

CIRCUIT WARRANT TO ARREST

STATE OF FLORIDA

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL
CIRCUIT, OF THE STATE OF FLORIDA, IN AND
FOR MARION COUNTY

vs

AGENCY CASE NUMBER:
OIG5 FL037275C

ADRIAN VICTOR MATTHEW PUCKETT

S.S.: [REDACTED]

HEIGHT: 5'10"

LKA: [REDACTED]

D.L.: [REDACTED]

WEIGHT: 170 lbs.

D.O.B.: [REDACTED]

HAIR: BROWN

SEX: M

EYES: HAZEL

RACE: W

IN THE NAME OF THE STATE OF FLORIDA, TO ALL AND SINGULAR THE SHERIFFS OF
FLORIDA, SPECIAL AGENTS OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT AND
FLORIDA STATE ATTORNEYS INVESTIGATORS:

WHEREAS, Detective Green has made oath that in the County and State aforesaid, ADRIAN VICTOR
MATTHEW PUCKETT (R/G: W/M, DOB: [REDACTED], SSN: [REDACTED] in the County of Marion, and
the State of Florida, on or about the 26th day of January in the year of Our Lord, twenty-nineteen:

COUNT I

AGGRAVATED BATTERY - GREAT BODILY HARM (F2)

784.045(1)(a)1

BOND AMOUNT \$5,000.00

did unlawfully, actually and intentionally touch or strike [REDACTED] against his will or
intentionally cause bodily harm to said person, and in the commission of said battery did intentionally or
knowingly cause great bodily harm, permanent disability or permanent disfigurement to said person, in
violation of Florida Statute 784.045(1)(a)1;

COUNT II

FALSIFYING RECORDS(F2)

839.13

BOND AMOUNT \$5,000.00

and that on or about the 26th day of January in the year of Our Lord, twenty-nineteen, in the County and
State aforesaid, one ADRIAN VICTOR MATTHEW PUCKETT (R/G: W/M, DOB: [REDACTED], SSN:
[REDACTED]

CIRCUIT JUDGES WARRANT
STATE OF FLORIDA VS. ADRIAN VICTOR MATTHEW PUCKETT
AGENCY NUMBER: OIG5 FL037275C

did unlawfully falsify documents, to wit: the defendant knowingly falsified the incident report stating the victim physically resisted him, subsequently breaking his grasp and not complying with his lawful orders which constitutes a violation of Section 839.13(2)(b), Florida Statutes

Contrary to the form of the statute in such cases made and provided and against the peace and dignity of the State of Florida.

THESE ARE, THEREFORE, to command you to arrest and bring the above named defendant before the CIRCUIT Judge to be dealt with according to law.

THE UNDERSIGNED HEREBY ENDORSES BAIL IN THE AMOUNT OF \$10,000.00
~~AND DOES~~ DOES NOT AUTHORIZE MODIFICATIONS OF THIS BAIL BY THE JUDGE
PRESIDING AT FIRST APPEARANCE.

Given under my hand and seal this 19th day of February, 2019.



CIRCUIT JUDGE
Steven G. Rogers

SERVED

MONTH DAY YEAR
TIME: ____AM ____PM
WILLIAM MICHAEL WOODS, SHERIFF
MARION COUNTY, FLORIDA

DEPUTY SHERIFF

<p>ATTENTION IMMEDIATELY UPON SERVICE OF THIS WARRANT, PLEASE NOTIFY</p> <p>_____</p> <p>OF THE</p> <p>_____</p> <p>PHONE - (352) _____</p>

CIRCUIT JUDGES WARRANT

STATE OF FLORIDA VS. ADRIAN VICTOR MATTHEW PUCKETT

AGENCY NUMBER: OIG5 FL037275C

PLEASE PLACE THIS WARRANT/CAPIAS IN: (CHECK APPROPRIATE LINES)

1- FCIC

2- NCIC

IF FCIC ONLY:

STATEWIDE

SURROUNDING COUNTIES ONLY

MARION COUNTY ONLY

OTHER _____

WE WILL EXTRADITE SUBJECT FROM THE FOLLOWING REGION(S) IF PLACED IN NCIC:

REGION A

REGION E

REGION B

REGION F

REGION C

REGION G

REGION D

REGION H

CONTINENTAL U.S.

INTERNATIONAL

AUTHORIZED BY

/s/ Erik Rauba

Assistant State Attorney
Florida Bar No. 0059429
110 NW 1st Avenue, Suite 5000
Ocala, FL 34475
(352) 671-5800
EServiceMarion@sao5.org

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO. 2019CF000000

VS.

