

AFFIDAVIT - COMPLAINT

ORI# FL037275C

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 19-03556		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type: (If applicable)	
4. Date/Time of Offense: 10/23/18 & 11/03/18		5. Date/Time of Arrest: 12/05/2019 2:40PM		6. Arresting Officer: N/A		7. Investigating Officer: Inspector Matthew Ryan	

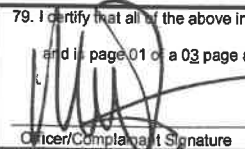
8. Defendant's Name: (Last) Long			(First) Kevin			(Middle) A.			ALIAS			9. OBTS:			
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon 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: 5'6"		16. Weight: Unk		17. Eye Color: Unk		18. Hair Color: Unk		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Unk							
20. Driver's License Number/State:				21. Social Security Number:				22. Residential Telephone: N/A				23. Business Telephone: 352-569-6100			
24. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____															

25. Defendant's Name: (Last) N/A			(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) N/A			(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:						
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59. Charge Description: (# 1) 2 Counts Unlawful Compensation or Reward for Official Behavior				60. Statute or Ordinance Number: 838.016				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) 2 Counts of Unlawful Use of a Two-Way Communication Device				62. Statute or Ordinance Number: 934.215				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
63. Charge Description: (# 1)				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) STATE OF FLORIDA FDOC			(First)			(Middle)			66. Race/Sex: N/A		67. Date of Birth: N/A		68. Telephone Number:	
69. Contact Person if victim is deceased, a minor child, or business: (Last) N/A			(First) N/A			(Middle) N/A			70. Race/Sex: N/A		71. Date of Birth: N/A		72. Telephone Number:	
73. Address: (Street, Apartment Number) Sumter Correctional 9544 County Rd 476B			(City) Bushnell			(State) FL			(Zip) 33513			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 03 page affidavit/complaint.			
Evidence: State Cell issue cell phone Custodian's Name: Inspector Matthew Ryan		Person Responsible for statements: Inspector Matthew Ryan		 Officer/Complainant Signature		Matthew R. Ryan Type or print Complainant name	

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: Office of the Inspector General, Florida Department of Corrections	81. Agency Report Number: 19-03556	82. Date/Time of Arrest: Pending	83. Investigating Officer: Matthew R. Ryan Inspector, OIG FL DOC
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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 Matthew R. Ryan of the Office of Inspector General (OIG), Florida Department of Corrections.

Your affiant has probable cause to believe that between October 23, 2018, and November 3, 2018, FL DOC Correctional Officer Kevin Long made arrangements to provide inmates at the Sumter Correctional Institution (SCI) alcohol and cellular phones for electronic money payments and did commit two (2) counts of Unlawful Compensation or Reward for Official Behavior in violation of FSS 838.016, and, to facilitate his illegal activity, additionally committed two (2) counts of Unlawful Use of a Two-Way Communication Device in violation of FSS 934.215.

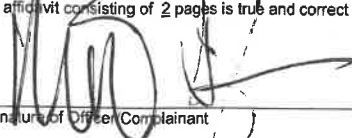

On February 27, 2019, SCI senior staff notified the OIG that [REDACTED] conducted business with Correctional Officer Kevin Long to introduce contraband into the SCI Work Camp for the purpose of distributing that contraband to other inmates.

Based on the evidence obtained from subpoenas and interviews, it has been proven that Officer Long received electronic transfer (Western Union and RIA Financial) money payments to introduce illegal contraband; alcohol and cellular phones into SCI while he was on duty as a Correctional Officer employed with the Florida Department of Corrections. Two transactions took place in Sumter County where Officer Long received these payments totaling \$190.00. In a sworn interview, Inmate Harrington stated Officer Long received these payments for distributing alcohol and cell phones at the SCI Work Camp. The payments to Officer Long were conducted via electronic money transfers arranged by Ms. Brandy Walls. In a sworn interview, Ms. Walls confirmed she made payments to Officer Long at Inmate Harrington's direction.

