

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT - COMPLAINT

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

PAGE 01 of 4

Agency ORI # **FL037275C**

1. Agency Name: <b>Florida Department of Corrections</b>		2. Agency Report Number: <b>17-13522</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)	
4. Date/Time of Offense: <b>April - August 2017</b>		5. Date/Time of Arrest: <b>Dec. 20, 2019</b>		6. Arresting Officer: <b>Senior Inspector Jerry Basford</b>		7. Investigating Officer: <b>Senior Inspector Jerry Basford</b>	

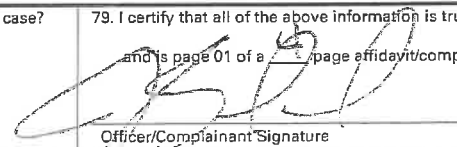
8. Defendant's Name: (Last) <b>Bryars</b> (First) <b>Kayla</b> (Middle) <b>J.</b> ALIAS <b>KREAM</b> 9. OBTS:						
10. Race/Sex: <b>W/F</b>	11. Date of Birth:	12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> 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: <b>n/a</b>	
15. Height:	16. Weight:	17. Eye Color:	18. Hair Color:	19. Scars, marks, tattoos, unique physical features: (Location, type & description)		
20. Driver's License Number/State: <b>91600 / FDC ID #</b>		21. Social Security Number:		22. Residential Telephone:		23. Business Telephone:
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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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>Unlawful Compensation or reward for official behavior (22 counts)</b>	60. Statute or Ordinance Number: <b>838.016 (2)</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
61. Charge Description: (# 1) <b>Introduction of Contraband (Communication) (17 counts)</b>	62. Statute or Ordinance Number: <b>944.47 (1)(a)(1)</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
63. Charge Description: (# 1) <b>Conspiracy to Introduce Contraband, Cellular Telephone (3 count)</b>	64. Statute or Ordinance Number: <b>777.04(3) / 944.47(1)(a)(6)</b>	<input checked="" 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) <b>Senior Inspector Jerry Basford</b> (First) _____ (Middle) _____ 70. Race/Sex _____ 71. Date of Birth: _____ 72. Telephone Number: _____		
73. Address: (Street, Apartment Number) <b>501 S. Calhoun Street</b> (City) <b>Tallahassee</b> (State) <b>Florida</b> (Zip) <b>32399</b> 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 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 _____ page affidavit/complaint.   Officer/Complainant Signature
Evidence Custodian's Name: <b>Darla Henderson</b>	Person responsible for statements: <b>Jerry Basford</b>	<b>Senior Inspector Jerry Basford</b> Type or print Complainant name

# AFFIDAVIT - COMPLAINT

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Agency ORI # **FL037275C**

1. Agency Name: <b>Florida Department of Corrections</b>		2. Agency Report Number: <b>17-13522</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	
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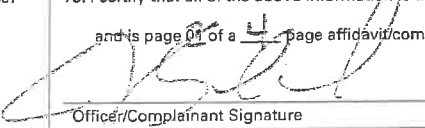
8. Defendant's Name: (Last) <b>Bryars</b>			(First) <b>Kayla</b>		(Middle) <b>Joy</b>		ALIAS <b>KREAM</b>		9. OBTS:	
10. Race/Sex: <b>W/F</b>		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> 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: <b>n/a</b>		
15. Height:		16. Weight:		17. Eye Color:		18. Hair Color:		19. Scars, marks, tattoos, unique physical features: (Location, type & description)		
20. Driver's License Number/State: <b>91600 / FDC ID #</b>			21. Social Security Number:			22. Residential Telephone:			23. Business Telephone:	
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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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)		
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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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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>Conspiracy to Introduce Contraband, Drug Nicotine (1 count)</b>		60. Statute or Ordinance Number: <b>777.04(3) / 944.47 (1)(a)(4)</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) <b>Unlawful use of two-way communication device (19 counts)</b>		62. Statute or Ordinance Number: <b>934.215</b>		<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) <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) <b>Senior Inspector Jerry Basford</b>			(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number) <b>501 S. Calhoun Street</b>			(City) <b>Tallahassee</b>		(State) <b>Florida</b>		(Zip) <b>32399</b>		74. Secondary Phone Number:			
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 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 4 page affidavit/complaint.	
Evidence Custodian's Name: <b>Darla Henderson</b>		Person responsible for statements: <b>Jerry Basford</b>		 Officer/Complainant Signature	
				Inspector <b>Jerry Basford</b> Type or print Complainant name	

Adult Def  PC Arrest  
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Clerk's Case No.

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# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # **FL037275C**

80. Agency Name: <b>Florida Department of Corrections</b>	81. Agency Report Number: <b>17-13522</b>	82. Date/Time of Arrest:	83. Investigating Officer: <b>Senior Inspector Jerry Basford</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 is Senior Inspector Jerry Basford of the Office of the Inspector General, Florida Department of Corrections. 753-54  
JTB

Your Affiant has probable cause to believe between April 2017 and August 2017, Former Florida Department of Corrections Contract Staff Kayla Joy Bryars ("Ms. Bryars") in the County of Washington and the State of Florida, did commit the following offenses:

On or about May 20, 2017, a Posh brand contraband cellular telephone was recovered from the P-2 dormitory bathroom at Northwest Florida Reception Center Annex (NWFRC-A). The cellular telephone was forwarded to the Florida Department of Corrections (FDC) contract cellular telephone laboratory for extraction. During a review of the device's content, Inmate James Dieudonne, DC# 198806 (Inmate Dieudonne) was identified as a user of the contraband device. Communication was noted with [REDACTED] saved in the device's contacts as "Kream." [REDACTED] was identified as the personal cellular telephone number for Kayla Bryars (Ms. Bryars), who was employed at the time as a contract substance abuse counselor at NWFRC-A. A review of the contact between Ms. Bryars's telephone number and the contraband device, (27) telephone calls, (86) text messages, and one multimedia message exchange were noted.

