

Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT - COMPLAINT

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

Warrant/Capias
PAGE 01 of 2

Agency ORI # **FL037275C**

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 19-11334		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		8a. Ordinance Type: (If applicable)	
4. Date/Time of Offense: 07/04/2019 / 2025 hours		5. Date/Time of Arrest: Warrant Request		6. Arresting Officer: Inspector Greg Fulcher		7. Investigating Officer: Inspector Greg Fulcher	


8. Defendant's Name: (Last) Jacobs		(First) Cedric		(Middle) L		ALIAS N/A		8. OBTS:	
10. Race/Sex: B/M		11. Date of Birth: 06/01/1982		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Out of State		13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:	
15. Height: 5'11"		16. Weight: 192 lbs		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) back: County Boy , right arm: Caslon, fish.	
20. Driver's License Number/State: N/A		21. Social Security Number: [REDACTED]		22. Residential Telephone: N/A		23. Business Telephone: N/A			
24. Address: (Street, Apartment Number) 25636 NE SR - 16 (Union Correctional Institution)		(City) Ralford		(State) FL		(Zip) 32083			

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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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) Aggravated battery		60. Statute or Ordinance Number: F.S.S. 784.045 (1)(a)(1)		<input checked="" type="checkbox"/> F.B. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Aggravated battery (with deadly weapon)		62. Statute or Ordinance Number: F.S.S. 784.045 (1)(a)(2)		<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)		(Middle)		66. Race/Sex		67. Date of Birth:		68. Telephone Number:	
69. Contact Person if victim is deceased, a minor child, or business: (Last) [REDACTED]		(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number) [REDACTED]		(City)		(State)		(Zip)		74. Secondary Phone Number: [REDACTED]			
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____						76. Information Given: <input type="checkbox"/> Arrest Info <input type="checkbox"/> Victim Rights Card <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Person responsible for statements: _____		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.  Complainant Signature		Greg Fulcher Type or print Complainant name	
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Adult Def PC Arrest
 Juvenile Def Application for

Clerk's Case No.

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

SA Case No. (s)

Warrant/Capias

Agency ORI # **FL037275C**

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 19-11334	82. Date/Time of Arrest: Warrant Request	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, for the Office of Inspector General, Florida Department of Corrections.

On July 4, 2019, at Desoto Correctional Institution Annex, Arcadia, Florida, Desoto County, the above-named defendant, Inmate Cedric Jacobs born 06/01/1982, did violate Florida State Statute, committing the criminal offenses of: Aggravated Battery; by knowingly and intentionally without consent; cause great bodily harm with a deadly weapon to another, namely inmate [REDACTED] (1 Count) (F.S.S. 784.045 (1)(a)(1) and (1 Count) (F.S.S. 784.045 (1)(a)(2). The defendant, Jacobs, struck [REDACTED] multiple times as he [REDACTED] was asleep with an edged (deadly) weapon [REDACTED]

784.045 Aggravated battery.—

(1)(a) A person commits aggravated battery who, in committing battery:

- 1. Intentionally or knowingly causes great bodily harm, permanent disability, or permanent disfigurement; or**
- 2. Uses a deadly weapon.**

Victim [REDACTED] provided a sworn statement:



Suspect Jacobs declined to provide a statement and interview.

The attack was captured on the dormitory fixed wing video camera system.

Jacobs is 5'11" and weighs approximately 192 pounds.

[REDACTED] is [REDACTED] and weighs approximately [REDACTED] pounds.

In summary, the defendant, Cedric Jacobs, did knowingly and intentionally batter [REDACTED] with a deadly weapon causing great bodily injury and harm to his [REDACTED] person, at Desoto Correctional Institution Annex, violating 1 count of Florida State Statute 784.045 (1)(a)(1) Aggravated Battery and 1 count of F.S.S. 784.045 (1)(a)(2), Aggravated Battery with a weapon.

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>22</u> day of <u>November</u> , 20 <u>19</u>
 #88624 Signature of Officer/Complainant	 Signature of Person Administering Oath
Greg Fulcher 88624 Officer/Complainant's Name (Printed) ID Number	<input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification Seal ID Type <u>105103</u>

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