

COUNTY WARRANT TO ARREST

STATE OF FLORIDA

IN THE COUNTY COURT OF THE FIFTH JUDICIAL
CIRCUIT, OF THE STATE OF FLORIDA, IN AND
FOR MARION COUNTY

vs

AGENCY CASE NUMBER:
, OIG5 1916089

SAMUEL DEREA WILLIAMS

S.S.:

D.L.:

D.O.B.:

SEX: M

RACE: B

HEIGHT: 5'9"

WEIGHT: 250 lbs.

HAIR: BROWN

EYES: BROWN

LKA:

IN THE NAME OF THE STATE OF FLORIDA, TO ALL AND SINGULAR THE SHERIFFS OF
FLORIDA, SPECIAL AGENTS OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT AND
FLORIDA STATE ATTORNEYS INVESTIGATORS:

WHEREAS, Inspector Green has made oath that in the County and State aforesaid, SAMUEL DEREA
WILLIAMS (R/G: B/M, DOB: [REDACTED] SSN: [REDACTED] in the County of Marion, and the State of
Florida, on or about the 14th day of September in the year of Our Lord, twenty-nineteen:

COUNT I
BATTERY (M1)

784.03

BOND AMOUNT \$2,500.00

did unlawfully commit battery upon [REDACTED] by actually and intentionally touching or
striking [REDACTED] against her will, or by intentionally causing bodily harm to [REDACTED]
[REDACTED] in violation of Florida Statute 784.03;

Contrary to the form of the statute in such cases made and provided and against the peace and dignity of
the State of Florida.

THESE ARE, THEREFORE, to command you to arrest and bring the above named defendant
before the COUNTY Judge to be dealt with according to law.

THE UNDERSIGNED HEREBY ENDORSES BAIL IN THE AMOUNT OF \$2,500.00
AND **DOES**/DOES NOT AUTHORIZE MODIFICATIONS OF THIS BAIL BY THE JUDGE
PRESIDING AT FIRST APPEARANCE.

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COUNTY JUDGES WARRANT
STATE OF FLORIDA VS. SAMUEL DEREK WILLIAMS
AGENCY NUMBER: , OIG5 1916089

Given under my hand and seal this 17th day of September, 2019. , .



COUNTY JUDGE
Steven G. Rogers - Duty Judge

SERVED

MONTH DAY YEAR
TIME: ____ AM ____ PM
WILLIAM MICHAEL WOODS, SHERIFF
MARION COUNTY, FLORIDA

DEPUTY SHERIFF

ATTENTION
IMMEDIATELY UPON SERVICE OF
THIS WARRANT, PLEASE NOTIFY

OF THE

PHONE - (352) _____

COUNTY JUDGES WARRANT
STATE OF FLORIDA VS. SAMUEL DEREK WILLIAMS
AGENCY NUMBER: , OIG5 1916089

PLEASE PLACE THIS WARRANT/CAPIAS IN: (CHECK APPROPRIATE LINES)

I- FCIC

2- NCIC

IF FCIC ONLY:

STATEWIDE

SURROUNDING COUNTIES ONLY

MARION COUNTY ONLY

OTHER _____

WE WILL EXTRADITE SUBJECT FROM THE FOLLOWING REGION(S) IF PLACED IN NCIC:

REGION A

REGION E

REGION B

REGION F

REGION C

REGION G

REGION D

REGION H

CONTINENTAL U.S.

INTERNATIONAL

AUTHORIZED BY

/s/ Brianna Kathleen Hall
Brianna Kathleen Hall
Assistant State Attorney
Florida Bar No. 0124529
110 NW 1st Avenue, Suite 5000
Ocala, FL 34475
(352) 671-5800
EServiceMarion@sao5.org

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OBTs NUMBER:

OFFICE OF THE INSPECTOR GENERAL

SPN NUMBER:

AGENCY ORI NUMBER:

PROBABLE CAUSE AFFIDAVIT

AGENCY CASE REPORT NUMBER:

