

PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	Y
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-07311	
Location of Offense Sumter Correctional Institution 9544 CR 476B Bushnell Florida 33513				Date of Offense 04/19/2020	Date of Arrest 04/19/2020	
Name: Inmate Tristen Stewart, DC# Y80663						
Race W - White B - Black	I - Indian American O - Oriental Asian	W Sex M	DOB or Age 10/10/2002	Height 5'10"	Weight 144	Eye Color Brown
				Hair Color Brown	Complexion Light	Build Thin
Address (Street, Apt, Number) LKA: Sumter CI 9544 CR476B Bushnell Florida 33513			(City)	(State)	Phone () -	
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other			Name of Parent or Custodian (Last, First, Middle)			Residence Phone () -
Address (Street, Apt, Number)			(City)	(State)	Business Phone () -	
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)	
Released to: (Name)			Relationship	Date	Time	
Activity: N. N/A P. Posses	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine
						B. Barbiturate C. Cocaine E. Heroine
						H. Hallucinogen M. Marijuana O. Opium / Deriv
						P. Paraphernalia / Equipment S. Synthetic
						U. Unknown Z. Other
Charge Description Agg Battery on LEO			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 784.07 D	
Activity N			N	Amount / Unit	State Attorney Number	
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation					Date Issued	Writt. Att. #
						<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest
Charge Description Depriving Ofc. Of Means of Protection/Comm.			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 843.025	
Activity N			N	Amount / Unit	State Attorney Number	
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation					Date Issued	Writt. Att. #
						<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest
Charge Description False Imprisonment			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 787.02	
Activity N			N	Amount / Unit	State Attorney Number	
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation					Date Issued	Writt. Att. #
						<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following Violation of the law: On the 19 th day of April 2020 at 2:00 <input type="checkbox"/> AM. <input checked="" type="checkbox"/> PM (Specially include facts constituting cause for arrest)						

Narrative: Your Affiant is Chris McCaulley with the Office of Inspector General for the Florida Department of Corrections;

On April 19, 2020, Correctional Officer [REDACTED] was on duty at Sumter Correctional Institution and assigned the [REDACTED]. At approximately 2:00pm Inmate Jacob Steinmetz, DC# U90584 approached the officer's station where Officer [REDACTED] was present and knocked on the door. While this occurred, Inmate Julien Guevara, DC# 020626 approached the officer's station and stood just outside the door. When Inmate Steinmetz knocked on the door a second time, Inmate Guevara made a hand motion as if to summon other individuals to him. At this point Officer [REDACTED] opened the door to ascertain what Inmate Steinmetz needed assistance with. As soon as the door opened, Inmate Guevara, Inmate Steinmetz, along with Inmate(s) Gregory Rheams, DC# V70465, Angel Arellano, DC# Q70580 and the defendant rushed into the officer's station and began attacking Officer [REDACTED]. The inmates overpowered Officer [REDACTED] taking [REDACTED] to the floor, handcuffing Officer [REDACTED] all while forcibly taking Officer [REDACTED] officer radio and assigned chemical agents. These inmates continued to attack Officer [REDACTED] with a steel chair, striking Officer [REDACTED] in the head and upper-torso. While this was occurring, the inmates utilized Officer [REDACTED] assigned chemical agents upon Officer [REDACTED] spraying the chemical agents all over Officer [REDACTED] upper torso rendering [REDACTED] helpless from the attack by these inmates. These inmates additionally accessed a cabinet in the officer's station and obtained two other canisters of chemical agents which the inmates also used or attempted to use upon Officer [REDACTED] person.

This attack caused Officer [redacted] to be [redacted] which [redacted] Officer [redacted]. During this attack, Officer [redacted] was [redacted] being handcuffed then soaked with chemical agents, unable to defend [redacted] against the attack nor able to summon help without a communication radio.

The accounts reported above are based on victim testimony, fixed wing video footage and officer witness testimony.

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

Bond schedule amount for these offenses is not needed at this time due to the defendant being an incarcerated inmate within the Florida Department of Corrections. A No-Bond hold is necessitated for the charges affixed to this affidavit.

