color: BRO		19. Scars, marks, tattoos, unique physical features: (Location, type & description)		
20. Driver's License Number/State: A460112666300			21. Social Security Number:			22. Residential Telephone:		23. Business Telephone:		
24. Address: (Street, Apartment Number) 1542 NE MAUREEN CR APT B			(City) JENSEN BEACH			(State) FL		(Zip) 34957		

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) POSSESSION OF A CONTROLLED SUBSTANCE					60. Statute or Ordinance Number: 893.13		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) INTRODUCTION OF CONTRABAND (NARCOTICS)					62. Statute or Ordinance Number: 944.47 (4)		<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)			(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"/> Rights Card <input type="checkbox"/> App. 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 type="checkbox"/> Yes <input checked="" 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: _____		Officer/Complainant Signature		Tammy Cox Type or print Complainant name	

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

OBTS 240102 1898

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Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

Clerk's Case No. _____

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

SA Case No.(s) _____

Agency ORI # **FL037275C**

80. Agency Name: OFFICE OF INSPECTOR GENERAL FDC	81. Agency Report Number: 21-13914	82. Date/Time of Arrest: 09/11/2021	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 September 11, 2021, Your Affiant was conducting a narcotics K9 operation with FDC Bureau of Intelligence, Canine Unit, Captain Tyler Brown (Capt. Brown) and Captain Gary Herron (Capt. Herron) at Hamilton Correctional Institution (HCI). At approximately 1233 hours, Capt. Herron's certified Canine, Ares alerted to the presence of narcotics in a 2016 white, GMC Terrain bearing FL plate LYCV23. Upon witnessing the canine alert, Cathy Allore (the Defendant) was instructed to pull over. Upon contact, your Affiant requested consent to search said vehicle, to which was granted. During the search, marijuana shake was located in the driver's side rear seat.

Your Affiant asked the Defendant to engage in a conversation to discuss the allegation of her bringing in contraband into HCI. Your Affiant conducted a consensual interview with the Defendant. During the interview, the Defendant's actions suggested she was in possession of contraband. The Defendant was asked to consent to an unclothed body search, to which she refused. The Defendant stated that she did not feel comfortable removing her clothing due to being on her menstrual cycle. Your Affiant explained to the Defendant that she is a female as well and questioned what type of ~~feminine~~ sanitary device utilized. The Defendant then stated, "can I just give it to you?"

@ feminine

Your Affiant was accompanied by Correctional Sergeant Theresa Gross (Sgt. Gross) when escorting the Defendant to the restroom. Once in the restroom, the Defendant removed two contraband "bombs" (two quarter rolls inside condoms) from her vaginal cavity and placed them on the floor.

The Defendant was advised she was under arrest. Your Affiant made contact with Hamilton County Sheriff Deputy Dan Bennett (Deputy Bennett) and requested transport. The Defendant was transported to Hamilton County Jail and booked on the above listed charges.

The "contraband bombs" were unpackaged and contained the following: 52.5 grams (raw weight) of white powdery, crystalized substance (field tested positive for Methamphetamine laced with Fentanyl).

Your Affiant respectfully submits that probable cause has been established and that the Defendant, Cathy Allore, did in the County of Hamilton, and the State of Florida, commit the criminal offense of Possession of a Controlled Substance, in violation of F.S.S. 893.13. and Introduction of Contraband into a State Correctional Institution, in violation of F.S.S. 944.47 (4).

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>11</u> day of <u>Sept</u> , 20 <u>21</u>
 Signature of Officer/Complainant	 Signature of Person Administering Oath
 Officer/Complainant's Name (Printed)	<input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type
ID Number	Seal

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) _____	90. Residential Phone: _____	91. Business Phone _____
89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____	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	Processed within the agency and released <input type="checkbox"/> to other than HRS		
Release Date: _____ Release Time: _____ Released to (Name): _____			

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