

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # FL037275C

PAGE 01 of 2

1. Agency Name: Fl. Dept. of Corrections-Ofc. Of Inspector General		2. Agency Report Number: 18-07186		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: 04/20/2018 9:15 AM		5. Date/Time of Arrest: 04/20/2018 10:01 AM		6. Arresting Officer: Inspector Brian K. Stagner		7. Investigating Officer: Inspector Brian K. Stagner	

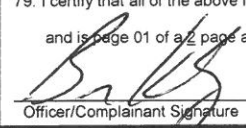
8. Defendant's Name: (Last) Trask			(First) Alexandria			(Middle) Taylor			ALIAS			9. OBTS:			
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State				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: Marijuana-14 grams, Cigarillos-27					
15. Height: 5'9"		16. Weight: 188 LBS		17. Eye Color: Brown		18. Hair Color: BLACK		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Multiple Upper body Tattoos							
20. Driver's License Number/State: T620018928430				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone: NA			
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) Introduction of Contraband into/onto State Prison to wit cannabis				60. Statute or Ordinance Number: 944.47(1)(a)(4)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) Possession of Cannabis less than 20 grams				62. Statute or Ordinance Number: 893.13 (6)				<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			(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 Brian K. Stagner			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: (850) 593-9625		
73. Address: (Street, Apartment Number) 35 Apalachee Drive				(City) Sneads				(State) Florida				(Zip) 32460			
74. Secondary Phone Number: ((850) 373-7618															

75. Victim Notification of Arrest:						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									
NOTIFIED BY: _____ DATE: _____ TIME: _____						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: Insp. Brian K. Stagner				Person responsible for statements: Insp. Brian K. Stagner				Officer/Complainant Signature 				Insp. Brian K. Stagner Type or print Complainant name			

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 20th day of April, 2018

[Handwritten Signature]
Signature of Officer/Complainant

[Handwritten Signature]
Signature of Person Administering Oath
 Personally Known Other Identification

Inspector Brian K. Stagner Badge # 85219 ID Number
Officer/Complainant's Name (Printed)

Seal
 BRITTANY BAGGETT
Commission # GG 141635
Expires September 6, 2021
Bonded Thru Budget Notary Services ID Type

87. Adult's Relation to Juvenile Defendant: Parent Legal Guardian 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: Person Telephone

95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)
 Transferred to Secure Detention Released to HRS Intake Officer, not detained Processed within the agency and released to other than HRS
Release Date: _____ Release Time: _____ Released to (Name): _____