

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

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

PAGE 01 of 2

Agency ORI # FL037275C

1. Agency Name: <b>Fl. Dept. of Corrections-Ofc. Of Inspector General</b>		2. Agency Report Number: <b>18-06507</b>		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: <b>04/10/2018 6:59 AM</b>		5. Date/Time of Arrest: <b>04/10/2018 9:18 AM</b>		6. Arresting Officer: <b>Inspector Brian K. Stagner</b>		7. Investigating Officer: <b>Inspector Brian K. Stagner</b>	

8. Defendant's Name: (Last) <b>Robinson</b>			(First) <b>Andrea</b>			(Middle) <b>Jamaal</b>			ALIAS			9. OBTS:			
10. Race/Sex: <b>B/M</b>		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input 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: <b>Alcohol – 33.2 FL OZ</b>							
15. Height: <b>6' 5"</b>		16. Weight: <b>226</b>		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>BLACK</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Multiple Upper Arm Tattoos</b>							
20. Driver's License Number/State: <b>R152010921220</b>				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone: <b>NA</b>			
24. Address: (Street, Apartment Number)			(City)			(State)			(Zip)						

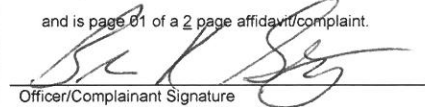
25. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			26. OBTS:			
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State		30. Weapon Seized: <input type="checkbox"/> 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) <b>Introduction of Contraband into/onto State Prison to wit Alcohol</b>		60. Statute or Ordinance Number: <b>944.47(1)(a)(6)</b>		<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) <b>State of Florida</b>			(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) <b>Inspector Brian K. Stagner</b>			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: <b>(850) 593-9625</b>	
73. Address: (Street, Apartment Number) <b>35 Apalachee Drive</b>			(City) <b>Sneads</b>			(State) <b>Florida</b>			(Zip) <b>32460</b>			74. Secondary Phone Number: <b>((850) 373-7618</b>		

75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____						76. Information Given: Victim <input type="checkbox"/> Arrest Info <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info					
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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: <b>Insp. Brian K. Stagner</b>		Person responsible for statements: <b>Insp. Brian K. Stagner</b>		 Officer/Complainant Signature				<b>Insp. Brian K. Stagner</b> Type or print Complainant name	

Adult Def     PC Arrest  
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# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

80. Agency Name: <b>Florida Department of Corrections Office of Inspector General</b>	81. Agency Report Number: <b>18-06507</b>	82. Date/Time of Arrest: <b>04/10/2018 9:18 AM</b>	83. Investigating Officer: <b>Insp. Brian K. Stagner</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:

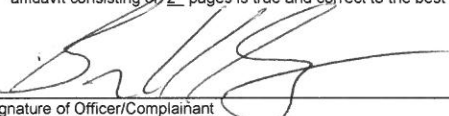
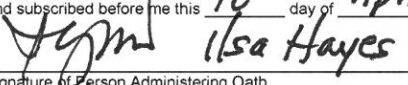
Your Affiant is Inspector Brian K. Stagner of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on April 10, 2018, Officer Andrea J. Robinson did commit the criminal offense of Introduction of Contraband into/onto a State Correctional Institution, in violation of s. 944.47, Fla. Stat., when he brought alcohol into Apalachee Correctional Institution West Unit located in Sneads, Florida and attempted to surpass detection.

On April 10, 2018, at approximately 6:59 AM, Officer Meghan Bergeron was conducting searches of employee items prior to allowing entry into the secure facility of Apalachee Correctional Institution West Unit. During the search of Officer Robinson belonging she noticed two (2) clear "Nestle" water bottles with the seal broken. Officer Bergeron notified Captain Carl Carlson of her discovery. Captain Carlson opened the water bottle and smell the presence of alcohol. At approximately 7:29 AM, Inspector Brian K. Stagner was notified by Inspector Supervisor Maurice Radford. Inspector Stagner responded to Apalachee Correctional Institution to conduct a criminal investigation.

Inspector Stagner arrived at Apalachee Correctional Institution conducted a post Miranda interview of Officer Robinson. [REDACTED]

Your Affiant respectfully submits that probable cause has been established that Officer Robinson did commit the criminal violation of Introduction of Contraband into/onto a State Correctional Institution, in violation of s. 944.47, Fla. Stat., at Apalachee Correctional Institution West Unit, 52 West Unit Drive, Sneads Florida 32460, and in Jackson County.

<p>85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his/her knowledge</p> <p>  Signature of Officer/Complainant</p> <p>Inspector Brian K. Stagner      Badge # 85219  Officer/Complainant's Name (Printed)      ID Number</p>	<p>Sworn to and subscribed before me this <u>10</u> day of <u>April</u>, 20<u>18</u></p> <p>  Signature of Person Administering Oath</p> <p><input type="checkbox"/> Personally Known    <input checked="" type="checkbox"/> Other Identification</p> <p>Seal      <u>State Identification card.</u> ID Type</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: (Check one and complete release data)		Processed within the agency and released	
<input type="checkbox"/> Transferred to <input type="checkbox"/> Secure Detention		<input type="checkbox"/> Released to <input type="checkbox"/> HRS Intake Officer, not detained	
Release Date: _____	Release Time: _____	Released to (Name): _____	