

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

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Agency ORI # **FL037275C**

1. Agency Name: FDC/Office of the Inspector General		2. Agency Report Number: 21-12902		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type: (If applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 08/24/2021 2:00 P.M.		5. Date/Time of Arrest: 08/24/2021 2:18P.M.		6. Arresting Officer: LE Inspector Lee Martin		7. Investigating Officer: Law Enforcement Inspector Martin, Lee	

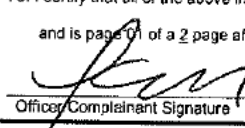
8. Defendant's Name: (Last) Cothrell		(First) Dickale		(Middle) Tanzano		ALIAS		9. OBTS:	
10. Race/Sex: B/M		11. Date of Birth: 08/30/1985		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: 23.8 Grams (Synthetic Cannabis)	
15. Height: 6'3		16. Weight: 227		17. Eye Brown		18. Hair Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Time Piece on left bicep ; Cross on right Bicep	
20. Driver's License Number/State: C364-178-85-310-0		21. Social Security Number: XXX-XX-████		22. Residential Telephone: 407-294-6275		23. Business Telephone:			
24. Address: (Street, Apartment Number) 1711 Hinkley Road		(City) Orlando		(State) Fl.		(Zip) 32818			

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) Introduction of Contraband		60. Statute or Ordinance Number: 944.47(1)(a)(1)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Interference with prisoners		62. Statute or Ordinance Number: 944.39		<input checked="" 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) 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)		(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number: 850-256-2600	
73. Address: (Street, Apartment Number) 400 Tedder Rd.		(City) Century		(State) FL		(Zip) 32535		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"/> Vict. 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: LE Insp. Erika Ridley		Person responsible for statements: LE Insp. L. Martin		 Officer/Complainant Signature				LE Insp. L. Martin Type or print Complainant name			

