

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # FL037275C

PAGE 01 of 2

1. Agency Name: Fl. Dept. of Corrections-Ofc. Of Inspector General		2. Agency Report Number:		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: 01/05/2017 5:46 PM		5. Date/Time of Arrest: 01/05/2017 7:13 PM		6. Arresting Officer: Inspector Daniel Morris		7. Investigating Officer: Inspector Daniel Morris	

8. Defendant's Name: (Last) Pate			(First) Riley	(Middle) William	ALIAS	9. OBTS:
--	--	--	-------------------------	----------------------------	-------	----------

10. Race/Sex: W/M	11. Date of Birth:	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:	
-----------------------------	--------------------	--	--	--	--	--

15. Height: 6'02	16. Weight: 280	17. Eye Color: Brown	18. Hair Color: Brown	19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoo DEER		
----------------------------	---------------------------	--------------------------------	---------------------------------	---	--	--

20. Driver's License Number/State: P300-739-95-4550 FL		21. Social Security Number:		22. Residential Telephone:		23. Business Telephone: NA	
--	--	-----------------------------	--	----------------------------	--	--------------------------------------	--

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"/> 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: e
------------------------------	--	--	---------	----------	-------	----------------

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 of Contraband into/onto State Prison to wit Cell Phones		60. Statute or Ordinance Number: 944.47(1)(a)(6)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
61. Charge Description: (# 1)		62. Statute or Ordinance Number:		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
63. Charge Description: (# 1)		64. Statute or Ordinance Number:		<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) Inspector Daniel Morris			(First)	(Middle)	70. Race/Sex	71. Date of Birth:	72. Telephone Number: (850) 773-0231
--	--	--	---------	----------	--------------	--------------------	--

73. Address: (Street, Apartment Number) 4455 Sam Mitchell Dr.			(City) Chipley	(State) Florida	(Zip) 32428	74. Secondary Phone Number: (850) 326-0442	
---	--	--	--------------------------	---------------------------	-----------------------	--	--

75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____				76. Information Given: <input type="checkbox"/> Arrest Info <input type="checkbox"/> Rights Card <input type="checkbox"/> App. 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: Sr. Insp. Bobby Hartwell		Person responsible for statements: Sr. Insp. Bobby Hartwell				Insp. Daniel Morris 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: Florida Department of Corrections Office of Inspector General	81. Agency Report Number:	82. Date/Time of Arrest: 01/05/2017	83. Investigating Officer: Insp. Daniel Morris
--	---------------------------	---	--

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 Daniel Morris of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on January 05, 2017, Officer Riley Pate did commit the criminal offense of Introduction of Contraband into/onto a State Correctional Institution, in violation of s. 944.47, Fla. Stat., when the con brought four (4) Posh cellular telephones, seven (7) sim cards, and five (5) sets of ear buds, into Northwest Florida Reception Center (NWFRC), a Florida State Correctional Institution.

On January 05, 2017, Officer Riley Pate entered the secure portion of NWFRC to report for his shift. Sergeant George Cone preformed a search of Officer Pate's lunch box and found four (4) Posh cellular phones, seven (7) sim cards, and five (5) sets of earbuds wrapped in black material inside a PIK-Nik shoe string potato container.

In a post Miranda statement Officer Pate admitted he was bringing the above items to an inmate he knew as Poppy Housed in H2209L at NWFRC. Officer Pate indicated he brought cell phones and cigarettes to this inmate in the past and was paid \$100 per phone, and \$100 per carton of cigarettes.

Your Affiant respectfully submits that probable cause has been established that Officer Pate did commit the criminal violation of Introduction of Contraband into/onto a State Correctional Institution, in violation of s. 944.47, Fla. Stat., at Gulf Correctional Institution, a state correctional institution located in Chipley, Washington County, Florida.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this <u>6</u> day of <u>Jan</u> , 20 <u>17</u>	
 _____ Signature of Officer/Complainant		 _____ Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification	
Inspector Daniel Morris Officer/Complainant's Name (Printed)		Badge #	ID Number
		Seal	ID Type

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