

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: Office of Inspector General - FDC		2. Agency Report Number: 22-19324		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type: (If applicable)	
4. Date/Time of Offense: 12/11/2022 10:00 A.M.		5. Date/Time of Arrest: 12/11/2022 10:45 A.M.		6. Arresting Officer: Senior Inspector Janine Knight		7. Investigating Officer: Senior Inspector Janine Knight	

8. Defendant's Name: (Last) Rosario			(First) Nathalie			(Middle) Amber			ALIAS			9. OBTS:		
10. Race/Sex: H/F		11. Date of Birth: 11/15/1996		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: Approx. packaged weights: 43.3 g amphetamines, 54.5 g substituted cathinones, 4 suboxone strips, and 27g marijuana					
15. Height: 5'3"		16. Weight:		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description)						
20. Driver's License Number/State: FLDL-R260-621-96-915-0			21. Social Security Number:			22. Residential Telephone: 321-594-8881			23. Business Telephone:					
24. Address: (Street, Apartment Number) 202 Kellwood Ct.			(City) Kissimmee			(State) Florida			(Zip) 34743					

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) Introduction Contraband into State Institution – marijuana/suboxone (2 counts)			60. Statute or Ordinance Number: 944.47(1)(a)(4) – 2 counts			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
61. Charge Description: (# 2) Trafficking in phenethylamines (substituted cathinones) (54.5 g packaged)			62. Statute or Ordinance Number: 893.135 (1)(k)(1)			<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		
63. Charge Description: (# 3) Trafficking in amphetamines (43.3 g packaged)			64. Statute or Ordinance Number: 893.135(1)(f)1b			<input checked="" 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: Victim <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest Info Domestic <input type="checkbox"/> Viol. Info			

77. Physical Evidence collected in this case? 78. Witness Statements taken in this case? 79. I certify that all of the above information is true and correct to the best of my knowledge

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: <u>William Hopkins</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: <u>Senior Inspector knight</u>	and is page 01 of a 03 page affidavit/complaint. Officer/Complainant Signature: <u>[Signature]</u>	<u>Senior Inspector Janine Knight</u> Type or print Complainant name
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PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

 Clerk's Case No. _____
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 Agency ORI # FL037275C

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80. Agency Name: Office of Inspector General - FDC	81. Agency Report Number: 22-19324	82. Date/Time of Arrest: 12/11/22 – 10:45 a.m.	83. Investigating Officer: Senior Inspector Janine Knight
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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 Senior Law Enforcement Inspector Janine Knight of the Florida Department of Corrections, Office of the Inspector General.

On December 11, 2022, at 9:50 a.m., Captain Darren Lawson (Captain Lawson) used his certified narcotics canine "Taco" to conduct a free air sniff of vehicles parked at Walton Correctional Institution (Walton CI). "Taco" alerted to the odor of narcotics emanating from a Black Toyota Corolla bearing Florida Tag #19DDBE. FDC Visitor Nathalie Amber Rosario (Ms. Rosario) had driven the Black Toyota Corolla, parked at Walton CI, and entered Walton CI as an approved visitor. Ms. Rosario was called from the Visitation Park to the parking lot. Ms. Rosario signed a consent form and advised Senior Inspector Janine Knight (SI Knight), Captain Lawson, and Captain William Stephens (Captain Stephens) could search her vehicle. During the search, SI Knight located (3) three white balloons and cellophane wrap inside the trunk of the vehicle. Captain Lawson located a package wrapped in blue tape which contained approximately 43.3 grams (packaged weight) of a white rocklike substance which field tested positive for presence of amphetamines inside of the trunk of the vehicle.

Sergeant Kyla Stapp (Sergeant Stapp), Captains Lawson, and Stephens provided sworn statements they heard Ms. Rosario state [REDACTED]

Sergeant Stapp and SI Knight entered the administrative building where Ms. Rosario sat in the waiting area.

Sergeant Stapp provided a sworn statement that she observed Ms. Rosario stand and walk to the trash can where Ms. Rosario grabbed a red solo cup and put (2) two items wrapped in black electrical tape inside the cup and threw them into the trash can. The items were recovered from the trash can by SI Knight, then opened, and found to contain a white powdery substance weighing approximately 54.5 grams (packaged weight), which field tested positive for the presence of MDPV (Substituted Cathinones) and four (4) prescription suboxone strips.

Correctional Probation Officer Edna Whitworth (CPO Whitworth) and Sergeant Stapp provided sworn statements that they entered the restroom with Ms. Rosario and Ms. Rosario voluntarily reached into the front of her pants and removed a item wrapped in black electrical tape which contained approximately 27 grams (packaged weight) of a green leafy substance which field tested positive for the presence of THC (marijuana).

Your Affiant respectfully submits that probable cause has been established to conclude NATHALIE AMBER ROSARIO did commit the criminal violations of: **two counts** of Introduction of Contraband into a State Correctional Facility (to wit marijuana and Suboxone), in violation of Florida State Statute 944.47(1)(a)(4); Trafficking in amphetamines in violation of Florida State Statute 893.135 (1)(f)1b; Trafficking in phenethylamines (substituted cathinones) in violation of Florida State Statute 893.135 (1)(k)(1), by intentionally concealing narcotics on her person and in the vehicle she drove to Walton CI, which were packaged consistent with introduction. SI Knight placed Ms. Rosario under arrest for the violations of Florida Statutes and Ms. Rosario was transported by Walton County Sherriff's Deputy Edward Jones to the Walton County Jail.

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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<p>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</p> <div style="display: flex; justify-content: space-between;"><div style="width: 80%;"> Signature of Officer/Complainant Senior Inspector Janine Knight Officer/Complainant's Name (Printed)</div><div style="width: 15%; text-align: center;"><p>█</p>█ ID Number</div></div>	<p>Sworn to and subscribed before me this <u>11</u> day of <u>December</u>, 20<u>22</u></p>  Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type _____ <p>Seal _____</p>
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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): _____	<input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained	<input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS