

# AFFIDAVIT – COMPLAINT

1. Agency Name: <b>Office of Inspector General - FDC</b>		2. Agency Report Number: <b>23-04604</b>		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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Date/Time of Offense: <b>3/11/2023 4:02 PM</b>		5. Date/Time of Arrest: <b>3/11/2023 4:45 PM</b>		6. Arresting Officer: <b>Inspector Brian K. Stagner</b>		7. Investigating Officer: <b>Inspector Brian K. Stagner</b>	

8. Defendant's Name: (Last) <b>Kern</b>			(First) <b>Thomas</b>			(Middle) <b>Jacob</b>			ALIAS			9. OBTS:		
10. Race/Sex: <b>W/M</b>		11. Date of Birth:		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:						
15. Height: <b>6'00"</b>		16. Weight: <b>180</b>		17. Eye Color: <b>Green</b>		18. Hair Color: <b>Brown</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Multiple upper body tattoos</b>						
20. Driver's License Number/State:			21. Social Security Number:			22. Residential Telephone:			23. Business Telephone:					
24. Address: (Street, Apartment Number)			(City)			(State)			(Zip)					

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)					62. Statute or Ordinance Number:					<input 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: NOTIFIED BY: _____ DATE: _____ TIME: _____					76. Information Given: Victim <input type="checkbox"/> 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 03 page affidavit/complaint.			
Evidence Custodian's Name: <b>Paul Hoff</b>		Person responsible for statements: <b>Inspector Brian K. Stagner</b>		_____ Officer/Complainant Signature		<b>Inspector Brian K. Stagner</b> Type or print Complainant name	

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # **FL037275C**

<b>80. Agency Name:</b> <b>Office of Inspector General - FDC</b>	<b>81. Agency Report</b> Number: <b>23-04604</b>	<b>82. Date/Time of Arrest:</b> <b>3/11/2023 4:45</b> <b>P.M.</b>	<b>83. Investigating Officer:</b> <b>Inspector Brian K. Stagner</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 Law Enforcement Inspector Brian K. Stagner (Inspector Stagner) of the Florida Department of Corrections, Office of the Inspector General.

Your Affiant has probable cause to believe Correctional Officer Thomas Jacob Kern (Officer Kern), did commit the criminal offense of Introduction of Contraband into a State Correctional Facility, to wit tobacco (90 count) in violation of FS 944.47(1)(a)(4) into Apalachee Correctional Institution (ACI), a state prison operated by the Florida Department of Corrections in Jackson County, Florida.

On March 11, 2023, Inspector Stagner was present at ACI when I was contacted via cellular phone by Duty Warden Jeffery Mayhann (DW Mayhann). DW Mayhann indicated Officer Kern was found to be in possession of contraband while attempting to enter into ACI West Unit. DW Mayhann indicated Captain Dernelus White (Captain White) had Officer Thomas in his office counseling with him. Inspector Stagner immediately responded to ACI West Unit.

Upon my arrival at ACI West Unit, I made contact with Captain White. Captain White stated Correctional Officer Justin Thomas (Officer Thomas) was pat searching Officer Kern prior to his shift and found some contraband. As I entered the Captains Office, Officer Kern looked at this inspector and stated, "I fucked up, Stag." Inspector Stagner attempted to take a sworn post-Miranda statement from Officer Kern, but he refused. Inspector Stagner told Officer Kern he was under arrest and not free to leave.

Officer Thomas indicated he was assigned to conduct pat searches for employees entering the Institution and while searching Officer Kern, he felt a hard object attached to the inner thigh of Officer Kern. Officer Kern told Officer Thomas it was a knife and tried to go outside to get rid of it. Officer Thomas and Captain White followed Officer Kern outside and Officer Kern gave Officer Thomas two (2) black tape bundled objects from his inner thigh area.

Inspector Stagner requested the Sneads Police Department to transport Officer Kern from ACI West Unit to ACI East Unit.

Inspector Stagner watched the fixed video camera and observed Officer Kern reporting for duty. Officer Kern cleared the x-ray machine. During the pat search, Inspector Stagner observed Officer Thomas patting the thighs of Officer Kern and then stopping. Both officers began talking and Officer Kern attempted to leave. Officer Thomas, Captain White and additional security staff followed Officer Kern outside. A few moments later, Officer Kern, Officer Thomas and Captain White returned inside. Officer Kern and Officer Thomas went to the strip room. When they departed, Officer Kern followed Captain White into the Institution.

Inspector Stagner searched Officer Kern's vehicle after the arrest. In the passenger seat there were plastic "Hefty" storage bags and black electrical tape. In the center console there was another black taped bundle packaged like those found on Officer Kern.

Upon arrival at ACI East Unit, Inspector Stagner opened the three (3) bundles. Each bundle contained commercially rolled cigarettes totaling ninety (90) in count.

Officer Kern was transported to Jackson County Jail by the Jackson County Sheriff's Office.

All items were collected and secured in the ACI temporary storage locker.

Your Affiant respectfully submits that probable cause has been established that Officer Thomas Jacob Kern did commit the criminal violation of Introduction of Contraband into a State Correctional Facility in violation of FS. 944.47(1)(a)(4), Fla. Stat., by introducing tobacco into the secure perimeter of ACI West Unit.

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.

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

PAGE 03 of 03

# AFFIDAVIT – COMPLAINT

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

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

Agency ORI # **FL037275C**

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  
**Inspector Brian K. Stagner**

Officer/Complainant's Name (Printed)

#

ID Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Person Administering Oath

Personally Known  Other Identification

Seal

ID Type

87. Adult's Relation to Juvenile Defendant:

88. Adult's Name: (Last)

(First)

(Middle)

Parent  Legal Guardian  Other

89. Address: (Street, Apartment Number)

(City)

(State)

(Zip)

90. Residential Phone:

91. Business Phone

92. Notified By: (Name)

93. Date/Time:

94. Notification Method:

Person

Telephone

95. Law Enforcement Disposition of Juvenile Contact:  
(Check one and complete release data)

Transferred to  
Secure Detention

Released to  
HRS Intake Officer, not detained

Processed within the agency and released  
to other than HRS

Release Date: \_\_\_\_\_ Release Time: \_\_\_\_\_ Released to (Name): \_\_\_\_\_