

ID#: 14961 A, B, C, D

D-4328 B

Adult Def PC Arrest
 Juvenile Def Application for Warrant / Capias

AFFIDAVIT-COMPLAINT

Clerk's Case No. _____
SA Case No.(s) _____

1. Agency Name BAY COUNTY SHERIFF'S OFFICE		2. Agency Report Number 2019-059759		3. Charge Type <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd w/felony <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type	
4. Date/Time of Offense 08/07/2019 @ 11:50		5. Date/Time of Arrest		6. Arresting Officer SGT RAYMOND SCOTT #49		7. Investigating Officer SGT R. SCOTT	
8. Defendant's Name (Last) (First) (Middle) (First) (Middle) ALIAS BUSH, RODNEY A						9. OBTS	
10. Race/Sex B / M		11. DOB 09/16/1975		12. Residence Type City <input type="checkbox"/> County <input checked="" type="checkbox"/> Out of State <input type="checkbox"/>		13. Weapon Seized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Controlled Substance Seized: TYPE AND QUANTITY PISTOL, CRACK COCAINE		15. Height 5'10"		16. Weight 180		17. Eye Color BRO	
18. Hair Color BLK		19. Scars, marks, tattoos, unique physical features VARIOUS		20. Driver's License Number/State B200-721-75-336-0 / FL		21. Social Security Number [REDACTED]	
22. Residential Telephone: (000) 000-0000		23. Business Telephone		24. Address (Street, Apartment Number): 6411 LENAWEЕ STREET		(City): CALLAWAY	
				(State): FL		(Zip): 32404	

25. Charge Description (#1): POSSESSION OF FIREARM BY CONVICTED FELON		26. Statute or Ordinance Number: 790.23		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
27. Charge Description (#2): POSSESSION OF CRACK COCAINE		28. Statute or Ordinance Number: 893.13		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
29. Charge Description (#3): MANUFACTURE OF CRACK COCAINE		30. Statute or Ordinance Number: 893.13		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
31. Charge Description (#4): POSSESSION OF COCAINE (HCL)		32. Statute or Ordinance Number: 893.13		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
33. Charge Description (#5):		34. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
35. Charge Description (#6):		35. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
37. Charge Description (#7):		38. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
39. Charge Description (#8):		40. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
41. Charge Description (#9):		42. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
43. Charge Description (#10):		44. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord

45. Victim's Name (# if business, list legal business name) (Last) (First) (Middle) SOF,			46. Race/Sex		47. DOB		48. Telephone Number	
49. Contact Person if victim is deceased, a minor child, or business (Last) (First) (Middle)			50. Race/Sex		51. DOB		52. Telephone Number	
53. Address (Street, Apartment Number) (City) (State) (Zip)							54. Telephone Number	
55. Victim Notification of Arrest			56. Information Given: <input type="checkbox"/> Victim Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App Info <input type="checkbox"/> Dom. Viol Info					
NOTIFIED BY _____ DATE: _____ TIME: _____			57. Physical Evidence Collected in This Case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			58. Witness Statements Taken in This Case <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence Custodian's Name _____			Person Responsible For Statements _____			59. I certify that all the above information is true and correct to the best of my knowledge and is page <u>1</u> of a <u>2</u> page affidavit/complaint.		
			[Signature]			SGT RAYMOND SCOTT # Officer / Complainant Signature		

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

Original Copy

SEP 13 2019 11:15:14 PM

ID#: 14961

19-4328 B

Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT-COMPLAINT

Clerk's Case No. _____
SA Case No.(s) _____

80 Agency Name: **BAY COUNTY SHERIFF'S OFFICE**
81 Agency Report Number: **2019-059759**
82 Date/Time of Arrest: _____
83 Investigating Officer: **SGT R. SCOTT**

84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE. The undersigned certifies that he / she has just and reasonable grounds to believe that the hereinafter named defendant did commit the violation as stated above and the factual basis for belief is as follows:

On August, 2019, a search warrant was served at 6411 Lenawee Street, the residence of the defendant. During the search, investigators located in the kitchen area, a gold colored tin cup, a mixing whisk, a red and white cup and two spoons which contained a white powder that when field tested gave a positive reaction for cocaine HCL. Also located was an off colored white hard substance (crack cocaine base) which when field tested gave a positive reaction as cocaine.

During the search, also in the kitchen area, investigator's located a Smith & Wesson semi-auto pistol, which had been reported stolen. The defendant was placed on felony probation with the Florida Department of Corrections in 2015 and is currently on felony probation until 2021.

The above listed items, tin cup, whisk and red and white cup and spoons are all used in the manufacture of crack cocaine. The heating source being a stove top.

Therefore your affiant believes that the defendant is in violation of Florida Statutes 893.13x3, 790.23.

These offenses occurred in Callaway, Bay County, Florida.

2019 SEP 13 P 2:54
SHERIFF'S OFFICE
BAY COUNTY, FLORIDA

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

Signature of Officer / Complainant

SGT RAYMOND SCOTT #49

Officer / Complainant's Name (Printed)

ID Number

86. Sworn to and subscribed before me this 13 day of Sep, 2019

Signature of Person Administering Oath

JEREMY HEAD #100

(Printed Name)

Personally Known

Other ID

ID Type

Seal

87. Adult's Relation to Juvenile Defendant:

Parent Legal Guardian Other

88. Adult's Name (Last) (First) (Middle)

89. Address (Street, Apartment Number):

(City)

(State)

(Zip)

90. Residential Phone:

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91. Work Phone:

()

92. Notified By (Name)

93. Date

93a. Time

94. Notification Method

95. Law Enforcement Deposition of Juvenile Contact

Release Date

Release Time

Released To

Original Copy

9/13/2019 1:15:14 PM