

7th. Judicial Circuit 707

Charging Affidavit - Volusia

Arrest # _____

Bk # _____

Pg #1 of 2

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/>				ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>				Court Case Number:							
(ORD) FL: 0 3 7 2 7 5 C				Agency Name: Office of the Inspector General- DC				Agency Case Number: 19-11760							
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input type="checkbox"/>				OBTS#				UCR:		Date Arrested:		Time of Arrest:			
ADDRESS OF ARREST:								Arrested By:		ID Number:					
DEFENDANT		Name (L,F,M): Ramos, Adan						A K A :		Sex: male		Race: Hispanic			
DOB: 10/14/1980		Age: 38		Driver's Lic/ ID No : R520000803740				State: FL		Year Expires:		S S #: [REDACTED]			
Height: 6'01"		Weight: 259		Hair: Black		Eyes: Brown		POB (City, St, Country)		Coldwater, Ohio, United States					
Scars, Marks, Tattoos: Tattoo- left arm- barbwire band; tattoo- left hand- Adan; tattoo- right arm- grim reaper, Ramos				Business & Occupation: FL State Inmate #M17697				Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Address-Mailing/Permanent (STREET, APT NUMBER)				(CITY)				(STATE)		ZIPCODE		RESIDENCE PHONE			
Tomoka Correctional Institution, 3950 Tiger Bay Rd				Daytona Beach				FL		32124		386-323-1070			
Address-Local (STREET, APT NUMBER)				(CITY)				(STATE)		ZIPCODE		RESIDENCE PHONE			
Address-Other(Employer/School) (STREET, APT NUMBER)				(CITY)				(STATE)		ZIPCODE		BUS/SCHOOL PHONE			
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>								Total Charges: 1			
#1	Charge: Introduction, removal, or possession of contraband; penalty			FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 944 47(1)(c)		Citation No :		Bond:					
#2	Charge:			FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No :		Bond:					
#3	Charge:			FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No :		Bond:					
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>						Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>							
#1 NAME(L,F,M):								Race:		Sex:		DOB:		Age:	
#2 NAME(L,F,M):								Race:		Sex:		DOB:		Age:	
NARRATIVE		<p>The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>30th</u> day of <u>June</u>, 2019, at approximately 2:45 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p m.</p> <p>at <u>Tomoka CI located at 3950 Tiger Bay Road, Daytona Beach, FL</u> within <u>Volusia</u> County, violated the law and did then and there: Knowingly and unlawfully have actual possession of a cellular phone while he was an inmate of Tomoka Correctional Institution, a state correctional institution, without the authorization of the warden or officer in charge.</p> <p>Your affiant is Inspector Jonathan Warren of the Florida Department of Corrections, Office of the Inspector General.</p> <p>Correctional Officer Sergeant Christopher Jump reported that he entered the C1 Day Room at 2:45pm on June 30, 2019 and noticed that Inmate Adan Ramos (M17697) appeared "startled" when he saw Sergeant Jump. Sergeant Jump ordered Inmate Ramos into the C1 restroom and pat searched him. During the search, Sergeant Jump found a black L8star cellular phone in the waistband of Inmate Ramos' shorts. The area where the pat search was conducted [REDACTED].</p> <p>I advised Inmate Ramos of his Miranda Rights on July 24, 2019 at 12:39pm. Inmate Ramos confessed [REDACTED]. Inmate Ramos denied knowing how the phone was introduced to Tomoka CI.</p>													
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>						FINE, AND COSTS AMOUNT:					
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED OR PAY THE LISTED FINE I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.															
SIGNATURE OF DEFENDANT				DATE				SIGNATURE OF JUVENILE PARENT OR CUSTODIAN				Juve Disp CITATION No			
								RELATIONSHIP TO JUVENILE							
Sworn to and subscribed before me, the undersigned This ____ day of _____, _____				I swear/affirm the above statements are correct and true				Rt Thumb							
Name:				OFFICER'S/COMPLAINANT'S SIGNATURE											
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:				NAME(PRINTED) Jonathan Warren								ID NUMBER 37424			
OFFICIAL USE ONLY				Inmate Number & facility: M17697 / Tomoka CI											

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

☐ Arrest
☒ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case
Number:

Pg # 2 of 2

Defendant Name: Ramos, Adan		Agency Case Number: 19-11760	
Name (L,F,M): Jump, Christopher	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): Exempt- FDC Sworn		Zip:	Home Phone:
Bus /School Address: Tomoka CI, 3950 Tiger Bay Road, Daytona Beach, FL		Zip: 32124	Bus Phone: 386-254-2627
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): Hoffman, Jeffrey		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:
Address (#, Street, City, State): Exempt- FDC-OIG Sworn		Zip:	Home Phone:
Bus /School Address: Tomoka CI, 3950 Tiger Bay Road, Daytona Beach, FL		Zip: 32124	Bus Phone: 386-254-2696
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Home Phone:
Bus /School Address:		Zip:	Bus Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Home Phone:
Bus /School Address:		Zip:	Bus Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Home Phone:
Bus /School Address:		Zip:	Bus Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Home Phone:
Bus /School Address:		Zip:	Bus Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Home Phone:
Bus /School Address:		Zip:	Bus Phone:
Relative/Contact Name:		Relative/Contact Address:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Black L8Star cellular phone	06/30/2019		
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Jonathan Warren
Investigating Officer

37424
ID Number

FDC-OIG
Agency

707-A - STATE ATTORNEY'S COPY