

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

PAGE 01 of _____

Agency ORI # **FL037275C**

1. Agency Name: Florida Department of Correction		2. Agency Report Number: 19-13315		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: 08/03/19 11:40 am		5. Date/Time of Arrest: 08/03/19 12:00 pm		6. Arresting Officer: Senior Inspector Erika McFarland-Williams		7. Investigating Officer: Senior Inspector Erika McFarland-Williams	

8. Defendant's Name: (Last) Williams			(First) Karen			(Middle) Xiomara			ALIAS			9. OBTS:			
10. Race/Sex: B/F		11. Date of Birth: 05/18/1974		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: Cannabis & Cocaine						
15. Height: 5'06"		16. Weight:		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description)							
20. Driver's License Number/State: W452519746780 FL				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone:			
24. Address: (Street, Apartment Number) 20607 Northeast 9th Place				(City) Miami				(State) FL				(Zip) 33179			

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) Possession of Narcotics to wit: Cocaine / Trafficking				60. Statute or Ordinance Number: 893.135 (3) (b) (1) (a)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) Introduction of Contraband to wit: MDMA				62. Statute or Ordinance Number: 944.47 (1) (a) (4)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
63. Charge Description: (# 1) Possession of Narcotics to wit: MDMA				64. Statute or Ordinance Number: 893.13				<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)			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number:		
73. Address: (Street, Apartment Number)			(City)			(State)			(Zip)			74. Secondary Phone Number:			
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							

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		78. Witness Statements taken in this case? <input 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 Name: Daria Henderson		Person responsible for statements: Erika McFarland-Williams				Officer/Complainant Signature		Erika McFarland-Williams Type or print Complainant name	

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

PAGE 01 of _____

Agency ORI # **FL037275C**

1. Agency Name: Florida Department of Correction		2. Agency Report Number: 19-13315		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: 08/03/19 11:40 am		5. Date/Time of Arrest: 08/03/19 12:00 pm		6. Arresting Officer: Senior Inspector Erika McFaland-Williams		7. Investigating Officer: Senior Inspector Erika McFarland-Williams	

8. Defendant's Name: (Last) Williams			(First) Karen			(Middle) Xiomara			ALIAS			9. OBTS:						
10. Race/Sex: B/F		11. Date of Birth: 05/18/1974		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: Cannabis & Cocaine										
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20. Driver's License Number/State: W452519746780 FL				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone:						
24. Address: (Street, Apartment Number) 20607 Northeast 9th Place										(City) Miami			(State) FL			(Zip) 33179		

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 Contraband State Institution 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 Narcotics to wit: Cannabis more than 20 grams					62. Statute or Ordinance Number: 893.13 (6) (a)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
63. Charge Description: (# 1) Introduction Contraband State Institution to wit Cocaine					64. Statute or Ordinance Number: 944.47 (1) (a) (4)					<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)			(First)			(Middle)			70. Race/Sex			71. Date of Birth:			72. Telephone Number:						
73. Address: (Street, Apartment Number)										(City)			(State)			(Zip)			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 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 Name: Daria Henderson		Person responsible for statements: Erika McFarland-Williams						Erika McFarland-Williams Type or print Complainant name	

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: Office of Inspector General - FDC	81. Agency Report Number: 19-13315	82. Date/Time of Arrest: 08/03/2019	83. Investigating Officer: Erika McFarland-Williams
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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 Senior Inspector Erika McFarland-Williams of the Office of Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe Karen Williams (Ms. Williams), approved visitor for Inmate Palacio Farley (Inmate Farley), DC #197480, did commit the criminal offenses of Introduction of Contraband into a State Institution, to wit Cannabis, Cocaine and MDMA in violation of FS 944.47(1)(a)(4), Possession of Narcotics, to wit Cannabis in violation of 893.13(6)(a), Possession of Narcotics, to wit Cocaine / Trafficking in violation of 893.135(3)(b)(1)(a), and Possession of Narcotics to wit MDMA in violation of 893.13 by having a quantity of Cannabis, Cocaine and MDMA on her person (vaginal area) when she entered the secure perimeter of Jackson Correctional Institution, in Jackson County, Florida with the intent to visit Inmate Farley on August 3, 2019, at approximately 11:40 am. The entry roadway is posted with a sign advising that entry upon the institutional property with illegal drugs is a felony.

