

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>Florida Department of Corrections</b>		2. Agency Report Number: <b>23-03162</b>		3. Charge Type: <input checked="" type="checkbox"/> Felony <input 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: <b>02/19/2023 10:03 AM</b>		5. Date/Time of Arrest: <b>02/19/2023 1:15 PM</b>		6. Arresting Officer: <b>Inspector Kevin Patterson</b>		7. Investigating Officer: <b>Inspector Kevin Patterson</b>	

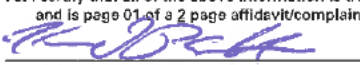
8. Defendant's Name: (Last) <b>Shepard</b>			(First) <b>Aniya</b>			(Middle) <b>Shawnta</b>			9. OBTS:		
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>06/30/2000</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input 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>65 Suboxone Strips</b>		
15. Height: <b>5'</b>		16. Weight: <b>140lb</b>		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>Red</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Unknown</b>			
20. Driver's License Number/State: <b>S163-017-00-730-0</b>			21. Social Security Number: [REDACTED]			22. Residential Telephone: <b>407-448-2895</b>			23. Business Telephone:		
24. Address: (Street, Apartment Number) <b>100 Mantee Crossing Apt. 202</b>				(City) <b>Daytona Beach</b>				(State) <b>FL</b>		(Zip) <b>32114</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 checked="" 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 of Drug 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)		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 type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (If business, list legal business name) (Last) <b>State of Florida</b>			(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 Evidence Custodian's Name: <b>Inspector Nakenya Weatherspoon</b>		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: <b>Kevin Patterson</b>		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.  Officer/Complainant Signature		Kevin Patterson Type or print Complainant name	
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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: <b>Florida Department of Corrections</b>	81. Agency Report Number: <b>23-03162</b>	82. Date/Time of Arrest: <b>02/19/2023 1:15 PM</b>	83. Investigating Officer: <b>Inspector Kevin Patterson</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:

Your Affiant, Senior Inspector Kevin Patterson, is a sworn law enforcement officer of the Office of the Inspector General, Florida Department of Corrections (Department).

On February 19, 2023, at Martin Correctional Institution (Martin CI), Martin County, FL, Aniya Shawnta Shepard (Defendant) violated Florida Statute § 944.47(1)(a)(4), Possession of Drug Contraband, while on Department's property at Martin CI.

During a contraband introduction operation with the Department's Canine Introduction Unit, a certified canine alerted to the presence of the odor of narcotics which emanated from a grey Kia Soul, bearing FL license plate number PJMS04. After the alert, the defendant came to the parking lot.

Your Affiant approached the Defendant and secured written consent to search her vehicle in the institution's parking lot. During the consensual encounter, the Defendant stated [REDACTED] Senior Inspector Kevin Patterson, Senior Inspector Latricia Archie, and Canine Introduction Unit Captain Carlton Elliott searched the vehicle. During the search, (45) packets of Suboxone (total package weight 39 grams) was located in a tan purse on the floorboard of the front passenger seat, in which the Defendant [REDACTED] Additionally, while in the conference room in Martin CI, the Defendant advised she had more contraband on her person. In the presence of your Affiant, Senior Inspector Archie and Captain Elliot, the Defendant removed (20) orange Suboxone strips (total package weight 1.2 grams) wrapped in plastic from her chest area.

During a post-Miranda statement attempt, the Defendant declined to provide a statement and remained silent.

Your Affiant respectfully submits that probable cause has been established that the Defendant (Aniya Shawnta Shepard) did commit the criminal violation enumerated above.

Surveillance video, witness statements and investigative materials will be available for review.

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>19</u> day of <u>February</u> , 20 <u>23</u>
 Signature of Officer/Complainant	Senior Inspector Latricia Archie [REDACTED]  Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>LEO</u> ID Type
Kevin Patterson Officer/Complainant's Name (Printed)	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) 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):