

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OBTs NUMBER:
AGENCY ORI NUMBER:
FL037275C

OFFICE OF THE INSPECTOR GENERAL

SPN NUMBER:
AGENCY CASE REPORT NUMBER:
20-08264

PROBABLE CAUSE AFFIDAVIT

DEFENDANT

NAME OF SUBJECT (LAST, FIRST, MI): Griffin, Samuel L.				ALIAS / MAIDEN:				
911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): 23916 NW 83rd Ave.			CITY: Raiford		STATE: FL	ZIP CODE: 32083	TELEPHONE NUMBER: 904-368-3104	
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER: ()	
MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):				SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION): Multiple Tattoos				
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: M	DATE OF BIRTH: 08/14/1985	HEIGHT: 6'00"	WEIGHT: 173	HAIR COLOR: BLK	EYE COLOR: Brown	COMPLEXION: Dark	BUILD: Medium
DRIVERS LICENSE / STATE ID NUMBER:	STATE OF DL / ID:	SOCIAL SECURITY NUMBER:	PHOTO NUMBER:	PLACE OF BIRTH: Georgia	COUNTRY OF CITIZENSHIP: USA			
SUBJECT'S OCCUPATION: 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
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(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: Aggravated Battery on LEO	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: 784.07(2)(b)	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: 05/04/2020	TIME OF OFFENSE: 3:00 pm	BAIL AMOUNT:
VICTIM (NAME): [REDACTED]	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 23916 NW 83rd Ave.	CITY: Raiford	STATE: FL
			ZIP CODE: 32026
VICTIM'S TELEPHONE NUMBER: 904-368-3104			

CHARGE 2

OFFENSE DESCRIPTION: Resisting Officer W/Violence	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: 843.01	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 (NAME): [REDACTED]	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 23916 NW 83rd Ave.	CITY: Raiford	STATE: FL
			ZIP CODE: 32026
VICTIM'S TELEPHONE NUMBER:			

CHARGE 3

OFFENSE DESCRIPTION: Attempted Escape	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: 944.40	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 (NAME): State of Florida	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 23916 NW 83rd Ave.	CITY: Raiford	STATE: FL
			ZIP CODE: 32026
VICTIM'S TELEPHONE NUMBER:			

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): 23916 NW 83rd Ave.	CITY OF: Raiford	COUNTY OF: Bradford	STATE OF: FLORIDA
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Your Affiant is Inspector Dave Carlton with the Office of Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on May 4, 2020, Inmate Griffin, Samuel DC #130590 did commit the offence of Aggravated Battery on a Law Enforcement Officer in violation of Florida State Statute (FSS) 784.07(2)(b), Resisting Officer With Violence in violation of FSS 843.01, and Attempted Escape in violation of FSS 944.40.

On May 4, 2020, at Florida State Prison (FSP) outside work farm (outside of the secure perimeter), [REDACTED] attempted to place Inmate Griffin, Samuel DC #130590 in hand restraints to take him to confinement for refusing to work. Inmate Griffin refused to submit to hand restraints, became belligerent, and ran from [REDACTED]. [REDACTED] chased Inmate Griffin for several minutes in the field at the farm. Inmate Griffin eventually ran into the barn area of the farm. When [REDACTED] chased him into the barn, Inmate Griffin armed himself with a broom handle and struck [REDACTED] in the head. [REDACTED] had to defend himself and a fight between [REDACTED] and Inmate Griffin ensued. Additional officers arrived and assisted [REDACTED] in placing hand restraints on Inmate Griffin.

Your Affiant respectfully submits that probable cause has been established that Inmate Griffin, Samuel DC #130590 did commit the offence of Aggravated Battery on a Law Enforcement Officer in violation of FSS 784.07(2)(b), Resisting Officer With Violence in violation of FSS 843.01, and Attempted Escape in violation of FSS 944.40.

Your Affiant respectfully requests a no bond hold, as the defendant is an inmate in the custody of the Florida Department of Corrections.

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:

4th DAY OF MAY, 2020

SIGNATURE:

TITLE: 1ST J. BATES 26607

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: DC - OIG LEO ID NUMBER 90560