ADRIAN VICTOR MATTHEW PUCKETT
_____ /

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

COMES NOW the State of Florida, by and through the undersigned Assistant State Attorney, pursuant to Rule of Judicial Administration 2.420(d)(1)(b) (iii), and states as follows:

The body of the Circuit Judge's Warrant contains:

Social security, bank account, charge, debit, or credit card numbers. §
119.0714(1)(i)-(j),(2)(a)-(e), Fla. Stat.

RESPECTFULLY submitted this 19th day of February, 2019.

BRAD KING
STATE ATTORNEY



Susan Sherrill Simmons
Assistant State Attorney
Florida Bar No. 0195944
110 NW 1 AVE, SUITE 5000
OCALA, FL 34475
(352) 671-5800
ESERVICEMARION@sao5.org

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OFFICE OF THE INSPECTOR GENERAL

PROBABLE CAUSE AFFIDAVIT

OBTS NUMBER:
AGENCY ORI NUMBER:
FL037275C

SPN NUMBER:
AGENCY CASE REPORT NUMBER:
19-01596 (A)

DEFENDANT

NAME OF SUBJECT (LAST, FIRST, MI): **Puckett, Adrian Victor Matthew** ALIAS / MAIDEN:

911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): CITY: STATE: ZIP CODE: TELEPHONE NUMBER:

BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE: TELEPHONE NUMBER:
11120 NW Gainesville Rd **Ocala** **FL** **34482** ()

MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):
N/A

RACE: WHITE AMERICAN INDIAN BLACK ASIAN / ORIENTAL SEX: **M** DATE OF BIRTH: HEIGHT: **5-10** WEIGHT: **170** HAIR COLOR: **Brown** EYE COLOR: **Haz** COMPLEXION: BUILD:

DRIVERS LICENSE / STATE ID NUMBER: STATE OF DL / ID: **FL** SOCIAL SECURITY NUMBER: PHOTO NUMBER: PLACE OF BIRTH: **Florida** COUNTRY OF CITIZENSHIP: **USA**

SUBJECT'S OCCUPATION: **Correctional Officer** SPN NUMBER: AGENCY ORI NUMBER: **FL037275C** SO ID / AGENCY ID / NUMBER: BOOKING NUMBER:

LOCATION OF ARREST: **11120 NW Gainesville Rd** DATE OF ARREST: TIME OF ARREST (MILITARY): DATE OF BOOKING: TIME OF BOOKING (MILITARY):

SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):

CO-DEF.

(NAME): Mitchell, Kurtis Kyle	DATE OF BIRTH:	RACE: W	SEX: M	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE

JUVENILE DISPOSITION: RELEASED TO JAC ISSUED NTA AND RELEASED NAME OF PARENT / GUARDIAN (NOTIFIED YES NO): WORK TELEPHONE NUMBER:

PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.): CITY: STATE: ZIP CODE: HOME TELEPHONE NUMBER:

WITNESS

(NAME):	ADDRESS:	TELEPHONE NUMBER:
(NAME):	ADDRESS:	TELEPHONE NUMBER:
(NAME):	ADDRESS:	TELEPHONE NUMBER:
(NAME):	ADDRESS:	TELEPHONE NUMBER:

CHARGE 1

OFFENSE DESCRIPTION: **Malicious Battery (Permanent Disfigurement)** FELONY MISDEMEANOR TRAFFIC NTA COMPLETE STATUTE / ORDINANCE NUMBER: **944.35(3)a(2)** VICTIM NOTIFICATION: ARREST: YES NO RELEASE: YES NO

WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION DATE OF OFFENSE: **01/26/2019** TIME OF OFFENSE: **1028 hours** BAIL AMOUNT: **\$5,000.00** VICTIM'S TELEPHONE NUMBER:

VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:
11120 NW Gainesville Rd **Ocala** **FL** **34482**

CHARGE 2

OFFENSE DESCRIPTION: **Falsifying Records** FELONY MISDEMEANOR TRAFFIC NTA COMPLETE STATUTE / ORDINANCE NUMBER: **839.13(2)b** VICTIM NOTIFICATION: ARREST: YES NO RELEASE: YES

WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION DATE OF OFFENSE: **01/26/2019** TIME OF OFFENSE: **1028 hours** BAIL AMOUNT: **\$5,000.00** VICTIM'S TELEPHONE NUMBER:

VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:
11120 NW Gainesville Rd **Ocala** **FL** **34482**

