

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

Clerk's Case No. \_\_\_\_\_  
SA Case No.(s) \_\_\_\_\_  
Agency ORI # **FL037275C**

PAGE 01 of 2

1. Agency Name: <b>OFFICE OF INSPECTOR GENERAL-FDC</b>		2. Agency Report Number: <b>22-09241</b>		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: <b>06/19/2022 1037 a</b>		5. Date/Time of Arrest: <b>06/19/2022 1045 a</b>		6. Arresting Officer: <b>SENIOR INSPECTOR TAMMY COX</b>		7. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</b>	

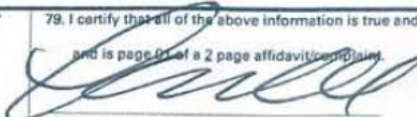
8. Defendant's Name: (Last) <b>HARRELL</b>		(First) <b>SARAHFAYE</b>		(Middle) <b>Q</b>		ALIAS		9. OBTS:	
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>10/27/1998</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input 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: <b>239.9 grams</b>	
15. Height: <b>5'7</b>		16. Weight: <b>115</b>		17. Eye Color: <b>BRO</b>		18. Hair Color: <b>BRO</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: <b>H640795988870</b>			21. Social Security Number:			22. Residential Telephone: <b>206-791-1783</b>		23. Business Telephone:	
24. Address: (Street, Apartment Number) <b>623 MONTANA AVE</b>			(City) <b>LAKELAND</b>			(State) <b>FL</b>		(Zip) <b>33815</b>	

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) <b>POSSESSION NARCOTICS (TRAFFICKING)</b>		60. Statute or Ordinance Number: <b>893.135 4a (III) (1) COUNT</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) <b>INTRODUCTION OF CONTRABAND-CONTROLLED SUBSTANCE</b>		62. Statute or Ordinance Number: <b>944.47 (4) (1) COUNT</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1)		64. Statute or Ordinance Number:		<input checked="" 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"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest 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: <b>SI Cox</b>		Person responsible for statements: <b>Verbal /SI Cox</b>		Officer/Complainant Signature 	
				Type or print Complainant name <b>Tammy Cox</b>	

Adult Def  PC Arrest  
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### AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. \_\_\_\_\_  
SA Case No. (s) \_\_\_\_\_  
Agency ORI # FL037275C

80. Agency Name: <b>OFFICE OF INSPECTOR GENERAL FDC</b>	81. Agency Report Number: <b>22-09241</b>	82. Date/Time of Arrest: <b>06/19/2022 1045 HRS</b>	83. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</b>
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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:

n June 19, 2022, Your Affiant, Senior Inspector Tammy Cox (SI Cox) was conducting a Canine Operations at Liberty Correctional Institution (LCI), Bristol, FL with Correction Captain Dustin Jordan (Capt. Jordan) and Correctional Captain James Mann (Capt. Mann). During the operation, Capt. Jordan's canine Judd alerted to the presence/odor of narcotics in or on a 2005 Ford 500, bearing FL plate NYHE99. The registered owner/ driver was identified as Florida Department of Corrections (FDC) approved visitor Sarahfaye Harrell (Ms. Harrell).

At the time of arrival, Ms. Harrell was the driver of said vehicle. SI Cox witnessed Ms. Harrell exit the vehicle and a black male passenger crawl across to the driver's seat. The male subject appeared to be leaving the premises at the time, canine Judd alerted to the vehicle. The black male subject was identified as Ka'lon Collins (Mr. Collins).

Upon contact with Ms. Harrell, SI Cox advised her of the canine alert to her vehicle. Ms. Harrell immediately [REDACTED]

[REDACTED] The explanation provided did not sound reasonable or true. Mr. Collins was asked to exit the vehicle to which he complied. Upon exiting, three contraband "bombs" (three bundles of an unknown substance wrapped in electrical tape, secured inside a condom) packaged in a manner consistent with introducing narcotics into a state correctional institution were observed in the driver's seat.

Ms. Harrell and Mr. Collins were detained and secured in hand restraints. Mr. Collins was advised of his Miranda warnings. Post Miranda, Mr. Collins advised he was not aware of the narcotics and was simply riding with Ms. Harrell to visit her family in prison. Mr. Collins stated, Ms. Harrell instructed him to leave.

Ms. Harrell was advised of her Miranda warnings. Post Miranda, Ms. Harrell stated [REDACTED]

The packages were photographed, weighed, and field tested. All three provided a presumptive positive result for methamphetamine and fentanyl with a combined packaged weight of 239.9 grams

Ms. Harrell was advised she was under arrest for trafficking in a controlled substance and introduction of a controlled substance in a state correctional institution.

Liberty County Sheriff's Office responded and transported Ms. Harrell to Liberty County Jail to be booked on the above listed charges.

Your Affiant, SI Cox respectfully submits that probable cause has been established and that the Defendant, Ms. Sarahfaye Harrell, did in the County of Liberty, 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), and Possession/trafficking in methamphetamine and fentanyl, in violation of F.S.S. 893.135 4a(III).

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 2 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 19 day of June, 2022

B. Woodson #43  
Signature of Person Administering Oath  
 Personally Known  Other Identification ID Type \_\_\_\_\_

Seal \_\_\_\_\_

SI Tammy Cox 11469  
Signature of Officer/Complainant ID Number

87. Adult's Relation to Juvenile Defendant:  Parent  Legal Guardian  Other \_\_\_\_\_

88. Adult's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_