

Adult Def  PC Arrest  
 Juvenile Def  Application for Warrant / Capias

# AFFIDAVIT - COMPLAINT

Clerks Case No. \_\_\_\_\_  
 SA Case No.(e) \_\_\_\_\_

1. Agency Name: <b>Bay County Sheriffs Office</b>		2. Agency Report Number: <b>2009-022442</b>		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd w/ felony		3a. Ordinance Type: <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: <b>03/18/2009 @ 12:00</b>		5. Date/Time of Arrest: <b>04/06/2009 @ 11:00</b>		6. Arresting Officer: <b>SGT. JEREMY MATHIS</b>		7. Investigating Officer: <b>SGT. JEREMY MATHIS #64</b>	

8. Defendant's Name: (Last) <b>BURNS</b> (First) <b>TINNEA</b> (Middle) <b>MICHELLE</b> ALIAS _____			9. OBTS _____		
10. Race/Sex: <b>W / F</b>	11. Date of Birth: <b>12/10/1975</b>	12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input checked="" type="checkbox"/> County	13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Controlled substance offense: TYPE & QUANTITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Height: <b>5'08"</b>	16. Weight: <b>150</b>	17. Eye Color: <b>GRN</b>	18. Hair Color: <b>BRN</b>	19. Scars, marks, tattoos, unique physical features: <b>NUMEROUS TATTOOS</b>	
20. Driver's License Number/State: <b>B652-813-75-950-0 / FL.</b>		21. Social Security Number: [REDACTED]		22. Residential Telephone: <b>(850) 628-9536</b>	
23. Business Telephone: _____			24. Address: (Street, Apartment Number) <b>6719 OAKENSHAW RD.</b> (City) <b>PANAMA CITY</b> (State) <b>FL</b> (Zip) <b>32466</b>		

25. Charge Description: (#1) <b>AGGRAVATED CHILD ABUSE X 2</b>	26. Statute or Ordinance Number: <b>827.03</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
27. Charge Description: (#2) <b>FALSE IMPRISONMENT X 2</b>	28. Statute or Ordinance Number: <b>787.02</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
29. Charge Description: (#3)	30. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
31. Charge Description: (#4)	32. Statute or Ordinance Number:	<input 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)	36. 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)			46. Race/Sex: <b>/</b>	47. Date of Birth:	48. Telephone Number: <b>(850) 872-4726</b>
49. Contact Person if victim deceased, a minor child, or business: (Last) (First) (Middle)			50. Race/Sex: <b>/</b>	51. Date of Birth:	52. Telephone Number: <b>(850) 872-7600</b>
53. Address: (Street, Apartment Number) (City) (State) (Zip)			54. Secondary Phone Number:		
<b>500 W.11TH ST. PANAMA CITY FL 32401</b>			55. Information Given: <input type="checkbox"/> Victims Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Dom. Viol. Info		
56. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____					

57. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: <b>BCSO EVIDENCE</b>	58. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: <b>CASE FILE</b>	59. I certify that all of 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.  <i>J. Mathis</i> Officer/Complainant Signature	<b>SGT. JEREMY MATHIS #64</b> Type or print Complainant name
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Adult Def     PC Arrest  
 Juvenile Def     Application for Warrant / Capias

## AFFIDAVIT - COMPLAINT (PROBABLE CAUSE NARRATIVE )

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

80. Agency Name: <b>Bay County Sheriffs Office</b>	81. Agency Report Number: <b>2009-022442</b>	82. Date / Time of Arrest: <b>04/06/2009 @ 11:00</b>	83. Investigating Officer: <b>SGT. JEREMY MATHIS #64</b>
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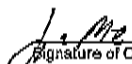
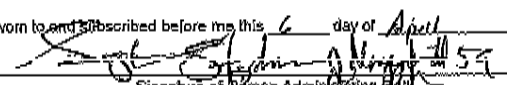
84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation of law as stated above and the factual basis for this belief is as follows:

Your affiant, Sgt. Jeremy Mathis, a sworn Deputy Sheriff in and for the county of Bay, state of Florida, states that on April 06, 2009, the Florida Department of Children & Families received a report of the possible chaining of children, occurring at 6719 Oakenshaw Rd., in the Youngstown area of Bay County.

