	REST SWORN COMPLAINT NUMBER:	HOLD		FFICE	OE TL	IE IN	ISDEC	TOP	CENE	ED A	. [J SPN NUMBE	UVENILE R:	□ NO	TICE TO APPEAR	
	CY ORI NUMBER: 037275C				BABL						_	AGENCY CA:	SE REPORT N	IUMBER:		
	NAME OF SUBJECT (LAST, FIRST, MI): Torres, Cesar B. ALIAS / MAIDEN: N/A															
	911 HOME ADDRESS (STREET, APARTMEN 20706 US Highway 90 Wes	Sanderson				STATE:				ZIP CODE: 32087			TELEPHONE NUMBER: 386-719-4500			
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO E				CITY:					s	STATE: ZIP CODE		DE:		TELEPHONE NUMBER	
H	MNAILING ADDRESS (PO BOX, ETC. IF DIF	SS):	SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE,						PE, DESCRIP	TION):						
DEFENDANT	⊠ WHITE ☐ AMERICAN INDIAN ☐ BLACK ☐ ASIAN / ORIENTAL M 02			F BIRTH: 5/1992	неібнт: 5'09"			HAIR COLOR: Black		EYE COLOR: Brown		COMPLEXION: Medium		BUILD: Large		
DEF	DRIVERS LICENSE / STATE ID NUMBER:	STATE OF N/A	DL S	SOCIAL SECUR	TY NUMBER:	PHO	OTO NUMBE	R:	PLAC	E OF BI	RTH:	COUNTRY OF CIT		TIZENSHIP:		
	SUBJECT'S OCCUPATION: None / Inmate		S	SPN NUMBER:				ORI NUMBER: 37275C		SC	SO ID / AGENCY ID / NUN		MBER: BOOKII		G NUMBER:	
	LOCATION OF ARREST:				_	DATE OF ARRE							ATE OF BOOKING:		TIME OF BOOKING (MILITARY):	
	SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNO									MBER, KNOW	N TO OFFICE	ER, ETC.):				
	(NAME):			DATE OF BIRTH:		CE: S	SEX:	COUR	COURT NUMBER:		☐ ARRESTED ☐ SWORN		FELONY		JUVENILE:	
EF.	(NAME):			DATE OF BIRTH:		CE: S	SEX:	COURT NUMBER			COMPLAINT ☐ ARRESTED ☐ SWORN		MISDEMEANOR FELONY		JUVENILE:	
CO-DEF	(NAME):			DATE OF BIRTH:		CE: S	SEX:	COUR	T NUMBER:		COMPLAINT ARRESTED SWORN		MISDEMEANOR FELONY		JUVENILE:	
	(NAME):			DATE OF BIRTH:		E: §	SEX:	COURT NUMBER:			COMPLAINT ARRESTED SWORN		MISDEMI	NY	☐ NO JUVENILE: ☐ YES	
I E	JUVENILE DISPOSITION: RELEASED TO JAC SISSUED NTA AND RELEASED	NT / GUA	ARDIAN (NOTIF	FIED YES	i □ NO):			COMPLAIN					ELEPHONE NUMBER:			
JUVENILE	PARENT / GUARDIAN HOME ADDRESS (ST	BOX, ETC.):	ETC.): CITY: STATE:					ATE:	ZIP CODE: HOME T			ELEPHONE NUMBER:				
	(NAM	A	ADDRESS:								TELEPHONE NUMBER			ONE NUMBER		
NESS	(NAME):			ADDRESS:								TELEPHO			NE NUMBER	
WITN	(NAME):			ADDRESS:								TELEPHO			NE NUMBER:	
	(NAME):	Al	ADDRESS:								TELEPHO			NE NUMBER:		
	OFFENSE DESCRIPTION: Possession of Contraband	e)			☑ FELONY ☐ MISDEMEANOR ☐ TRAFFIC ☐ N		944 47 (1)(ATUTE / ORDINANCE NUMBER:			VICTIM NOTI ARREST: ☑ NO RELEASE:			
CHARGE 1	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION ☐ CAPIAS NUMBER:			03/18/20		019 11:		OF OFFENSE: 25 AM		BAIL AMOUNT:			386-719-4500			
3	victim (name): State of Florida			Baker C	nal Ins	мент нимвег, ро вох, етс.): al Institution y 90 West			Sanderson		STATE: FL			ZIP CODE: 32087		
E 2	OFFENSE DESCRIPTION:					☐ FELONY ☐ MISDEMEANOR ☐ TRAFFIC ☐ NTA					ITE / ORDINANCE NUMBER:		:		VICTIM NOTIFICATION: ARREST: YES NO RELEASE: YES	