On or around July 27, 2019, through August 3, 2019, your Affiant reviewed the legally recorded Securus phone calls of Inmate Farley. During the calls, your Affiant heard the caller, Inmate Farley conspire with Ms. Williams, identified by the phone number Ms. Williams provided to the Florida Department of Correction (FDC), to traffic and introduce narcotics into Jackson Correctional Institution on August 3, 2019.

On August 3, 2019, your Affiant, along with Inspector Supervisor Michael McCord and Inspector William Dalton traveled to Jackson Correctional Institution for the purpose of confronting Ms. Williams. At approximately 11:30 am, Ms. Williams arrived at Jackson Correctional Institution in a black Chevy Impala, tag #BPD12 (Enterprise rental car). Ms. Williams signed the necessary paperwork to enter and visit Inmate Farley. Ms. Williams entered the secure perimeter and cleared the metal detector. Ms. Williams advised correctional staff she had body piercings and agreed to a strip search by your Affiant and FDC Sergeant Victoria Williams. During the search, your Affiant asked Ms. Williams if she had any contraband on her person. Ms. Williams advised your Affiant that she did have contraband on her person and removed one (1) condom containing two (2) small, hard and round packages (slang - "bombs") from her vaginal area. Ms. Williams was escorted out of Jackson Correctional Institution and placed under arrest by your Affiant.

Ms. Williams consented to a search of the black Chevy Impala and nothing of interest was located related to Ms. Williams.

Ms. Williams declined to provide a Post Miranda statement.

Your Affiant and Inspector William Dalton photographed, weighed and tested the contents seized from Ms. Williams. The green leafy substance was tested with a Duquenois Levine Reagent System test kit and was positive for THC. The white powdery substance was tested with a Sirchie Nark Cocaine ID Swipe and was positive for Cocaine. The yellow pills were tested with a Nark II test kit and was positive for MDMA. The contents are as follows: 23 grams of Cannabis, 29 grams of Cocaine and 2 grams of MDMA.

Your Affiant respectfully submits that probable cause has been established that Karen Williams did commit the criminal violations of Introduction of Contraband into a State Institution to wit Cannabis, Cocaine, and MDMA in violation of 944.47(1)(a)(4), Possession of Narcotics, to wit Cannabis in violation of 893.13(6)(a), Possession of Narcotics, to wit Cocaine / Trafficking, in violation of Florida Statutes 893.135(3)(b)(1)(a), and Possession of Narcotics to wit MDMA in violation of 893.13 by having the controlled substances on her person while in the secure perimeter of Jackson Correctional Institution, in Jackson County FL.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>3</u> day of <u>August</u> , 20 <u>19</u>
Signature of Officer/Complainant	Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other Identification
<u>Sr. Inspector E. McFarland-Williams 70718</u>	Seal ID Type
Officer/Complainant's Name (Printed)	ID Number

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): _____	<input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained	<input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS

Holmes County Jail

DETENTION INTAKE DATA				Date 08/03/2019		Initial Intake Reason ARREST-NEW OFFENSE			Booking Number 2019-000688		
NAME Last SANCHEZ, DEBRA				First 		Mi 		Alias 			
ADDRESS (City, State, Zip Code) 4211 78TH ST W, BRADENTON, FL, 34209						Phone No. (941) 840-9077		Race W	Sex F		
D.O.B. 08/03/1982		AGE 37	P.O.B. CONN			HEIGHT 5'04"	WEIGHT 180	HAIR BRO	EYES HAZ	BUILD 	
S.S. NUMBER [REDACTED]		TIME IN 10:57:50	TIME BOOKED 10:57:51	TIME PROCESSED 		BOOKING OFFICER MIKE BROWN			RECEIVING OFFICER MIKE BROWN		
OCCUPATION 			EMPLOYER 			SCARS/TATTOOS 					
MEDICAL PROBLEMS / INFECTIOUS DISEASES 				ATTORNEY (If Known) 			MARITAL STATUS SINGLE		RELIGION 		
ARREST (Date & Time) 08/03/2019 @ 19:50:58		ARRESTING OFFICER ABBOTT			ARRESTING AGENCY HCSO						
LOCATION OF ARREST HOLMES COUNTY /HOLMES CI						NURSE NOTIFIED WOMBLE					
Inmate Guide Book #		Orientation Conducted:		Inmate Signature		Threat / Violent <input type="checkbox"/>	Escape Risk <input type="checkbox"/>	Suicide Risk <input type="checkbox"/>	Medical Alert <input type="checkbox"/>		



