

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

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

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

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Agency ORI# **FL037275C**

1. Agency Name: <b>Office of Inspector General - FDC</b>		2. Agency Report Number: <b>24-00344</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>01/07/2024 / 10:30 a.m.</b>		5. Date/Time of Arrest: <b>01/07/2024 – 10:45 a.m.</b>		6. Arresting Officer: <b>Detective William "Eddie" Dalton</b>		7. Investigating Officer: <b>Detective William "Eddie" Dalton</b>	

8. Defendant's Name: (Last) <b>Woodside</b> (First) <b>Lestane</b> (Middle) <b>La-Daesha</b> ALIAS			9. OBTS:			
10. Race/Sex: <b>B/F</b>	11. Date of Birth: <b>05/27/1997</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>Methylmethcathinone (MDPV) 284.1 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>W323-532-97-687-0/FL</b>		21. Social Security Number: [REDACTED]		22. Residential Telephone: <b>407-463-9272</b>		23. Business Telephone:
24. Address: (Street, Apartment Number) <b>295 Lago Cir Apt 301</b> (City) <b>West Melbourne</b> (State) <b>Florida</b> (Zip) <b>32904</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>Introduction of Contraband (MDPV)</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>Trafficking in a controlled substance (substituted cathinone 284.1 grams)</b>		62. Statute or Ordinance Number: <b>893.135 (1)(k)(2)(b)</b>		<input checked="" 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"/> 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			
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Evidence Custodian's Name: Amber Hayes

Person responsible for statements: Detective William Dalton

and is page 01 of a 04 pages affidavit/complaint. *William Dalton* Detective William Dalton  
Officer/Complainant Signature Type or print Complainant name

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

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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>24-00344</b>	82. Date/Time of Arrest: <b>01/07/2024 - 10:45 a.m.</b>	83. Investigating Officer: <b>Detective William Dalton</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 Detective William "Eddie" Dalton (Detective Dalton) with the Office of Inspector General for the Florida Department of Corrections (FDC).

On January 7, 2024, Your Affiant and Detective Ilsa Hayes (Detective Hayes) was assisting with a parking lot canine operation at Holmes Correctional Institution (HCI). Members of the Canine team consisted of Correctional Captain Justin McDowell (Captain McDowell) and Correctional Captain Dustin Jordan (Captain Jordan).

At approximately 10:30 a.m. CST, a black female who was later identified as Lestane La-Daesha Woodside DOB-05/27/1997 (Ms. Woodside), entered the parking lot of HCI in a grey Honda Accord bearing Florida Tag 46B-LME.

Captain McDowell made contact with Ms. Woodside and utilized certified Canine Zseton to conduct a free air sniff of Ms. Woodside's vehicle. Captain McDowell advised Canine Zseton alerted to the odor of narcotics emitting from the vehicle.

Detective Dalton made contact with Ms. Woodside and detected a strong odor of marijuana emitting from the interior of the vehicle. Detective Dalton also observed a large bulge in the front private area of Ms. Woodside's orange sweatpants. When Detective Dalton asked about the bulge in her sweatpants, Ms. Woodside advised [REDACTED]

Ms. Woodside provided a sworn Post Miranda Statement indicating [REDACTED]

All five (5) "bombs" tested positive for Methylenedioxymethamphetamine (MDPV) with a total weight of 284.1 grams.

At approximately 10:45 a.m. CST, Ms. Woodside was placed under arrest for Introduction of contraband (MDPV) and Trafficking in a controlled substance (substituted cathinone 284.1 grams).

Ms. Woodside was arrested and transported to Holmes County Jail to be booked on the above listed charges.

Your Affiant respectfully submits that probable cause has been established the Defendant, Lestane La-Daesha Woodside, did, in the County of HOLMES, and the State of Florida, commit the criminal offense of Introduction of Contraband (MDPV) and Trafficking a Controlled Substance.

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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<p>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</p> <p style="font-size: 1.2em; font-family: cursive;">William Dalton</p> <p>Signature of Officer/Complainant  <b>Detective William Dalton</b></p> <p>Officer/Complainant's Name (Printed) <span style="float: right;">ID Number <span style="background-color: black; color: black;">[REDACTED]</span></span></p>	<p>Sworn to and subscribed before me this <u>7</u> day of <u>Jan</u>, 20<u>24</u></p> <p style="font-size: 1.2em; font-family: cursive;">[Signature]</p> <p>Signature of Person Administering Oath  <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <span style="float: right;">ID Type _____</span></p> <p>Seal _____</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: (Choose one and complete release data)			
<input type="checkbox"/> Transferred to <input type="checkbox"/> Secure Detention		<input type="checkbox"/> Released to <input type="checkbox"/> HRS Intake Officer, not detained	
<input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS			
Release Date: _____ Release Time: _____ Released to (Name): _____			