

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT - COMPLAINT

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

PAGE 1 of 2

Agency ORI # **FL037275C**

1. Agency Name: Inspector General's Office - FDC		2. Agency Report Number: 20-14785		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: 8/20/20 @ 8:46 PM		5. Date/Time of Arrest: 8/25/20 @		6. Arresting Officer: Tracy Burge		7. Investigating Officer: L.E. Inspector Tracy Burge	

8. Defendant's Name: (Last) Brown		(First) Christopher		(Middle) Alexander		ALIAS		9. OBTS:	
10. Race/Sex: B/M		11. Date of Birth: 3/29/1993		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:	
15. Height: 6' 02"		16. Weight: 240		17. Eye Color:		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoos: numerous on arms and body	
20. Driver's License Number/State: B650101931090 / FL			21. Social Security Number:			22. Residential Telephone:		23. Business Telephone:	
24. Address: (Street, Apartment Number) (Gulf C.I.) 500 Ike Steele Road			(City) Wewahitchka			(State) FL		(Zip) 32456	

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) Battery of a Law Enforcement Officer		60. Statute or Ordinance Number: 784.07 (2)(b)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1)		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: NOTIFIED BY: _____ DATE: _____ TIME: _____				76. Information Given: <input type="checkbox"/> Victim Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest 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		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 2 page affidavit/complaint.							
Evidence Custodian's Name: Daria Henderson		Person responsible for statements: Tracy Burge		Officer/Complainant Signature <i>Tracy Burge</i>		Type or print Complainant name Tracy Burge					

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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: Office of Inspector General - FDC	81. Agency Report Number: 20-14785	82. Date/Time of Arrest: 8/25/20 @	83. Investigating Officer: L.E. Inspector Tracy Burge
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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 Law Enforcement Inspector Tracy Burge with the Florida Department of Corrections, Office of the Inspector General. Your Affiant has probable cause to believe that on August 20, 2020, Inmate Christopher Brown (DC#X81184), in the County of Gulf and the State of Florida, did commit the criminal offense of Battery of a Law Enforcement Officer in violation of s.784.07(2)(b), Fla., Stat., when Inmate Brown did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] while [REDACTED] was clothed in a correctional officer's uniform and engaged in the lawful performance of his duties and while Inmate Brown knew [REDACTED] was a correctional officer.

[REDACTED] provided sworn testimony indicating [REDACTED]

[REDACTED]

Your Affiant affirms this battery incident was captured on fixed wing video recording and was supported by the testimony of [REDACTED]

Inmate Brown was afforded an opportunity to provide a recorded post-Miranda statement on August 24, 2020, and declined to do so.

Your Affiant respectfully submits probable cause has been established to conclude Inmate Brown did commit the criminal violation of Battery of a Correctional Officer in violation of s. 784.07 (2)(b), Florida Statutes by striking [REDACTED] against his will at Gulf Correctional Institution, Wewahitchka, Gulf County, Florida, on August 20, 2020.

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 <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><i>L.E. Inspector Tracy Burge</i></p> <p>Signature of Officer/Complainant</p> </div> <div style="width: 55%;"> <p>Sworn to and subscribed before me this <u>24th</u> day of <u>August</u>, 20<u>20</u></p> <p><i>Louis Cordova</i> C.L.E.O.</p> <p>Signature of Person Administering Oath</p> <p><input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification</p> <p># <u>4432</u></p> <p>ID Type</p> </div> </div>
<p>L.E. Inspector Tracy Burge 21439</p> <p>Officer/Complainant's Name (Printed) ID Number</p>

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