NOTES
MARIJUANA-POSSESS WITH INTENT TOSELL MFG. OR DELIVER \$7,500. NARCOTIC EQUIP-POSSESS AND OR USE \$3,500. INTRODUCTION OF A CELL DEVICE \$7,500. DRUGS-POSSESS POSSESS HEROIN \$7,500. TOTAL \$26,000.- C. TIDWELL 8/04/2019.

RELEASE INFORMATION

STATUTE 893.13(1a2)		OFFENSE MARIJUANA-POSSESS - WITH INTENT TO SELL MFG OR DELIVER SCHEDULE I						OFFENSE TYPE FELONY			
OBTS # 3002010663	ARREST DATE 08/03/2019	ARREST TIME 19:50:58	ARRESTING AGENCY HCSO		ARRESTING OFFICER ABBOTT		AGENCY CASE NUMBER 				
WARRANT/CAPIAS/ CITATION # COMPLAINT# 2019-010836		WEAPONS INVOLVED 			DRUGS / ALCOHOL INVOLVED 			BOND \$7,500.00			
STATUTE 893.147(1)		OFFENSE NARCOTIC EQUIP-POSSESS - AND OR USE						OFFENSE TYPE MISD			
OBTS # 3002010663	ARREST DATE 08/03/2019	ARREST TIME 19:52:16	ARRESTING AGENCY HCSO		ARRESTING OFFICER ABBOTT		AGENCY CASE NUMBER 				
WARRANT/CAPIAS/ CITATION # COMPLAINT# 2019-010836		WEAPONS INVOLVED 			DRUGS / ALCOHOL INVOLVED 			BOND \$3,500.00			
STATUTE 944.47(1a6)		OFFENSE SMUGGLE CONTRABAND INTO PRISION - ANY COMMUNICATIONS DEVICE						OFFENSE TYPE FELONY			
OBTS # 2019-010836	ARREST DATE 08/03/2019	ARREST TIME 19:53:59	ARRESTING AGENCY HCSO		ARRESTING OFFICER ABBOTT		AGENCY CASE NUMBER 				
WARRANT/CAPIAS/ CITATION # COMPLAINT# 2019-010836		WEAPONS INVOLVED 			DRUGS / ALCOHOL INVOLVED 			BOND \$7,500.00			

Holmes County Jail

DETENTION INTAKE DATA			Date 08/03/2019		Initial Intake Reason ARREST-NEW OFFENSE		Booking Number 2019-000688	
NAME Last SANCHEZ, DEBRA			First 		Mi 		Alias 	
STATUTE 893.13(1a1)		OFFENSE HEROIN-POSSESS - WITH INTENT TO SELL MFG OR DELIVER SCHEDULE I					OFFENSE TYPE FELONY	
OBTS # 3002010663		ARREST DATE 08/03/2019	ARREST TIME 19:54:45	ARRESTING AGENCY HCSO	ARRESTING OFFICER ABBOTT		AGENCY CASE NUMBER 	
WARRANT/CAPIAS/ CITATION # COMPLAINT# 2019-010836		WEAPONS INVOLVED 			DRUGS / ALCOHOL INVOLVED 		BOND \$7,500.00	

End of Report

BK# 2019-0001688

OBTS# 3002010663

STATE OF FLORIDA
VS

IN THE COUNTY COURT
IN AND FOR HOLMES COUNTY

Sanchez, Debra

FIRST APPEARANCE

Fla. R. Crim. P 3.130, 3.131, 3.133, 3.1334

You are hereby informed that you have been arrested and a complaint has been made charging you with the below listed offenses and a copy of the charging document(s) is now provided to you. You have the right to remain silent, and if you do not remain silent anything you say may be used as evidence against you in Court. You have a right to be represented by a lawyer, and if you want one and cannot afford to hire one, a lawyer will be appointed for you at no cost to you. You have a right to communicate with your lawyer, family or friends, and if you desire to do so, reasonable means will be provided for you.

