

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 # **FL037275C**

1. Agency Name: FDC/Office of the Inspector General		2. Agency Report Number: 23-16663		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"/> No <input type="checkbox"/> Yes	
4. Date/Time of Offense: 08/24/2023 1215 hrs.		5. Date/Time of Arrest: 08/24/2023 hrs. 19:30		6. Arresting Officer: Inspector James K. Maloney		7. Investigating Officer: Inspector James K. Maloney	

8. Defendant's Name: (Last) Graciani		(First) Alejandro		(Middle) J.		ALIAS Jr.		9. OBTS:	
10. Race/Sex: H/M		11. Date of Birth: 05/04/1995		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: 5'08"		16. Weight: 218		17. Eye Color: Brown		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description) TAT: Back: cross on a hill, Virgin Mary, Psalms 27, Face: NLFB, Broken Heart, SMG NECK: Chicago Bulls	
20. Driver's License Number/State: G625010951640		21. Social Security Number: [REDACTED]		22. Residential Telephone: 850-983-5800		23. Business Telephone: N/A			
24. Address: (Street, Apartment Number) 5850 E. Milton Road		(City) Santa Rosa		(State) Florida		(Zip) 32583			

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. CBTS:	
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) Aggravated Battery on LEO		60. Statute or Ordinance Number: 784.07(2)(d)		<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) [REDACTED] (119 EXEMPT)		(First) [REDACTED]		(Middle) [REDACTED]		66. Race/Sex [REDACTED]		67. Date of Birth: [REDACTED]		68. Telephone Number: [REDACTED]	
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) 5850 E. Milton Road		(City) Milton		(State) FL		(Zip) 32583		74. Secondary Phone Number:			
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____						76. Information Given: <input type="checkbox"/> 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 2 page affidavit/complaint.							
Evidence Custodian's Name: Insp. Stacy Banks		Person responsible for statements: Insp. James K. Maloney		[Signature] Officer/Complainant Signature		[Signature] Type or print Complainant name					

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 # **FL037275C**

80. Agency Name: FDC/Office of the Inspector General	81. Agency Report Number: 23-16663	82. Date/Time of Arrest: 08/24/2023 <i>1956 hrs</i>	83. Investigating Officer: Inspector James K. Maloney
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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 James K. Maloney, of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe and does believe that on August 24, 2023, Inmate Alejandro J. Graciani Jr., DC #R80083, (*Inmate Graciani*) did commit the Offense of Aggravated Battery (on a Correctional Officer) in violation of F.S.S. 784.07(2)(d). Correctional [REDACTED] was dressed in his state issued uniform, clearly identifying him as a Correctional Officer, and was working as a Correctional Officer at the time of the offense.

Based on sworn, recorded statements, from the victim, Correctional [REDACTED] and physical evidence, FLDOC-IG Case 23-16663 was initiated.

In sworn testimony, obtained on August 24, 2023, [REDACTED] (*victim*) [REDACTED]

In sworn testimony, obtained on August 24, 2023, Correctional Officer Spear indicated he was working at the Santa Rosa Correctional Institution, in full uniform, on August 24, 2023, and was attempting to place an inmate into cell F2109, which already housed Inmate Graciani. Inmate Graciani refused to accept an inmate and charged [REDACTED] and Officer Spear. Officer Spear observed Inmate Graciani grab [REDACTED] left middle, ring, and pinky finger. Inmate Graciani bent [REDACTED] fingers backward and [REDACTED] "Yelp". Inmate Graciani was secured back into his cell.


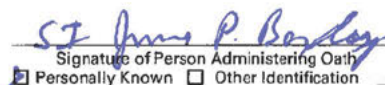
A review of the fixed-wing video surveillance was conducted and at approximately 12:44 p.m., Inmate Graciani attempted to exit cell 2109. [REDACTED] and Officer Spear pushed Inmate Graciani back into cell 2109 and secured the cell door. [REDACTED] left hand was used to push Inmate Graciani back into the cell.

[REDACTED]

On August 24, 2023, Inmate Alejandro J. Graciani (*suspect*) was afforded the opportunity to provide a post-Miranda statement but refused to provide a statement and advised he needed to speak with an attorney.

Your Affiant respectfully submits that probable cause has been established to conclude Inmate Alejandro J. Graciani Jr. did commit, on the grounds of the Santa Rosa Correctional Institution, Santa Rosa County, Milton, Florida, the criminal offense of Aggravated Battery on a Law Enforcement Officer, in violation of F.S.S 784.07(2)(d).

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.

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 <u>24th</u> day of <u>August</u> , 20 <u>23</u>
 Signature of Officer/Complainant	 Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type [REDACTED]
<u>James K. Maloney</u> Officer/Complainant's Name (Printed)	Seal [REDACTED]
ID Number _____	

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