

AFFIDAVIT – COMPLAINT

1. Agency Name: Office of Inspector General - FDC		2. Agency Report Number: 23-21236		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: 11/01/2023 – 12:01 p.m.		5. Date/Time of Arrest: 11/01/2023 – 1:17 p.m.		6. Arresting Officer: Senior Inspector William "Eddie" Dalton		7. Investigating Officer: Senior Inspector William "Eddie" Dalton	


8. Defendant's Name: (Last) Regisma			(First) Berne			(Middle) Suze			ALIAS			9. OBTS:		
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type: <input checked="" 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: Appox 2 grams marijuana					
15. Height: 5'05"		16. Weight:		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description)						
20. Driver's License Number/State:			21. Social Security Number:			22. Residential Telephone:			23. Business Telephone:					
24. Address: (Street, Apartment Number)				(City)				(State)				(Zip)		

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)		

61. Charge Description: (# 2) Introduction of Contraband (marijuana approx. 2 grams) (1 count)		60. Statute or Ordinance Number: 944.47 (1)(A)(4)		<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: <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: Amber Hayes		Person responsible for statements: Senior Inspector Dalton		 Officer/Complainant Signature		Senior Inspector William Dalton Type or print Complainant name	

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No.

SA Case No.(s)

Agency ORI # **FL037275C**

80. Agency Name: Office of Inspector General - FDC	81. Agency Report Number: 23-21236	82. Date/Time of Arrest: 11/01/2023 – 1:17 p.m.	83. Investigating Officer: Senior Inspector William Dalton
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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 William "Eddie" Dalton (SI Dalton) with the Office of Inspector General for the Florida Department of Corrections (FDC).

On November 1, 2023, your Affiant was contacted by Captain Justin McDowell (Captain McDowell). Captain McDowell advised his certified Canine Zston conducting a free air sniff of the dry storage area of food service at Calhoun Correctional Institution (CCI). Captain McDowell advised Canine Zston alerted to the odor of narcotics emitting from the metal wall storage shelves.

Upon a search of the area, a clear plastic bag of a green leafy substance that later field tested positive for marijuana was located under a bag of flour on the metal wall storage shelf.

You Affiant conducted a video review of the fixed wing camera in the dry storage area of food service. Video showed Aramark Contract Employee Berne Regisma (Ms. Regisma) go to the area and hide something in the same area the marijuana was located.

At approximately 12:50 p.m., Ms. Regisma provided a sworn post-Miranda statement advising on today's date, [REDACTED]

Ms. Regisma advised [REDACTED]


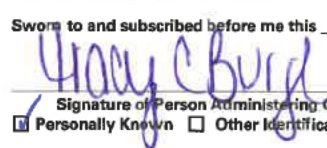

[REDACTED]

On November 1, 2023, at approximately 1:17 p.m., Ms. Regisma was placed under arrest for Introduction of contraband (marijuana) into or upon the grounds of Calhoun Correctional Institution which is a state correctional institution.

The Defendant was 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, BERNE REGISMA, did, in the County of CALHOUN, and the State of Florida, commit the criminal offense of Introduction of contraband (marijuana) into or upon the grounds of Calhoun Correctional Institution which is a state correctional institution.

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 02 pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>1</u> day of <u>Nov</u> , 20 <u>23</u>
 Signature of Officer/Complainant Senior Inspector William Dalton Officer/Complainant's Name (Printed)	 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification Seal
[REDACTED] ID Number	 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: _____ 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 Processed within the agency and released <input type="checkbox"/> to other than HRS
Release Date: _____ Release Time: _____ Released to (Name): _____	