| - | REST SWORN COMPLAINT NUMBER: | □ ног | | OFFICE | OF TH | E IN | SPEC | TOR | GENE | RAL | SPN NUM | JUVENILE BER: | . LINC | TICE TO APPEAR | |
|---------------|---|-------------|----------------------------------|---------------------|--|--|------------------------|--------------------------------|--|----------------------------------|---------------|---------------------|----------------|---|--|
| | CY ORI NUMBER: | | | | DBABLI | | | | | | AGENCY 22-12 | CASE REPORT | NUMBER: | | |
| | NAME OF SUBJECT (LAST, FIRST, MI): Starling, Joel L. | | ALIAS/MAID N/A | | | | AIDEN: | EN: | | | | | | | |
| | 911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): | | | | | | | | STA FL | | | | | TELEPHONE NUMBE | |
| | BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): | | | | CITY: | CITY: | | | | | ZIP CODE: | | | TELEPHONE NUMBE | |
| TO Separate | MNAILING ADDRESS (PO BOX, ETC. IF DIF | RESS): | SCARS, MA | TTOOS, FAC | ACIAL HAIR, UNIQUE PHYSICAL FEATURES | | | (LOCATION, TYPE, DESCRIPTION): | | IPTION): | | | | | |
| DEFENDANI | RACE: | DATE | OF BIRTH: | HEIGHT: | | | HAIR COLOR: | | EYE COLO | EYE COLOR: COMPLE | | | BUILD: | | |
| 304/27103 | ☐ WHITE ☐ AMERICAN INDIAN ■ BLACK ☐ ASIAN / ORIENTAL DRIVERS LICENSE / STATE ID NUMBER: | M | E OF DL | SOCIAL SECUR | 5'09" | 220 | OTO NUMBE | Bro R: | | Brown | COUNTRY OF C | | CITIZENSHIP: | Medium | |
| WHITE SERVICE | SUBJECT'S OCCUPATION: | FL | | | | | | | Ger | Geneva, AL | | United States | | BOOKING NUMBER: | |
| | Correctional Officer | | | FL | | | FL0 | 037275C | | | | | | | |
| | LOCATION OF ARREST: 25636 NE SR 16 Raiford FL. 32083 | | | | | | TE OF ARRE | 5/2022 (MIL | | ITARY):0730 | | DATE OF BOOKING: | | TIME OF BOOKING (MILITARY): | |
| | SUBJECT IDENTIFIED BY WHOM (VICTIM, | | | | | SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICE | | | | CER, ETC.): | | | | | |
| 2000 | (NAME): | | | DATE OF BIRTH: R | | CE: SEX: | | COUR | OURT NUMBER: | | SWORN | | LONY | JUVENILE: YES | |
| CASSES OF | (NAME): | | | DATE OF BIRTH: | | E: ! | SEX: | COUR | T NUMBER: | 0/ | | | ELONY | JUVENILE: YES | |
| | (NAME): | | DATE OF BIRT | H: RAC | E: ! | SEX: | COUR | T NUMBER: | COMPLAINT ARRESTED SWORN | | MISD | ELONY | JUVENILE: YES | | |
| | (NAME): | | | DATE OF BIRTH: RAI | | CE: | SEX: COU | | URT NUMBER: A | | RRESTED | MISDI FE | ELONY | JUVENILE: | |
| | JUVENILE DISPOSITION: | T NAME OF | DARFNIT | GUARDIAN (NO | Tries Flyra | | . | | | | WORN | MISD | EMEANOR | ☐ YES ☐ NO TELEPHONE NUMBER: | |
| | ☐ RELEASED TO JAC ☐ ISSUED NTA AND RELEASED PARENT / GUARDIAN HOME ADDRESS (S | | | | CITY: | STATE: | | | | | | E TELEPHONE NUMBER: | | | |
| | (Waller) | | | ADDRESS: 8035 CR | RESS: 85 CR 231 Lake Butler FL. 32054 | | | | | TELEPHONE NUMBER 850-666-2384 | | | | | |
| | (NAME) | | | ADDRESS: | | | | | | | | TELEPI | HONE NUMBER | | |
| | (NAME): | | | ADDRESS: | | | | | | | | TELEPI | HONE NUMBER: | | |
| | (NAME): | ADDRESS: | | | | | | | | TELEPI | HONE NUMBER: | | | | |
| | OFFENSE DESCRIPTION: Possession of Controlled Substance (Cocaine) | | | | ⊠ FELONY □ MISDEMEANO □ TRAFFIC □ | | | | COMPLETE STATUTE / ORDINANCE NUMBE 893.13(6)(a) | | | BER: | | VICTIM NOTIFICATIO ARREST: ☐ YES ☑ NO RELEASE: ☐ YES | |
| | | | | | | | | E OF OFFENSE: BAIL | | AIL AMOUNT: | | 386-431-4001 | | ⊠ NO | |
| 3 | State of Florida Uni | | | | RESS (STREET, APARTMENT NUMBER, P ion Correctional Institution 336 NE SR 16. | | | | | STATE: FL | | | 32083 | | |
| E 2 | OFFENSE DESCRIPTION: | | | | FELONY MISDEMEANO | | | | | | NANCE NUMBER: | | | VICTIM NOTIFICATI ARREST: YES NO RELEASE: YES | |
| | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION ☐ CAPIAS NUMBER: | | | | DATE OF OFFENSE | | | TIME OF OFFENSE: | | BAIL AMOUNT: | | VICTIM'S | TELEPHONE | | |
| 10000 | VICTIM (NAME): | ADDRE | ADDRESS (STREET, APARTMENT NUMBE | | | | R, PO BOX, ETC.) CITY: | | | STATE: | | ZIP CODE: | | | |
