

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: OFFICE OF INSPECTOR GENERAL-FDC		2. Agency Report Number: 21-18678		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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 12/05/2021 1350 hr		5. Date/Time of Arrest: 12/05/2021 1355hr		6. Arresting Officer: INSPECTOR RENIER HERNANDEZ		7. Investigating Officer: SENIOR INSPECTOR TAMMY COX	


8. Defendant's Name: (Last) HATHAWAY			(First) ERIKA			(Middle) D			ALIAS			9. OBTS:		
10. Race/Sex: W/F		11. Date of Birth: 05/27/1986		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:					
15. Height: 5'08"		16. Weight: 145		17. Eye Color: BLU		18. Hair Color: BRN		19. Scars, marks, tattoos, unique physical features: (Location, type & description)						
20. Driver's License Number/State: H300-204-86-687-1				21. Social Security Number: [REDACTED]				22. Residential Telephone:			23. Business Telephone:			
24. Address: (Street, Apartment Number) 137 NW JUPITER CT.				(City) LAKE CITY				(State) FL			(Zip) 32055			

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)(4) (1) COUNT					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) POSSESSION OF A CONTROLLED SUBSTANCE					62. Statute or Ordinance Number: 893.13(6)(a) (4) COUNTS					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1) POSSESSION OF DRUG PARAPHERNALIA TRAFFICKING OF A CONTROLLED SUBSTANCE (METH)					64. Statute or Ordinance Number: 893.147 (1)(b) (1) COUNT 893.135 6(f)1 (1) COUNT					<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:		
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 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: SI Tammy Cox/Inspector Hernandez		Person responsible for statements: SI Cox		 Officer/Complainant Signature	
				Renier Hernandez Type or print Complainant name	

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: OFFICE OF INSPECTOR GENERAL FDC	81. Agency Report Number: 21-18678	82. Date/Time of Arrest: 12/05/2021 1355 hrs	83. Investigating Officer: SENIOR INSPECTOR TAMMY COX
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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 Inspector Renier Hernandez with the Office of Inspector General for the Florida Department of Corrections (FDC).

On December 05, 2021, Your Affiant was conducting a Canine Operations at Columbia Correctional Institution, Lake City, FL. Correction Captain Gary Harron's (Capt. Harron) canine "Ares" alerted to the presence of narcotics in or on a red Dodge Dart bearing FL QWY-H70. The vehicle was operated by visitor Erika Hathaway (Defendant).


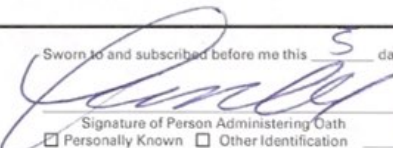
The Defendant was asked to consent to a search of the vehicle based on the positive canine alert by Senior Inspector Tammy Cox (Senior Inspector Cox). The defendant consented to the search. During the search, (4) baggies of crystalize substance (4.4 grams b/w), 41.2 grams b/w of a white powder like substance, glass pipe, and 36.3 grams of a green leaf like substance (marijuana), was located in the center console. The suspected marijuana was packaged in black electrical tape, consistent with introduction. There were 2 glass pipes and a syringe located in a bag, in the front right passenger seat. Due to the suspicious nature of said items, and the defendant Post Maranda admission, Senior Inspector Cox ordered the removal of contraband from the defendant person. Senior Inspector Cox escorted the defendant to the administration building restroom where the defendant removed 1 contraband "bomb" vaginal cavity. The contraband "bomb" contained 7.5 grams of a green leafy substance (marijuana), 37 multicolor pills (ecstasy), and 2 suboxone pills.

The crystalize substance field tested positive for methamphetamine. The green leafy substance field tested positive for THC. The multi color pills field tested positive for ecstasy.

The Defendant was arrested and transported to Columbia County Jail by Deputy Jayme Goadhe (Deputy Goadhe).

Your Affiant respectfully submits that probable cause has been established and that the Defendant, Erika Hathaway, did in the County of Columbia, and the State of Florida, commit the criminal offense of Introduction of Contraband into a State Correctional Institution, in violation of F.S.S. 944.47 (1)(a)(4), Possession of Contraband, in violation of F.S.S. 944.47 (6)(a), and Possession of Drug Paraphernalia, in violation of F.S.S. 893.147 (1)(b) and Trafficking of a Controlled Substance (Methamphetamine) in violation of F.S.S. 893.135 6(f)1.

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>5</u> day of <u>Dec</u> , 20 <u>21</u>
Signature of Officer/Complainant  RENIER HERNANDEZ <u>143160</u> Officer/Complainant's Name (Printed) ID Number	Signature of Person Administering Oath  <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>114869</u> ID Type
Seal	Seal

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 _____ <input type="checkbox"/> Released to _____ <input type="checkbox"/> Processed within the agency and released to other than HRS <input type="checkbox"/> Secure Detention <input type="checkbox"/> HRS Intake Officer, not detained			
Release Date: _____ Release Time: _____ Released to (Name): _____			