CHARGE	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CAPIAS NUMBER:	ITATION D	ATE OF OFFE	NSE TIME (E OF OFFE	OF OFFENSE: B/		BAIL AMOUNT:		VICTIM'S TELEPHONE N		MBER:			
	VICTIM (NAME):	ADDRESS	S (STREET, AF	ARTMENT NUMBER, PO		O BOX, ETC.)		CITY:		STATE:			ZIP CODE:			
2	OFFENSE DESCRIPTION:	TATION 5	ATE OF OSS	FELONY MISDEMEANOR TRAFFIC		ITA		TE STATUTE / ORDINANCE					VICTIM NOTIFICATION: ARREST: YES			
CHARGE	CAPIAS NUMBER:				TION DATE OF OFFENSE: TIN ADDRESS (STREET, APARTMENT NUMBER,				E OF OFFENSE: BAIL AMOUN			VICTIM'S TELEPHONE		EPHONE NU	MBER:	
'	VICTIM (NAME):	ADDRESS	(STREET, AP	ARTMENT	NUMBER, P	O BOX, E1	C.):	CITY:		S	TATE:		ZIP CODE;			

	THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): Baker Correctional Institution Work Camp, 20706 US HWY 90 West	Sanderson		COUNTY OF: Baker	STATE OF: FLORIDA	4					
	Your affiant is Inspector Dave Carlton of the Office of the Inspector General, Florida Department of Corrections.										
	Your Affiant has probable cause to believe in Baker County Florida, Inmate Torres, County Possession of contraband; in violation of Florida the Department of Corrections, did accepting the Baker Correctional Institute.	Sesar DC #J50393 Florida State Statut ctually and intentic	did commit the d	offense of Introduction	duction, remove	val, o					
	Correctional Officer Terrell Davis, a certified uniformed officer, reported that on March 18, 2019, while of a security check on wing 2200 of F-Dorm at Baker CI, he observed Inmate Torres sitting on the toilet in conficer Davis noticed an object in Inmate Torres' hand. Officer Davis ordered Inmate Torres to hand over and Inmate Torres gave the object to Officer Davis. The object was discovered to be an MP4 player w L8 Star cell phone taped to the back of it. Inmate Torres committed the criminal offense of Post Contraband, in violation of FSS 944.47 (1)(a)(c).										
	Your affiant respectfully submits that based on the statement provided by Officer Davis in a recorded into and the recovery of the cell phone, probable cause has been established that Inmate Torres, Cesar DC #J was in Possession of Contraband as defined in FSS 944.47 (1)(a)(c).										
NTA	☐ MANDATORY APPEARANCE IN COURT AT:		DATE OF A	PPEARANCE:	TIME OF APPEARANCE:	□ AM					
Z	I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIO TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIC		DEFENDANT (SIGNATURE):		DATE:						
	SWORN TO AND SUBSCRIBED BEFORE ME THIS: 26 DAY OF DECEMBER 2019		AR THE ABOVE, AND REVERSE AI ECT TO THE BEST OF MY KNOWL	ID ATTACHED PAGES AND ST EDGE AND BELIEF.	ATEMENTS ARE TRUE AND						
JURAT	SIGNATURE: December , 2019 TITLE: Inspector #3714		(PRINT): Inspector Dave	Carlton							
7	TITLE: Inspector "2714	AGEN	CY: FDC - OIG LEOID	IIIII							