## Adult Def PC Arrest User 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	):		2	. Agency Report Numb	er:	3. Charge Type	e:			inance Type:	
			19-18768				meanor				
			6. Arresting Officer	r:				ting Officer:	unicipal 🔲 County		
10/2016 -	2016 - 10/2019 10/28/19 @ 1:52 Senior Inspector Jerry Basford p.m.			i	Senio	r Inspector Jei	rry Basford				
8. Defendant's N	lama: (Lant)			(First)		(Middle	٥١		ALIAS	9. OBTS:	
Odom	anie. (Last)			Tanya		Carpen	-		Ben Stren	9. 0615:	
10. Race/Sex: W/F	11. Date of Birth		12. Residence T	☑ Florida		13. Weapon S			illed Substance Seize & OUANTITY:	d: ☐ Yes ⊠ No /a	
15, Height: <b>5'7"</b>	16. Weight:	17. Eye Colo		County Out of State olor: 19. Scars, ma			No eatures: (L	Location, typ	e & description)		
	Number/States		21. Social Securi	the Allerande and	DO Desid				20 Business Tales		
20. Driver's Licer	nse Number/State:		zr. Social Securi	ny Number:	ZZ. Residi	ential Telephone	э:		23. Business Tele	pnone:	
24. Address: (Str	eet, Apartment Nu	mber)		(City)			(State)	)		(Zip)	
25. Defendant's	Name: (Last)			(First)		(Middle	a)		ALIAS	26, OBTS:	
20. Dolondant 0	tadinoi (Laati)			(11131)		(Wildelie	or		neino	20. 0510.	
27. Race/Sex:	28. Date of Birth	:	29. Residence Ty	☐ Florida		30. Weapon S			Illed Substance Seize	d: Yes No	
32. Height:	33. Weight:	34. Eye Color		County Out of Solor: 36. Scars, mai			] No eatures: (L	ocation, type	e & description)		
37. Driver's Licen	se Number/State:		38. Social Securi	ty Number:	39. Reside	ential Telephone	e:		40. Business Telep	phone:	
41. Address: (Stre	eet, Apartment Nu	mber)		(City)			(State)			(Zip)	
42. Defendant's N	Name: (Last)			(First)		(Middle	e)		ALIAS	43. OBTS:	
44. Race/Sex:	45. Date of Birth	:	46. Residence Ty	☐ Florida		47. Weapon S			lled Substance Seized k QUANTITY:	i: ☐ Yes ☐ No	
49. Height:	50. Weight:	51. Eye Color	City C			Yes   nique physical fe	No eatures: (L	ocation, type	e & description)		
54 Driver's Licen	se Number/State:		55. Social Securi	tu Number	E6 Pecide	ential Telephone	A		57. Business Telep	hono	
34. Dilver's Elcen	ise individuale.		o. Oociai Occaii	ty Nombol.	30. 1163146				37. Dusiness Telep	mone.	
58. Address: (Stre	eet, Apartment Nu	mber)		(City)			(State)			(Zip)	
59. Charge Descri	iption: (# 1)					60.	. Statute o	r Ordinance	Number:		☑ F.S.
Introduct	tion of Contr	aband, Coı	nmunicatio	on			944.47	7 (1)(a)(1	)		☐ Ord.
61. Charge Descri	iption: (# 1) nce with Pris	oners				62.	Statute o <b>944.39</b>	tatute or Ordinance Number:   ☑ F.S.			⊠ F.\$. □ Ord.
63. Charge Descri						64.	. Statute o	r Ordinance	Number:		☑ F.S.
Unlawful	Use of a Tw	o-way Cor	nmunicatio	on Device			934.21	I5 			☐ Ord.
65. Victim's Name	e: (If business, list	legal business n	ame) (Last)	(First)		(Middle)	66.	Race/Sex	67. Date of Birth:	68. Telephone Num	ber:
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:						ber:					
	eet, Apartment Nur		ıy) ıllahassee	(State) <b>Florida</b>		(Zip) <b>3239</b> 9	9			74. Secondary Phon	e Number:
								76. Inform	nation Given:	☐ Arrest In	ıfo
75. Victim Notification of Arrest:  76. Information Given: ☐ Arrest Info Victim Domestic  NOTIFIED BY: DATE: TIME: ☐ Rights Card ☐ App. Info ☐ Viol. Info											
77. Physical Evide  ☑ Yes □	ence collected in th No	is case? 78.	Witness Statem ☑ Yes ☐ N	ents taken in this case? No		rtify that all of the	7 /		s rue and correct to t	the best of my knowle	dge
Evidence			****			A	y y y	//			
Evidence Custodian's		res	son ponsible		-1	Commission of	L	-		spector Jerry Basfor	
Name: Darla Her PAGE 01 MUST			statements: Jer	<u>ry Basford</u> ALID AFFIDAVIT/COMP		Complainant	ognature		Тур	e or print Complainan	riame