Your affiant states that interviews were conducted with the children, [REDACTED], (16yoa,) and [REDACTED] (17yoa,) at the Bay County Sheriff's Office. During these interviews, both children disclosed being chained together, and made to sleep in the bathroom of the residence. According to the children, the chain was attached to a treadmill, preventing them from leaving. At some point, [REDACTED] was released from the chain, however, in [REDACTED] statement, she said she was kept chained to an I bolt placed in the closet floor by the defendant's husband. Also, according to the children, they would be made to wear another piece of chain, wrapped in duct tape, which would be locked with a padlock. During these times, both children said they were told they could not speak to anyone else, and had to eat on the floor as if they were a dog.

Your affiant states that on or about April 06, 2009, your affiant, along with Lt. Mitch Pitts and Captain Jimmy Stanford traveled to the home of the defendant. The defendant invited Lt. Pitts and Captain Stanford into the residence, at which time, a piece of chain, attached to an I bolt in the closet floor was located, along with a piece of foam used for bedding. During post Miranda interviews with the defendant, he said he did not chain the children together, nor, to the floor. The defendant later changed her story, and said her husband did chain [REDACTED] and [REDACTED] together for about two days. According to the co-defendant, she witnessed [REDACTED] and [REDACTED] chained together even while one was using the bathroom, they would still be chained to the other.

Based on these facts, your affiant feels probable cause exists to believe the defendant, Tinnea M. Burns to be in violation of Florida Statutes 827.03 & 787.02. These offenses occurred in Bay County, Florida.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his / her knowledge.   Signature of Officer/Complainant <b>SGT. JEREMY MATHIS #64</b> Officer/Complainant's Name (Printed) <span style="float: right;">ID Number</span>	Sworn to and subscribed before me this <u>6</u> day of <u>April</u> , 20 <u>09</u>  Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>LEO</u> ID Type Seal
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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: <u>@</u> 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"/> Transfer 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 Release Date: _____ Release Time: _____ Released to (Name): _____	

State Attorney Copy

Adult Def  PC Arrest  
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# AFFIDAVIT - COMPLAINT

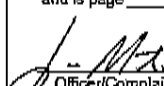
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4. Date/Time of Offense: <b>03/18/2009 @ 12:00</b>		5. Date/Time of Arrest: <b>04/06/2009 @ 11:00</b>		6. Arresting Officer: <b>SGT. JEREMY MATHIS</b>		7. Investigating Officer: <b>SGT. JEREMY MATHIS #64</b>	

8. Defendant's Name: (Last) <b>BURNS, JAMES, W</b>			(First)			(Middle)			ALIAS			9. OBTS		
10. Race/Sex: <b>W / M</b>		11. Date of Birth: <b>10/14/1969</b>		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input checked="" type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE & QUANTITY				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Height: <b>5'11"</b>		16. Weight: <b>170</b>		17. Eye Color: <b>BRN</b>		18. Hair Color: <b>BRN</b>		19. Scars, marks, tattoos, unique physical features: <b>TATTOO ON BACK OF HEAD OF SKULL</b>						
20. Driver's License Number/State: <b>B652-459-69-374-0 / FL.</b>			21. Social Security Number: [REDACTED]			22. Residential Telephone: <b>(850) 628-9536</b>			23. Business Telephone:					
24. Address: (Street, Apartment Number) <b>6719 OAKENSHAW RD.</b>				(City) <b>PANAMA CITY</b>			(State) <b>FL</b>			(Zip) <b>32466</b>				

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45. Victim's Name (if business, list legal business name) (Last) <b>[REDACTED]</b>			(First)			(Middle)			46. Race/Sex: <b>/</b>		47. Date of Birth:		48. Telephone Number: <b>(850) 872-4726</b>		
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**Clerk / File Copy**

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# AFFIDAVIT - COMPLAINT

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Based on these facts, your affiant feels probable cause exists to believe the defendant, James W. Burns to be in violation of Florida Statute 827.03 & 787.02. These offenses occurred in Bay County, Florida.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his / her knowledge.  <i>J. Mathis</i> Signature of Officer/Complainant <b>SGT. JEREMY MATHIS #64</b> Officer/Complainant's Name (Printed) ID Number	86. I am personally known to the undersigned on the date of <u>April 6, 2009</u> <i>Jeremy Mathis #64</i> Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>1. P.O.</u> Seal ID Type
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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) Release Date: _____ Release Time: _____ Released to (Name): _____	<input type="checkbox"/> Transfer 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

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