

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____
SA Case No.(s) _____

ORI# FL014025C

PAGE 01 of 2

1. Agency Name: Office of Inspector General - FDC		2. Agency Report Number: 17-11483		3. Charge Type: <input type="checkbox"/> Felony <input checked="" 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: 06/23/201707- 2:20 p.m.		5. Date/Time of Arrest: Warrant Request		6. Arresting Officer: Senior Inspector Christopher Baty		7. Investigating Officer: Senior Inspector Christopher Baty	

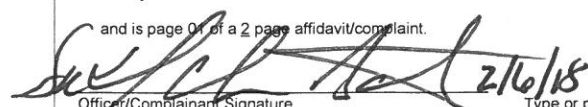
8. Defendant's Name: (Last) Tinney			(First) Jason			(Middle) Robert			ALIAS			9. OBTS:		
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon 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:				
15. Height: 6'0"		16. Weight:		17. Eye Color:		18. Hair Color:		19. Scars, marks, tattoos, unique physical features: (Location, type & description)						
20. Driver's License Number/State: T500-436-77-271-0			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)					

59. Charge Description: (# 1) Battery on an Inmate		60. Statute or Ordinance Number: 944.35 (3)(a)(1)		<input checked="" type="checkbox"/> F. S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number:		<input 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) [REDACTED]			(First) [REDACTED]			(Middle) [REDACTED]			66. Race/Sex: [REDACTED]		67. Date of Birth: [REDACTED]		68. Telephone Number: Incarcerated	
69. Contact Person if victim is deceased, a minor child, or business: (Last) [REDACTED]			(First) [REDACTED]			(Middle) [REDACTED]			70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number) Charlotte Correctional Institution			(City) Punta Gorda			(State) Florida			(Zip) 33955			74. Secondary Phone Number:		
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____								76. Information Given: 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 2 page affidavit/complaint.	
Evidence Custodian's Name: Senior Inspector Baty		Person responsible for statements: Senior Inspector Baty		Officer/Complainant Signature:  2/16/18	

R. Tinney, W/M DOB: [REDACTED] for a violation of 944.35(3)(a)(1), Fla. Stat, Battery on an Inmate.

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 6th day of February, 2018

[Signature] L.E.O.
Signature of Person Administering Oath
 Personally Known Other Identification

Senior Inspector Christopher Baty 193
Officer/Complainant's Name (Printed) ID Number

Seal Sworn State Law Enforcement
ID Type of A.R.C.E.R.

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) Release Date: _____ Release Time: _____ Released to (Name): _____		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	