FL037275C

19-16089

DEFENDANT	NAME OF SUBJECT (LAST, FIRST, MI): Williams, Samuel Derea				ALIAS / MAIDEN:							
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): [REDACTED]				CITY:		STATE:		ZIP CODE:		TELEPHONE NUMBER: [REDACTED]	
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 11120 NW Gainesville Rd				CITY: Ocala		STATE: FL		ZIP CODE: 34482		TELEPHONE NUMBER: (352) 361-0914	
	MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): N/A				SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):							
	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: M	DATE OF BIRTH: [REDACTED]		HEIGHT: 5'09"	WEIGHT: 250	HAIR COLOR: Brown	EYE COLOR: Brown	COMPLEXION:		BUILD:
	DRIVERS LICENSE / STATE ID NUMBER: [REDACTED]		STATE OBDL / ID: FL	SOCIAL SECURITY NUMBER: [REDACTED]		PHOTO NUMBER:		PLACE OF BIRTH: Florida		COUNTRY OF CITIZENSHIP: USA		
	SUBJECT'S OCCUPATION: Food Service Coordinator			SPN NUMBER:		AGENCY ORI NUMBER: FL037275C		SO ID / AGENCY ID / NUMBER:		BOOKING NUMBER:		
LOCATION OF ARREST: 11120 NW Gainesville Rd				DATE OF ARREST:		TIME OF ARREST (MILITARY):		DATE OF BOOKING:		TIME OF BOOKING (MILITARY):		
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):						SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):						

CO-DEF.	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE	JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED	NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):				WORK TELEPHONE NUMBER:	
	PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):	CITY:		STATE:		ZIP CODE:	HOME TELEPHONE NUMBER:

WITNESS	(NAME):	ADDRESS:	TELEPHONE NUMBER:
	(NAME):	ADDRESS:	TELEPHONE NUMBER:
	(NAME):	ADDRESS:	TELEPHONE NUMBER:
	(NAME):	ADDRESS:	TELEPHONE NUMBER:

CHARGE 1	OFFENSE DESCRIPTION: Battery	<input type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: 784.03(1)(a)(1)		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	DATE OF OFFENSE: 09/14/2019	TIME OF OFFENSE:	BAIL AMOUNT: \$2,500.00	VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME): Inmate [REDACTED]	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 11120 NW Gainesville Rd	CITY: Ocala	STATE: FL	ZIP CODE: 34482		

CHARGE 2	OFFENSE DESCRIPTION:	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME):	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:		

CHARGE 3	OFFENSE DESCRIPTION:	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME):	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:		

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):	CITY OF:	COUNTY OF:	STATE OF:
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The Defendant did violate § 784.03(1)(a)(1) Battery, to wit:

Your affiant is Law Enforcement Inspector Michael Green #113026 with the Office of the Inspector General, Florida Department of Corrections

On September 16, 2019 Inspector Green was notified by Warden Stephen Rossiter, of an alleged battery that occurred at Lowell Annex Correctional Institution, involving a Food Service Coordinator and a female inmate. The battery occurred on Saturday, September 14, 2019 between 1130 and 1230 hours, in culinary of Lowell Annex.

On September 14, 2019 Inmate [REDACTED] reported to Correctional Officer Lieutenant Latorsha Dove, that while working in culinary earlier in the day, Food Service Coordinator, Samuel D Williams, rubbed her buttocks with his hand. Video of culinary was pulled and reviewed by Inspector Green. The video shows Coordinator Williams talking to Inmate [REDACTED] while she is cleaning. Williams waited until no one was in the immediate area. With his left, Williams rubs/grabs Inmate [REDACTED] buttocks, while she is still cleaning. As soon as he does this, Inmate [REDACTED] is seen pulling away and a verbal dialogue ensues, prompting Williams to walk away from the area.

According to Inmate [REDACTED] she confronted Williams as soon as he grabbed her. Williams became defensive, and said, "What are you going to assault me?", then turned and walked away. Inmate [REDACTED] left culinary after the incident and reported the incident to the shift captain and Lieutenant Dove, the same day. Inmate [REDACTED] stated that this was unwanted and unsolicited, and she was very offended and upset.

Probable Cause exists for the arrest of Food Service Coordinator Samuel D. Williams for Battery, violating § 784.03(1)(a)(1).

MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

AM
 PM

NTA

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

DEFENDANT (SIGNATURE):

DATE:

JURAT

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

17 DAY OF September, 2019

SIGNATURE:

TITLE: Inspector Michael Green

I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME (PRINT):

SIGNATURE:

AGENCY: FDC - OIG LEO ID NUMBER: 113026