If an Information or Indictment is not filed against you within 21 days of your arrest you shall have the right to an Adversary Preliminary Hearing on any felony charge then pending against you.

In the event that you remain in custody and have not been charged in an Information or Indictment within 30 days from the date of your arrest or service of a capias upon you, you shall be released from custody on your own recognizance on the 30th day unless the state can show good cause why the Information or Indictment has not been filed. If good cause is shown the state shall have 10 additional days to obtain an Indictment or file an Information. If you have not been so charged within that time you shall be automatically released on your own recognizance. In no event shall you remain in custody beyond 40 days unless you have been charged with a crime by Information or Indictment.

I have read or had explained to me my rights outlined above and I acknowledge receipt of a copy of this form. I (am) (am not) able to hire a lawyer and I (do) (do not) want a lawyer appointed for me at this time.

() If you are released from custody, you will return to Court on _____ at _____ A.M. P.M.

() You are to report to the Conditional Release Office (Holmes County) on _____ at _____ A.M. P.M.

The following conditions of bail are always applicable: (1) Do not contact the victim in any manner unless approved by the Court.
(2) Do not violate the law.

Counsel for defendant at first appearance

Debra Sanchez
Defendant

CHARGE	Probable Cause		BOND and/or SPECIAL CONDITIONS
	Yes	No	
<u>Marijuana-pass with intent to sell Mfg. or Deliver</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7,500</u>
<u>Narcotic Equip-pass and or use</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3,500</u>
<u>Intro of a Cellular device</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7,500</u>
<u>Drugs-pass possess Heroin</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7,500</u>

Total: 26,000

The foregoing was voluntarily and knowledgeably signed in my presence after full explanation of the defendant's rights. Having examined the necessary proof at a Non-adversary Probable Cause Hearing, the findings indicated above exist for detaining the defendant pending further proceedings.

8/4/19
DATE

LUCAS N. TAYLOR
COUNTY JUDGE

X Adult Def X PC Arrest
Juvenile Def Application for
Warrant / Capias

AFFIDAVIT-COMPLAINT

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

1. Agency Name: **Holmes County Sheriffs Office** 2. Agency Report Number: **2019-010836** 3. Charge Type: Felony Misd Misd w/felony 3a. Ordinance Type: Municipal County
4. Date/Time of Offense: **08/03/2019 @ 07:45** 5. Date/Time of Arrest: _____ 6. Arresting Officer: **JEREMY ABBOTT #22** 7. Investigating Officer: **DEP. J. ABBOTT**

8. Defendant's Name: (Last) (First) (Middle) (First) (Middle) ALIAS 9. OBTS.
SANCHEZ, DEBRA A

10. Race/Sex: **W / F** 11. DOB: **08/03/1982** 12. Residence Type: Florida Out of State 13. Weapon Seized: Yes No 14. Controlled Substance Seized: TYPE AND QUANTITY Yes No
DRUGS, PARAPHERNALIA

15. Height: **5'01"** 16. Weight: **180** 17. Eye Color: **HAZ** 18. Hair Color: **BRO** 19. Scars, marks, tattoos, unique physical features:

20. Driver's License Number/State: _____ 21. Social Security Number: [REDACTED] 22. Residential Telephone: _____ 23. Business Telephone: _____
24. Address (Street, Apartment Number): **4211 78TH WEST ST** (City) **BRADENTON** (State) **FL** (Zip) **34209**