On or about August 11, 2017, an Apple iPhone formerly belonging to Ms. Bryars was turned over to the FDC Office of the Inspector General (OIG) after the new owner found evidence of money transfers and contraband introduction on the device. During review of the data extracted from the device, communication between Ms. Bryars, Inmate Dieudonne, other counselors employed at NWFRC-A, and inmates associates were identified. According to the evidence obtained Ms. Bryars was receiving and/or purchasing contraband items to including numerous packs/cartons of cigarettes and at least three cellular telephones and was introducing those items to Inmate Dieudonne and other inmates with whom she had contact with at NWFRC-A. The extracted data also indicates Ms. Bryars was receiving money transfers through various means including cash transactions and electronic money transfers using PayPal, Western Union and CashApp for the introduction of those contraband items.

On or about August 14, 2017, a Posh brand cellular telephone was recovered from Inmate Dieudonne's person at NWFRC-A. During a review of the data extracted from the device, correspondence between Ms. Bryars, Inmate Dieudonne, and his friend Lauzy Harrison confirmed Ms. Bryars (including participation by other counselors) intentions to introduce contraband items in exchange for financial compensation by Ms. Harrison and other inmate associates. In addition to telephone calls and text messaging, (17) multimedia messages were noted on the contraband device from Ms. Bryars. Contained within those (17) messages are (21) separate digital images. Some of the images include clothed and unclothed images of Ms. Bryars.

According to extracted text message communication, supported by testimony, digital images, and/or electronic financial records, Ms. Bryars routinely conspired to introduce contraband items including drugs, cigarettes, and cellular telephones into NWFRC-A and participated in delivering those items with other counselors to locations where inmates were assigned to work outside the secure perimeter of the institution.

A review of financial records obtained from Paypal indicates between April 2017 and July 2017, Ms. Bryars received (12) PayPal money payments from a sender and or location associated with Lauzy Harrison. The Paypal money transfers total approximately \$1885.00.

A review of financial records obtained from Square Inc. indicates between June 2017 and August 2017, Ms. Bryars received (10) CashApp money transfers from Lauzy Harrison. The transfers indicate they are for "Smoke," Inmate Dieudonne's known alias. The CashApp money transfers total approximately \$1490.00.

Your Affiant respectfully submits probable cause has been established that Kayla Joy Bryars did commit (17) counts of Introduction of Contraband into a State Correctional Institution (Communication), in violation of s. 944.47 (1)(a)(1) Fla. Stat., when Ms. Bryars did actually and intentionally introduce, through unauthorized channels, into the secure perimeter of Northwest Florida Reception Center Annex, written and/or recorded communication and images to a contraband cellular telephone in the possession of an inmate.

Your Affiant respectfully submits probable cause has been established that Kayla Joy Bryars did commit (19) counts of the criminal offense of Unlawful Use of a Two-way Communication Device, in violation of s. 934.215, Fla. Stat., when Ms. Bryars did utilize a cellular telephone to introduce contraband communication and images into the secure perimeter of Northwest Florida Reception Center Annex and while doing so did send contraband digital images and text messages conspiring and/or arranging the delivery of contraband cigarettes and cellular telephones into Northwest Florida Reception Center Annex.

Your Affiant respectfully submits probable cause has been established that Kayla Joy Bryars did commit (1) count of the criminal

offense of Conspiracy to Introduce Contraband Drug (Nicotine) into a State Correctional Institution, in violation of s. 777.04(3) / 944.47 (1)(a)(4), Fla. Stat., when Ms. Bryars did actually and intentionally arrange for the introduction of contraband cigarettes containing the stimulant nicotine to be introduced into the secure perimeter of a Northwest Florida Reception Center Annex.

Your Affiant respectfully submits probable cause has been established that Kayla Joy Bryars did commit three (3) counts of the criminal offense of Conspiracy to Introduce Contraband (Cellular Telephone) into a State Correctional Institution, in violation of s. 777.04(3) / 944.47 (1)(a)(6), Fla. Stat., when Ms. Bryars did actually and intentionally arrange discuss the delivery and introduction three contraband cellular telephones into the secure perimeter of a Northwest Florida Reception Center Annex.

Your Affiant respectfully submits probable cause has been established that Kayla Joy Bryars did commit (22) counts of the criminal offense of Unlawful compensation or reward for official behavior, in violation of s. 838.016 (2), Fla. Stat., when Ms. Bryars did actually and intentionally accept money transfers as payment for her involvement in the introduction of contraband items into the secure perimeter of a Northwest Florida Reception Center Annex.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 4 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 20<sup>th</sup> day of December 2019

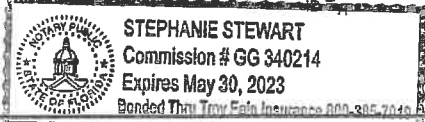
*[Signature]*  
Signature of Officer/Complainant

*[Signature]*  
Signature of Person Administering Oath

Personally Known  Other Identification

Thomas G. "Tommy" Bushnell  
Officer/Complainant's Name (Printed) ID Number

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:
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	
Release Date: _____ Release Time: _____ Released to (Name): _____		Processed within the agency and released <input type="checkbox"/> to other than HRS			