

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

COPY

Clerk's Case No. _____
SA Case No.(s) _____

1. Agency Name: FDC /Office of the Inspector General		2. Agency Report Number: 20-05075		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: 01/05/2020		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: LEO Sr. Inspector Kate Devine	

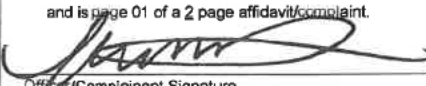
8. Defendant's Name: (Last) Hunter		(First) Samuel		(Middle) J		ALIAS		9. OBTS:	
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. Weapon Seized <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: 5'04"		16. Weight: 115 lbs.		17. Eye Color: Brown		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State:		21. Social Security Number: ***_*		22. Residential Telephone:		23. Business Telephone: N/A			
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:	
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) Assault on LEO		60. Statute or Ordinance Number: 784.07(2)(a) F.S.S. (2 counts)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) <i>[Signature]</i>		NO BOND PENDING 1ST APPEARANCE		62. Statute or Ordinance Number:	
63. Charge Description: (# 1)		64. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (If business, list legal business name) (Last)		(First)		(Middle)		66. Race/Sex W/M		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) 5850		(City) Milton		(State) FL		(Zip) 32570		74. Secondary Phone Number:			
75. Victim Notification of Arrest NOTIFIED BY: _____ 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 type="checkbox"/> Yes <input checked="" 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: Inspector Daria Henderson		Person Responsible for statements: Sr. Inspector Kate Devine		 Officer/Complainant Signature Sr. LE Inspector Kate Devine Type or print Complainant name	

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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____
SA Case No.(s) _____

Page 2 of 2

Agency ORI # **FL037275C**

80. Agency Name: FDC/Office of the Inspector General	81. Agency Report Number: 20-05075	82. Date/Time of Arrest:	83. Investigating Officer: LE Sr Inspector Kate Devine
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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:

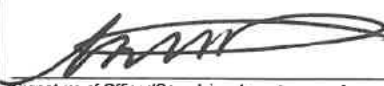

Your Affiant is Senior Law Enforcement Inspector Kate Devine, of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on January 5, 2020, and other unknown dates, at Santa Rosa Correctional Institution, 5850 East Milton Road, Milton, Santa Rosa County, Florida, Correctional Officer Samuel J. Hunter (DOB [REDACTED]) did commit the criminal offense of Assault on Law Enforcement Officer, in violation of 784.07(2)(a) Fla. Stat., when he, an officer of the Department, did knowingly and intentionally utter verbal threats to cause the death or serious bodily harm to Correctional Officer [REDACTED] and Correctional Officer [REDACTED] both Department employees and individuals Correctional Officer Samuel J. Hunter knew or should reasonably have known were certified correctional officers employed by the Department.

In a March 12, 2020, sworn recorded interview with the victims, Correctional Officer [REDACTED] and Correctional Officer [REDACTED] along the witness [REDACTED], they asserted to your Affiant that on January 5, 2020, and other unknown dates, [REDACTED] Correctional Officer Samuel J. Hunter

[REDACTED] **Correctional Officer [REDACTED]**
[REDACTED] **also reported, Correctional Officer Samuel J. Hunter,**
[REDACTED]

Your Affiant respectfully submits that probable cause has been established that Samuel J. Hunter did, on the grounds of Santa Rosa Correctional Institution in Milton, Santa Rosa County, Florida, commit the criminal offense of Assault on Law Enforcement Officer in violation of 784.07(2)(a) Fla. Stat. Your Affiant further respectfully requests that an arrest warrant be issued for Samuel J. Hunter, W/M, DOB: [REDACTED] for two counts of 784.07(2)(a) Fla. Stat., the laws relating to Assault on a Law Enforcement Officer.

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>13th</u> day of <u>March</u> , 20 <u>20</u>
 Signature of Officer/Complainant	 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
Sr Inspector Kate Devine Officer/Complainant's Name (Printed)	<u>33990</u> 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)	<input type="checkbox"/> Transferred to Secure Detention	<input type="checkbox"/> Released to HRS Intake Officer, not detained	<input type="checkbox"/> Processed within the agency and released to other than HRS
Release Date: _____ Release Time: _____ Released to (Name): _____			

2020 MAR 13 P 1:08
SANTA ROSA COUNTY
SHERIFFS OFFICE

RETURN

This Warrant was received by this department at
Santa Rosa County, Florida,
on the 13 day of March A.D., 2020
and executed in Santa Rosa County,
Florida, on the 13 day of March
A.D., 2020 by arresting the within named:

Arresting Officer / Department

Senior Inspector Kate Devine / FDC-OIG

Date and time of service

March 13, 2020 @

Place of service

Santa Rosa Correctional Institution

REMARKS

CASE NO. 20-05075

IN _____ County _____ COURT

Santa Rosa COUNTY

STATE OF FLORIDA

WARRANT

ORDER TO TAKE INTO CUSTODY

STATE OF FLORIDA

VS.

Samuel J. Hunter

In the name of the State of Florida, to the Law
Enforcement Officers of said County

WHEREAS: Sr. Inspector Kate Devine

has made oath on the 13 day
of March A.D., 2020 in the County

aforesaid one Samuel J. Hunter

did unlawfully violate F.S.S: 784.07 (2) (a)

(2 Counts)

Contrary to the law and such case and provided,
and against the peace and dignity of the State of
Florida. This Warrant is a command to arrest
instanter the above named:

Samuel J. Hunter

and bring said person before the court to be
dealt with according to law.

Given under my hand and seal this 13 day
of March A.D., 20 20

Tommy [Signature] (Seal)
Judge Deputy Clerk