

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OFFICE OF THE INSPECTOR GENERAL

PROBABLE CAUSE AFFIDAVIT

OBTS NUMBER:

SPN NUMBER:

AGENCY ORI NUMBER:

AGENCY CASE REPORT NUMBER:

FL037275C

20-01036

DEFENDANT

| | | | | | | | | | | |
|---|--|---------------------------|---------------------------------------|---|---|----------------------------|-----------------------------|----------------------------|--|-----------------------------|
| NAME OF SUBJECT (LAST, FIRST, MI): Beltrez, Ernesto III | | | | | ALIAS / MAIDEN: N/A | | | | | |
| 911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): 8000 NW 80th Place, New River CI – Work Camp | | | | CITY: Raiford | | STATE: FL | ZIP CODE: 32083 | | TELEPHONE NUMBER: 386-431-4450 | |
| 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: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL | | SEX: M | DATE OF BIRTH: 06/09/1990 | | HEIGHT: 5'06" | WEIGHT: 173 | 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: | | COUNTRY OF CITIZENSHIP: USA | |
| 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 Controlled Substance (Cocaine & Meth) | | | | <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA | | COMPLETE STATUTE / ORDINANCE NUMBER: 893.13 | | 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: 12/27/2019 | | TIME OF OFFENSE: 6:48 AM | | BAIL AMOUNT: | | VICTIM'S TELEPHONE NUMBER: 386-431-4450 | |
| VICTIM (NAME): State of Florida | | ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): New River CI – Work Camp 8000 NW 80th Place | | | CITY: Raiford | | STATE: FL | ZIP CODE: 32083 | |

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):
New River CI Work Camp – 8000 NW 80th Place,

CITY OF:
Raiford

COUNTY OF:
Union

STATE OF:
FLORIDA

Your affiant is Senior Inspector Stacy Fish of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about December 27, 2019, Inmate Ernesto Beltrez #X71741, an inmate in the custody of the Department of Corrections and housed at New River Correctional Institution Work Camp, in Union County, Florida, was observed holding two little rolled up balls of toilet paper in his left hand, following a use of force incident. Sergeant Christopher Ellison, a certified, uniformed Correctional Officer, recovered and opened the items to discover a white, rocky substance that based on his pervious experiences appeared to be some type of narcotic. The substances were field tested and tested positive for Cocaine and Methamphetamine. Inmate Beltrez committed the criminal offense of Possession of Controlled Substance, in violation of 893.13, Florida State Statute.

Your affiant respectfully submits that based on the testimony provided by Sergeant Ellison in a sworn, recorded interview and the recovery of the controlled substance, probable cause has been established that Inmate Ernesto Beltrez #X71741 was in Possession of Controlled Substance as defined in Florida State Statute 893.13.

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:

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): **Senior Inspector Stacy Fish**

SIGNATURE: _____

AGENCY: **FDC - OIG** LEO ID NUMBER: **6758**

NTA

JURAT