| | OFFENSE DESCRIPTION: | | | | | | | NTA | NTA | | | | | VICTIM NOTIFICATI ARREST: YES | |
| SCOOL S | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CAPIAS NUMBER: | CITATION | DATE OF OFFE | ENSE: | П | ME OF OFF | ENSE: | BAIL AMOUNT | | VICTIM'S | TELEPHONE | NUMBER: | | | |
| 8 | I CHARLE | RANGE AND A | | | CO OTDEET A | DADTIES | IT NUMBER | DO DOV | | | | CTATE: | | ZID CODE: | |

| | THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): Union Correctional Institution | CITY OF: Raiford | | COUNTY OF: Union | STATE OF: FLORIDA | | | | |
|-----------|--|--|--|---|--|-----------------------|--|--|--|
| | Your Affiant is Senior Inspector Russ Corrections. | ell Gordon of the Office | e of the Inspector | General, F | Florida Departme | ent of | | | |
| | Your Affiant has probable cause to belie Correctional Officer Joel Starling did of Florida Statute (FSS) 893.13(6)(a) who physical possession. | commit the offense of | Possession of Cor | trolled Sub | stance; in violation | on of | | | |
| | Senior Inspector Gordon was notified by on Correctional Officer Starling during Senior Inspector Gordon made contact Officer Starling to search his Grey 201 | g a Barrier Screening of with Officer Starling | being conducted and a Consent to | at Union C <u>Search fo</u> r | orrectional Institu | ution. | | | |
| | During a search of the vehicle, Inspect on the back seat. Inside the contain containing a white rock like substance. in a cigarette pack in a clear plastic co- like substance. The rock like substan- Cocaine HCL/ Crack. The packaged w | ner a plastic bag was In addition, a single bontainer located on the ace was field tested by | discovered conta lack plastic bag wa front passenger s Captain Shuford | ining 4 sma as discovere eat which c | all black plastic ed by Captain Sho ontained a white | bags uford rock | | | |
| | A Post Miranda interview was conducte | ed | | | | | | | |
| | Your Affiant respectfully submits that based on the statement provided by Officer Starling, in a recorded interview and the recovery of the Narcotics, probable cause has been established that Officer Starling was in Possession of a Controlled Substance as defined in FSS 893.13(6)(a). | | | | | | | | |
| | of a Controlled Substance as defined if | | | | | | | | |
| | of a Controlled Substance as defined in | | | | | | | | |
| | of a Controlled Substance as defined in | | | | | | | | |
| | of a Controlled Substance as defined in | | | | | | | | |
| | of a Controlled Substance as defined in | | | | | | | | |
| | | | | | | | | | |
| A | MANDATORY APPEARANCE IN COURT AT: | | DATE OF AP | PEARANCE: | TIME OF APPEARANCE: | | | | |
| NTA | MANDATORY APPEARANCE IN COURT AT: | STRUCTIONS SPECIFIED IN THIS NOTICE EAR MAY RESULT IN PHYSICAL ARREST. OF MY RIGHTS. | DATE OF AP DEFENDANT (SIGNATURE): | PEARANCE: | TIME OF APPEARANCE: DATE: | | | | |
| NTA | I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INTO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPI I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER SWORN TO AND SUBSCRIBED BEFORE ME THIS: | I SV | | D ATTACHED PAGES A | DATE: | □ AM | | | |
| では、 | I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INTO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPI I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER SWORN TO AND SUBSCRIBED BEFORE ME THIS: | 2022 ISV | DEFENDANT (SIGNATURE): VEAR THE ABOVE, AND REVERSE AN RECT TO THE BEST OF MY KNOWLE ME (PRINT): Inspector Russ | D ATTACHED PAGES A DGE AND BELIEF. BII Gordon | DATE: | PM | | | |
| JURAT NTA | ☐ MANDATORY APPEARANCE IN COURT AT: I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND IN: TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEI UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER. | 2022 NAI | DEFENDANT (SIGNATURE): /EAR THE ABOVE, AND REVERSE AN RECT TO THE BEST OF MY KNOWLE | DATTACHED PAGES A DGE AND BELIEF. BII Gordon | DATE: | □ PM | | | |