

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

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

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Agency ORI# **FL037275C**

1. Agency Name: <b>Office of Inspector General - FDC</b>		2. Agency Report Number: <b>24-04400</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	
4. Date/Time of Offense: <b>3/02/2024 10:00 a.m.</b>		5. Date/Time of Arrest: <b>3/02/2024 10:20 a.m.</b>		6. Arresting Officer: <b>Detective Steven Lee</b>		7. Investigating Officer: <b>Senior Inspector Steven Lee</b>	

8. Defendant's Name: (Last) <b>Green</b>		(First) <b>Shauntavia</b>		(Middle) <b>S</b>		ALIAS		9. OBTS:	
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>06/23/1993</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Out of State		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: <b>28.9 grm</b>	
15. Height: <b>5'2</b>		16. Weight: <b>180</b>		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>Brown</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: <b>G650-797-93-723-0</b>			21. Social Security Number:			22. Residential Telephone:		23. Business Telephone:	
24. Address: (Street, Apartment Number) <b>2509 Dixie Ave</b>			(City) <b>Sarasota</b>			(State) <b>Florida</b>		(Zip) <b>34234</b>	

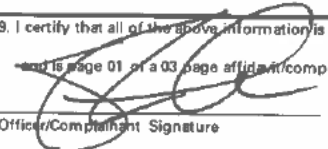
25. Defendant's Name: (Last)		(First)		(Middle)		ALIAS		26. OBTS:	
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State		30. Weapon Seized: <input type="checkbox"/> Yes <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"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <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>Introduction of Contraband into a State Correctional Facility</b>		60. Statute or Ordinance Number: <b>944.47(1)(a)(4).</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 2) <b>Trafficking in Cocaine</b>		62. Statute or Ordinance Number: <b>893.135 (1)(b)(1)</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 3)		64. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (If business, list legal business name) (Last)		(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)		(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number)			(City)			(State)			(Zip)		
74. Secondary Phone Number:											

75. Victim Notification of Arrest: NOTICED BY: _____ DATE: _____ TIME: _____			76. Information Given: Victim <input type="checkbox"/> Arrest Info <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info		
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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 03 page affidavit/complaint.	
Evidence Custodian's Name:		Person responsible for statements: <b>Detective Steven Lee</b>		 Officer/Complainant Signature	
				<b>Detective Steven Lee</b> Type or print Complainant name	

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# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. \_\_\_\_\_

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

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Agency ORI # **FL037275C**

80. Agency Name: <b>Office of Inspector General - FDC</b>	81. Agency Report Number: <b>24-04400</b>	82. Date/Time of Arrest: <b>3/2/2024 10:20 a.m.</b>	83. Investigating Officer: <b>Detective Steven Lee</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 Detective Steven Lee (Det. Lee) of the Florida Department of Corrections, Office of the Inspector General.

Your Affiant has probable cause to believe Shauntavia S. Green (Ms. Green) a registered visitor, did commit the criminal offenses of Introduction of Contraband into a State Correctional Institution, to wit Cocaine in violation of Fs 944.47 (1)(a)(4) as well as Trafficking in Cocaine 28.9 grams into Holmes Correctional Institution (Holmes CI), a state prison operated by the Florida Department of Corrections in Washington County Florida.

On March 2, 2024, Det. Lee along with Correctional Officer Captain Chad Peddie (Captain Peddie) and Correctional Officer Captain Justin McDowell (Captain McDowell) were conducting a K9 checkpoint at Holmes CI. At approximately 10:00 a.m. a red SUV pulled into the driveway of Holmes CI. The driver was identified as Shauntavia Green of Sarasota Florida. K9 Zseton was deployed to conduct a free air sniff of the exterior of the vehicle. K9 Zseton showed a positive alert to the red SUV.

A written consent to search was obtained from the vehicle owner and driver Ms. Green. During the search of the interior of the vehicle Captain Peddie located a black package wrapped in tape inside the glove box of the vehicle. This is a known packaging method for the introduction of contraband into a correctional facility. Det. Lee recovered this black package wrapped in tape from the glove compartment area. Initially Ms. Green denied knowledge of the package and its content. Det. Lee preformed a presumptive test on the contents of the package. The contents showed a positive result for the presence of Cocaine. The package was opened and approximately 28.9 grams of a white rock and powder substance was recovered.

Det. Lee conducted a post-Miranda interview with Ms. Green, at which time she



Ms. Green was placed under arrest and transported by Holmes County Sheriff Office to the Holmes County Jail. All items were collected and preserved in the Region 1 Evidence storage locker.

Your Affiant respectfully submits that probable cause has been established Shauntavia S. Green did commit the criminal violations of Introduction of Contraband into a state institution in violation of FS. 944.47(1)(a)(4), Fla. Stat., by introducing Cocaine a stimulant onto the grounds of Holmes CI., Trafficking in Cocaine by being in possession of 28.9 grams of Cocaine.

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your Affiant's report of investigation.

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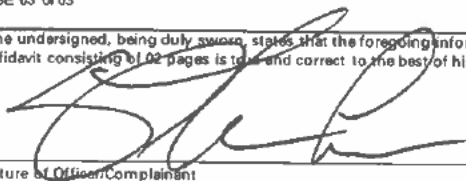
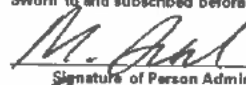
# AFFIDAVIT – COMPLAINT

Clerk's Case No. \_\_\_\_\_

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85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 02 pages is true and correct to the best of his/her knowledge   Signature of Officer/Complainant <b>Detective Steven Lee</b> Officer/Complainant's Name (Printed)	Sworn to and subscribed before me this <u>3</u> day of <u>March</u> , 20 <u>24</u>  Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification Seal ID Type <u>100</u>
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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: _____ 91. Business 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)		
Release Date: _____	Release Time: _____	Released to (Name): _____

Transferred to  
 Secure Detention

Released to  
 HRS Intake Officer, not detained

Processed within the agency and released  
 to other than HRS