PC. Exists for Charge(s)		Judge's Signature	Date					
<input type="checkbox"/> Miranda Warning	Hold for Agency Name: FDC	Verified By:	Date:					
<input checked="" type="checkbox"/> Adults Only	Hold for First Appearance	Sworn to And subscribed before me, the undersigned authority this <u>19</u> day of <u>APR</u> 20 <u>20</u>	Bond Type	3. Surety	5. Cert	Bond Charge #	Bond Charge #	Bond Charge #
<input checked="" type="checkbox"/> Do not Bond Out	Reason: FDC inmate		1. ROR	4. Bail / Bond	6. Other	Type	Type	Type
I swear/Affirm the above and attached statements are true and correct		Name/Title of Person Authorized to Administer Oath	Returnable Court Date		Returnable Court Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Inspector's / Complainant's Signature		<i>[Signature]</i>	Release Date		Release Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Name (Printed) Chris McCoolley			Releasing Officer		Page of			
ID# / Dist #13646		SI J. BATES						
		26607						

PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	Y					
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-07311						
Location of Offense Sumter Correctional Institution 9544 CR 476B Bushnell Florida 33513				Date of Offense 04/19/2020	Date of Arrest 04/19/2020						
Name: Inmate Julien Guevara, DC# 020626											
Race W - White B - Black	I - Indian American O - Oriental Asian	W Sex M	DOB or Age 07/03/2002	Height 6'01"	Weight 153	Eye Color Brown					
		Hair Color Brown	Complexion Light	Build Thin							
Address (Street, Apt, Number) LKA: Sumter CI 9544 CR476B Bushnell Florida 33513				(City)	(State)	Phone () -					
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other				Name of Parent or Custodian (Last, First, Middle)		Residence Phone () -					
Address (Street, Apt, Number)				(City)	(State)	Business Phone () -					
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)						
Released to: (Name)			Relationship	Date	Time						
Activity: N. N/A P. Posses	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroine	H. Hallucinogen M. Marijuana O. Opium / Deriv	P. Paraphernalia / Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description Agg Battery on LEO			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 784.07 D		Violation of Section (ORD)				
Activity N		N	Amount / Unit		State Attorney Number		Court Number				
<input type="checkbox"/> PC	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued #	Writt. Att. #		<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
Charge Description Depriving Ofc. Of Means of Protection/Comm.			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 843.025		Violation of Section (ORD)				
Activity N		Drug Type N	Amount / Unit		State Attorney Number		Court Number				
<input type="checkbox"/> PC	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued #	Writt. Att. #		<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
Charge Description False Imprisonment			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 787.02		Violation of Section (ORD)				
Activity		Drug Type	Amount / Unit		State Attorney Number		Court Number				
<input type="checkbox"/> PC	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued #	Writt. Att. #		<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following Violation of the law: On the 19 th day of April 2020 at 2:00 <input type="checkbox"/> AM. <input checked="" type="checkbox"/> PM (Specially include facts constituting cause for arrest)											

Narrative: Your Affiant is Chris McCaulley with the Office of Inspector General for the Florida Department of Corrections;

On April 19, 2020, Correctional Officer [REDACTED] was on duty at Sumpter Correctional Institution and assigned the [REDACTED]. At approximately 2:00pm Inmate Jacob Steinmetz, DC# U90584 approached the officer's station where Officer [REDACTED] was present and knocked on the door. While this occurred, the defendant approached the officer's station and stood just outside the door. When Inmate Steinmetz knocked on the door a second time, the defendant made a hand motion as if to summon other individuals to him. As this occurred, Officer [REDACTED] opened the door to ascertain what Inmate Steinmetz needed assistance with. As soon as the door opened, the defendant, Inmate Steinmetz along with Inmate Gregory Rheams, DC# V70465, Angel Arellano, DC# Q70580, Jarahmeel King, DC# H60706 and Tristen Stewart, DC# Y80663 rushed into the officer's station and began attacking Officer [REDACTED]. The inmates overpowered Officer [REDACTED] taking [REDACTED] to the floor, handcuffing Officer [REDACTED] all while forcibly taking Officer [REDACTED] officer radio and assigned chemical agents. These inmates continued to attack Officer [REDACTED] with a steel chair, striking Officer [REDACTED] in the head and upper-torso. While this was occurring, the inmates utilized Officer [REDACTED] assigned chemical agents upon Officer [REDACTED] spraying the chemical agents all over Officer [REDACTED] upper torso rendering [REDACTED] helpless from the attack by these inmates. These inmates additionally accessed a cabinet in the officer's station and obtained two other canisters of chemical agents which the inmates also used or attempted to use upon Officer [REDACTED] person.

This attack caused Officer [redacted] to be [redacted] which [redacted] Officer [redacted]. During this attack, Officer [redacted] was [redacted] being handcuffed then soaked with chemical agents, unable to defend [redacted] against the attack nor able to summon help without a communication radio.

