

AFFIDAVIT - COMPLAINT

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 19-18768		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: 10/2016 - 10/2019		5. Date/Time of Arrest: 10/28/19 @ 1:52 p.m.		6. Arresting Officer: Senior Inspector Jerry Basford		7. Investigating Officer: Senior Inspector Jerry Basford	

8. Defendant's Name: (Last) Odom		(First) Tanya		(Middle) Carpenter		ALIAS Ben Stren		9. OBTS:	
10. Race/Sex: W/F		11. Date of Birth: [REDACTED]		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: n/a	
15. Height: 5'7"		16. Weight:		17. Eye Color:		18. Hair Color:		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: [REDACTED]		21. Social Security Number:		22. Residential Telephone: [REDACTED]		23. Business Telephone:			
24. Address: (Street, Apartment Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]			

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, Communication		60. Statute or Ordinance Number: 944.47 (1)(a)(1)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Interference with Prisoners		62. Statute or Ordinance Number: 944.39		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1) Unlawful Use of a Two-way Communication Device		64. Statute or Ordinance Number: 934.215		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (If business, list legal business name) (Last) State of Florida		(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) Senior Inspector Jerry Basford		(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number) 501 S. Calhoun Street		(City) Tallahassee		(State) Florida		(Zip) 32399		74. Secondary Phone Number:			
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____						76. Information Given: <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 page affidavit/complaint.					
Evidence Custodian's Name: Darla Henderson		Person responsible for statements: Jerry Basford		 Officer/Complainant Signature				Inspector Jerry Basford Type or print Complainant name	

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49. Height:		50. Weight:		51. Eye Color:		52. Hair Color:		53. Scars, marks, tattoos, unique physical features: (Location, type & description)	
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58. Address: (Street, Apartment Number)		(City)		(State)		(Zip)			

59. Charge Description: (# 1) Introduction of Contraband, Food		60. Statute or Ordinance Number: 944.47 (1)(a)(2)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number:		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
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65. Victim's Name: (If business, list legal business name) (Last) State of Florida		(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) Senior Inspector Jerry Basford		(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
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Evidence Custodian's Name: Darla Henderson		Person responsible for statements: Jerry Basford		 Officer/Complainant Signature				Inspector Jerry Basford Type or print Complainant name	

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # FL037275C

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80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 19-18768	82. Date/Time of Arrest: 10/28/19 @ 1:52 p.m.	83. Investigating Officer: Senior Inspector Jerry Basford
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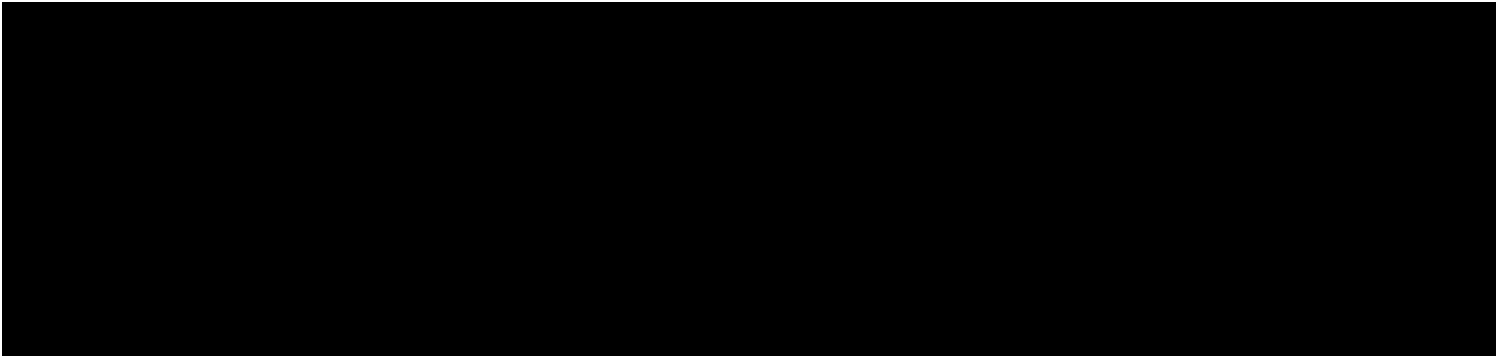
84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

