

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: Florida Department of Corrections		2. Agency Report Number: 23-21842		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: 11/11/23 11:35 AM		5. Date/Time of Arrest: 11/11/23 2:45 PM		6. Arresting Officer: Howard Harrison		7. Investigating Officer: Detective Howard Harrison	

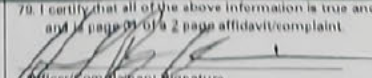
8. Defendant's Name: (Last) Key		(First) Kiara		(Middle) Maurisa		ALIAS N/A		9. OBTS:			
10. Race/Sex: B/F		11. Date of Birth: 12/05/1994		12. Residence Type: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State		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: 63gr Cocaine, 22.5gr Marijuana			
15. Height: 5'06"		16. Weight: 190		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) None observed			
20. Driver's License Number/State: K000-513-94-945-0			21. Social Security Number: [REDACTED]			22. Residential Telephone: 954-470-0238			23. Business Telephone: N/A		
24. Address: (Street, Apartment Number) 2950 NW 9th Place				(City) Fort Lauderdale				(State) FL		(Zip) 33311	

25. Defendant's Name: (Last) N/A		(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) N/A		(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 of Contraband Into a State Correctional Institution		60. Statute or Ordinance Number: 944.47(1)(a)4		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Possession of a Controlled Substance (Cocaine)		62. Statute or Ordinance Number: 893.13(6)(a)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1) Possession of a Controlled Substance (Marijuana more than 20 grams)		64. Statute or Ordinance Number: 893.13(6)(a)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

66. Victim's Name: (If business, list legal business name) (Last) (First) (Middle) Desoto Correctional Institution Annex			66. Race/Sex		67. Date of Birth:		68. Telephone Number: 863-494-3727	
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: 941-916-2308	
73. Address: (Street, Apartment Number) (City) (State) (Zip) 13617 FL-70 Arcadia FL 34266			74. Secondary Phone Number:					
75. Victim Notification of Arrest: NOTIFIED BY: N/A 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 Evidence Custodian's		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Detective Howard Harrison		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.  Officer/Complainant Signature		Detective Howard Harrison Type or print Complainant name	
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Name: Detective Howard Harrison

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

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: Florida Department of Corrections	81. Agency Report Number: 23-21842	82. Date/Time of Arrest: 11/11/23 2:45 PM	83. Investigating Officer: Detective Howard Harrison
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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, Detective Howard Harrison, is a sworn law enforcement officer for the Office of the Inspector General, Florida Department of Corrections.

On November 11, 2023, at Desoto Annex, Arcadia, Florida, Desoto County, the above-named defendant, Kiara M. Key born December 05, 1994, did violate Florida State Statutes, committing the criminal offenses of 944.47(1)(a)4 Introduction of Contraband Into a Correctional Facility, 893.13(6)(a) Possession of a Controlled Substance (Cocaine), and 893.13(6)(a) Possession of a Controlled Substance (Marijuana 22.5 grams).

On November 11, 2023, Correctional Officer Destiny Martinez was assigned to search the visitor's bathroom in the visitation section inside Desoto Correctional Annex (CI). Approximately 11:35 AM., after the defendant used the bathroom, Officer Martinez conducted a search and found an item wrapped in electrical tape under the sink. Officer Doris Wiley conducted a pat search of the defendant and found another item of the same size, shape and wrapped in electrical tape.

On November 11, 2023, Desoto Sheriff's Corporal Samuel Buck read the defendant Miranda and conducted an interview of the defendant. The defendant stated [REDACTED]

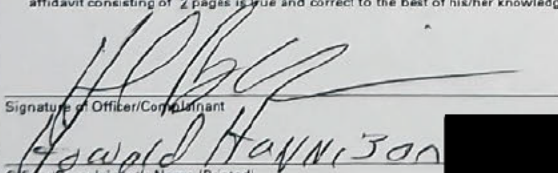
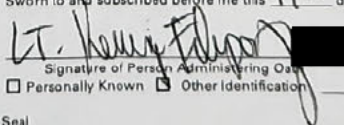
On November 11, 2023, at approximately 1:45 PM., the two items were turned over to Detective Howard Harrison. Detective Harrison observed Corporal Buck open and test each item.

Item 1) A white powdery substance and field test results were positive for cocaine and weighed 73 grams.

Item 2) A green leafy substance and field tested positive for marijuana and the unpackaged weight was 22.5 grams.

November 11, 2023, Detective Harrison packaged the items and turned them over to the Office of the Inspector General's evidence locker.

In summary, the defendant, Kiera Key, did knowingly and intentionally bring narcotics into the secure area of a correctional facility of Desoto Annex, and violated Florida State Statutes of: 944.47 Introduction of Contraband Into a Correctional Facility, 893.13(6)(a) Possession of a Controlled Substance (Cocaine), and 893.13(6)(a) Possession of a Controlled Substance (Marijuana 22.5 grams). Your Affiant respectfully requests a warrants be issued for the listed offenses.

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>11th</u> day of <u>Nov</u> , 20 <u>23</u>
	
Signature of Officer/Complainant	Signature of Person Administering Oath
<u>Howard Harrison</u>	<input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other Identification
Officer/Complainant's Name (Printed)	ID Type
	Seal

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