

# AFFIDAVIT – COMPLAINT

1. Agency Name: <b>Florida Department of Corrections Office of Inspector General</b>		2. Agency Report Number: <b>21-00996</b>		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: <b>01/20/2020 8:00pm</b>		5. Date/Time of Arrest: <b>01/20/2021, 0922</b>		6. Arresting Officer: <b>Beverly Phillips</b>		7. Investigating Officer: <b>Inspector Beverly Phillips</b>	

8. Defendant's Name: (Last) <b>Throneberry</b> (First) <b>Austin</b> (Middle) <b>N</b> ALIAS			9. OBTS:		
10. Race/Sex: <b>W/M</b>	11. Date of Birth:	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: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:
15. Height: <b>5'8"</b>	16. Weight: <b>150 lbs</b>	17. Eye Color: <b>Blu</b>	18. Hair Color: <b>Bld</b>	19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Multi tattoos</b>	
20. Driver's License Number/State:		21. Social Security Number:		22. Residential Telephone:	
24. Address: (Street, Apartment Number)		(City)	(State)	(Zip)	

25. Defendant's Name: (Last) (First) (Middle) ALIAS			26. OBTS:		
27. Race/Sex:	28. Date of Birth:	29. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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:	
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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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:	
58. Address: (Street, Apartment Number)		(City)	(State)	(Zip)	

59. Charge Description: (# 1) <b>Introduction of Contraband (6)</b>	60. Statute or Ordinance Number: <b>944.47</b>	<b>\$12,000</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
61. Charge Description: (# 1) <b>Possession of a Controlled Substance (6)</b>	62. Statute or Ordinance Number: <b>893.13 (1)(a)2</b>	<b>\$12,000</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
63. Charge Description: (# 1) <b>Possession of Controlled Sub w/intent to Sell or Deliver (6)</b>	64. Statute or Ordinance Number: <b>893.13</b>	<b>\$30,000</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.

65. Victim's Name: (If business, list legal business name) (Last) (First) <b>State of Florida</b>		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: n/a 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 checked="" 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 2 page affidavit/complaint.	
Evidence Custodian's Name: <b>Inspector Beverly Phillips</b>	Person responsible for statements: <b>Inspector Beverly Phillips</b>	Officer/Complainant Signature	Inspector Beverly Phillips 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) \_\_\_\_\_

80. Agency Name: <b>Florida Department of Corrections Office of Inspector General</b>	81. Agency Report Number: <b>21-00996</b>	82. Date/Time of Arrest: <b>01/20/2021 0922</b>	83. Investigating Officer: <b>Inspector Beverly Phillips</b>
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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 Inspector Beverly Phillips of the Office of the Inspector General, Florida Department of Corrections.**

**Your Affiant has probable cause to believe that on January 20, 2021, at approximately 8:00am, while an employee in with the Florida Department of Corrections at Sumter Correctional Institution, located at 9544 County Road 476B in Bushnell, Florida, Officer Throneberry arrived at the facility for work. When entering in to the security area, a package wrapped in black electrical tape fell out of his pants leg on to the floor. The package contained was found to be in possession of 9 grams of Heroin, 28 grams of Crack Cocaine, and 19 Xanax tablets.**

**In a post Miranda interview Officer Throneberry admitted [REDACTED] After the interview concluded, Officer Throneberry advised he had three other packages tied to his legs containing 42 grams Marijuana, 29 grams Synthetic Cannabinoids, and 4 grams Methamphetamine.**

**Based on my twenty-one years' experience in law enforcement, the facts and circumstances of this incident, the Field Test results were positive for Heroin, Cocaine, Xanax, Marijuana, Synthetic Cannabinoids, and Methamphetamine it appears Officer Throneberry's intent was to sell or distribute the narcotics to inmates housed at Sumter Correctional Institution.**

**Based on the evidence obtained to include sworn, recorded witness testimony your Affiant respectfully submits that probable cause has been established to conclude that Officer Austin Throneberry was in Possession of Contraband in violation of FSS 944.47, Possession of a Controlled Substance in violation of FSS 893.13.(1)(a)2 and Possession of Controlled Substance with Intent to Sell or Deliver in violation of FSS 893.13 at Sumter Correctional Institution in Sumter County Florida.**

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this _____ day of _____, 20__	
Signature of Officer/Complainant Inspector Beverly Phillips		Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification _____ ID Type	
Officer/Complainant's Name (Printed)		Seal 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)		Transferred to <input type="checkbox"/> Secure Detention <input type="checkbox"/> Released to <input type="checkbox"/> HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS	
Release Date: _____ Release Time: _____ Released to (Name): _____			