

Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

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AFFIDAVIT – COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # **FL037275C**

1. Agency Name: Fl. Dept. of Corrections – OIG		2. Agency Report Number: 22-16947		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: 10/30/22 @ 6:21 pm		5. Date/Time of Arrest: 10/31/22		6. Arresting Officer: LE Senior Inspector Tracy Burge		7. Investigating Officer: LE Senior Inspector Tracy Burge	

8. Defendant's Name: (Last) Staples			(First) Lafrederick			(Middle) D			ALIAS			9. OBTS:			
10. Race/Sex: B/M		11. Date of Birth: 05/06/81		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:						
15. Height: 5"08"		16. Weight: 179		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoo left arm - TRU							
20. Driver's License Number/State:				21. Social Security Number: ***-**-****				22. Residential Telephone:				23. Business Telephone:			
24. Address: (Street, Apartment Number) Apalachee Correctional Institution			(City) 35 Apalachee Drive Sneads			(State) FL			(Zip) 32460						

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) Attempted First-Degree Murder					60. Statute or Ordinance Number: 777.04 / 782.04(1)(a)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) Resisting Law Enforcement Officer with Violence					62. Statute or Ordinance Number: 843.01					<input checked="" 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"/> Domestic <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <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			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 03-page affidavit/complaint.					
Evidence Custodian's Name: LE Senior Inspector Burge			Person responsible for statements: LE Senior Inspector Burge			<i>Le Senior Insp Tracy Burge</i> Officer/Complainant Signature			LE Senior Insp. Tracy Burge Type or print Complainant name		

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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # **FL037275C**

80. Agency Name: Fl. Dept. of Corrections OIG	81. Agency Report Number: 22-16947	82. Date/Time of Arrest: 10/31/22	83. Investigating Officer: LE Senior Inspector Tracy Burge
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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 Law Enforcement Senior Inspector Tracy Burge of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on October 30, 2022, Inmate Lafrederick Staples DC# P38040 (Defendant) did commit the criminal offense of Attempted First Degree Murder, in violation of s. (777.04(1) / 782.04(1)(a) Fla. Stat., and Resisting a Law Enforcement Officer with Violence, in violation of s. 843.01, Fla Stat. when the Defendant did intentionally strangle and stomp on Correctional Officer [REDACTED] (Victim) facial area while the Victim was lying [REDACTED] on the tile floor.

Your Affiant received information which indicated on October 30, 2022, the Defendant was observed by Food Service Employee Pao Liu (Ms. Liu) and via surveillance video, strangling the Victim and stomping on his facial area.

The Victim provided sworn testimony and indicated [REDACTED]

The Victim [REDACTED] and [REDACTED]

Victim [REDACTED]

As a precaution, the

Ms. Liu provided sworn testimony and indicated while the Victim was counseling the Defendant and giving him multiple verbal commands to submit to hand restraints the Defendant refused. The Victim gave the Defendant several more commands to submit to hand restraints and placed his hand on his chemical agent canister. The Defendant continued to refuse, and the Victim administered chemical agents to the Defendant. Once the chemical agents were deployed the Victim turned away to call for assistance, via the handheld radio. While the Victim was turned away the Defendant approached the Victim from behind and placed his right arm around the Victim's neck and strangled him until the Victim fell [REDACTED] Ms. Liu left the area to alert other correctional staff. Ms. Liu positively identified the Defendant and indicated she used to be his supervisor when he worked in food service.

AFFIDAVIT – COMPLAINT
(PROBABLE CAUSE NARRATIVE)



Correctional Officer Mariah Russ (Officer Russ) provided sworn testimony and indicated she witnessed the Defendant place his right arm around the Victims neck and upper body. Officer Russ immediately called for assistance via the handheld radio and stepped outside to yell for Correctional Officer [REDACTED] to come inside.

Your Affiant obtained a post-Miranda sworn statement of the Defendant. The Defendant indicated he was being counseled by the Victim and he knew he was going to be sprayed with chemical agents. The Defendant stated he did not tolerate being hurt by anyone and when he realized chemical agents were going to be used by the Victim, he snapped. The Defendant indicated he did not recall what occurred after that, and the next thing he remembered he was being given directions by other correctional staff. The Defendant indicated he knew the Victim and knew he was a correctional officer. The Defendant continued to state he did not recall strangling the victim or stomping on the Victim.

Your Affiant affirms this incident was captured on surveillance video which supported the Victim's testimony and the witnesses' testimony. The surveillance video captured the Defendant strangling the Victim and stomping on the Victim's facial area while the Victim was lying on the tile floor.

Your Affiant respectfully submits probable cause has been established to conclude the Defendant did commit the criminal offense of Attempted First Degree Murder, in violation of s. 782.04(1)(a)/(777.04(1), Fla. Stat., and Resisting a Law Enforcement Officer with Violence, in violation of s. 843.01, Fla Stat. while he was housed as an inmate at Apalachee Correctional Institution, 35 Apalachee Drive, Sneads Fla. 32460.