CHARGE 3

OFFENSE DESCRIPTION: FELONY MISDEMEANOR TRAFFIC NTA COMPLETE STATUTE / ORDINANCE NUMBER: VICTIM NOTIFICATION: ARREST: YES NO

WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION DATE OF OFFENSE: TIME OF OFFENSE: BAIL AMOUNT: VICTIM'S TELEPHONE NUMBER:

VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): CITY OF: COUNTY OF: STATE OF:

The Defendant did violate § 944.35(3)a(2) Malicious Battery with Permanent Disfigurement and § 839.13(2)b Falsifying Records, to wit:

Your affiant is Law Enforcement Inspector Michael Green #113026 with the Office of the Inspector General, Florida Department of Corrections

On Saturday January 26, 2019, within the Florida Department of Corrections at Lowell Correctional Institution located in Marion County Florida, Correctional Officer Adrian Puckett used force on an inmate. As a result of the use of force, the inmate struck her face on a concrete walk way within the institution. The inmate was identified as Inmate [REDACTED]. As a result, Inmate [REDACTED] causing permanent disfigurement. Inmate [REDACTED] also [REDACTED]

The Office of the Inspector General was notified, and Inspector Michael Green with the Office of the Inspector General opened an investigation into the incident and use of force. According to the Incident Report approved by Correctional Officer Adrian Puckett, he cites the reason for the use of force was due to Inmate [REDACTED] physically resisting him, attempting to and subsequently breaking his grasp and not complying with his lawful orders.

Through the course of the investigation, Inspector Green reviewed video and spoke to several inmates and Correctional Officers. Several inmate witnesses to the incident provided sworn statements that contrasted with the prepared Incident Report submitted by Correctional Officer Puckett.

Correctional Officers interviewed, who were present for the use of force and the moments leading up to the force, outlined that the inmate was not resisting Correctional Officer Puckett and offered no legal justification for the force used by Correctional Officer Puckett. One Correctional Officer witness stated that "Officer Mitchell said, "She needs to have an accident"" to Correctional Officer Puckett. Correctional Officer Kurtis Mitchell was the officer who placed Inmate [REDACTED] in hand restraints, before handing her off to Correctional Officer Puckett. Correctional Officer Mitchell also told the witness Officer, "Go with Puckett. She [Inmate [REDACTED] disrespected the Captain and needs to fall." One of the Correctional Officer witnesses stated that his first thought was, "Hell No" and quickly left Officer Mitchell to stop Correctional Officer Puckett. However, before the witness could reach Puckett, he testified that Correctional Officer Puckett put the inmate [REDACTED] in a "Chicken wing" and with his right leg, swept her legs and quickly pulled the inmate onto the concrete walkway by her left arm. This caused Inmate [REDACTED] face to strike the concrete walkway, as her hands were restrained behind her back.

Based on video, witness testimony and facts discovered, Inspector Green believes there is Probable Cause for the arrest of Correctional Officer Adrian Puckett and Correctional Officer Kurtis Mitchell, who conspired and endeavored to violate Florida State Statute 944.34(2), Aggravated Malicious Battery upon an Inmate (Inmate [REDACTED]) who was under the care, custody and control of the Florida Department of Corrections. Furthermore, based on the investigation, Correctional Officer Puckett's sworn, and attested Incident Report is false. Resulting in violation of Florida State Statute 839.13(2)b, Falsifying Records.

MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

AM
 PM

NTA

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

DEFENDANT (SIGNATURE):

DATE:

JURAT

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

19 DAY OF February 2019

SIGNATURE:

TITLE: Inspector Michael Green

I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME (PRINT): Jennifer M. Langston

SIGNATURE:

AGENCY: FDC - OIG LEO ID NUMBER: 90460

CIRCUIT WARRANT TO ARREST

STATE OF FLORIDA

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL
CIRCUIT, OF THE STATE OF FLORIDA, IN AND
FOR MARION COUNTY

vs

AGENCY CASE NUMBER:
OIG5 FL037275C

KURTIS KYLE MITCHELL

S.S.: [REDACTED]

HEIGHT: 5'7"

LKA: [REDACTED]

D.L.: [REDACTED]

WEIGHT: 150 lbs.

