

CASE NO. 21-12935

IN _____ COUNTY _____ COURT

Santa Rosa _____ COUNTY

STATE OF FLORIDA

WARRANT

ORDER TO TAKE INTO CUSTODY

STATE OF FLORIDA

VS.

Zakary James Leslie

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

WHEREAS: Senior Law Enforcement Inspector Kata Devine

has made oath on the _____ day

of _____ October _____ A.D., 2021 in the County

aforesaid one Zakary James Leslie

did unlawfully violate F.S.S: 944.35 (3) (a) (1)

Malicious Battery on Inmate, 244.35(4) (b) Falsifying a State Record

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:

Zakary James Leslie

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

Given under my hand and seal this 7th day of October AD., 20 21

(Seal)

Judge / Deputy Clerk

RETURN

This Warrant was received by this department at

Santa Rosa _____ County, Florida,

on the _____ day of _____ October _____ A.D., 2021

and executed in Santa Rosa _____ County,

Florida, on the _____ day of _____ October

A.D., 2021 by arresting the within named:

Zakary James Leslie

Arresting Officer / Department

Date and time of service

Place of service

REMARKS

RECEIVED
SANTA ROSA COUNTY
SHERIFF'S OFFICE
2021 OCT -7 AM 11:30

COPY

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT - COMPLAINT

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

PAGE 01 of 4

Agency ORI # **FL037275C**

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 21-12935		3. Charge Type: <input type="checkbox"/> Felony <input checked="" 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: 8/24/21 / 10:35 a.m.		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: Senior L.E. Inspector Mary-Kathleen Devine	

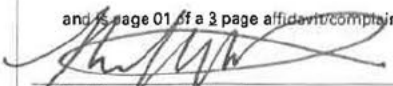
8. Defendant's Name: (Last) Leslie			(First) Zakary			(Middle) J			ALIAS			9. OBTS:		
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:				
15. Height:		16. Weight:		17. Eye Color: Bro		18. Hair Color: Blk		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:					
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"/> 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"/> 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) Malicious Battery on an Inmate					60. Statute or Ordinance Number: 944.35(3)(a)(1)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) Falsifying a State Report					62. Statute or Ordinance Number: 944.35(4)(b)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
					64. Statute or Ordinance Number:					<input checked="" 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: 850-983-5800		
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 East Milton Road				(City) Milton				(State) Florida		(Zip) 32583			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 3 page affidavit/complaint.					
Evidence Custodian's Name: Erica Bidley		Person responsible for statements: Mary-Kathleen Devine		Officer/Complainant Signature 			Mary-Kathleen Devine Type or print Complainant name		

Adult Def PC Arrest
 Juvenile Def Application for
 Warrant/Capias

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # FL037275C

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 21-12935	82. Date/Time of Arrest:	83. Investigating Officer: Senior L.E. Inspector Mary-Kathleen 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 Mary-Kathleen Devine, of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on August 24, 2021, Correctional Officer Zakary Leslie, a correctional officer at Santa Rosa Correctional Institution, did commit the offenses of Battery on an Inmate in violation of F.S.S. 944.35(3)(a)(1), and Falsifying a State Record in violation of F.S.S. 944.35(4)(b).

Based on sworn, recorded statements from the victim, Inmate [REDACTED] DC# [REDACTED] an inmate housed at Santa Rosa Correctional Institution, along with witness statements and physical evidence IG Case 21-12935 was initiated.

In a sworn interview with Inmate [REDACTED] he advised [REDACTED]

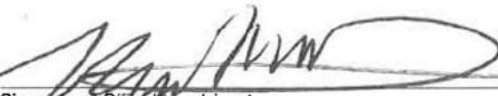
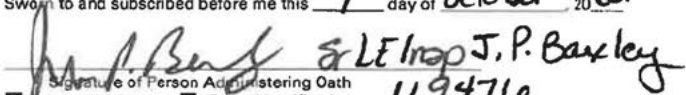
In sworn interviews with witnesses Correctional Officer Darius Windley and Correctional Officer Justin Boatwright, after Inmate [REDACTED] stopped physically resisting staff, Officer Leslie utilized his knee to strike Inmate [REDACTED] in the head.

Despite an attempt to conduct a sworn recorded post Miranda interview, Correctional Officer Zakary Leslie declined to be interviewed and invoked his Miranda Rights.

A review of the fixed wing video was conducted and revealed Officer Leslie utilized four (4) knee strikes on Inmate [REDACTED] striking him in the head, [REDACTED]

A review of the Incident Report authored by Officer Leslie indicated he reported two (2) separate knee strikes. The first knee strike Officer Leslie reported was in an attempt to bring Inmate [REDACTED] into compliance and struck him in the shoulder. The second knee strike Officer Leslie reported was again to bring Inmate [REDACTED] into compliance and reported he aimed for Inmate [REDACTED] shoulder and inadvertently struck Inmate [REDACTED] in the head. Officer Leslie did not report the three (3) additional knee strikes he utilized on Inmate [REDACTED]

Your Affiant respectfully submits probable cause had been established to conclude Correctional Officer Zakary Leslie, a state certified Correctional Officer with the Florida Department of Corrections, did commit on the grounds of Santa Rosa Correctional Institution, Santa Rosa County, Milton, Florida, the criminal offense of Battery on an Inmate in violation of F.S.S. 944.35(3)(a)(1), and Falsifying a State Record in violation of F.S.S. 944.35(4)(b).

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his/her knowledge  _____ Signature of Officer/Complainant Senior Law Enforcement Inspector Mary-Kathleen Devine 83990 _____ Officer/Complainant's Name (Printed) ID Number	Sworn to and subscribed before me this <u>7</u> day of <u>October</u> 20 <u>21</u>  _____ Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>119476</u> _____ Seal ID Type
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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)
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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: (Choose one and complete release data)					
<input type="checkbox"/> Transferred to <input type="checkbox"/> Secure Detention		<input type="checkbox"/> Released to <input type="checkbox"/> HRS Intake Officer, not detained		<input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS	
Release Date: _____ Release Time: _____ Released to (Name): _____					