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.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 03 pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this <u>31ST</u> day of <u>October</u> , 20 <u>22</u>	
			
Signature of Officer/Complainant LE Senior Inspector Tracy Burge		Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification	
21439		#4432	
Officer/Complainant's Name (Printed)		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) _____	
89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____		90. Residential Phone: _____	91. Business 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)		Processed within the agency and released	
<input type="checkbox"/> Transferred to Secure Detention		<input type="checkbox"/> Released to HRS Intake Officer, not detained	
Release Date: _____ Release Time: _____ Released to (Name): _____		<input type="checkbox"/> to other than HRS	

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4. Date/Time of Offense: 10/30/22 @ 6:21 pm		5. Date/Time of Arrest: 10/31/22		6. Arresting Officer: LE Senior Inspector Tracy Burge		7. Investigating Officer: LE Senior Inspector Tracy Burge	

8. Defendant's Name: (Last) Staples			(First) Lafrederick			(Middle) D			ALIAS			9. OBTS:		
10. Race/Sex: B/M		11. Date of Birth: 05/06/81		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:					
15. Height: 5"08"		16. Weight: 179		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoo left arm - TRU						
20. Driver's License Number/State:			21. Social Security Number: ***-**-****			22. Residential Telephone:			23. Business Telephone:					
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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)						
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49. Height:		50. Weight:		51. Eye Color:		52. Hair Color:		53. Scars, marks, tattoos, unique physical features: (Location, type & description)						
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58. Address: (Street, Apartment Number)			(City)			(State)			(Zip)					

59. Charge Description: (# 1) Battery of a Law Enforcement Officer					60. Statute or Ordinance Number: 784.07 (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)			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 checked="" type="checkbox"/> Yes <input 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 03-page affidavit/complaint.					
Evidence Custodian's Name: LE Senior Inspector Burge		Person responsible for statements: LE Senior Inspector Burge		<i>LE Senior Insp. Tracy Burge</i> Officer/Complainant Signature				LE Senior Insp. Tracy Burge Type or print Complainant name	

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Agency ORI # **FL037275C**

80. Agency Name: Fl. Dept. of Corrections OIG	81. Agency Report Number: 22-16947	82. Date/Time of Arrest:	83. Investigating Officer: LE Senior Inspector Tracy Burge
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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 Law Enforcement Senior Inspector Tracy Burge of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on October 30, 2022, Inmate Lafrederick Staples DC# P38040 (Defendant) did commit the criminal offense of Battery of a Law Enforcement Officer, in violation of s. 784.07(2)(b) Fla. Stat. when the Defendant did intentionally spray chemical agents into the facial area of Correctional Officer [REDACTED] (Victim) while the Victim was clothed in a correctional officer's uniform and engaged in the lawful performance of his duties.

Your Affiant received information which indicated on October 30, 2022, the Defendant was observed by Correctional Officer [REDACTED] (Officer [REDACTED] who previously was [REDACTED] by the Defendant) and via surveillance video, spraying the Victim with chemical agents he had taken from Officer [REDACTED] while he was [REDACTED] on the tile floor.

The Victim provided sworn testimony indicating [REDACTED]

The Victim [REDACTED] and [REDACTED] being sprayed with chemical agents.

Officer [REDACTED] provided sworn testimony and stated [REDACTED]

Your Affiant obtained a post-Miranda sworn statement of the Defendant. The Defendant indicated he was being counseled by Officer [REDACTED] and he knew he was going to be sprayed with chemical agents. The Defendant stated he did not tolerate being hurt by anyone and when he realized chemical agents were going to be used by Officer [REDACTED] he snapped. The Defendant indicated he did not recall what occurred after that and the next thing he remembered was being given directions by other correctional staff. The Defendant continued to state he did not recall anything but being counseled by Officer [REDACTED]

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Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # **FL037275C**

Your Affiant affirms this incident was captured on surveillance video which supported the Victim's testimony and the witnesses' testimony. The surveillance video captured the Defendant taking the chemical agent canister from Officer ██████████ and subsequently approaching the Victim and spraying him with the chemical agents. The Victim was also wearing a body camera which captured the Defendant's actions.

Your Affiant respectfully submits probable cause has been established to conclude the Defendant did commit the criminal offense of Battery of a Law Enforcement Officer, in violation of s. 784.07(2)(b) Fla. Stat. while he was housed as an inmate at Apalachee Correctional Institution, 35 Apalachee Drive, Sneads Fla. 32460 on October 30, 2022.

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.

<p>85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 03 pages is true and correct to the best of his/her knowledge</p> <p style="font-size: 2em; color: blue;"><i>LE Senior Inspector Tracy Burge</i></p> <p>Signature of Officer/Complainant LE Senior Inspector Tracy Burge 24439</p> <p>Officer/Complainant's Name (Printed) ID Number</p>	<p>Sworn to and subscribed before me this <u>31ST</u> day of <u>October</u>, 20<u>22</u></p> <p style="font-size: 1.5em; color: blue;"><i>Louis Cordova C.L.E.O.</i></p> <p>Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification # <u>4432</u></p> <p>Seal ID Type</p>
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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: _____	91. Business 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)			
<input type="checkbox"/> Transferred to Secure Detention Release Date: _____ Release Time: _____ Released to (Name): _____		<input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HRS	