

Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

AFFIDAVIT - COMPLAINT

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

PAGE 01 of 2

Agency ORI # **FL037275C**

1. Agency Name: OFFICE OF INSPECTOR GENERAL-FDC		2. Agency Report Number: 23-00885		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: 1/15/2023 1204 hrs		5. Date/Time of Arrest: 1/15/2023 1219 hrs.		6. Arresting Officer: SENIOR INSPECTOR TAMMY COX		7. Investigating Officer: SENIOR INSPECTOR TAMMY COX	

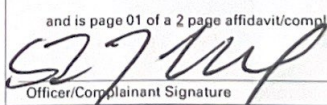
8. Defendant's Name: (Last) KEIM			(First) JANET		(Middle)	ALIAS	9. OBTS:
10. Race/Sex: W/F	11. Date of Birth:	12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: 5.3 THC WAX, 4.7 CANNABIS, 2 GRAMS METH, 2.8 GRAMS MDVP	
15. Height: 5'8	16. Weight: 250	17. Eye Color: BRO	18. Hair Color: BRO	19. Scars, marks, tattoos, unique physical features: (Location, type & description)			
20. Driver's License Number/State: K500-424-70-863-0		21. Social Security Number:		22. Residential Telephone: 9043342971		23. Business Telephone:	
24. Address: (Street, Apartment Number) 311 S HWY 32			(City) COSBY	(State) TN	(Zip) 37722		

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) INTRODUCTION OF CONTRABAND-CONTROLLED SUBSTANCE	60. Statute or Ordinance Number: 944.47 (1)(c)	(4) COUNT	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
61. Charge Description: (# 1) POSSESSION OF DRUG PARAPHERNALIA	62. Statute or Ordinance Number: 893.147(4).		<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: <input type="checkbox"/> 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: SI Cox	Person responsible for statements: Verbal / SI Cox	 Officer/Complainant Signature Tammy Cox Type or print Complainant name

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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # **FL037275C**

80. Agency Name: OFFICE OF INSPECTOR GENERAL FDC	81. Agency Report Number: 23-00885	82. Date/Time of Arrest: 1/15/2023 1204 hrs	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:

Your Affiant is Senior Inspector Tammy Cox (SI Cox) with the Florida Department of Corrections, Office of the Inspector General (FDC-OIG). The Defendant is Janet Keim (Ms. Keim).

On January 15, 2023, your Affiant along with Inspector Supervisor Jared Dewey (Supervisor Dewey) and Inspector Alfred Hughes (Insp. Hughes) were conducting a checkpoint style canine interdiction operation at Hamilton Correctional Institution (HCI) with Correctional Officer Captains James Godwin (Capt. Godwin), Jason Perdue (Capt. Perdue), Michael Roberts (Capt. Roberts) and various security staff of HCI.

During the operation, Capt. Godwin's canine Rowdy alerted to the presence/odor of narcotics in/on a 2014 Chevy Spark bearing Tennessee plate 405BHQB. Ms. Keim was the lone occupant and driver. Ms. Kiem was advised of the canine alert to her vehicle. Ms. Keim stated [REDACTED] SI Cox asked Ms. Keim if she had Medical Marijuana, Hemp, or CBD; to which she replied "no". SI Cox advised Ms. Keim based on her admission [REDACTED] a probable cause search was being conducted.

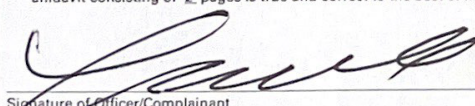
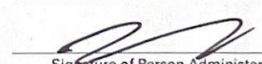
During the search, Insp. Hughes removed a bookbag from the front passenger compartment. Upon removal, Inspector Hughes asked Ms. Keim if the bookbag belonged to her, to which she replied "yes". Upon opening the bag, Insp. Hughes removed a black zippered case. Ms. Keim made a spontaneous utterance "that is going to be a problem" (referencing a black zippered case). The black zippered case and a red case contained 5.3 grams of THC Wax, 4.7 grams of Cannabis, .2 grams of Methamphetamine, 2.8 grams of MDVP, (3) paraphernalia pipes, (2) grinders, and (1) syringe. All narcotics were tested and provided a positive result as listed. There was also a white powdery substance wrapped up in a dollar bill. The substance could not be identified utilizing various field tests and will be sent to the lab for further testing.

Post discovery, Ms. Keim was detained. Post the positive result of a controlled substance, SI Cox advised Ms. Keim she was under arrest. Post-Miranda, Ms. Keim [REDACTED] however, advised the narcotics belonged to a friend; however, Ms. Keim placed it in her bag prior to arrival. Ms. Keim denied the substance was being introduced into HCI. Ms. Keim volunteered to submit to an unclothed body search. During the search, nothing further was located.

Ms. Keim was arrested and transported to Hamilton County Jail by Jasper Police Officer Leon Kerklin.

Your Affiant, SI Cox respectfully submits that probable cause has been established and that the Defendant, Janet Keim, did in the County of Hamilton, and the State of Florida, commit the criminal offense of Possession of Contraband - Controlled substance (4 counts), in violation of Florida State Statute 944.47(1)(c), and Possession of Drug Paraphernalia, in violation of Florida State Statute 893.147(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 2 pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>15</u> day of <u>JANUARY</u> , 20 <u>23</u>
 Signature of Officer/Complainant	 Signature of Person Administering Oath
SI Tammy Cox Officer/Complainant's Name (Printed)	<input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type
[REDACTED] 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)	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	