25. Charge Description (#1): MARIJUANA-POSSESS WITH INTENT TO SELL MFG OR DELIVER	26. Statute or Ordinance Number: 893.13(1A2)	<input checked="" type="checkbox"/> F.S. Ord
27. Charge Description (#2): NARCOTIC EQUIP-POSSESS AND OR USE	28. Statute or Ordinance Number: 893.147(1)	<input checked="" type="checkbox"/> F.S. Ord
29. Charge Description (#3): INTRODUCTION OF A CELLULAR DEVICE	30. Statute or Ordinance Number: 944.47(1A6)	<input checked="" type="checkbox"/> F.S. Ord
31. Charge Description (#4): DRUGS-POSSESS POSSESS HEROIN	32. Statute or Ordinance Number: 893.13(1A1)	<input checked="" type="checkbox"/> F.S. Ord
33. Charge Description (#5):	34. Statute or Ordinance Number:	F.S. Ord
35. Charge Description (#6):	36. Statute or Ordinance Number:	F.S. Ord
37. Charge Description (#7):	38. Statute or Ordinance Number:	F.S. Ord
39. Charge Description (#8):	40. Statute or Ordinance Number:	F.S. Ord
41. Charge Description (#9):	42. Statute or Ordinance Number:	F.S. Ord
43. Charge Description (#10):	44. Statute or Ordinance Number:	F.S. Ord

45. Victim's Name (if business, list legal business name) (Last) (First) (Middle) 46. Race/Sex: 47. DOB: 48. Telephone Number:
FLORIDA, STATE OF

49. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle) 50. Race/Sex: 51. DOB: 52. Telephone Number:

53. Address (Street, Apartment Number): (City) (State) (Zip) 54. Telephone Number:
N/A **N/A** **FL**

55. Victim Notification of Arrest: NOTIFIED BY: **J.ABBOTT** DATE: **08/03/2019** TIME: **08:20** 56. Information Given: Victim Rights Card Arrest Info First App. Info Dom. Viol. Info

57. Physical Evidence Collected in This Case? 58. Witness Statements Taken in This Case 59. I certify that all the above information is true and correct to the best of my knowledge and is page **1** of a **3** page affidavit/complaint.
 Yes No Yes No *J. Abbott*
Evidence Custodian's Name Person Responsible For Statements Officer / Complainant Signature **JEREMY ABBOTT #22**
Officer / Complainant Signature

Original Copy

X Adult Def

X PC Arrest

Clerk's Case No.

Juvenile Def

Application for

AFFIDAVIT-COMPLAINT

SA Case No.(s)

80. Agency Name:

Holmes County Sheriffs Office

81. Agency Report Number:

2019-010836

82. Date/Time of Arrest:

08/03/2019 @ 08:20

83. Investigating Officer:

DEP. J. ABBOTT

84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

On 08-02-2019, I Deputy Abbott, received a phone call from Senior Investigator Knight of Holmes Correctional Institute. SI Knight advised me that she received information from a Manatee County Investigator that a individual by the name of Debra A. Sanchez in a rented vehicle, was bringing to the Holmes Correctional Institute soboxone, marijuana, cell phones, and molly and needed a K9 assistance.

On 08-03-2019, I received a phone call from SI Knight who said Debra and another female who later was identified as Julie A. Osuna had arrived at the facility in a silver Nissian Versa with the Florida tag number EVZF68, and she needed a K9 search. On arrival I postively identified the vehicle and deployed my K9, who is currently certified in narcotic odor detection, for an open air sniff around the Nissian Versa. My K9 positively alerted to the presence of narcotics in the vehicle on the passenger back door.

SI Knight then advised Debra and Julie, who were in the visitation waiting area, of the alert and escorted them back to the vehicle.

A probable cause search of the vehicle was conducted. SI Knight searched the rear passenger seat and found three rolls of black electrical tape on the passenger floorboard, a cardboard box containing black tape,a condom, two cell phones with two sim cards wrapped in black tape, two cell phones wrapped in black tape, and approximately 40.3 grams of marijuana. Also located in the back floorboard was a floral luggage bag that had a front zip compartment that held a smaller bag that contained cotton balls, two syringes, a black cable, a metal spoon with suspected fentanyl residue, and four small bags of a substance that Debra said was Heroin/Fentanyl. In the suitcase belonging to Julie, I located blue gloves, scissors, sandwich bags, and a box of cling wrap.

