

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

PAGE 01 of 2

ORI # FL037275C

1. Agency Name: Florida Department of Corrections Office of the Inspector General		2. Agency Report Number: 18-17361		3. Charge Type: <input checked="" 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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 9/29/2018 - 9:56:47		5. Date/Time of Arrest: 10/8/2018 - 8:40am		6. Arresting Officer: Inspector S. Donaldson		7. Investigating Officer: Law Enforcement Inspector StevenDonaldson	

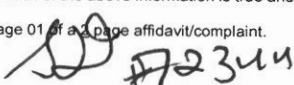
8. Defendant's Name: (Last) Bennett			(First) Jeremy			(Middle) Kyle			ALIAS			9. OBTS:		
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon 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:					
15. Height: 5'10"		16. Weight: 190 lbs		17. Eye Color: Bro		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description)						
20. Driver's License Number/State: B530-431-80-449-0			21. Social Security Number:			22. Residential Telephone:			23. Business Telephone: N/A					
24. Address: (Street, Apartment Number)			(City)			(State)			(Zip)					

25. Defendant's Name: (Last) N/A			(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) N/A			(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) Malicious battery to 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) Falsifying record / untruthful report		62. Statute or Ordinance Number: 944.35(4)(b)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1) Official misconduct		64. Statute or Ordinance Number: 838.022(1)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (If business, list legal business name) (Last) STATE OF FLORIDA FDC (Inmate)			(First)			(Middle)			66. Race/Sex		67. Date of Birth:		68. Telephone Number: N/A	
69. Contact Person if victim is deceased, a minor child, or business: (Last) N/A			(First) N/A			(Middle) N/A			70. Race/Sex N/A		71. Date of Birth: N/A		72. Telephone Number: N/A	
73. Address: (Street, Apartment Number) 7819 NW 228TH STREET			(City) Raiford			(State) FL			(Zip) 32026			74. Secondary Phone Number:		
75. Victim Notification of Arrest: NOTIFIED BY: FSP 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						

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 page affidavit/complaint. 	
Evidence Custodian's		Person responsible		Inspector Steven Donaldson	

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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No.(s) _____

ORI # FL037275C

80. Agency Name: Florida Department of Corrections Office of the Inspector General	81. Agency Report Number: 18-17361	82. Date/Time of Arrest: 10/8/2018 - 8:40am	83. Investigating Officer: Law Enforcement Inspector StevenDonaldson
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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 Law Enforcement Inspector Steven Donaldson of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on September 29, 2018, at approximately 9:56:47 AM, FDC Correctional Sergeant Jeremy Bennett DOB [REDACTED] did commit Malicious Battery to an inmate by waiting for Inmate [REDACTED] who was restrained in handcuffs and leg restraints, to enter the prison medical facility and then striking Inmate [REDACTED] with his right fist. Sergeant Bennett then submitting a Florida Department of Corrections report about the incident with false information in an attempt to cover up his actions. Correctional Officer Sergeant Bennett did commit the criminal offenses of Malicious battery to an inmate F.S.S. 944.35 (3)(a)1, Falsifying record / untruthful report F.S.S. 944.35(4)(b), and Official misconduct F.S.S. 838.022(1) on Florida Department of Corrections Property while acting in his official capacity as a Correctional Officer Sergeant.

Due to information being received from Florida State Prison regarding the incident concerning Sergeant Bennett an Office of the Inspector General Investigation was initiated revealing that video evidence of a cell extraction showed Sergeant Bennett being bit by Inmate [REDACTED] inside the Inmate [REDACTED] cell. Video showed Sergeant Bennett after exiting the inmates cell and sent to the prison medical facility 5 minutes and 12 seconds later waits inside the [REDACTED] and points to a video camera that captures the [REDACTED] to a medical nurse inside the lobby of said medical facility. Sergeant Bennett then waits for Inmate [REDACTED] to enter the medical facility doorway entrance and strikes Inmate [REDACTED] who falls to the floor and appears to be unable to walk at that point. Another camera located was located in [REDACTED] and capturing video footage of all persons entering the prison medical facility recorded the incident.

In a sworn recorded interview Inmate [REDACTED] indicated that he was punched in the face by Sergeant Bennett while entering the prison medical clinic. Inmate [REDACTED] indicated he was knocked unconscious by the strike/hit. Inmate [REDACTED] admitted to biting Sergeant Bennett during the cell extraction inside his cell that occurred prior to entering the medical clinic and surmised that he was punched by Sergeant Bennett because he bit the sergeant's finger or thumb.

Two of the eyewitnesses (nurse & escort correctional officer) to the incident that occurred in the clinic on September 29, 2018, indicated in sworn recorded interviews that they observed Sergeant Bennett strike/hit Inmate [REDACTED] who was restrained in handcuffs, leg restraints and upper arms being held by two escorting correctional officers. The eyewitnesses indicated they were shocked by Sergeant Bennetts' actions and the sergeant looked like he was enraged.

Sergeant Bennett stated in his FDC incident report dated on October 2, 2018, regarding his actions on September 29, 2018; "On September 29, 2018 at approximately 10:35 PM while assigned as team member [REDACTED] on cell extraction team, I attempted to strike Inmate [REDACTED] during his escort to the medical clinic. I was [REDACTED] Inmate [REDACTED] and regretably in a fit of rage I attempted to strike him."

On October 8, 2018, a sworn recorded post Miranda interview was conducted with Correctional Sergeant Jeremy Bennett at the Florida State Prison. Sergeant Bennett [REDACTED]

The prison fixed video and handheld video were placed into evidence. Additional details are included in the criminal summary report.

Your Affiant respectfully submits that probable cause has been established that Correctional Sergeant Jeremy Bennett did commit the criminal offense of Malicious battery to an inmate F.S.S. 944.35 (3)(a)1, Falsifying record / untruthful report F.S.S. 944.35(4)(b), and Official misconduct F.S.S. 838.022(1) on Department of Corrections State Property in the presence of employees.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 8 day of Oct., 2018

S. Donaldson

Melody Young

Signature of Person Administering Oath
 Personally Known Other Identification

Signature of Officer/Complainant

L.E. Inspector

S. Donaldson

72344

Officer/Complainant's Name (Printed)

ID Number

Seal



MELODY L YOUNG
MY COMMISSION # GG036428
EXPIRES October 05, 2020

ID Type

87. Adult's Relation to Juvenile Defendant:

88. Adult's Name: (Last)

(First)

(Middle)

Parent Legal Guardian Other _____

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): _____