

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

PAGE 01 of _____

Agency ORI # **FL037275C**

1. Agency Name: Inspector General's Office - FDC		2. Agency Report Number: 19-17913		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: 10/13/2019		5. Date/Time of Arrest: 10/13/2019 4:40pm		6. Arresting Officer: Erika Ridley		7. Investigating Officer: Erika Ridley, Inspector	

8. Defendant's Name: (Last) Fenner			(First) Brenda			(Middle) Jean			ALIAS			9. OBTS:											
10. Race/Sex: W/F		11. Date of Birth: 08/25/2000		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: 22.9 Grams Codine / 28.9 Grams MDMA													
15. Height: 62 Inches		16. Weight: 125 lbs		17. Eye Color: BROWN		18. Hair Color: BROWN		19. Scars, marks, tattoos, unique physical features: (Location, type & description)															
20. Driver's License Number/State: F560-070-00-805-0				21. Social Security Number:				22. Residential Telephone: 352-476-1846				23. Business Telephone:											
24. Address: (Street, Apartment Number) 15290 SE 90th AVE						(City) Dunnellon						(State) FL						(Zip) 34432					

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 Contraband state institution towit controlled substance			60. Statute or Ordinance Number: 944.47 (1) (a) (4)			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
61. Charge Description: (# 1) Trafficking in a controlled substance to wit MDMA			62. Statute or Ordinance Number: 893.135 (1) (k) (1)			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
63. Charge Description: (# 1) Trafficking controlled substance to wit hydrocodone			64. Statute or Ordinance Number: 893.135 (1) (c) (3)			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		

65. Victim's Name: (If business, list legal business name) (Last) State of Florida			(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"/> Arrest Info <input type="checkbox"/> Rights Card <input type="checkbox"/> App. 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: Darla Henderson			Person responsible for statements: Erika Ridley			Officer/Complainant Signature Erika Ridley Type or print Complainant name								

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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No.(s) _____

Agency ORI # **FL037275C**

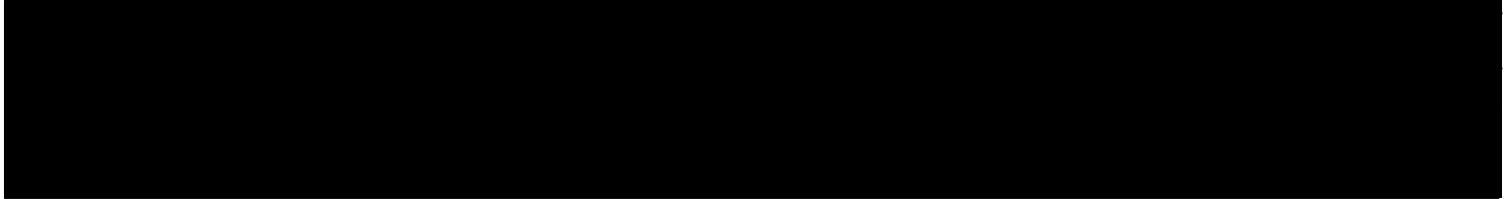
80. Agency Name: Office of Inspector General - FDC	81. Agency Report Number: 19-11324	82. Date/Time of Arrest: 10/13/2019 4:40pm	83. Investigating Officer: Erika Ridley
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies 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 Inspector Erika Ridley of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe Brenda Fenner, registered visitor for Inmate Adam Baird, did commit the criminal offenses of Introduction of Contraband into a state institution, to wit controlled substance in violation of FS 944.47(1)(a)(4)), Trafficking in a controlled substance, to wit MDMA in violation of FS 893.135(1)(k)(1), and Trafficking in a controlled substance, to wit hydrocodone in violation of FS 893.135(1)(c)(3) by concealing MDMA and hydrocodone inside of her vagina and introducing it into the secure portion of Northwest Florida Reception Center (NWFRFC).

On October 13, 2019, in a post Miranda interview, Ms. Fenner stated that Inmate Baird was cousins of a friend of hers from school Ms. Fenner stated that she had spoken to Inmate Baird via cell phone, which Inmate Baird had hidden inside his bunk. [REDACTED]



In a digitally recorded sworn statement, Sergeant Jasmine Lee indicated that she seen a female acting suspiciously inside the visiting park of the NWFRFC. Sergeant Lee stated that she noticed the female fidgeting and what appeared to be trying to conceal something between her legs. Sergeant Lee stated she then made the female, later identified as Ms. Fenner, stand up. Sergeant Lee stated that when Ms. Fenner stood up, Ms. Fenner stated that she knew she would be caught and placed a package wrapped in black electrical tape on the counter. The package was later unwrapped and found to have two bags inside of a condom with a white powdery substance and a brown powdery substance in the bags.

The package Ms. Fenner had in her possession was a condom wrapped in black electrical tape. Inside the condom was two bags. One bag contained a white powdery substance with pieces of a white, hard rock like substance which weighed 28.9 grams. When field tested, the substance produced a presumptive positive for MDMA/Ecstasy. The other bag contained a brown powdery substance with pieces of brown, hard rock like substance which weighed 22.9 grams. When field tested, the substance produced a presumptive positive for hydrocodone.

Your Affiant respectfully submits that probable cause has been established that Brenda Fenner, registered visitor for Inmate Adam Baird, did commit the criminal offenses of Introduction of Contraband into a state institution, to wit controlled substance in violation of FS 944.47(1)(a)(4)), Trafficking in a controlled substance, to wit MDMA in violation of FS 893.135(1)(k)(1), and Trafficking in a controlled substance, to wit hydrocodone in violation of FS 893.135(1)(c)(3) by concealing MDMA and hydrocodone inside of her vagina and introducing it into the secure portion of Northwest Florida Reception Center (NWFRFC).

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>13</u> day of <u>Oct</u> , 20 <u>19</u>	
 Signature of Officer/Complainant		 Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other Identification	
Erika Ridley, Inspector	104224	Seal	ID Type <u>W34</u>
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)		Processed within the agency and released		
<input type="checkbox"/> Transferred to _____ <input type="checkbox"/> Secure Detention		<input type="checkbox"/> Released to _____ <input type="checkbox"/> HRS Intake Officer, not detained		
Release Date: _____ Release Time: _____ Released to (Name): _____		<input type="checkbox"/> to other than HRS		