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PC. Exists for Charge(s)		Judge's Signature	Date				
<input type="checkbox"/> Miranda Warning	Hold for Agency Name: <u>SDC</u>	Verified By:	Date:	Bond Charge #	Bond Charge #	Bond Charge #	
Adults Only	Hold for First Appearance	I swear/Affirm the above and attached statements are true and correct	Sworn to And subscribed before me, the undersigned authority this <u>19</u> day of <u>Nov</u> <u>20</u>	Bond Type	3. Surety	5. Cert	
<input checked="" type="checkbox"/> Do not Bond Out Reason: <u>FDC inmate</u>				1. ROR	4. Bail / Bond	6. Other	Type
Inspector's / Complainant's Signature		Name / Title of Person Authorized to Administer Oath	Returnable Court Date	Returnable Court Time <input type="checkbox"/> AM <input type="checkbox"/> PM			
<u>Chris McCoolley</u>		<u>L.S.J. Bates</u>	Release Date	Release Time <input type="checkbox"/> AM <input type="checkbox"/> PM			
Name (Printed)	ID# / Dist <u>13646</u>		Releasing Officer	Page of			

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PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	Y				
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-07311					
Location of Offense Sumter Correctional Institution 9544 CR 476B Bushnell Florida 33513				Date of Offense 04/19/2020	Date of Arrest 04/19/2020					
Name: Inmate Jacob Steinmetz, DC# U90584										
Race W - White I - Indian American B - Black O - Oriental Asian	W	Sex M	DOB or Age 05/22/2002	Height 5'10"	Weight 159	Eye Color Brown	Hair Color Brown	Complexion Light	Build Thin	
Address (Street, Apt, Number) LKA: Sumter CI 9544 CR476B Bushnell Florida 33513				(City)	(State)	Phone () -				
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other				Name of Parent or Custodian (Last, First, Middle)				Residence Phone () -		
Address (Street, Apt, Number)				(City)	(State)	Business Phone () -				
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released		2. Turned over to DOH/C&F 3. Incarcerated (County Jail)			
Released to: (Name)				Relationship	Date	Time				
Activity: N. N/A P. Posses	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroine	H. Hallucinogen M. Marijuana O. Opium / Deriv	P. Paraphernalia / Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Agg Battery on LEO			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 784.07 D			Violation of Section (ORD)		
Activity N		N	Amount / Unit		State Attorney Number		Court Number			
<input type="checkbox"/> PC	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued #	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
Charge Description Depriving Ofc. Of Means of Protection/Comm.			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 843.025			Violation of Section (ORD)		
Activity N		Drug Type N	Amount / Unit		State Attorney Number		Court Number			
<input type="checkbox"/> PC	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued #	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
Charge Description False Imprisonment			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 787.02			Violation of Section (ORD)		
Activity N		Drug Type N	Amount / Unit		State Attorney Number		Court Number			
<input type="checkbox"/> PC	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	Date Issued #	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj.	<input type="checkbox"/> Order of Arrest
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following Violation of the law: On the 19 th day of April 2020 at 2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM (Specially include facts constituting cause for arrest)										

Narrative: Your Affiant is Chris McCaulley with the Office of Inspector General for the Florida Department of Corrections;

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This attack caused Officer [redacted] to be [redacted] which [redacted] Officer [redacted]. During this attack, Officer [redacted] was [redacted] being handcuffed then soaked with chemical agents, unable to defend [redacted] against the attack nor able to summon help without a communication radio.

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Bond schedule amount for these offenses is not needed at this time due to the defendant being an incarcerated inmate within the Florida Department of Corrections. A No-Bond hold is necessitated for the charges affixed to this affidavit.

PC. Exists for Charge(s)		Judge's Signature	Date					
<input type="checkbox"/> Miranda Warning	Hold for Agency Name: <u>FDC</u>	Verified By:	Date:	Bond Charge #	Bond Charge #	Bond Charge #		
Adults Only	Hold for First Appearance	Sworn to And subscribed before me, the undersigned authority this <u>19</u> day of <u>APR</u> 20 <u>20</u>	Bond Type	3. Surety	5. Cert	Type	Type	Type
<input checked="" type="checkbox"/> Do not Bond Out	Reason: <u>FDC inmate</u>		1. ROR	4. Bail/Bond	6. Other	Type	Type	Type
I swear/Afirm the above and attached statements are true and correct		Name/Title of Person Authorized to Administer Oath	Returnable Court Date		Returnable Court Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Inspector's / Complainant's Signature		<u>[Signature]</u> Name/Title of Person Authorized to Administer Oath	Release Date		Release Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Name (Printed) <u>Chris McCalley</u> ID# / Dist <u>13646</u>			Releasing Officer		Page of			