Documentation provided as a result of issued subpoenas substantiated Inmate Harrington and Ms. Walls' statements, verifying the amounts and dates of the payments made to Officer Long; \$150.00 via Western Union, and \$40.00 via RIA Financial. The coordination of these payments were between Inmate Harrington, Ms. Walls, and Officer Long via cellular phone communications (phone calls and text messages). Copies were provided of the text messaging between Officer Long, Inmate Harrington, and Ms. Walls. Cellular phone service providers Verizon and T-Mobile provided documentation in response to issued subpoenas that confirmed the communications arranging this illegal activity.

Additional details are included in the criminal case summary report.

Your affiant respectfully submits that probable cause has been established that Correctional Officer Kevin Long, while a Correctional Officer at the Sumter Correctional Institution, did intentionally and unlawfully commit 2 counts of Unlawful Compensation or Reward for Official Behavior, FSS 838.016, and of 2 counts of Unlawful Use of a Two-Way Communication Device, FSS 934.215.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this <u>5th</u> day of <u>December</u> , 20 <u>19</u> <u>2:28pm</u>
 Signature of Officer/Complainant Inspector Mathew R. Ryan	 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification	<u>LEO 119653</u> ID Number
84194 Officer/Complainant's Name (Printed)	 ID Number	 Seal
 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): _____			

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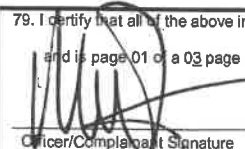
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15. Height: 5'6"		16. Weight: Unk		17. Eye Color: Unk		18. Hair Color: Unk		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Unk	
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Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

Clerk's Case No. _____

SA Case No.(s) _____

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: Office of the Inspector General, Florida Department of Corrections	81. Agency Report Number: 19-03556	82. Date/Time of Arrest: Pending	83. Investigating Officer: Matthew R. Ryan Inspector, OIG FL DOC
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84194	<input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
Officer/Complainant's Name (Printed)	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) _____	
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<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): _____		

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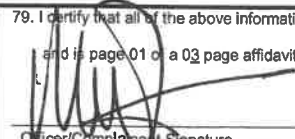
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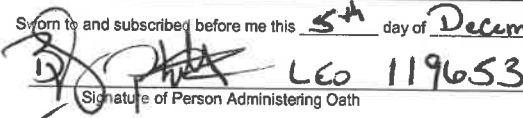
Documentation provided as a result of issued subpoenas substantiated Inmate Harrington and Ms. Walls' statements, verifying the amounts and dates of the payments made to Officer Long; \$150.00 via Western Union, and \$40.00 via RIA Financial. The coordination of these payments were between Inmate Harrington, Ms. Walls, and Officer Long via cellular phone communications (phone calls and text messages). Copies were provided of the text messaging between Officer Long, Inmate Harrington, and Ms. Walls. Cellular phone service providers Verizon and T-Mobile provided documentation in response to issued subpoenas that confirmed the communications arranging this illegal activity.

Additional details are included in the criminal case summary report.

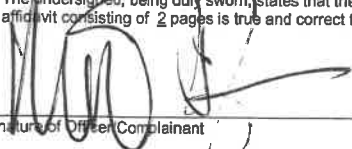
Your affiant respectfully submits that probable cause has been established that Correctional Officer Kevin Long, while a Correctional Officer at the Sumter Correctional Institution, did intentionally and unlawfully commit 2 counts of Unlawful Compensation or Reward for Official Behavior, FSS 838.016, and of 2 counts of Unlawful Use of a Two-Way Communication Device, FSS 934.215.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 5th day of December, 2019 2:28pm


Signature of Person Administering Oath LEO 119653

Personally Known Other Identification _____

Signature of Officer/Complainant: 
Inspector Mathew R. Ryan ID Number 84194

Officer/Complainant's Name (Printed) ID Number Seal 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): _____			