

☒ 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: Florida Department of Corrections		2. Agency Report Number: 18-10528		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony		3a. Ordinance Type: (If applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: June 15, 2018 @ 6:39 a.m.		5. Date/Time of Arrest: June 15, 2018 @ 1:11 p.m.		6. Arresting Officer: Inspector Jerry Basford		7. Investigating Officer: Inspector Jerry Basford	

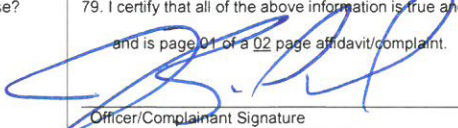
8. Defendant's Name: (Last) Leeks		(First) Crystal		(Middle) Elaine		ALIAS		9. OBTS:			
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type:		13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: n/a			
15. Height: 5-9		16. Weight: 250		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Multiple			
20. Driver's License Number/State: 8227647			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 checked="" type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State		30. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: n/a			
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		60. Statute or Ordinance Number: 944.47		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Possession of Contraband (Alcohol)		62. Statute or Ordinance Number: 944.47 (1) (a) (3)		<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) (First) (Middle) State of Florida		66. Race/Sex		67. Date of Birth:		68. Telephone Number:	
69. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle) Inspector Jerry Basford		70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number) (City) (State) (Zip) 5563 10th Street Malone Florida 32445						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 02 page affidavit/complaint.	
Evidence Custodian's Name: David Goldsmith		Person responsible for statements: Jerry Basford		Inspector/Complainant Signature:  Type or print Complainant name: Inspector Jerry Basford	

☒ Adult Def ☐ PC Arrest
☐ Juvenile Def ☒ Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # **FL037275C**

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 18-10528	82. Date/Time of Arrest: 06/15/2018 @ 1:11 pm	83. Investigating Officer: Inspector Jerry Basford
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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 Julian G. Basford of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on June 15, 2018, Correctional Officer Trainee Crystal Leeks (COT Leeks) in the County of Jackson and the State of Florida, did commit the criminal offense of Introduction of Contraband into a State Correctional Institution, in violation of s. 944.47 Fla. Stat., when Officer Leeks did actually and intentionally introduce into the secure perimeter of Jackson Correctional Institution a gold teeth dental mold kit with intent to deliver the kit to an inmate housed at Jackson Correctional Institution. Furthermore, COT Leeks did commit the criminal offense of Possession of Contraband at a State Correctional Institution (Alcohol), s. 944.47 (1)(a)(3) Fla. Stat., after a quantity of alcoholic beverage was located within her personal vehicle at Jackson Correctional Institution.

On June 14, 2018, security staff at Jackson Correctional Institution received unspecified information COT Leeks was intending to introduce an unknown type and quantity of drugs into the secure perimeter of Jackson Correctional Institution when she reported to work on June 15, 2018.

At approximately 6:39 a.m. COT Leeks arrived at Jackson Correctional Institution and proceeded through metal detection and screen processes and reported to duty in E-dormitory.

At approximately 9:50 a.m., Inspector Jerry Basford conducted a post-Miranda interview with COT Leeks regarding the information obtained by security. During the interview,

COT Leeks provided consent to search her 2000 Ford Expedition. During the search a partially consumed bottle of Crown Royal was located along with two Heineken and one Corona beers.

Your Affiant respectfully submits probable cause has been established that COT Crystal Leeks did commit the criminal violation of Introduction of Contraband into a State Correctional Institution, in violation of s. 944.47 Florida Statute when COT Leeks did actually and intentionally introduce a gold teeth dental mold kit into the secure perimeter of Jackson Correctional Institution. Your Affiant, further submits probable cause has been established that COT Crystal Leeks did commit the criminal violation of Possession of Contraband at a State Correctional Institution, in violation of s. 944.47 (1)(a)(3) Florida Statute when COT Leeks did actually and intentionally possess alcoholic beverage inside her personal vehicle.

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 15 day of JUNE, 2018

Signature of Officer/Complainant

[Signature]
Officer/Complainant's Name (Printed) Inspector J Basford ID Number 84004

Signature of Person Administering Oath

☐ Personally Known ☐ Other Identification

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) 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	