Julie and Debra were placed in hand restraints for the items that were found in the vehicle. Debra was read her Miranda rights and advised she would talk to me. Julie was advised of her Miranda rights and advised she didn't want to talk to me. I asked Debra if she had anything stuffed inside her person, and said yes she did, but didn't know what it was.

Debra and Julie were escorted inside the administration building by myself, SI Knight, and LT. J. Peacock. Debra was taken into the bathroom by SI Knight and L I. Peacock, and SI Knight advised Debra extracted approximately 58.6 grams of and unknown powder from her person. SI Knight and LT. Peacock escorted Julie into the bathroom, and SI Knight advised me that Julie extracted 29.2 grams of marijuana from her person, but had more in her, but it would not come out. Julie advised she didn't know what substance was. Debra and Julie were interviewed by SI Knight, and after

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

Signature of Officer / Complainant

JEREMY ABBOTT #22

Officer / Complainant's Name (Printed)

ID Number

86. Sworn to and subscribed before me this 03 day of Aug, 2019

Signature of Person Administering Oath

JOSHUA KEEL #45

(Printed Name)

Personally Known Other ID

ID Type

Seal

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. Work Phone:

()

92. Notified By: (Name)

93. Date:

93a. Time

94. Notification Method:

95. Law Enforcement Disposition of Juvenile Contact:

Release Date

Release Time:

Released To:

Original Copy

Adult Def PC Arrest
 Juvenile Def Application for

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

AFFIDAVIT-COMPLAINT

80. Agency Name: **Holmes County Sheriffs Office** 81. Agency Report Number: **2019-010836** 82. Date/Time of Arrest: **08/03/2019 @ 08:20** 83 Investigating Officer: **DEP. J. ABBOTT**

84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

Julie was interviewed, she started to become very sick, and EMS was notified. Julie was released from my custody and turned over to EMS to be transported to Gulf Coast Community Hospital, followed by CPL. Smith. Debra was transported to the Holmes County Jail with no further incident.

Gulf Coast Community Hospital staff removed 35 grams of marijuana from Julie's person. This item was retrieved from the hospital by CPL. Smith and turned over to me, bringing the total marijuana found in Julie's possession to 64.2 grams.

I'm recommending a warrant for Julie A. Osuna for violating Florida Sate statue 893.13(1A2) MARIJUANA-POSSESS WITH INTENT TO SELL MFG OR DELIVER and 944.47(1A4) SMUGGLE CONTRABAND PRISON CONTROL SUBS DEFINED PROVISIONS OF.

Debra A. Sanchez is in the Holmes County Jail for violating Florida State statue 893.13(1A1) DRUGS-POSSESS POSSESS HEROIN, 944.47(1A6) INTRODUCTION OF A CELLULAR DEVICE, 893.13(1A2) MARIJUANA-POSSESS WITH INTENT TO SELL MFG OR DELIVER, and 893.147(1) NARCOTIC EQUIP-POSSESS AND OR USE. The unknown substance will be sent FDLE for controlled substance identification.

Pictures were taken and body cam was attached to this report.

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



Signature of Officer / Complainant
JEREMY ABBOTT #22
Officer / Complainant's Name (Printed) ID Number

86. Sworn to and subscribed before me this **03** day of **Aug, 2019**



Signature of Person Administering Oath **JOSHUA KEEL #45**
(Printed Name)
 Personally Known Other ID ID Type
Seal

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. Work Phone: ()
92. Notified By: (Name) 93. Date: 93a. Time 94. Notification Method:
95. Law Enforcement Disposition of Juvenile Contact. Release Date Release Time Released To:

