

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: Florida Department of Corrections		2. Agency Report Number: 23-02030		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: 01/31/2023 at 6:15 p.m.		5. Date/Time of Arrest:		6. Arresting Officer: Inspector Audenia Thomas		7. Investigating Officer: Inspector Audenia Thomas	

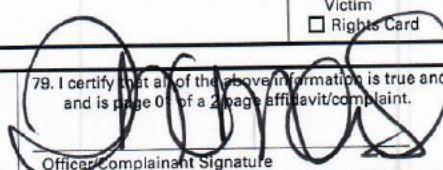
8. Defendant's Name: (Last) Daniels			(First) Jonathan			(Middle) D			ALIAS N/A			9. OBTS: N/A					
10. Race/Sex: B/M		11. Date of Birth: 11/15/1992		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:									
15. Height: 5'09"		16. Weight: 141		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) N/A									
20. Driver's License Number/State: Not Applicable			21. Social Security Number: [REDACTED]			22. Residential Telephone: (941) 833-8100			23. Business Telephone: (941) 833-8100								
24. Address: (Street, Apartment Number) 33123 Oil Well Road (Charlotte Correctional Institution)												(City) Punta Gorda		(State) FL		(Zip) 33955	

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) Battery on a Law Enforcement Officer				60. Statute or Ordinance Number: 784.07(2)(b)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) Resisting Officer with violence to his or her person				62. Statute or Ordinance Number: 843.01				<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) [REDACTED]			(First) [REDACTED]			(Middle) [REDACTED]			66. Race/Sex [REDACTED]			67. Date of Birth:			68. Telephone Number: (772) 597-8100		
69. Contact Person if victim is deceased, a minor child, or business: (Last) Martin Correctional Institution			(First)			(Middle)			70. Race/Sex			71. Date of Birth:			72. Telephone Number: (772) 597-8100		
73. Address: (Street, Apartment Number) 1150 SW Alltappattah Road			(City) Indiantown			(State) Florida			(Zip) 34972			74. Secondary Phone Number: (772) 597-8100					
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____									76. Information Given: <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: Inspector Audenia Thomas		Person responsible for statements: Inspector Audenia Thomas		 Officer/Complainant Signature	
				Audenia Thomas Type or print Complainant name	

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

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # **FL037275C**

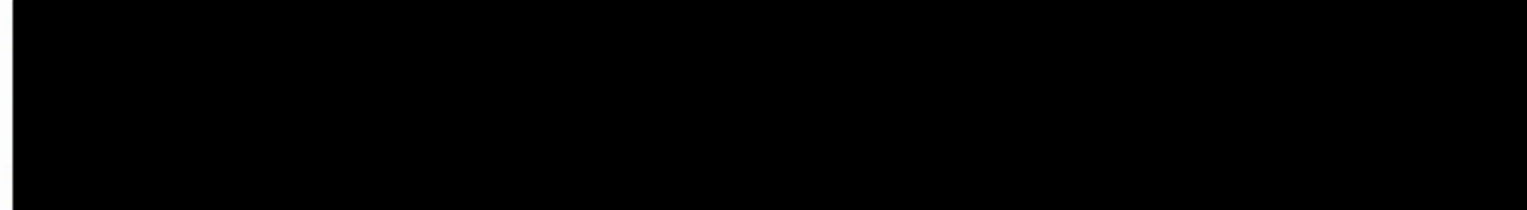
80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 23-02030	82. Date/Time of Arrest:	83. Investigating Officer: Inspector Audenia Thomas
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and 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 Inspector Audenia Thomas of the Office of the Inspector General, Florida Department of Corrections.

On January 31, 2023, at Martin Correctional Institution (MCI), Indiantown, Florida, Martin County, the above-named defendant, Inmate Jonathan D. Daniels DC# J46732, was an incarcerated inmate and did violate Florida State Statute, committing the criminal offense of: Battery of law enforcement officer (1 Count) (F.S.S. 784.07(2)(b) and (1 count) (F.S.S. 843.01) of Resisting officer with violence to his or her person. The defendant, Inmate Daniels, knowingly and intentionally without consent; physically bit the victim, uniformed Correctional Officer [REDACTED] on the right side of his face [REDACTED]. Officer [REDACTED] was in full uniform consisting of a gray shirt with a badge and black uniform utility pants.

Officer [REDACTED] provided a sworn recorded statement:



On January 31, 2023, in an independent audio recorded statement, Officer Nelson and Officer Lopez both conveyed they reported that they heard via radio Officer [REDACTED] call for help. They quickly ran to E-Dormitory and upon approaching E-Dormitory, they observed Inmate Daniels' mouth in contact with the right side of Officer [REDACTED] face. Officer Nelson and Officer Lopez positively identified Inmate Daniels as the individual responsible for attacking Officer [REDACTED].

While [REDACTED] Officer [REDACTED] These [REDACTED] were documented via digital photography.

Fixed wing video captured Inmate Daniels attempting to enter the Officer's Station but it did not capture the actual incident.

On January 31, 2023, your Affiant attempted to obtain a post-Miranda statement from Inmate Daniels however, Inmate Daniels became uncooperative and was involved in a Use of Force with officers.

In summary, the defendant Inmate Jonathan D. Daniels did knowingly and intentionally bite, a uniformed Correctional Officer, [REDACTED] within a correctional facility namely, Martin Correctional Institution, violating 1 count of Florida State Statute 784.07(2)(b)-Battery on a law enforcement officer and 1 count of Florida State Statute 843.01-Resisting an officer with violence against his or her person. Your Affiant also requests a NO BOND be issued on Inmate Jonathan D. Daniels.

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>1</u> day of <u>Feb</u> , 20 <u>23</u>
 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification	ID Type _____
 Signature of Officer/Complainant Seal	
Officer/Complainant's Name (Printed) _____ ID Number _____	(Middle) _____

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