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PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	Y	
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-07311		
Location of Offense Sumter Correctional Institution 9544 CR 476B Bushnell Florida 33513				Date of Offense 04/19/2020	Date of Arrest 04/19/2020		
Name: Inmate Gregory Rheams, DC# V70465							
Race W - White B - Black	I - Indian American O - Oriental Asian	B	Sex M	DOB or Age 05/02/2002	Height 5'10"	Weight 123	
				Eye Color Brown	Hair Color Brown	Complexion Dark	
Build Thin		Address (Street, Apt, Number) LKA: Sumter CI 9544 CR476B Bushnell Florida 33513		(City)	(State)	Phone () -	
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other		Name of Parent or Custodian (Last, First, Middle)				Residence Phone () -	
Address (Street, Apt, Number)		(City)		(State)		Business Phone () -	
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)		
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<input type="checkbox"/> PC #	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	
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Charge Description Depriving Ofc. Of Means of Protection/Comm.		Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 843.025		Violation of Section (ORD)	
Activity N	Drug Type N	Amount / Unit	State Attorney Number		Court Number		
<input type="checkbox"/> PC #	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	
Date Issued		Writt. Att. #		<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest			
Charge Description False Imprisonment		Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 787.02		Violation of Section (ORD)	
Activity	Drug Type	Amount / Unit	State Attorney Number		Court Number		
<input type="checkbox"/> PC #	<input type="checkbox"/> Capias	<input type="checkbox"/> AC	<input type="checkbox"/> BW	<input type="checkbox"/> PW	<input type="checkbox"/> Juv. PU	<input type="checkbox"/> Citation	
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<input type="checkbox"/> Miranda Warning	Hold for Agency Name: <u>FDC</u>	Verified By:	Date:		Bond Charge #	Bond Charge #	Bond Charge #	
Adults Only	Hold for First Appearance	Sworn to And subscribed before me, the undersigned authority this <u>19</u> day of <u>April</u> 20 <u>20</u>	Bond Type	3. Surety	5. Cert	Type	Type	Type
<input checked="" type="checkbox"/> Do not Bond Out Reason: <u>FDC inmate</u>			1. ROR	4. Bail / Bond	6. Other			
I swear/A firm the above and attached statements are true and correct		Name/Title of Person Authorized to Administer Oath	Returnable Court Date		Returnable Court Time			<input type="checkbox"/> AM <input type="checkbox"/> PM
Inspector's / Complainant's Signature			Release Date		Release Time			<input type="checkbox"/> AM <input type="checkbox"/> PM
Name (Printed) <u>Chris McCarthy</u> ID# / Dist <u>1364</u>		<u>J. BATES</u>	Releasing Officer				Page of	

20607

PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	Y
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-07311	
Location of Offense Sumter Correctional Institution 9544 CR 476B Bushnell Florida 33513				Date of Offense 04/19/2020	Date of Arrest 04/19/2020	
Name: Inmate Angel Arellano, DC# Q70580						
Race W - White B - Black	I - Indian American O - Oriental Asian	W	Sex M	DOB or Age 08/04/2004	Height 5'08"	Weight 128
				Eye Color Brown	Hair Color Brown	Complexion Light
						Build Thin
Address (Street, Apt, Number) LKA: Sumter CI 9544 CR476B Bushnell Florida 33513				(City)	(State)	Phone () -
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other				Name of Parent or Custodian (Last, First, Middle)		Residence Phone () -
Address (Street, Apt, Number)				(City)	(State)	Business Phone () -
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)	
Released to: (Name)			Relationship	Date	Time	
Activity: N. N/A P. Posses	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine
						B. Barbiturate C. Cocaine E. Heroine
						H. Hallucinogen M. Marijuana O. Opium / Deriv
						P. Paraphernalia / Equipment S. Synthetic
						U. Unknown Z. Other
Charge Description Agg Battery on LEO			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 784.07 D	
Activity N			Amount / Unit	State Attorney Number		Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest	
Charge Description Depriving Ofc. Of Means of Protection/Comm.			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 843.025	
Activity N			Drug Type N	State Attorney Number		Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest	
Charge Description False Imprisonment			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 787.02	
Activity			Drug Type	State Attorney Number		Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest	
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following Violation of the law: On the 19 th day of April 2020 at 2:00 <input type="checkbox"/> AM. <input checked="" type="checkbox"/> PM (Specially include facts constituting cause for arrest)						

Narrative: Your Affiant is Chris McCaulley with the Office of Inspector General for the Florida Department of Corrections;