D.O.B.: [REDACTED]

HAIR: BROWN

SEX: M

EYES: HAZEL

RACE: W

IN THE NAME OF THE STATE OF FLORIDA, TO ALL AND SINGULAR THE SHERIFFS OF
FLORIDA, SPECIAL AGENTS OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT AND
FLORIDA STATE ATTORNEYS INVESTIGATORS:

WHEREAS, Law Enforcement Inspector Michael Green, of the Inspector General Florida Department of
Corrections, has made oath that in the County and State aforesaid, KURTIS KYLE MITCHELL (R/G:
W/M, DOB: [REDACTED] SSN: [REDACTED] in the County of Marion, and the State of Florida, on or about
the 26th day of January in the year of Our Lord, twenty-nineteen:

COUNT I

PRINCIPAL TO AGGRAVATED BATTERY - GREAT BODILY HARM (F2)

784.045(1)(a)1 AND 777.011

BOND AMOUNT \$5,000.00

did unlawfully, actually and intentionally touch or strike [REDACTED] against ^{her}~~his~~ will or
intentionally cause bodily harm to said person, and in the commission of said battery did intentionally or
knowingly cause great bodily harm, permanent disability or permanent disfigurement to said person, in
violation of Florida Statute 784.045(1)(a)1 and 777.011;

Contrary to the form of the statute in such cases made and provided and against the peace and dignity of
the State of Florida.

THESE ARE, THEREFORE, to command you to arrest and bring the above named defendant
before the CIRCUIT Judge to be dealt with according to law.

THE UNDERSIGNED HEREBY ENDORSES BAIL IN THE AMOUNT OF \$5,000.00
AND DOES/DOES NOT AUTHORIZE MODIFICATIONS OF THIS BAIL BY THE JUDGE

PRESIDING AT FIRST APPEARANCE.

Given under my hand and seal this 19th day of February, 2019.



CIRCUIT JUDGE
Steven G. Rogers

SERVED

MONTH DAY YEAR
TIME: ____ AM ____ PM
WILLIAM MICHAEL WOODS, SHERIFF
MARION COUNTY, FLORIDA

DEPUTY SHERIFF

ATTENTION
IMMEDIATELY UPON SERVICE OF
THIS WARRANT, PLEASE NOTIFY

OF THE

PHONE - (352) _____

PLEASE PLACE THIS WARRANT/CAPIAS IN: (CHECK APPROPRIATE LINES)

1- FCIC

2- NCIC

IF FCIC ONLY:

STATEWIDE

SURROUNDING COUNTIES ONLY

MARION COUNTY ONLY

OTHER _____

WE WILL EXTRADITE SUBJECT FROM THE FOLLOWING REGION(S) IF PLACED IN NCIC:

REGION A

REGION E

REGION B

REGION F

REGION C

REGION G

REGION D

REGION H

CONTINENTAL U.S.

INTERNATIONAL

AUTHORIZED BY

/s/ Susan S. Simmons 2-19-19
Susan S. Simmons
Assistant State Attorney
Florida Bar No. 195944
110 NW 1st Avenue, Suite 5000
Ocala, FL 34475
(352) 671-5800
EServiceMarion@sao5.org

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OBTS NUMBER:
AGENCY ORI NUMBER:
FL037275C

OFFICE OF THE INSPECTOR GENERAL

SPN NUMBER:
AGENCY CASE REPORT NUMBER:
19-01596 (B)

PROBABLE CAUSE AFFIDAVIT

DEFENDANT	NAME OF SUBJECT (LAST, FIRST, MI) Mitchell, Kurtis Kyle					ALIAS / MAIDEN:							
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): [REDACTED]					CITY: [REDACTED]		STATE: [REDACTED]		ZIP CODE: [REDACTED]		TELEPHONE NUMBER:	
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 11120 NW Gainesville Rd					CITY: Ocala		STATE: FL		ZIP CODE: 34482		TELEPHONE NUMBER: ()	
	MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): N/A					SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):							
	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: M	DATE OF BIRTH: [REDACTED]		HEIGHT: 5-07	WEIGHT: 150	HAIR COLOR: Brow	EYE COLOR: Haz	COMPLEXION:		BUILD:	
	DRIVERS LICENSE / STATE ID NUMBER: [REDACTED]		STATE OF DL / ID: FL	SOCIAL SECURITY NUMBER: [REDACTED]		PHOTO NUMBER:		PLACE OF BIRTH: New York		COUNTRY OF CITIZENSHIP: USA			
	SUBJECT'S OCCUPATION: Correctional Officer			SPN NUMBER:		AGENCY ORI NUMBER: FL037275C		SO ID / AGENCY ID / NUMBER:		BOOKING NUMBER:			
LOCATION OF ARREST: 11120 NW Gainesville Rd					DATE OF ARREST:		TIME OF ARREST (MILITARY):		DATE OF BOOKING:		TIME OF BOOKING (MILITARY):		
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):						SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):							

