

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

Clerk's Case No. \_\_\_\_\_

SA Case No.(s) \_\_\_\_\_

PAGE 01 of 03

Agency ORI # **FL037275C**

1. Agency Name: <b>Office of Inspector General - FDC</b>		2. Agency Report Number: <b>23-02266</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>02/05/2023 – 12:15 am</b>		5. Date/Time of Arrest: <b>02/05/2023 – 1:44 pm</b>		6. Arresting Officer: <b>Inspector Daniel Laramore</b>		7. Investigating Officer: <b>Inspector Daniel Laramore</b>	


8. Defendant's Name: (Last) <b>Basnight</b>			(First) <b>Avis</b>			(Middle) <b>Renee</b>			ALIAS			9. OBTS:					
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>08/09/1985</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>Methamphetamine 28.6 gr. K-2 31.0 grams</b>								
15. Height: <b>5'05"</b>		16. Weight:		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>Black</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)									
20. Driver's License Number/State: <b>B252-016-85-789-0/FL</b>				21. Social Security Number: [REDACTED]				22. Residential Telephone: <b>850-999-3581</b>				23. Business Telephone:					
24. Address: (Street, Apartment Number) <b>315 Flannan Rd</b>									(City) <b>Pensacola</b>			(State) <b>Florida</b>			(Zip) <b>32507</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 of Synthetic Cannabinoid with Intent to Distribute</b>					60. Statute or Ordinance Number: <b>893.03 (1)(c)</b>					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 2)					62. Statute or Ordinance Number:					<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
63. Charge Description: (# 3)					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"/> 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 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 04 pages affidavit/complaint.					
Evidence Custodian's Name: <b>Paul Hoff</b>		Person responsible for statements: <b>Inspector Daniel Laramore</b>		 Officer/Complainant Signature				<b>Inspector Daniel Laramore</b> Type or print Complainant name	

Adult Def  PC Arrest  
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Agency ORI # **FL037275C**

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8. Defendant's Name: (Last) <b>Basnight</b>			(First) <b>Avis</b>		(Middle) <b>Renee</b>		ALIAS		9. OBTS:	
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>08/09/1985</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>Methamphetamine 28.6 gr. K-2 31.0 grams</b>		
15. Height: <b>5'05"</b>		16. Weight:		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>Black</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)		
20. Driver's License Number/State: <b>B252-016-85-789-0/FL</b>			21. Social Security Number: [REDACTED]		22. Residential Telephone: <b>850-999-3581</b>		23. Business Telephone:			
24. Address: (Street, Apartment Number) <b>315 Flannan Rd</b>				(City) <b>Pensacola</b>		(State) <b>Florida</b>		(Zip) <b>32507</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)		
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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>Introduction of contraband (methamphetamine) (1 count)</b>			60. Statute or Ordinance Number: <b>944.47 (1)(A)(4)</b>			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
61. Charge Description: (# 2) <b>Introduction of contraband (synthetic cannabinoid) (1 count)</b>			62. Statute or Ordinance Number: <b>944.47 (1)(A)(4)</b>			<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
63. Charge Description: (# 3) <b>Trafficking in methamphetamine (28.6)</b>			64. Statute or Ordinance Number: <b>893.135 (1)(F)(1)(b)</b>			<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: <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 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 04 pages affidavit/complaint.			
Evidence Custodian's Name: <b>Paul Hoff</b>		Person responsible for statements: <b>Inspector Daniel Laramore</b>		 Officer/Complainant Signature		<b>Inspector Daniel Laramore</b> Type or print Complainant name	

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

Clerk's Case No. \_\_\_\_\_  
SA Case No.(s) \_\_\_\_\_

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Agency ORI # **FL037275C**

80. Agency Name: <b>Office of Inspector General - FDC</b>	81. Agency Report Number: <b>23-02266</b>	82. Date/Time of Arrest: <b>02/05/2023</b>	83. Investigating Officer: <b>Inspector Daniel Laramore</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:

Your Affiant is Inspector Daniel Laramore (Inspector Laramore) with the Office of Inspector General for the Florida Department of Corrections (FDC).

On February 5, 2023, Your Affiant was assisting with a parking lot canine operation at Calhoun Correctional Institution. Members of the Canine team consisted of Correctional Captain Justin McDowell (Capt. McDowell), and Correctional Captain Christopher Mears (Capt. Mears), Correctional Major Daniel Carmichael (Major Carmichael) and Correctional Captain Chad Peddie (Capt. Peddie).

At approximately 12:15 a.m. CST, Capt. McDowell made contact with a black female later identified as Avis Renee Basnight DOB-08/09/1985 (Ms. Basnight), in the visitor park of Calhoun Correctional Institution. Ms. Basnight was sitting at a table in the visitor park with her minor child and Inmate Christopher Smith DC# P25697 (Inmate Smith). Captain McDowell observed a small box on the table where the individuals were sitting. Upon inspecting the box, Captain McDowell discovered two packages inside. The packages were wrapped in black tape consistent with packaging contraband items for introduction into a correctional institution. Captain McDowell took possession of the two packages of suspected contraband. Ms. Basnight and the minor child were escorted from inside the secure perimeter to the outside parking lot.

Your Affiant made contact with Ms. Basnight in the parking lot of Calhoun Correctional Institution. Ms. Basnight advised your Affiant, she wanted to give a statement regarding the discovered contraband items. On this date at approximately 1:27 p.m. CST, your Affiant conducted a sworn recorded post-Miranda interview with Ms. Basnight. In the sworn recorded post-Miranda interview, Ms. Basnight

[REDACTED]

Captain McDowell conducted a field test of the contents discovered inside the two packages wrapped in black tape. One of the packages contents contained approximately 28.6 grams of suspected methamphetamine, which field tested positive. The other package contained approximately 31.0 grams of suspected synthetic cannabinoid, which field tested positive for substituted cathinones.

The Defendant Avis Renee Basnight is charged with Introduction of Contraband (methamphetamine), Introduction of Contraband (synthetic cannabinoid), Trafficking in Methamphetamine (approx. 28.6 grams), and Possession of Synthetic Cannabinoids with Intent to Distribute (approx. 31.0 grams).

The Defendant will be arrested and transported to Calhoun County Jail to be booked on the above listed charges.

Your Affiant respectfully submits that probable cause has been established that the Defendant, Avis Renee Basnight, did, in the County of Calhoun, and the State of Florida, commit the criminal offense of Introduction of Contraband (methamphetamine), Introduction of Contraband (synthetic cannabinoid), Trafficking in Methamphetamine (28.6 grams), and Possession of Cannabinoids with Intent to Distribute (31.0 grams).

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.

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Clerk's Case No. \_\_\_\_\_  
SA Case No.(s) \_\_\_\_\_

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 02 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 5<sup>th</sup> day of February 2022

*[Signature]*  
 Signature of Officer/Complainant  
**Inspector Daniel Laramore**  
 Officer/Complainant's Name (Printed)

*[Signature]*  
 Signature of Person Administering Oath  
 Personally Known  Other Identification  
 ID Type 006

Seal

\_\_\_\_\_ ID Number

87. Adult's Relation to Juvenile Defendant:  Parent  Legal Guardian  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:  Person  Telephone

95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)

Transferred to  Secure Detention  Released to  HRS Intake Officer, not detained  Processed within the agency and released  to other than HRS

Release Date: \_\_\_\_\_ Release Time: \_\_\_\_\_ Released to (Name): \_\_\_\_\_