■ Adult Def     □ Juvenile D  PAGE	⊠ PC Arres ef □ Applicati Warra		A	FFI	OAVIT -	- CO	MPL	AINT		Clerk's Case No. SA Case No.(s)  Agency ORI # FI	037275C	
1. Agency Name	epartment o	of Correct	ions	_	cy Report Number 18768	r:	3. Charge		meanor	3a. Ordinari	ice Type: (If applicable)	
4. Date/Time of Offense: 5. Date/Time of Arrest: 10/2016 - 10/2019 10/28/19 @ 1:52 p.m.			Arresting Officer: Senior Insp		erry Basf	ord	7. Investigat					
8. Defendant's N	lame: (Last)				First)			iddle) Denter		ALIAS Ben Stren	9. OBTS:	
10. Race/Sex: W/F	11. Date of Birt	th:	12. Residenc	e Type: ☐ Countÿ	☑ Florida ☐ Out of Stat	e	13. Weap	on Seized		led Substance Seized: [ QUANTITY: n/a	Yes ⊠ No	
15. Height: <b>5'7"</b>	16. Weight:	17. Eye Co	olor: 18. Ha	ir Color:	19. Scars, mark	s, tattoos, ι	unique physic	cal features: (	(Location, type	& description)		
20. Driver's Lice	nse Number/State		21. Social Se	curity Nur	nber:	22. Resid	dential Teleph	попе:		23. Business Telephor	ne:	a a
24. Address: (Str	eet, Apartment N	umber)			(City)			(State	e)		(Zip)	
25. Defendant's	Name: (Last)			(F	irst)		(Mi	ddle)		ALIAS	26. OBTS:	
27. Race/Sex:	28. Date of Birt		29. Residence	Coun			30. Weap	□No	TYPE &	led Substance Seized:  QUANTITY:	Yes No	
32. Height:	33. Weight:	34. Eye Co	lor: 35. Hai	r Color:	36. Scars, mark	s, tattoos, u	ınique physic	al features: (	Location, type	& description)		
37. Driver's Licer	ise Number/State:	:	38. Social Sec	curity Nur	nber:	39. Resid	lential Teleph	one:		40. Business Telephon	e:	
41. Address: (Str	eet, Apartment Nu	ımber)			(City)			(State	3)		(Zip)	
42. Defendant's l	Vame: (Last)			(Fi	irst)		(Mic	ddle)		ALIAS	43. OBTS:	
44. Race/Sex:	45. Date of Birth			Type:	☐ Florida y ☐ Out of Sta	ite	47. Weapo	on Seized		ed Substance Seized:  QUANTITY:	Yes 🗆 No	
49. Height:	50. Weight:	51. Eye Co	lor: 52. Hai	r Color:	53. Scars, marks	s, tattoos, u	nique physic	al features: (I	Location, type	& description)		
54. Driver's Licer	se Number/State:		55. Social Sec	urity Num	ber:	56. Reside	ential Teleph	one:		57. Business Telephon	e:	
58. Address: (Stre	eet, Apartment Nu	imber)			(City)			(State	)		(Zip)	
59. Charge Descr	iption: (# 1)							60 Statuto	or Ordinance N	lumber:		F7
	ion of Conti	raband, Fo	ood						7 (1)(a)(2)	iumpei.		⊠ F.S. ☐ Ord.
61. Charge Descr	ption: (# 1)							62. Statute of	or Ordinance N	lumber:		⊠ F.S. □ Ord.
63. Charge Descr	iption: (# 1)							64. Statute o	or Ordinance N	lumber:		⊠ F.S.

65. Victim's Name: (If business, list legal bus State of Florida	siness name) (Last) (Fir	st)	(Middle)	66. Race/Sex	67. Date of Birth:	68. Telephone Number:
69. Contact Person if victim is deceased, a m Senior Inspector Jerry Base		(First)	(Middle)	70. Race/Sex	71. Date of Birth:	72. Telephone Number:
73. Address: (Street, Apartment Number) 501 S. Calhoun Street	(City) <b>Tallahassee</b>	(State) <b>Florida</b>	(Zip) <b>32399</b>			74. Secondary Phone Number:
75. Victim Notification of Arrest:  NOTIFIED BY:		76. Infor Victin Righ	•	Arrest Info Domestic D. Info		

77. Physical Evidence collected in this case?	78. Witness Statements taken in this case?	79. I certify that all of the above information is true and corre	ect to the hest of my knowledge
⊠ Yes □ No	⊠ Yes □ No	and is page of of page affigurit/complain.	or to the book of the knowledge
Evidence	Person		
Custodian's	responsible	1/ 3/	Inspector Jerry Basford
Name: Darla Henderson	for statements: Jerry Basford	Officer/Complainant Signature	Type or print Complainant name

Adult Def	■ PC Arrest
□ Juvenile Def	□ Application for
	Warrant/Capia

## AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

SA	Case	No.(s	

Clerk's Case No.