Original Copy

Adult Def PC Arrest
 Juvenile Def Application for Warrant / Capias

AFFIDAVIT-COMPLAINT


Clerk's Case No. _____

SA Case No.(s) _____

1. Agency Name: Holmes County Sheriffs Office		2. Agency Report Number: 2019-010836		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd w/felony		3a. Ordinance Type: <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County	
4. Date/Time of Offense: 08/03/2019 @ 07:45		5. Date/Time of Arrest:		6. Arresting Officer: JEREMY ABBOTT #22		7. Investigating Officer: DEP. J. ABBOTT	

8. Defendant's Name: (Last) (First) (Middle) (First) (Middle) ALIAS OSUNA, JULIE A						9. OBTS:			
10. Race/Sex: W / F		11. DOB: 01/10/1974		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Out of State		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE AND QUANTITY FELONY AMOUNT MARIJUANA	
15. Height: 5'04"		16. Weight: 270		17. Eye Color: HAZ		18. Hair Color: BRO		19. Scars, marks, tattoos, unique physical features:	
20. Driver's License Number/State:				21. Social Security Number: [REDACTED]		22. Residential Telephone: (941) 879-7899		23. Business Telephone:	
24. Address (Street, Apartment Number): 7024 49TH PLACE EAST				(City) PALMETTO		(State) FL		(Zip) 34221	

25. Charge Description (#1): MARIJUANA-POSSESS WITH INTENT TO SELL MFG OR DELIVER	26. Statute or Ordinance Number: 893.13(1A2)	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
27. Charge Description (#2):) SMUGGLE CONTRABAND PRISON CONTROL SUBS DEFINED PROVISIO	28. Statute or Ordinance Number: 944.47(1A4)	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
29. Charge Description (#3):	30. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
31. Charge Description (#4):	32. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
33. Charge Description (#5):	34. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
35. Charge Description (#6):	36. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
37. Charge Description (#7):	38. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
39. Charge Description (#8):	40. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
41. Charge Description (#9):	42. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
43. Charge Description (#10):	44. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord

45. Victim's Name (if business, list legal business name) (Last) (First) (Middle) FLORIDA, STATE OF			46. Race/Sex:	47. DOB:	48. Telephone Number:
49. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle)			50. Race/Sex:	51. DOB:	52. Telephone Number:
53. Address (Street, Apartment Number): N/A			(City) N/A	(State) FL	(Zip) FL
54. Telephone Number:			55. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____		
56. Information Given: <input type="checkbox"/> Vicitm Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Dom. Viol. Info			57. Physical Evidence Collected in This Case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
58. Witness Statements Taken in This Case <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			59. I certify that all the above information is true and correct to the best of my knowledge and is page <u>1</u> of a <u>3</u> page affidavit/complaint.		
Evidence Custodian's Name _____			Person Responsible For Statements _____		
_____			 JEREMY ABBOTT #22 Officer / Complainant Signature		

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

Original Copy

Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT-COMPLAINT

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

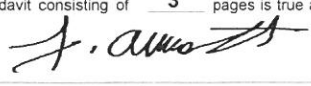

80. Agency Name: Holmes County Sheriffs Office	81. Agency Report Number: 2019-010836	82. Date/Time of Arrest: @	83. Investigating Officer: DEP. J. ABBOTT
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

On 08-02-2019, I Deputy Abbott received a phone call from SI Knight, who works at Holmes Correctional Institute. SI Knight advised me that she received information from a Manatee County Investigator that a individual by the name of Debra A. Sanchez in a rented vehicle, was bringing to the Holmes Correctional Insitiute soboxone, marjuiana, cellphones, and molly and needed a K9 assitance.

