

COUNTY WARRANT TO ARREST

STATE OF FLORIDA

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

vs

AGENCY CASE NUMBER:
, OIG5 1916089

SAMUEL DERE A WILLIAMS

S.S.: [REDACTED] HEIGHT: 5'9"
D.L.: [REDACTED] WEIGHT: 250 lbs.
D.O.B.: [REDACTED] HAIR: BROWN
SEX: M EYES: BROWN
RACE: B

LKA: [REDACTED]

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, Inspector Green has made oath that in the County and State aforesaid, SAMUEL DERE A
WILLIAMS (R/G: B/M, DOB: [REDACTED] SSN: [REDACTED] in the County of Marion, and the State of
Florida, on or about the 14th day of September in the year of Our Lord, twenty-nineteen:

COUNT I
BATTERY (M1)

784.03

BOND AMOUNT \$2,500.00

did unlawfully commit battery upon [REDACTED] by actually and intentionally touching or
striking [REDACTED] against her will, or by intentionally causing bodily harm to [REDACTED]
[REDACTED] in violation of Florida Statute 784.03;

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 COUNTY Judge to be dealt with according to law.

THE UNDERSIGNED HEREBY ENDORSES BAIL IN THE AMOUNT OF \$2,500.00
AND **DOES** DOES NOT AUTHORIZE MODIFICATIONS OF THIS BAIL BY THE JUDGE
PRESIDING AT FIRST APPEARANCE.

Page 2

COUNTY JUDGES WARRANT

STATE OF FLORIDA VS. SAMUEL DEREK WILLIAMS

AGENCY NUMBER: , OIG5 1916089

Given under my hand and seal this 17th day of September, 2019. , .



COUNTY JUDGE

Steven G. Rogers - Duty Judge

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/ Brianna Kathleen Hall
Brianna Kathleen Hall
Assistant State Attorney
Florida Bar No. 0124529
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:

OFFICE OF THE INSPECTOR GENERAL

SPN NUMBER:

AGENCY ORI NUMBER:

PROBABLE CAUSE AFFIDAVIT

AGENCY CASE REPORT NUMBER:

FL037275C

19-16089

DEFENDANT

NAME OF SUBJECT (LAST, FIRST, MI):

Williams, Samuel Derea

ALIAS / MAIDEN:

911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.):

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

11120 NW Gainesville Rd

CITY:

Ocala

STATE:

FL

ZIP CODE:

34482

TELEPHONE NUMBER:

(352) 361-0914

MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):

N/A

SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):

RACE:

☐ WHITE ☐ AMERICAN INDIAN
☒ BLACK ☐ ASIAN / ORIENTAL

SEX:

M

DATE OF BIRTH:

HEIGHT:

5'09"

WEIGHT:

250

HAIR COLOR:

Brown

EYE COLOR:

Brown

COMPLEXION:

BUILD:

DRIVERS LICENSE / STATE ID NUMBER:

STATE OF FL

SOCIAL SECURITY NUMBER:

PHOTO NUMBER:

PLACE OF BIRTH:

Florida

COUNTRY OF CITIZENSHIP:

USA

SUBJECT'S OCCUPATION:

Food Service Coordinator

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):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ NO

(NAME):

DATE OF BIRTH:

RACE:

SEX:

COURT NUMBER:

☐ ARRESTED
☐ SWORN COMPLAINT

☐ FELONY
☐ MISDEMEANOR

JUVENILE:
☐ YES
☐ 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:

Battery

☐ FELONY
☒ MISDEMEANOR
☐ TRAFFIC ☐ NTA

COMPLETE STATUTE / ORDINANCE NUMBER:

784.03(1)(a)(1)

VICTIM NOTIFICATION:

ARREST: ☐ YES
☐ NO
RELEASE: ☐ YES
☐ NO

☒ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐

CITATION

NUMBER:

DATE OF OFFENSE:

09/14/2019

TIME OF OFFENSE:

BAIL AMOUNT:

\$2,500.00

VICTIM'S TELEPHONE NUMBER:

VICTIM (NAME):

Inmate

ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

11120 NW Gainesville Rd

CITY:

Ocala

STATE:

FL

ZIP CODE:

34482

CHARGE 2

OFFENSE DESCRIPTION:

☐ FELONY
☐ MISDEMEANOR
☐ TRAFFIC ☐ NTA

COMPLETE STATUTE / ORDINANCE NUMBER:

VICTIM NOTIFICATION:

ARREST: ☐ YES
☐ NO
RELEASE: ☐ YES
☐ NO

☒ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION

NUMBER:

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:

☐ FELONY
☐ MISDEMEANOR
☐ TRAFFIC ☐ NTA

COMPLETE STATUTE / ORDINANCE NUMBER:

VICTIM NOTIFICATION:

ARREST: ☐ YES
☐ NO
RELEASE: ☐ YES
☐ NO

☒ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION

NUMBER:

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 § 784.03(1)(a)(1) Battery, to wit:

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

On September 16, 2019 Inspector Green was notified by Warden Stephen Rossiter, of an alleged battery that occurred at Lowell Annex Correctional Institution, involving a Food Service Coordinator and a female inmate. The battery occurred on Saturday, September 14, 2019 between 1130 and 1230 hours, in culinary of Lowell Annex.

On September 14, 2019 Inmate [REDACTED] reported to Correctional Officer Lieutenant Latorsha Dove, that while working in culinary earlier in the day, Food Service Coordinator, Samuel D Williams, rubbed her buttocks with his hand. Video of culinary was pulled and reviewed by Inspector Green. The video shows Coordinator Williams talking to Inmate [REDACTED] while she is cleaning. Williams waited until no one was in the immediate area. With his left, Williams rubs/grabs Inmate [REDACTED] buttocks, while she is still cleaning. As soon as he does this, Inmate [REDACTED] is seen pulling away and a verbal dialogue ensues, prompting Williams to walk away from the area.

According to Inmate [REDACTED] she confronted Williams as soon as he grabbed her. Williams became defensive, and said, "What are you going to assault me?", then turned and walked away. Inmate [REDACTED] left culinary after the incident and reported the incident to the shift captain and Lieutenant Dove, the same day. Inmate [REDACTED] stated that this was unwanted and unsolicited, and she was very offended and upset.

Probable Cause exists for the arrest of Food Service Coordinator Samuel D. Williams for Battery, violating § 784.03(1)(a)(1).

☐ MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

☐ AM
☐ 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:

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

17 DAY OF September, 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):

SIGNATURE:

AGENCY: FDC - OIG LEO ID NUMBER: 113026