

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT - COMPLAINT

Clerk's Case No. \_\_\_\_\_  
SA Case No.(s) \_\_\_\_\_

PAGE 01 of 2

Agency ORI # **FL037275C**

1. Agency Name: <b>OFFICE OF INSPECTOR GENERAL-FDC</b>		2. Agency Report Number: <b>21-11945</b>		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type: (If applicable)	
4. Date/Time of Offense: <b>08/08/2021</b>		5. Date/Time of Arrest: <b>08/08/2021 0907</b>		6. Arresting Officer: <b>SENIOR INSPECTOR TAMMY COX</b>		7. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</b>	

8. Defendant's Name: (Last) <b>FORBES</b>			(First) <b>KYRA</b>			(Middle) <b>MAUREEN</b>			ALIAS			9. OBTS: <b>2401021847</b>			
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>08/22/1984</b>		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: TYPE & QUANTITY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15. Height: <b>5'2</b>		16. Weight: <b>135</b>		17. Eye Color: <b>BRO</b>		18. Hair Color: <b>BRO</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)							
20. Driver's License Number/State: <b>F612513848020</b>				21. Social Security Number: [REDACTED]				22. Residential Telephone:				23. Business Telephone:			
24. Address: (Street, Apartment Number) <b>19048 SW 112TH PL</b>						(City) <b>MIAMI</b>			(State) <b>FL</b>			(Zip) <b>33157</b>			

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: TYPE & QUANTITY: <input type="checkbox"/> Yes <input type="checkbox"/> No					
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: TYPE & QUANTITY: <input type="checkbox"/> Yes <input type="checkbox"/> No					
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) <b>POSSESSION OF A CONTROLLED SUBSTANCE</b>				60. Statute or Ordinance Number: <b>893.13</b>				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) <b>INTRODUCTION OF CONTRABAND (NARCOTICS)</b>				62. Statute or Ordinance Number: <b>944.47 (4)</b>				<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
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		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: _____ DATE: _____ TIME: _____								76. Information Given: 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 type="checkbox"/> Yes <input checked="" 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: _____		Person responsible for statements: S		[Signature] Officer/Complainant Signature				<b>COPY</b>		Type or print Complainant name <b>Tammy Cox</b>	

Adult Def  PC Arrest  
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Warrant/Capias

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No.

SA Case No.(s)

Agency ORI # **FL037275C**

80. Agency Name: <b>OFFICE OF INSPECTOR GENERAL FDC</b>	81. Agency Report Number: <b>21-11945</b>	82. Date/Time of Arrest: <b>08/08/2021</b>	83. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</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:

**Narrative: Your Affiant is Senior Inspector Tammy Cox with the Office of Inspector General for the Florida Department of Corrections (FDC).**

On August 8, 2021, Your Affiant was conducting a narcotics K9 operation with FDC Bureau of Intelligence, Canine Unit, Captain Jason Purdue (Capt. Purdue) and Captain James Godwin (Capt. Godwin) at Hamilton Correctional Institution (HWCI). At approximately 0830 hours, Capt. Godwin certified Canine, Rowdey alerted to the presence of narcotics in a 2018 grey, Toyota Corolla bearing FL plate QFWA71. Upon witnessing the canine alert, Kyra Forbes (the Defendant) was instructed to pull over. Upon contact, your Affiant requested consent to search said vehicle, to which was granted. During the search, a condom wrapper was located inside the Defendant's purse. There was also a used maxi pad inside a Burger King bag located in the front seat. Both items are consistent with introduction of contraband. Canine Rowdy also walked by the Defendant and alerted the presence of narcotics on her person.

SI Cox asked the Defendant to engage in a conversation to discuss the circumstances surrounding the items (condom wrapper and maxi pad) located in the vehicle. SI Cox conducted a consensual interview with the Defendant. The Defendant was asked to consent to an unclothed body search, to which she agreed via recording.

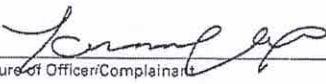
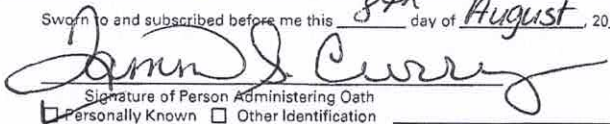
SI Cox was accompanied by Correctional Sergeant Theresa Gross (Sgt. Gross) when escorting the Defendant to the restroom. Once in the restroom, the Defendant started to remove her clothing. The Defendant was extremely nervous and appeared to hesitate when removing her shorts. Based on the Defendant's actions and body language, SI Cox was positive the Defendant had an unknown substance packaged inside her vaginal cavity. SI Cox instructed the Defendant to remove the contraband from within her panties and vaginal cavity.

The Defendant complied and removed two "contraband bombs" from within her panties and placed them on the floor. The Defendant was advised she was under arrest. SI Cox made contact with Hamilton County Sheriff Deputy James Fannin (Deputy Fannin) and requested transport. The Defendant was transported to Hamilton County Jail and booked on the above listed charges.

The "contraband bombs" were unpackaged and contained the following: 29.8 grams of white powdery substance (field tested positive for cocaine) bagged weight, 51.7 grams of a white powdery substance with white crystals (field tested positive for Heroin, Methamphetamine, MDMA, and Fentanyl) bagged weight, 27.4 grams of what appeared to be tobacco; however, field tested positive for synthetic cannabis.

Your Affiant respectfully submits that probable cause has been established and that the Defendant, Kyra Forbes, did in the County of Hamilton, and the State of Florida, commit the criminal offense of Possession of a Controlled Substance, in violation of F.S.S. 893.13. and Introduction of Contraband into a State Correctional Institution, in violation of F.S.S. 944.47 (4).

All supporting evidence referred to in this affidavit will be available for judicial review and will be further explained in your Affiant's report of investigation.

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 <u>8<sup>th</sup></u> day of <u>August</u> , 20 <u>21</u>
 Signature of Officer/Complainant	 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
<u>Tammy Cox</u> Officer/Complainant's Name (Printed)	<u>114869</u> 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 checked="" 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 Released to <input type="checkbox"/> HRS Intake Officer, not detained Release Date: _____ Release Time: _____ Released to (Name): _____	Processed within the agency and released <input type="checkbox"/> to other than HRS	