

AFFIDAVIT - COMPLAINT

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

PAGE 01 of 2	vvarrani	t/Capias								Agency ORI # F	L037275C	
1. Agency Name: 2. Agency Report Florida Department of Corrections 20-18958							demeanor w	3a. Ordinance Type: anor ☐ Misdemeanor (If applicable) w/associated felony ☐ Municipal ☐ County				
. Date/Time of Offense: 5. Date/Time of Arres 11/03/2020 / 1330 N/A NOURS					er: 7. Inv		7. Investi	nvestigating Officer: nspector Greg Fulcher				
B. Defendant's Na	nme: (Last)			(Fii	- •		(Middle)			ALIAS N/A	9. OBTS:	
10. Race/Sex:	11. Date of Birth: 08/13/1		12. Residence Typ				TYP		ontrolled Substance Seized: ☐ Yes YPE & QUANTITY: N/A.			
5. Height: 5'11"	16. Weight: 145	17. Eye Col	or: 18. Ha	County air Color: lack	Out of Stat 19. Scars, mark None kn	ks, tattoos, u	Yes No Inique physical feature	es: (Locatio	: (Location, type & description)			
0. Driver's Licer	se Number/State:		21. Social Se	ecurity Num	ber:	22. Resid	lential Telephone:			23. Business Telepho N/A	one:	
24. Address: (Street, Apartment Number) 13617 SE Hwy 70			(City) Arcadia			(State) FL			(Zip) 34266			
25. Defendant's I	Name: (Last)			(Fi	rst)		(Middle)			ALIAS	26. OBTS:	
27. Race/Sex:	28. Date of Birth:		29. Residen	☐ Florida		State	30. Weapon Seized	TYPE & QUANTITY:			Geized: Yes No	
32. Height:	33. Weight:	34. Eye Co		air Color:			unique physical featur	es: (Locatio	n, type &	description)		
37. Driver's License Number/State: 38. Social Security Number:			l nber:	39. Resid	39. Residential Telephone: 40. Business Te			40. Business Teleph	ephone:			
1. Address: (Str	eet, Apartment Nu	mber)			(City)		(S	State)			(Zip)	
12. Defendant's	Name: (Last)	***************************************		(F	irst)		(Middle)			ALIAS	43. OBTS:	
I4. Race/Sex:	45. Date of Birth	:	46. Residen	_	☐ Florida	state	47. Weapon Seize	'		d Substance Seized: NUANTITY:	Yes No	
19. Height:	50. Weight:	51. Eye Co		air Color:	53. Scars, mai	rks, tattoos,	unique physical featur	res: (Locatio	on, type 8	description)		
54. Driver's Lice	nse Number/State:		55. Social S	ecurity Nun	nber:	56. Resi	dential Telephone:			57. Business Teleph	one:	
58. Address: (St	reet, Apartment Nu	mber)		,	(City)		,	State)			(Zip)	
59. Charge Desc 784.07 (ute or Ordinance Num ttery on Law E		enet C	Officer		⊠ F.S
61. Charge Description: (# 1) 843.01					Desired an Office and Malanas					⊠ F.5		
63. Charge Description: (# 1)				64. Stat	64. Statute or Ordinance Number:				□ F.S			
65. Victim's Na	me: (If business, list	legal busine	ss name) (Last	t) (F	First)		(Middle)	66. Race	/Sex	67. Date of Birth:	68. Telephone Num	ber:
	Son if victim is dece Correctional			iness: (Last)	(First)		(Middle)	70. Race	/Sex	71. Date of Birth:	72. Telephone Num	ber:
	reet, Apartment Nu E Hwy 70	umber)	(City) Arcadia		(State)		(Zip) 34266				74. Secondary Phor	e Numb
75. Victim Notification of Arrest:				Victim Do			Arrest I					
NOTIFIED B	Y:	DA	TE:	TIM	IE:				Rights	Card App	. Info Viol. 3	nto
	dence collected in	this case?	Yes	Statements No	taken in this cas	e? 79.	l certify that all of the a and is page 01 of a 3 p	page affida	vit/compl		the best of my knowl	edge
Evidence Person Custodian's responsible Name: Inspector Greg Fulcher for statements: Inspector Greg Fulcher				- Coop Eddahan	-	ficer/Complainant Sign		62		Greg Fulcher be or print Complaina	nt name	

🛛 Adult Def	☑ PC Arrest
☐ Juvenile Def	Application for
	Warrant/Capia

Release Date:

Release Time:__

Released to (Name):

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

Warrant/Capias	(PROBABLE	E CAUSE NARRAT	(IVE)	
	•		Agency (PRI # FL037275C
80. Agency Name: Florida Department of Corrections	81. Agency Report Num 20-18958	nber: 82. Date/Time of A		vestigating Officer: spector Greg Fulcher
84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CA did commit the violations of law as stated above and the fact			st and reasonable grounds to believ	e that the heretofore named defendant
Your affiant, Inspector Greg Fulcher, is a Corrections.	sworn law enforc	ement officer, for the C	Office of Inspector Gene	ral, Florida Department of
was in full uniform consisting of at Desoto Correctional Institution Annex	, did violate Florid intentionally with 84.07 (1)(d)), and with a fist a gray shirt with a (C.I.), where Cost	la State Statutes, come nout consent; physicall Resisting officer with v a badge and arm insign on was an incarcerated	mitting the criminal offer y struck another name violence (1 count) (F.S.s to Offic lias and black uniform u	enses of: Battery of a Law ly uniformed Correctional S. 843.01). The defendant, er person. Officer
Contact was made with the victim, Correction Officer		Officer hed to pursue criminal	was	
Witness, Correctional Sergeant Andrew Inmate Coston. Jimenez was assigned at on the walkway outside the cafeteria an Officer instruct and direct continually refuse to comply with the	Jimenez, provided s the outside grou d was looking tow ct inmates to line officer's orders an	d a sworn statement re nds sergeant at the ins vards a group of inmate up to proceed to the	garding the incident intitution and was conducted preparing to walk to a cafeteria. He observed to take he	cting meal service. He was the cafeteria. He observed d Inmate Rodney Coston,
Offender, Coston declined to provide a s	tatement and mad	de no comment in refer	ence the offense.	
In summary, the defendant, Rodney Costo physical contact while physically resident at Descor battery of law enforcement officer; and her person.	isting being taken oto Correctional In	into custody. Coston sistitution, violating 1 co	struck Officer in ount of Florida State Sta	the head, atute 784.07 (1)(d): Assault
85. The undersigned, being duly sworn, states that the foreg affidavit consisting of 2 pages is true and correct to the b		in an Sworn to and subscrik	ped before the this 3 day of	November 2020
9900 58624		Signature of Per	Son Administering Oath	2635
Signature of Complainant			Law Enforcer	D Type
Officer/Complainant's Name (Printed)	88624 ID Number	Seal Dary	the ex	.wc
87. Adult's Relation to Juvenile Defendant:		88. Adult's Name: (Last)	(First)	(Middle)
☐ Parent ☐ Legal Guardian ☐ Other				
89. Address: (Street, Apartment Number) ((City)	(State) (Zip)	90. Residential Phone:	91. Business Phone
92. Notified By: (Name)			93. Date/Time:	94. Notification Method:
				Person Telephone
95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)	Transferred to Secure Detention	Released to HRS Intake Officer, not de		e agency and released