

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: 20-14104		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)	
4. Date/Time of Offense: 08/11/2020 / 0742 hrs		5. Date/Time of Arrest: 08/11/2020 / 1630 hrs		6. Arresting Officer: Inspector Greg Fulcher		7. Investigating Officer: Inspector Greg Fulcher	


8. Defendant's Name: (Last) Perales			(First) Rene			(Middle)			ALIAS Jr.			9. OBTS:			
10. Race/Sex: W/M		11. Date of Birth: 07/21/1993		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:						
15. Height: 5'03"		16. Weight: 140 lbs		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoos: Back -Only God cand Judge Me; Chest - Trust							
20. Driver's License Number/State: FL P642720932610				21. Social Security Number: [REDACTED]				22. Residential Telephone: N/A				23. Business Telephone: 941-833-8021			
24. Address: (Street, Apartment Number) 33123 Oil Well Rd						(City) Punta Gorda			(State) FL			(Zip) 33955			

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)			(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) Battery of Law Enforcement Officer (Aggravated)		60. Statute or Ordinance Number: F.S.S. 784.07 (1)(d)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Possession of Contraband (Weapon)		62. Statute or Ordinance Number: 944.47 (5)		<input checked="" 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]			(First) [REDACTED]			(Middle) [REDACTED]			66. Race/Sex		67. Date of Birth:		68. Telephone Number: 941-833-8002	
69. Contact Person if victim is deceased, a minor child, or business: (Last) Charlotte Correctional Institution			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: 941-833-8002	
73. Address: (Street, Apartment Number) 33123 Oil Well Rd			(City) Punta Gorda			(State) FL			(Zip) 333955			74. Secondary Phone Number: N/A		
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____									76. Information Given: Victim <input type="checkbox"/> Arrest Info <input checked="" type="checkbox"/> Rights Card <input checked="" type="checkbox"/> App. 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 Name: Inspector Greg Fulcher		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Inspector Greg Fulcher		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 3 page affidavit/complaint.  Officer/Complainant Signature		Greg Fulcher Type or print Complainant name	
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 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: 20-14104	82. Date/Time of Arrest: 08/11/2020 @ 1630 hrs	83. Investigating Officer: Inspector Greg Fulcher
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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, Inspector Greg Fulcher, is a sworn law enforcement officer of the Office of the Inspector General, Florida Department of Corrections.



On August 11, 2020, at Charlotte Correctional Institution (C.I.), Punta Gorda, Florida, Charlotte County, the above-named defendant, Inmate Rene Perales born 07/21/1993, did violate Florida State Statutes, committing the criminal offenses of: Battery of at Law Enforcement Officer (Aggravated) (1 Count) and Possession of Contraband (1 Count) (F.S.S.s 784.07 and 944.47). The defendant, Perales, concealed a homemade weapon on his person and stabbed the victim, uniformed Correctional Officer [REDACTED] in the right hand.

Victim, Correctional Officer [REDACTED] provided a sworn recorded statement:

[REDACTED]

An interview was attempted with Inmate Rene Perales. Perales invoked his Miranda rights and wanted an attorney before providing a statement. Perales did spontaneously utter "he blacks out when he gets angry".

In summary, the defendant Rene Perales did strike [REDACTED] the victim, uniformed Correctional Officer [REDACTED] with an edged weapon. Perales stabbed Officer [REDACTED] in the right hand with a homemade edged weapon at Charlotte Correctional Institution, violating 1 count of Florida State Statute (F.S.S.) 784.07 (1)(d)-Battery of Law Enforcement Officer and Possession of Contraband (F.S.S) 944.47 (5).

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>11</u> day of <u>August</u> 20 <u>20</u> <u>#2044</u>
 Signature of Officer/Complainant	Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
<u>Greg Fulcher</u> Officer/Complainant's Name (Printed)	Seal 
<u>99624</u> ID Number	ID Type _____

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