On 08-03-2019, I received a phone call from SI Knight who said Debra and another female who later was identified as Julie A. Osuna had arrived at the facility in a silver Nissian Versa with the Florida tag number EVZF68, and she needed a K9 search. On arrival I possibly identified the vehicle and depolyed my K9 for a open air sniff who is currently certified in narctic odor around the Nissian Versa. My K9 postivly alerted to the precence of narcoitics on the vehicle on the passenger back door. SI Knight then contacted Debra and Julie to the vehicle they were infromed of the positive K9 alert on the vehicle. A probable cause search of the vehicle there was found by SI Knight in the rear passenger compartment containing three rolls of black electrical tape on the passenger floorboard, a cardboard box containing black tape,a condom, two cellpphones with two sim cards wrapped in black tape, two cell phones wrapped in black tape and 40.3 grams of marijuana, a floral bag luggage bag in the front zip compartment that contained a smaller bag that contatined cotton balls, two needles, a black cable, a metal spoon with suspected fentanyl, and four small bags of a substance that Debra said was Heroin/Fentanyl. In the suit case belonging to Julie was blue gloves, scissors, sandwich bags, a box of cling wrap. Julie and Debra was placed in hand restraints for the items that were found in the vehicle. Debra was read her maranda rights and advised she would talk to me. Julie was advised of her maranda rights and advised she didn't want to talk to me. I asked Debra if she had anything stuffed inside her person and said yes she did, but didn't know what it was. Debra and Julie were escorted inside the administration building by myself, SI Knight, and LT. J. Peacock. Debra was taken into the bathroom by SI Knight and LT. Peacock and SI Knight advised Debra extracted 58.6 grams of and unknown powder. SI Knight and LT. Peacock escorted Julie into the bathroom and SI Knight advised me that Julie extracted 29.2 grams marijuana, but had more in her, but would not come out. Julie advised she didn't know what substance it was. Debra and Julie were interviewed by SI Knight, and after Julie was interviewed she started to become very sick and EMS was notified. Julie was relseaed from my custody and turned over to EMS to be transported to Gulf Coast Communitaty Hospital follwed by CPL. Smith. Debra was transported to the Holmes County Jail with no further incident. CPL. Smith retrieved the item from the hospital and turned over to me which the item contained 35.0 grams of marijuana with a total amount on Julie to be 64.2 grams of marijuana.

I'm recommeding a warrant for Julie A. Osuna for violating Florida Sate statue 893.13(1A2) MARIJUANA-POSSESS WITH INTENT TO SELL MFG OR DELIVER and 944.47(1A4) SMUGGLE CONTRABAND PRISON CONTROL SUBS DEFINED PROVISIONS OF.

85. The undersigned, being duly sworn, states that the forgoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his / her knowlwdge.  Signature of Officer / Complainant JEREMY ABBOTT #22 Officer / Complainant's Name (Printed) ID Number	86. Sworn to and subscribed before me this <u>04</u> day of <u>Aug, 2019</u>  Signature of Person Administering Oath CORY GUSTER #23 (Printed Name) <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other ID <u>LEO</u> Seal ID Type
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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. Work Phone: ()
92. Notified By: (Name)		93. Date:	93a. Time
94. Notification Method:		95. Law Enforcement Disposition of Juvenile Contact: Release Date Release Time: Released To:	

Original Copy

Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT-COMPLAINT



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

80. Agency Name: Holmes County Sheriffs Office	81. Agency Report Number: 2019-010836	82. Date/Time of Arrest: @	83. Investigating Officer: DEP. J. ABBOTT
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

Debra A. Sanchez is in the Holmes County Jail for violating Florida State statute 893.13(1A1) DRUGS-POSSESS POSSESS HEROIN, 944.47(1A6) INTRODUCTION OF A CELLULAR DEVICE, 893.13(1A2) MARIJUANA-POSSESS WITH INTENT TO SELL MFG OR DELIVER, and 893.147(1) NARCOTIC EQUIP-POSSESS AND OR USE. The unknown substance will be sent FDLE for controlled substance identification.

Pictures were taken and body cam was attached to this report.

85. The undersigned, being duly sworn, states that the forgoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his / her knowledge.  Signature of Officer / Complainant JEREMY ABBOTT #22 Officer / Complainant's Name (Printed) ID Number	86. Sworn to and subscribed before me this <u>04</u> day of <u>Aug, 2019</u>  Signature of Person Administering Oath (Printed Name) CORY GUSTER #23 <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other ID <u>LEO</u> Seal ID Type
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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. Work Phone: ()
92. Notified By: (Name)	93. Date:	93a. Time	94. Notification Method:
95. Law Enforcement Disposition of Juvenile Contact:		Release Date:	Release Time: Released To:

Original Copy