

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>22-09653</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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Date/Time of Offense: <b>06/26/2022 1045 hrs</b>		5. Date/Time of Arrest: <b>06/26/2022 1045 hrs</b>		6. Arresting Officer: <b>SENIOR INSPECTOR TAMMY COX</b>		7. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</b>	

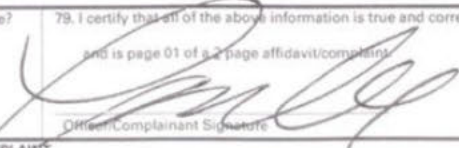
8. Defendant's Name: (Last) <b>JOHNSON</b>			(First) <b>KADESAH</b>			(Middle) <b>D</b>			9. OBTS:		
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>01/05/1973</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: <b>1.3 grams of marijuana .5 grams cocaine</b>			
15. Height: <b>5'4</b>		16. Weight: <b>180</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>J525504735050</b>			21. Social Security Number: [REDACTED]			22. Residential Telephone: <b>352-2819374</b>			23. Business Telephone:		
24. Address: (Street, Apartment Number) <b>14298 SW 43<sup>RD</sup> CT RD</b>				(City) <b>OCALA</b>				(State) <b>FL</b>		(Zip) <b>34473</b>	

25. Defendant's Name: (Last)			(First)			(Middle)			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)			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) <b>POSSESSION OF A CONTROLLED SUBSTANCE</b>		60. Statute or Ordinance Number: <b>893.13(6)a (1) COUNT</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number:		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1)		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:	
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: <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 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: <b>SI Cox</b>		Person responsible for statements: <b>Verbal /SI Cox</b>		Officer/Complainant Signature: 	
				Type or print Complainant name: <b>Tammy Cox</b>	

Adult Def  PC Arrest  
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## AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # FL037275C

80. Agency Name: <b>OFFICE OF INSPECTOR GENERAL FDC</b>	81. Agency Report Number: <b>22-09653</b>	82. Date/Time of Arrest: <b>06/26/2022 1045 HRS</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:

On June 26, 2022, Your Affiant, Senior Inspector Tammy Cox (SI Cox) was conducting a Canine Operations at Florida State Prison (FSP), Raiford, FL with Correction Captain Matthew Tomlinson (Capt. Tomlinson) and Correctional Captain Richard (Capt. Shuler). During the operation, Capt. Tomlinson's canine Molly alerted to the presence/odor of narcotics in or on a 2012 Nissan Rouge, bearing FL plate 41BEKY. The registered owner/ driver was identified as Florida Department of Corrections (FDC) approved visitor Kadesah Johnson (Ms. Johnson).

Upon contact with Ms. Johnson, SI Cox advised her of the canine alert to her vehicle. Ms. Johnson [REDACTED] Ms. Johnson stated [REDACTED] Ms. Johnson further advised [REDACTED] Ms. Johnson advised that she did not want to consent, SI Cox explained to Ms. Johnson that a probable cause search was being conducted due to her admission of an illegal controlled substance being present inside the vehicle. Ms. Johnson was instructed to unlock the vehicle. Upon opening the vehicle, SI Cox could smell a strong overwhelming odor of marijuana emitting from the vehicle.

During the search, a small, crystalized rock and small baggie of marijuana was located in the center console. SI Cox advised Ms. Johnson that a small, crystalized rock was located in the center console. Ms. Johnson advised it was "molly" MDMA.

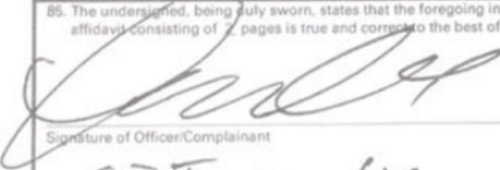

The controlled substance was photographed, weighed, and field tested. The crystalized rock field tested positive for cocaine and provided a weight of .5 grams. The small baggie of marijuana field tested positive for THC and provided a weight of 1.3 grams.

Ms. Johnson was advised she was under arrest for possession of a controlled substance.

Bradford County Sheriff's Office responded and transported Ms. Johnson to Bradford County Jail to be booked on the above listed charges.

Your Affiant, SI Cox respectfully submits that probable cause has been established and that the Defendant, Ms. Kadesah Johnson, did in the County of Bradford, and the State of Florida, commit the criminal offense of Possession of a controlled substance, in violation of F.S.S. 893.13(6)a.

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>26</u> day of <u>June</u> , 20 <u>22</u>
	
Signature of Officer/Complainant	Signature of Person Administering Oath
	<input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type
<u>SI Tammy Cox</u> <u>114869</u>	Seal
Officer/Complainant's Name (Printed)	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 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	Processed within the agency and released <input type="checkbox"/> to other than HRS
Release Date: _____ Release Time: _____ Released to (Name): _____			