

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: Fl. Dept. of Corrections-Ofc. Of Inspector General		2. Agency Report Number: 18-07045		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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 04/17/2018		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: Inspector Daniel Morris	

8. Defendant's Name: (Last) Pierce			(First) Nicholas			(Middle) Andrew			ALIAS			9. OBTS:		
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10. Race/Sex: W/M		11. Date of Birth: 05/16/1978		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: Marijuana 1oz			
15. Height: 5'11		16. Weight: 218		17. Eye Color: Blue		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description)				

20. Driver's License Number/State: P620-621-78-176-0			21. Social Security Number: [REDACTED]			22. Residential Telephone:			23. Business Telephone: NA		
24. Address: (Street, Apartment Number) 22811 Panama City Pkwy 26			(City) Panama City Beach			(State) FL			(Zip) 32413		

25. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			26. OBTS:		
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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:		
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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 into/onto State Prison to wit MARIJUANA				60. Statute or Ordinance Number: 944.47(1)(a)(6)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) Burglary of Structure				62. Statute or Ordinance Number: 810.02(1)(b)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
63. Charge Description: (# 1)				64. Statute or Ordinance Number:				<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) Inspector Daniel Morris			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: (850) 773-0231		
73. Address: (Street, Apartment Number) 4455 Sam Mitchell Dr.			(City) Chipley			(State) Florida			(Zip) 32428			74. Secondary Phone Number: (850) 326-0442			

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					
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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: Sr. Insp. Bobby Hartwell		Person responsible for statements: Sr. Insp. Bobby Hartwell		Officer/Complainant Signature 			Insp. Daniel Morris Type or print Complainant name		

