

Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

AFFIDAVIT - COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

PAGE 01 of 2

Agency ORI # **FL014025C**

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 20-04901		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor		3a. Ordinance Type: (If applicable) w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 03/17/2020 / 1100 hours		5. Date/Time of Arrest: 03/17/2020 / 1200 hours		6. Arresting Officer: Senior Inspector George Montenegro		7. Investigating Officer: Senior Inspector George Montenegro	

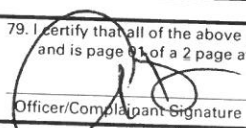
8. Defendant's Name: (Last) Brown			(First) Akimiya			(Middle) Shyane			ALIAS N/A			9. OBTS:			
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State		13. 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: MDMA (Molly) and THC							
15. Height: 5'6"		16. Weight: 140		17. Eye Color: Br		18. Hair Color: Bik		19. Scars, marks, tattoos, unique physical features: (Location, type & description) None							
20. Driver's License Number/State: [REDACTED]				21. Social Security Number: [REDACTED]				22. Residential Telephone: [REDACTED]				23. Business Telephone: N/A			
24. Address: (Street, Apartment Number) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Zip) [REDACTED]															

25. Defendant's Name: (Last) N/A			(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) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Zip) [REDACTED]															

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) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Zip) [REDACTED]															

59. Charge Description: (# 1) Introduction, removal, or possession of certin articles unlawful (2 Counts)]				60. Statute or Ordinance Number: F.S.S. 944.47(1)(a)(4)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) Trafficking in MDMA (1 Count)				62. Statute or Ordinance Number: F.S.S. 893.135 (1)(a)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
63. Charge Description: (# 1) Possession of a controlled substance (2 Counts)				64. Statute or Ordinance Number: F.S.S. 893.13 (1)(a)(2)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			

65. Victim's Name: (If business, list legal business name) (Last) (First) (Middle) STATE OF FLORIDA			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: NOTIFIED BY: _____ DATE: _____ TIME: _____					76. Information Given: Victim <input type="checkbox"/> Arrest Info <input checked="" type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info				

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: Inspector Greg Fulcher		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: SI GEORGE MONTENEGRO		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 2 page affidavit/complaint.  Officer/Complainant Signature		George Montenegro Type or print Complainant name	
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Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____
SA Case No.(s) _____

Agency ORI # **FL014025C**

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 20-04901	82. Date/Time of Arrest: 03/11/2020 / 1200hours	83. Investigating Officer: SI George Montenegro
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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, Law Enforcement Senior Inspector George Montenegro, is a sworn law enforcement officer of the Florida Department of Corrections, Office of the Inspector General Special Investigations Unit (South).

On March 17, 2020, at Desoto Correctional Institution Annex, Arcadia, Florida, Desoto County, the above-named defendant, Ms. AKIMIYA BROWN born [REDACTED] a Florida Department of Corrections civilian employee, did violate Florida State Statutes, committing the criminal offenses of: Introduction and possession of unlawful articles in a correctional facility in violation of FSS 944.47 (1)(a)(4) (2 Counts (MDMA & THC)), Possession of a Controlled Substance in violation of F.S.S. 893.13 (1)(a)(2) (2 Counts) and Trafficking in MDMA in violation of F.S.S. 893.135 (1)(a); by knowingly and intentionally, introducing 81.7 grams package weight of MDMA (Molly) and approximately 7.4 grams package weight of THC, substances into Desoto Correctional Institution Annex (CI) (2 Counts) at approximated 10:50am on 3/17/2020. Lieutenant Stewart performed a presumptive field test on both substances (MDMA and marijuana), which yielded a positive result for both.

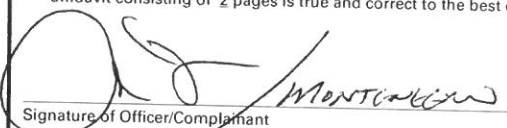

The suspect did pass the routine entry process subjected to a pat-search by uniformed correctional staff but BROWN entered the institution without detection or admitting possession. Defendant BROWN, while being interviewed on different matter, admitted she was in possession of narcotics, specifically MDMA which she had secreted in her.

SI Montenegro made contact with SI Ruiz and Officer Hunt who observed the suspect remove the package, a celophane and electrical taped package, from her vagina.

Suspect BROWN provided a sworn statement, post Miranda: She is a civilian Food Services employed by the Department of Corrections. She admitted [REDACTED]

**She acknowledged and admitted
She admitted**

In summary, the suspect, AKIMIYA BROWN, did knowingly and intentionally introduce narcotics, including MDMA and THC, known controlled substances into Desoto Correctional Institution Annex for the promise of a cash payment from an inmate housed within Desoto Correctional Institution Annex.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this _____ day of _____, 20____
 Signature of Officer/Complainant	 Signature of Person Administering Oath
GEORGE MONTENEGRO Officer/Complainant's Name (Printed)	<input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification 200981 ID Type
14766 ID Number	Seal

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): _____	<input type="checkbox"/> Transferred to <input type="checkbox"/> Secure Detention	<input type="checkbox"/> Released to <input type="checkbox"/> HRS Intake Officer, not detained	<input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS