## □ Adult Def □ PC Arrest □ Juvenile Def ■ Application for

## **AFFIDAVIT – COMPLAINT**

| Clerk's Case No. |  |
|------------------|--|
| SA Case No.(s)   |  |

Warrant/Capias

| PAGE 01 of 03   | 500.000   |                      |   |   |   |  |  |   |                   | Agency OR                            | # FL037275C   |      |
|---|---|----------------------|---|---|---|--|--|---|-------------------|--------------------------------------|---|------|
| Agency Name:     Office of Inspector General - FDC  |   |                      | 2. Agency Report Number: 3. Charge Type: ⊠ Felony ☐ Misde |   |   |  | 3a. Ordinance Type: emeanor  |   |                   |                                      |   |      |
| 4. Date/Time of Offense: 5. Date/Time of Arm 06/25/2023 1003a 06/25/2023 1045am   |   |                      | 5/2023  | est: 6. Arresting Officer: Inspector Sammi Johnso |   |  | nson   | 7. Investigating Officer: Inspector Sammi Johnson |                   |                                      |   |      |
| 8. Defendant's N  | lame: (Last)  Martin  |                      |   |   | rst)<br>inette  |  |  | iddle)  |                   | ALIAS                                | 9. OBTS:  |      |
| W/F 01/28/1983  |   |                      | 12. Residence   | ☐ Florida ☐ County ☐ Out of State                 |   |  | ☐ Yes  | on Seized<br>⊠ No                                 | TYPE              | & QUANTITY:                          | ized: x Yes No  27.75 grams  Methamphetamines / 34.1  grams Substituted  Cathinones |      |
| 15. Height: 5'0   | 16. Weight: 225   | 17. Eye Col<br>Brown | vn Brown  |   |   |  | unique physical features: (Location, type & description)  dential Telephone: 23. Business Telephone: |   |                   |                                      |   |      |
| 20. Driver's License Number/State: 21. Social Security Num M635013835280  |   |                      |   | nty Num   | ber.  | 22. Residen  | tiai i elepi   | ione:   |                   | 23. Business Tele                    | epnone:   |      |
|   | eet, Apartment Nu<br>stolwood St.   | mber)                |   | (City)<br>Brandon                                 |   |  | (State)<br>Florida   |   |                   | (Zip)<br>33510                       |   |      |
| 25. Defendant's   | Name: (Last)  |                      | (First)   |   |   |  | (Middle)   |   |                   | ALIAS                                | ALIAS 26. OBTS:   |      |
| 27. Race/Sex:   | 10000 1000  |                      |   | ſype:<br>□ Count                                  | ☐ Florida   |  |  | on Seized   |                   | olled Substance Seize<br>& QUANTITY: | ed: Yes No  |      |
| 32. Height:   | 33. Weight:   | 34. Eye Cold         | or: 35. Hair (  | Color:  | 36. Scars, mark   | s, tattoos, unic   | que physic   | al features: (I                                   | Location, typ     | e & description)                     |   |      |
| 37. Driver's Licer  | ise Number/State:   |                      | 38. Social Secur  | rity Numb   | per:  | 39. Resident   | tial Teleph  | one:  |                   | 40. Business Tele                    | phone:  |      |
| 41. Address: (Str   | eet, Apartment Nui  | mber)                |   |   | (City)  |  | (State) (Zip)  |   |                   |                                      |   |      |
| 42. Defendant's l   | Name: (Last)  |                      |   | (Fir  | st)   |  | (Mic   | ddle)   |                   | ALIAS                                | 43. OBTS:   |      |
| 44. Race/Sex:   | 44. Race/Sex: 45. Date of Birth: 46. Residence Type:                        |                      |   |   | ate   | 47. Weapon Seized  48. Controlled Substance Seized:  Yes No TYPE & QUANTITY: |  |   |                   |                                      |   |      |
| 49. Height:   | 50. Weight:   | 51. Eye Colo         | or: 52. Hair C  | Color:  | 53. Scars, mark   | s, tattoos, uniq   | ue physic  | al features: (L                                   | ocation, type     | e & description)                     |   |      |
| 54. Driver's Licen  | se Number/State:  |                      | 55. Social Secur  | Security Number: 56. Reside                       |   |  | ential Telephone: 57   |   | 67. Business Tele | 57. Business Telephone:              |   |      |
| 58. Address: (Stre  | eet, Apartment Nur  | nber)                |   |   | (City)  |  |  | (State)   |                   |                                      | (Zip)   |      |
| 59. Charge Description: (# 1) Introduction of Contraband into a State Correctional Facility   |   |                      |   |   | 60. Statute or Ordinance Number:   944.47(1)(a)(4) □ Ord. |  |  |   |                   |                                      |   |      |
|   | 61. Charge Description: (# 2) Trafficking in Methamphetamines (27.75 grams) |                      |   |   | 002 425(4)(5)(4)  |  |  |   | ⊠ F.S.            |                                      |   |      |
| 63. Charge Description: (# 3)  Trafficking in Substituted Cathinones (34.1 grams)  64. Statute or Ordinance Number:  893.135(1)(k)      |   |                      |   |   |   | ⊠ F.S.<br>□ Ord.   |  |   |                   |                                      |   |      |
| 65. Victim's Nam  | e: (If business, list l   | egal business        | name) (Last)  | (Firs   | st)   | (  | Middle)  | 66.   | Race/Sex          | 67. Date of Birth:                   | 68. Telephone Num   | ber: |
| 69. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Mi  |   |                      |   | Middle)   | 70.   | Race/Sex   | 71. Date of Birth:   | 72. Telephone Num                                 | ber:              |                                      |   |      |
| 73. Address: (Street, Apartment Number) (City) (State) (Zip) 74. Secondary Phone Number   |   |                      |   |   |   | e Number:  |  |   |                   |                                      |   |      |
| 75. Victim Notification of Arrest:  76. Information Given: Arrest Info Victim Domestic  NOTIFIED BY: DATE: TIME: GRights Card App. Info |   |                      |   |   |   |  |  |   |                   |                                      |   |      |
| 22 06 -1 -12  |   |                      | 146   |   |   | 70.1   | L. 4b **   | Jahr - h  |                   |                                      |   |      |
| 77. Physical Evide  ☑ Yes □  Evidence   | nce collected in thi<br>No  |                      | . Witness Staten  ☑ Yes □                                 |   | en in this case?  |  | ė.   | of the above i                                    |                   | plaint.                              | the best of my knowle   |      |
| Evidence<br>Custodian's<br>Name:  |   | re                   | erson<br>sponsible<br>r statements: <u>Ins</u>            | pector S  | ammi Johnson  | Officer/C  | Complaina  | nt Signature                                      | y                 |                                      | e or print Complainan   |      |

## AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

| Clerk's Case No. |  |  |  |
|------------------|--|--|--|
| SA Case No.(s)   |  |  |  |
|                  |  |  |  |

Agency ORI # FI 037275C

|  |                                       |                          | Agency ORI # <u>FL037275C</u>                      |
|--|---------------------------------------|--------------------------|--|
| 80. Agency Name: Office of Inspector General - FDC | 81. Agency Report Number:<br>23-12224 | 82. Date/Time of Arrest: | 83. Investigating Officer: Inspector Sammi Johnson |

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 Sammi Johnson (Inspector Johnson) of the Florida Department of Corrections, Office of the Inspector General.

Your Affiant has probable cause to believe on June 25, 2023, Ms. Antoninette Martin (Ms. Martin) in the County of Washington and the State of Florida, did commit the following: one (1) count of the criminal offense of Trafficking in Methamphetamines in violation of § 893.135(1)(f) Florida Statute, when Ms. Martin did actually have in her possession 27.75 grams of Methamphetamines with the intent to distribute, to wit: Any person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 14 grams or more of amphetamine, as described in § 893.135(1)(f); one (1) count of the criminal offense of Trafficking in Illegal Substance (substituted cathinones) in violation of Florida Statute 893.135(1)(k), when Ms. Martin did actually have in her possession 34.1 grams of substituted cathinones with the intent to distribute; One (1) count of introduction of contraband in violation of Florida Statute 944.47(1)(a)(4) when Ms. Martin did actually and intentionally introduce contraband (methamphetamines and substituted cathinones) onto the grounds of Northwest Florida Reception Center.

On or about June 25, 2023, the Florida Department of Corrections, Office of the Inspector General initiated a criminal investigation after K9 Zeston alerted with a free air sniff on the vehicle occupied by Ms. Martin during a Bureau of Intelligence check point operation. During a consensual search, 2.95 grams of methamphetamines was retrieved from Ms. Martin's purse.

Ms. Martin was read her Miranda Right's and gave a statement which included her refusing to state who exactly was involved in the introduction of said contraband. Ms. Martin did state she picked the contraband up from an individual in Orlando Florida but would not provide any information as to who gave her the contraband.

Before Ms. Martin was transported to the Washington County Sheriffs Department, she relinquished three (3) packages from her body cavity. The first package contained 24 .8 grams of methamphetamines/amphetamines. The second contained 34.1 grams of substituted cathinones and the third package contained 9.3 grams of tobacco.

Ms. Martin is housed in the Washington County Jail.

85. The undersigned, being duly sworp, states that the foregoing information contained in an

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

| affidavit consisting of 02 pages is true and correct  |                                 | е       | Sworn to and subscribed before me this day of, 20 |                        |                             |  |  |  |
|---|---------------------------------|---------|---|------------------------|-----------------------------|--|--|--|
| Signature of Officer/Complainant Inspector Sammi Johnson                                      |                                 |         | son Administering Oath  Other Identification      | ID Type                |                             |  |  |  |
| Officer/Complainant's Name (Printed)  | ID Numbe                        | r       |   |                        |                             |  |  |  |
| 87. Adult's Relation to Juvenile Defendant:   |                                 | 88. Ad  | ult's Name: (Last)                                | (Firs                  | t) (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:    |  |  |  |
| 95. Law Enforcement Disposition of Juvenile Contact:<br>(Check one and complete release data) | Transferred to Secure Detention |         | eleased to<br>RS Intake Officer, not deta         |                        | hin the agency and released |  |  |  |
| Release Date: Release Time:   | Released to (Name):             |         |   |                        |                             |  |  |  |