On April 19, 2020, Correctional Officer [REDACTED] was on duty at Sumter Correctional Institution and assigned the [REDACTED]. At approximately 2:00pm Inmate Jacob Steinmetz, DC# U90584 approached the officer's station where Officer [REDACTED] was present and knocked on the door. While this occurred, Inmate Julien Guevara, DC# 020626 approached the officer's station and stood just outside the door. When Inmate Steinmetz knocked on the door a second time, Inmate Guevara made a hand motion as if to summon other individuals to him. At this point Officer [REDACTED] opened the door to ascertain what Inmate Steinmetz needed assistance with. As soon as the door opened, Inmate Guevara, Inmate Steinmetz, along with the defendant, Inmate(s) Gregory Rheams, DC# V70465, Jarahmeel King, DC# H60706 and Tristen Stewart, DC# Y80663 rushed into the officer's station and began attacking Officer [REDACTED]. The inmates overpowered Officer [REDACTED] taking [REDACTED] to the floor, handcuffing Officer [REDACTED] all while forcibly taking Officer [REDACTED] officer radio and assigned chemical agents. These inmates continued to attack Officer [REDACTED] with a steel chair, striking Officer [REDACTED] in the head and upper-torso. While this was occurring, the inmates utilized Officer [REDACTED] assigned chemical agents upon Officer [REDACTED] spraying the chemical agents all over Officer [REDACTED] upper torso rendering [REDACTED] helpless from the attack by these inmates. These inmates additionally accessed a cabinet in the officer's station and obtained two other canisters of chemical agents which the inmates also used or attempted to use upon Officer [REDACTED] person.

This attack caused Officer [redacted] to be [redacted] which [redacted] from Officer [redacted] [redacted] During this attack, Officer [redacted] was [redacted] being handcuffed then soaked with chemical agents, unable to defend [redacted] against the attack nor able to summon help without a communication radio.

The accounts reported above are based on victim testimony, fixed wing video footage and officer witness testimony.

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

Bond schedule amount for these offenses is not needed at this time due to the defendant being an incarcerated inmate within the Florida Department of Corrections. A No-Bond hold is necessitated for the charges affixed to this affidavit.

PC. Exists for Charge(s)		Judge's Signature	Date					
<input type="checkbox"/> Miranda Warning	Hold for Agency Name: FDC	Verified By:	Date:		Bond Charge #	Bond Charge #	Bond Charge #	
Adults Only	Hold for First Appearance	Sworn to And subscribed before me, the undersigned authority this <u>19</u> day of <u>APR</u> 20 <u>20</u> Name/Title of Person Authorized to Administer Oath LSIJ. BATES	Bond Type	3. Surety	5. Cert	Type	Type	Type
<input checked="" type="checkbox"/> Do not Bond Out Reason: FDC Inmate			1. ROR	4. Bail/Bond	6. Other			
I swear/Affirm the above and attached statements are true and correct			Returnable Court Date		Returnable Court Time			<input type="checkbox"/> AM <input type="checkbox"/> PM
Inspector's / Complainant's Signature Chris McCoolley			Release Date		Release Time			<input type="checkbox"/> AM <input type="checkbox"/> PM
Name (Printed)	ID# / Dist		Releasing Officer				Page of	

26607

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OBTS #		1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	Y
ORI #	FL037275C	Office of Inspector General - DC		Report #	20-07311	
Location of Offense Sumter Correctional Institution 9544 CR 476B Bushnell Florida 33513				Date of Offense 04/19/2020	Date of Arrest 04/19/2020	
Name: Inmate Jarahmell King, DC# H60706						
Race W - White B - Black	I - Indian American O - Oriental Asian	B	Sex M	DOB or Age 06/04/2004	Height 5'08"	Weight 139
				Eye Color Brown	Hair Color Brown	Complexion Dark
						Build Med
Address (Street, Apt, Number) LKA: Sumter CI 9544 CR476B Bushnell Florida 33513				(City)	(State)	Phone () -
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Address (Street, Apt, Number)				(City)	(State)	Business Phone () -
Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)	
Released to: (Name)				Relationship	Date	Time
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Charge Description Agg Battery on LEO			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 784.07 D	
Activity N			N	Amount / Unit	State Attorney Number	
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Charge Description Depriving Ofc. Of Means of Protection/Comm.			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 843.025	
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<input checked="" type="checkbox"/> Do not Bond Out	Reason: FDC inmate		1. ROR	4. Bail / Bond	6. Other	Type	Type	Type
I swear/Afirm the above and attached statements are true and correct		Name/Title of Person Authorized to Administer Oath	Returnable Court Date		Returnable Court Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Inspector's / Complainant's Signature			Release Date		Release Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Name (Printed) Chris McCaulley ID# / Dist #1364			Releasing Officer				Page of	
		LESLIE J. BATES						
		26007						