

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OFFICE OF THE INSPECTOR GENERAL

PROBABLE CAUSE AFFIDAVIT

OBTS NUMBER:
 AGENCY ORI NUMBER:
FL037275C

SPN NUMBER:
 AGENCY CASE REPORT NUMBER:
 19-05071

DEFENDANT	NAME OF SUBJECT (LAST, FIRST, MI): Aikens, Marco L.					ALIAS / MAIDEN: N/A							
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): 382 SW MCI Dr. – Madison CI				CITY: Madison		STATE: FL	ZIP CODE: 32340		TELEPHONE NUMBER: 850-973-5300			
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:		TELEPHONE NUMBER:			
	MNAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):				SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):								
	RACE: WHITE x BLACK		AMERICAN INDIAN ASIAN / ORIENTAL		SEX: M	DATE OF BIRTH: 11/14/1987		HEIGHT: 5'11"	WEIGHT: 170	HAIR COLOR: Black	EYE COLOR: Brown	COMPLEXION: Medium	BUILD: Medium
	DRIVERS LICENSE / STATE ID NUMBER: N/A			STATE OF DL N/A	SOCIAL SECURITY NUMBER: [REDACTED]		PHOTO NUMBER:		PLACE OF BIRTH: FL		COUNTRY OF CITIZENSHIP: US		
	SUBJECT'S OCCUPATION: None / Inmate				SPN NUMBER:		AGENCY ORI NUMBER: FL037275C		SO ID / AGENCY ID / NUMBER:		BOOKING NUMBER:		
	LOCATION OF ARREST:				DATE OF ARREST:		TIME OF ARREST (MILITARY):		DATE OF BOOKING:		TIME OF BOOKING (MILITARY):		
	SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):						SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):						

CO-DEF.	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE	JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED	NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):						WORK TELEPHONE NUMBER:	
	PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):	CITY:		STATE:	ZIP CODE:		HOME TELEPHONE NUMBER:		

WITNESS	(NAME)	ADDRESS:						TELEPHONE NUMBER	
	(NAME):	ADDRESS:						TELEPHONE NUMBER	
	(NAME):	ADDRESS:						TELEPHONE NUMBER:	
	(NAME):	ADDRESS:						TELEPHONE NUMBER:	

CHARGE 1	OFFENSE DESCRIPTION: Possession of Contraband (Cell phone)				<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: 944.47 (1)(a)(c)		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE: 03/26/2019		TIME OF OFFENSE: 9:40 am		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER: 850-973-5300	
	VICTIM (NAME): State of Florida		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 382 SW MCI Dr. – Madison CI				CITY: Madison		STATE: FL	ZIP CODE: 32340

CHARGE 2	OFFENSE DESCRIPTION:				<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:

CHARGE 3	OFFENSE DESCRIPTION:				<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):
Baker Correctional Institution, 20706 US HWY 90 West

CITY OF:
Sanderson

COUNTY OF:
Baker

STATE OF:
FLORIDA

Your affiant is Inspector Dave Carlton of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about March 26, 2019, while at Baker Correctional Institution, in Baker County Florida, Inmate Aikens, Marco DC #J39933 did commit the offense of Introduction, removal, or possession of contraband; in violation of Florida State Statute (FSS) 944.47; when he, an inmate in the custody of the Department of Corrections, did actually and intentionally possess a cellular phone inside the secure perimeter of the Baker Correctional Institution.

Correctional Officer Sergeant William Moody, a certified uniformed officer, reported that on March 26, 2019, while conducting a strip search of Inmate Aikens, he observed an object sticking out of Inmate Aiken's rectum. Sergeant Moody ordered Inmate Aikens to give him the object and Aikens complied. The object was discovered to be a GT Star cell phone. Inmate Aikens committed the criminal offense of Possession of Contraband, in violation of FSS 944.47 (1)(a)(c).

Your affiant respectfully submits that based on the statement provided by Sergeant Moody in a recorded interview and the recovery of the cell phone, probable cause has been established that Inmate Aikens, Marco DC #J39933 was in Possession of Contraband as defined in FSS 944.47 (1)(a)(c).

NTA

MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

AM
 PM

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

DEFENDANT (SIGNATURE):

DATE:

JURAT

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

____ DAY OF _____, _____

SIGNATURE: _____

TITLE: _____

I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME (PRINT): Inspector Dave Carlton

SIGNATURE: _____

AGENCY: FDC - OIG LEO ID NUMBER: 90560