CO-DEF.	(NAME): Puckett, Adrian Victor Mathew		DATE OF BIRTH: [REDACTED]	RACE: W	SEX: M	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input checked="" type="checkbox"/> SWORN COMPLAINT	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(NAME):		DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):		DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):		DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE	JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED		NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):					WORK TELEPHONE NUMBER:	
	PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:	

WITNESS	(NAME):		ADDRESS:					TELEPHONE NUMBER:	
	(NAME):		ADDRESS:					TELEPHONE NUMBER:	
	(NAME):		ADDRESS:					TELEPHONE NUMBER:	
	(NAME):		ADDRESS:					TELEPHONE NUMBER:	

CHARGE 1	OFFENSE DESCRIPTION: Malicious Battery (Permanent Disfigurement) (Principal)					<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: 944.35(3)a(2)		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE: 01/26/2019		TIME OF OFFENSE: 1028 hours		BAIL AMOUNT: \$5,000.00		VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 11120 NW Gainesville Rd			CITY: Ocala		STATE: FL	ZIP CODE: 34482		

CHARGE 2	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES	
	<input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME)		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:		

CHARGE 3	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME)		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:		

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):			CITY OF:		COUNTY OF:		STATE OF:	
--	--	--	----------	--	------------	--	-----------	--

The Defendant did violate § 944.35(3)a(2) Malicious Battery with Permanent Disfigurement, to wit:

Your affiant is Law Enforcement Inspector Michael Green #113026 with the Office of the Inspector General, Florida Department of Corrections

On Saturday January 26, 2019, within the Florida Department of Corrections at Lowell Correctional Institution located in Marion County Florida, Correctional Officer Adrian Puckett used force on an inmate. As a result of the use of force, the inmate struck her face on a concrete walk way within the institution. The inmate was identified as Inmate [REDACTED]. As a result, Inmate [REDACTED] causing permanent disfigurement. Inmate [REDACTED] also [REDACTED]

The Office of the Inspector General was notified, and Inspector Michael Green with the Office of the Inspector General opened an investigation into the incident and use of force. According to the Incident Report approved by Correctional Officer Adrian Puckett, he cites the reason for the use of force was due to Inmate [REDACTED] physically resisting him, attempting to and subsequently breaking his grasp and not complying with his lawful orders.

Through the course of the investigation, Inspector Green reviewed video and spoke to several inmates and Correctional Officers. Several inmate witnesses to the incident provided sworn statements that contrasted with the prepared Incident Report submitted by Correctional Officer Puckett.

Correctional Officers interviewed, who were present for the use of force and the moments leading up to the force, outlined that the inmate was not resisting Correctional Officer Puckett and offered no legal justification for the force used by Correctional Officer Puckett. One Correctional Officer witness stated that "Officer Mitchell said, "She needs to have an accident"" to Correctional Officer Puckett. Correctional Officer Kurtis Mitchell was the officer who placed Inmate [REDACTED] in hand restraints, before handing her off to Correctional Officer Puckett. Correctional Officer Mitchell also told the witness Officer, "Go with Puckett. She [Inmate [REDACTED]] disrespected the Captain and needs to fall." One of the Correctional Officer witnesses stated that his first thought was, "Hell No" and quickly left Officer Mitchell to stop Correctional Officer Puckett. However, before the witness could reach Puckett, he testified that Correctional Officer Puckett put the inmate [REDACTED] in a "Chicken wing" and with his right leg, swept her legs and quickly pulled the inmate onto the concrete walkway by her left arm. This caused Inmate [REDACTED] face to strike the concrete walkway, as her hands were restrained behind her back.

Based on video, witness testimony and facts discovered, Inspector Green believes there is Probable Cause for the arrest of Correctional Officer Adrian Puckett and Correctional Officer Kurtis Mitchell, who conspired and endeavored to violate Florida State Statute 944.34(2), Aggravated Malicious Battery upon an Inmate (Inmate [REDACTED] who was under the care, custody and control of the Florida Department of Corrections.

NTA	<input type="checkbox"/> MANDATORY APPEARANCE IN COURT AT:	DATE OF APPEARANCE:	TIME OF APPEARANCE: <input type="checkbox"/> AM <input type="checkbox"/> PM
	I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.	DEFENDANT (SIGNATURE):	DATE:
JURAT	SWORN TO AND SUBSCRIBED BEFORE ME THIS: 19 DAY OF February 2019 SIGNATURE: [Signature] TITLE: Inspector Michael Green	I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NAME (PRINT): Jennifer M. Langston SIGNATURE: [Signature] AGENCY: FDC - OIG LEO ID NUMBER: 90460	