

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

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

PAGE 01 of 2

6301009797

Agency ORI # **FL037275C**

1. Agency Name: <b>OFFICE OF INSPECTOR GENERAL- FDC</b>		2. Agency Report Number: <b>22-16652</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"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: <b>10/25/2022 07:47</b>		5. Date/Time of Arrest: <b>10/25/2022 09:15</b>		6. Arresting Officer: <b>INSPECTOR GRETELL BATES</b>		7. Investigating Officer: <b>INSPECTOR GRETELL BATES</b>	

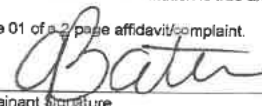
8. Defendant's Name: (Last) <b>HATCHER</b>			(First) <b>RANDY</b>			(Middle) <b>LEE</b>			ALIAS			9. OBTS: <b>6301009797</b>		
10. Race/Sex: <b>W/M</b>		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input 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>MULTIPLE; SEE REPORT</b>						
15. Height: <b>5'10</b>		16. Weight: <b>250</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:			21. Social Security Number:			22. Residential Telephone:			23. Business Telephone: <b>386-496-6000</b>					
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"/> 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) <b>INTRODUCTION, REMOVAL, OR POSSESSION OF CONTRABAND</b>					60. Statute or Ordinance Number: <b>944.47(1)(a)(4)</b>					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) <b>POSSESSION OF CANNABIS OVER 20 GRAMS</b>					62. Statute or Ordinance Number: <b>893.13(6)(a)</b>					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
63. Charge Description: (# 1) <b>TRAFFICKING METHAMPHETAMINE</b>					64. Statute or Ordinance Number: <b>893.135(f)(1)</b>					<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: <b>INSPECTOR G. BATES</b>		Person responsible for statements: <b>INSPECTOR G. BATES</b>		Officer/Complainant Signature 		Type or print Complainant name <b>Gretell Bates</b>	

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

6301009797

80. Agency Name: <b>OFFICE OF INSPECTOR GENERAL FDC</b>	81. Agency Report Number: <b>22-16652</b>	82. Date/Time of Arrest: <b>10/25/2022 09:15</b>	83. Investigating Officer: <b>INSPECTOR GRETTELL BATES</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 Inspector Gretell Bates (Inspector Bates) with the Office of Inspector General for the Florida Department of Corrections (FDC).**

Your Affiant has probable cause to believe that on October 25, 2022, while at Reception and Medical Center Main Unit, Lake Butler, Union County, Florida, Correctional Officer Randy Lee Hatcher (Officer Hatcher) did commit the offense of Introduction and Possession of Contraband in violation of § 944.47; and Possession of Cannabis over 20 grams in violation of 893.13; and Trafficking Methamphetamine in violation of § 893.135 when he, an officer employed with the Florida Department of Corrections, did actually and intentionally introduce and possess a Controlled Substances (MDMA and Cannabis) inside the secure perimeter of the Reception and Medical Center Main Unit.

Correctional Officer Riley Rhoden (Officer Rhoden) and Correctional Sergeant Tracie Easley (Sergeant Easley), certified, uniformed officers, reported that on October 25, 2022, while conducting a search of Correctional Officer Randy Hatcher's personal belongings, Sergeant Easley decided to further inspect the potato salad. Upon further review of his potato salad, Officer Rhoden ran it through the x-ray and realized it was not properly sealed and saw that it had unknown objects inside of the potato salad. Upon dumping the contents into an empty tray, Officer Rhoden was able to smell the odor of marijuana and discovered four (4) bundles of substances wrapped in a tight clear plastic wrap. Warden Carlos Norman was notified, and he called Inspector Gretell Bates to respond to the institution.

Inspector Bates responded and photographed the evidence prior to testing it. Correctional Officer Matthew Faudree (Officer Faudree) and Inspector Bates tested the substances - three bundles had a green leafy substance that tested positive for THC (Cannabis). One of the bundles had a combination of different colored pills stamped with "Superman" symbol, the Tesla symbol, and a "M" shaped design, and a white crystal-like substance that tested positive for MDMA. The weight of the 3 bundles that contained the green leafy substance was 70 grams, the weight of the pills were 7 grams, and the weight of the white crystal-like substance was 28 grams.

Fixed-wing video footage was reviewed, by your Affiant, and is consistent with Officer Rhoden's and Sergeant Easley's statement.

Inspector Bates attempted to conduct a sworn recorded interview with Officer Hatcher, however, Officer Hatcher invoked his rights.

Deputy Andrew Johnson (Deputy Johnson) with the Union County Sheriffs Office transported Officer Hatcher to the Union County Jail without further incident.

Officer Hatcher committed the criminal offense of Introduction and Possession of Contraband, in violation of § 944.47 (1)(a)(4) Florida State Statute; and Possession of Cannabis over 20 grams in violation of § 893.16(6)(a) Florida State Statute, and due to the amount of the substance that tested positive for MDMA, also committed the criminal offense of Trafficking Methamphetamine in violation of § 893.135(f)(1) Florida State Statute.

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 <u>2</u> pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this <u>25</u> day of <u>October</u> , 20 <u>22</u>	
 Signature of Officer/Complainant <u>G. Bates</u> Officer/Complainant's Name (Printed)		 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification	ID Type  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"/> 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): _____				