Your Affiant is Senior Inspector Jerry Basford of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe Contract Nurse Tanya Odom (Nurse Odom), employed at Graceville Correctional Facility (GCF), in the County of Jackson and the State of Florida, did commit the criminal offense of Introduction of Contraband into a State Correctional Institution (Communication), in violation of s. 944.47 (1)(a)(1) Fla. Stat., when Nurse Odom did actually and intentionally introduce, through unauthorized channels, into the secure perimeter of a State Correctional Institution, electronically transmitted written and/or recorded communication and images to an inmate. Furthermore, Nurse Odom did commit the criminal offense of Introduction of Contraband into a State Correctional Institution (Food), in violation of s. 944.47 (1)(a)(2) Fla. Stat., when Nurse Odom did actually and intentionally introduce, through unauthorized channels, into the secure perimeter of a State Correctional Institution, food items she provided to inmates. Probable cause also exists that Nurse Odom committed the criminal offense of Interference with Prisoners, in violation of s. 944.39 Fla. Stat., when Nurse Odom engaged in a personal relationship with an inmate under the supervision of the Florida Department of Corrections, and while doing so allowed the inmate to violate laws of the State of Florida and rules of the Department of Corrections. Lastly, Nurse Odom did commit the criminal offense of Unlawful Use of a Two-way Communication Device, in violation of s. 934.215 Fla. Stat., when Nurse Odom used a cellular telephone to introduce contraband communication to an inmate housed within a State Correctional Institution.

A fraudulent Jpay account was identified communicating with and sending money to former Inmate Vaughn Ellis, DC# J29144, while he was still an inmate under the supervision of the Florida Department of Corrections (FDC). According to Jpay records, the account was created on October 9, 2018 and frequently communicated with Inmate Ellis until his release from FDC custody in July 2019. The account indicates the user is "Ben Stren" of 4537 Hwy 77, Graceville, Florida. While reviewing the correspondence, identifying information about the account user was noted it appears the account user is a female. The Ben Stren account was also communicating with another inmate, Joseph Ewing, DC# A50703. In communications with Inmate Ewing, the account user indicated she was married to [REDACTED] for the past ten years and owned property with [REDACTED]. A driver's license query for [REDACTED] indicated Tanya Odom was a co-registrant on a vehicle and a search of Jackson County property records indicated [REDACTED] and Tanya Odom are co-owners of property in Graceville, Florida. The correspondence also refers to the writer's sister, Tara. The name Tanya Odom was queried in FDC databases. Through these queries, Tanya Odom was identified as a contract nurse working at GCF.

On Monday, October 28, 2019, Nurse Odom provided a sworn interview, post-Miranda, at GCF. During her interview, Nurse Odom



Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal offense of Introduction of Contraband (Communication), in violation of s. 944.47 (1)(a)(1), Florida Statute when Nurse Odom did actually and intentionally introduce through unauthorized channels, electronically transmitted written and/or recorded communication and images to an inmate, within the secure perimeter of a State Correctional Institution using Jpay, a means not approved for staff communication with inmates.

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal offense of Introduction of Contraband (Food), in violation of s. 944.47 (1)(a)(2), Florida Statute when Nurse Odom did actually and intentionally introduce through unauthorized channels, food items, she provided to inmates within the secure perimeter of a State Correctional Institution.

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal violation of Interference with Prisoners, in violation of s. 944.39 Fla. Stat., when Nurse Odom engaged in a personal relationship with an inmate under the supervision of the Florida Department of Corrections, and while doing so allowed the inmate to violate laws of the State of Florida and rules of the Department of Corrections.

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal offense of Unlawful Use of a Two-way Communication Device, in violation of s. 934.215 Fla. Stat., when Nurse Odom used a cellular telephone to introduce contraband communication to an inmate housed in a State Correctional Institution.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 4 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 28th day of October, 2019

William Dobson
 Signature of Person Administering Oath
 Personally Known Other Identification

Seal ID Type

[Signature]
 Signature of Officer/Complainant

Taban G. Terry
 Officer/Complainant's Name (Printed) ID Number *59004*

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) <input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HRS Release Date: _____ Release Time: _____ Released to (Name): _____			