

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

PAGE 01 of 3

ORI# FL037275C

1. Agency Name: Florida Department of Corrections Office of Inspector General		2. Agency Report Number: 22-14245		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: 09/10/2022 1:30 p.m.		5. Date/Time of Arrest:		6. Arresting Officer: SI Paul Toner		7. Investigating Officer: Senior Inspector Paul Toner	


8. Defendant's Name: (Last) Mayer (First) Todd (Middle) Daniel ALIAS DC#T37798 9. OBTS:									
10. Race/Sex: W/M		11. Date of Birth: 09/22/1979		12. Residence Type: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:	
15. Height: 5'10"		16. Weight: 180 lbs		17. Eye Color: Green		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Scar right arm "Laylah"	
20. Driver's License Number/State: M200804793420			21. Social Security Number:			22. Residential Telephone:		23. Business Telephone: (863) 453-3174	
24. Address: (Street, Apartment Number) Avon Park Correctional Institution Avon Park			(City)			(State) Florida		(Zip) 33825	

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 checked="" 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 checked="" 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) Battery upon an [REDACTED]		60. Statute or Ordinance Number: 784.07 [REDACTED] (2) (b) <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number: <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) 8100 Highway 64 Avon Park Florida 33825		74. Secondary Phone Number: (863) 453-3174					
75. Victim Notification of Arrest: NOTIFIED BY: SI Paul Toner DATE: 09/10/2022 TIME: 7:20 pm				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Inspector Paul Toner		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.  Inspector Paul Toner Office/Complainant Signature		Inspector Paul Toner Type or print Complainant name	
Evidence Custodian's Name: Insp. Richard Perkinson							

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: Florida Department of Corrections Office of Inspector General	81. Agency Report Number: 22-14245	82. Date/Time of Arrest:	83. Investigating Officer: Inspector Paul Toner
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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:

Your Affiant is Senior Inspector Paul Toner of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on September 10, 2022, Inmate Todd Mayes DC# T37798 (Defendant) did commit the criminal offense of Assault or Battery of law enforcement officers, firefighters, [REDACTED] public transit employees or agents, or other specified officers, in violation of Florida Statute 784.07 [REDACTED] 2)(b). The Defendant was in the custody of the Florida Department of Corrections at Avon Park Correctional Institution, a state correctional institution located in Avon Park, Polk County, Florida, when he grabbed [REDACTED] (Victim) about the throat, neck, her left breast and by her genitalia at about 1:30 p.m. This attack [REDACTED]

The Victim was on-duty and [REDACTED] in a state correctional institution at the time of the offense.

The Defendant is an inmate at Avon Park Correctional Institution, a state correctional institution, serving a life sentence for Attempted Felony Murder and Burglary with Assault.

On September 10, 2022, the Victim notified Avon Park Correctional Staff [REDACTED]

Victim stated [REDACTED] Victim stated [REDACTED]

On September 10, 2022, the Victim provided a sworn audio recorded statement to your Affiant, confirming the following details: [REDACTED]

An on-duty uniformed Florida Department of Corrections Correctional Officer, Casandra Bailey, provided a sworn audio statement to your Affiant, confirming the Defendant had grabbed hold of the Victim about her body at Avon Park Correctional Institution [REDACTED] near the [REDACTED] window on September 10, 2022 at about 1:30 p.m.

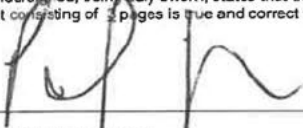
Defendant refused to be interviewed when requested by your Affiant.

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

Your Affiant respectfully submits that probable cause has been established that the Defendant did commit the criminal offense of Assault or Battery of law enforcement officers, firefighters, [REDACTED] [REDACTED] public transit employees or agents, or other specified officers, in violation of

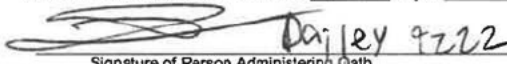
85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 11 day of SEP, 2022


 Signature of Officer/Complainant

Senior Inspector Paul Toner
 Officer/Complainant's Name (Printed)

143989
 ID Number


 Signature of Person Administering Oath

Personally Known Other Identification

Seal ID Type

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:
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)		Transferred to <input type="checkbox"/> Secure Detention		Released to <input type="checkbox"/> HRS Intake Officer, not detained	
Release Date:		Release Time:		Released to (Name):	
				Processed within the agency and released <input type="checkbox"/> to other than HRS	