

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:
19-21042

DEFENDANT

NAME OF SUBJECT (LAST, FIRST, MI): **Williams, Tavares** ALIAS / MAIDEN:

911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): **7765 S CR 231** CITY: **Lake Butler** STATE: **FL** ZIP CODE: **32054** TELEPHONE NUMBER: **386-496-6000**

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): **UNKNOWN**

RACE: WHITE AMERICAN INDIAN BLACK ASIAN / ORIENTAL SEX: **M** DATE OF BIRTH: **06/30/1986** HEIGHT: **6'02"** WEIGHT: **223** HAIR COLOR: **Black** EYE COLOR: **Brown** COMPLEXION: **Dark** BUILD: **Large**

DRIVERS LICENSE / STATE ID NUMBER: **None** STATE OF DL / ID: SOCIAL SECURITY NUMBER: PHOTO NUMBER: PLACE OF BIRTH: COUNTRY OF CITIZENSHIP: **USA**

SUBJECT'S OCCUPATION: **Inmate** SPN 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: RELEASED TO JAC ISSUED NTA AND RELEASED NAME OF PARENT / GUARDIAN (NOTIFIED YES NO): WORK TELEPHONE NUMBER:

PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.): CITY: STATE: ZIP CODE: HOME TELEPHONE NUMBER:

WITNESS

(NAME): Officer	ADDRESS: 7765 S CR 231 Lake Butler, FL 32054	TELEPHONE NUMBER: 386-496-6000
(NAME):	ADDRESS:	TELEPHONE NUMBER:
(NAME):	ADDRESS:	TELEPHONE NUMBER:
(NAME):	ADDRESS:	TELEPHONE NUMBER:

CHARGE 1

OFFENSE DESCRIPTION: **Lewd or Lascivious Exhibition in the Presence of an Employee** FELONY MISDEMEANOR TRAFFIC NTA COMPLETE STATUTE / ORDINANCE NUMBER: **800.09 (2)(a) & (b)** VICTIM NOTIFICATION: ARREST: YES NO RELEASE: YES NO

WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION DATE OF OFFENSE: **11/24/2019** TIME OF OFFENSE: **12:30 pm** BAIL AMOUNT: VICTIM'S TELEPHONE NUMBER: **386-496-6000**

VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): **7765 S CR 231** CITY: **Lake Butler** STATE: **FL** ZIP CODE: **32054**

CHARGE 2

OFFENSE DESCRIPTION: **Exposure of Sexual Organs** FELONY MISDEMEANOR TRAFFIC NTA COMPLETE STATUTE / ORDINANCE NUMBER: **800.03** VICTIM NOTIFICATION: ARREST: YES NO RELEASE: YES NO

WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION DATE OF OFFENSE: **11/24/2019** TIME OF OFFENSE: **12:30** BAIL AMOUNT: VICTIM'S TELEPHONE NUMBER: **386-496-6000**

VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): **7765 S CR 231** CITY: **Lake Butler** STATE: **FL** ZIP CODE: **32054**

CHARGE 3

OFFENSE DESCRIPTION: FELONY MISDEMEANOR TRAFFIC NTA COMPLETE STATUTE / ORDINANCE NUMBER: VICTIM NOTIFICATION: ARREST: YES NO

WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION DATE OF OFFENSE: TIME OF OFFENSE: BAIL AMOUNT: VICTIM'S TELEPHONE NUMBER: **386-**

VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): **7765 S CR 231** CITY OF: **Lake Butler** COUNTY OF: **Union** STATE OF: **FLORIDA**

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

Your Affiant has probable cause to believe on or about November 24, 2019, Inmate Williams, Tavares DC #M58908 did expose his sexual organs in violation of Florida Statute 800.3 and did commit lewd or lascivious exhibition in the presence of an employee in violation of Florida Statute 800.09(2)(a) & (b).

On November 24, 2019, Officer [REDACTED] reported at approximately 12:30 pm, she was assigned as [REDACTED] at Reception and Medical Center Main Unit. She observed Inmate Williams standing at the officer's station window, facing her, and masturbating. Inmate Williams was fully exposed.

Your Affiant respectfully submits based on the testimony provided by Officer [REDACTED] in her incident report and during her recorded interview, probable cause has been established Inmate Williams, Tavares DC #58908 did expose his sexual organs and commit lewd or lascivious exhibition in the presence of an employee in violation of Florida Statutes 800.03 and 800.09(2)(a) & (b) respectively.

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:

9th DAY OF March, 2020

SIGNATURE: David M. Chistoln

TITLE: Law Enforcement Inspector

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): Law Enforcement Inspector Dave Carlton

SIGNATURE: [Signature]

AGENCY: DC - OIG LEO ID NUMBER: 90560