3 at 4			Agency ORI # <u>FL037275C</u>	
80. Agency Name:	81. Agency Report	82. Date/Time of Arrest:	83. Investigating Officer:	
Florida Department of Corrections	Number: 19-18768	10/28/19 @ 1:52	Senior Inspector Jerry Basford	
	19-18708	p.m.		

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 Jerry Basford of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe Contract Nurse Tanya Odom (Nurse Odom), employed at Graceville Correctional Facility (GCF), in the County of Jackson and the State of Florida, did commit the criminal offense of Introduction of Contraband into a State Correctional Institution (Communication), in violation of s. 944.47 (1)(a)(1) Fla. Stat., when Nurse Odom did actually and intentionally introduce, through unauthorized channels, into the secure perimeter of a State Correctional Institution, electronically transmitted written and/or recorded communication and images to an inmate. Furthermore, Nurse Odom did commit the criminal offense of Introduction of Contraband into a State Correctional Institution (Food), in violation of s. 944.47 (1)(a)(2) Fla. Stat., when Nurse Odom did actually and intentionally introduce, through unauthorized channels, into the secure perimeter of a State Correctional Institution, food items she provided to inmates. Probable cause also exists that Nurse Odom committed the criminal offense of Interference with Prisoners, in violation of s. 944.39 Fla. Stat., when Nurse Odom engaged in a personal relationship with an inmate under the supervision of the Florida Department of Corrections, and while doing so allowed the inmate to violate laws of the State of Florida and rules of the Department of Corrections. Lastly, Nurse Odom did commit the criminal offense of Unlawful Use of a Two-way Communication Device, in violation of s. 934.215 Fla. Stat., when Nurse Odom used a cellular telephone to introduce contraband communication to an inmate housed within a State Correctional Institution.

A traudulent Jpay account was identified communicating with and sending money to former limitate valigh Ellis, DC# 329144,
while he was still an inmate under the supervision of the Florida Department of Corrections (FDC). According to Jpay records, the
account was created on October 9, 2018 and frequently communicated with Inmate Ellis until his release from FDC custody in July
2019. The account indicates the user is "Ben Stren" of 4537 Hwy 77, Graceville, Florida. While reviewing the correspondence,
identifying information about the account user was noted it appears the account user is a female. The Ben Stren account was also
communicating with another inmate, Joseph Ewing, DC# A50703. In communications with Inmate Ewing, the account user
indicated she was married to for the past ten years and owned property with
query for indicated Tanya Odom was a co-registrant on a vehicle and a search of Jackson County property records
indicated and Tanya Odom are co-owners of property in Graceville, Florida. The correspondence also refers to the
writer's sister, Tara. The name Tanya Odom was queried in FDC databases. Through these queries, Tanya Odom was identified as
a contract nurse working at GCF.
On Monday, October 28, 2019, Nurse Odom provided a sworn interview, post-Miranda, at GCF. During her interview, Nurse Odom

* *	•	•		-	
	•	•	•	•	•

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal offense of Introduction of Contraband (Communication), in violation of s. 944.47 (1)(a)(1), Florida Statute when Nurse Odom did actually and intentionally introduce through unauthorized channels, electronically transmitted written and/or recorded communication and images to an inmate, within the secure perimeter of a State Correctional Institution using Jpay, a means not approved for staff communication with inmates.

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal offense of Introduction of Contraband (Food), in violation of s. 944.47 (1)(a)(2), Florida Statute when Nurse Odom did actually and intentionally introduce through unauthorized channels, food items, she provided to inmates within the secure perimeter of a State Correctional Institution.

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal violation of Interference with Prisoners, in violation of s. 944.39 Fla. Stat., when Nurse Odom engaged in a personal relationship with an inmate under the supervision of the Florida Department of Corrections, and while doing so allowed the inmate to violate laws of the State of Florida and rules of the Department of Corrections.

Your Affiant respectfully submits probable cause has been established that Nurse Tanya Odom did commit the criminal offense of Unlawful Use of a Two-way Communication Device, in violation of s. 934.215 Fla. Stat., when Nurse Odom used a cellular telephone to introduce contraband communication to an inmate housed in a State Correctional Institution.

85. The undersigned, being duly sworn, states that the affidavit consisting of 4 pages is true and correct Signature of Officer/Complainant  Officer/Complainant's Name (Printed)		Swo	Signature of Per	rson Administering Oath	nsputo-LEO
87. Adult's Relation to Juvenile Defendant:		88. Adult's Na	me: (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 HRS Intal	l to ce Officer, not de		e agency and released S
Release Date: Release Time:	Released to (Name):				