

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

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Agency ORI # FL037275C

1. Agency Name: Office of Inspector General - FDC		2. Agency Report Number: 23-17493		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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 09/7/2023 @ 6:18 P.M		5. Date/Time of Arrest:		6. Arresting Officer: Inspector Delmar Vohs		7. Investigating Officer: Inspector Luis Fernandez	

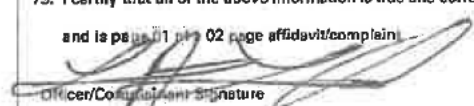
8. Defendant's Name: (Last) Dobbins			(First) Anthony			(Middle)			ALIAS			8. OBTS:			
10. Race/Sex: W/M		11. Date of Birth: 09/22/1994		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Out of State <input checked="" type="checkbox"/> Florida			13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			14. Controlled Substance Seized: TYPE & QUANTITY: N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Height: 6'2"		16. Weight: 205		17. Eye Color: Blue		18. Hair Color: Blonde		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Multiples							
20. Driver's License Number/State: D152-016-94-342-0 /FL ID				21. Social Security Number: [REDACTED]				22. Residential Telephone:				23. Business Telephone:			
24. Address: (Street, Apartment Number) 3420 N.E. 168th St. (Okeechobee Correctional Institution)				(City) Okeechobee				(State) Florida				(Zip) 34972			

25. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			25. OBTS:			
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Out of State <input type="checkbox"/> Florida			30. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No			31. Controlled Substance Seized: TYPE & QUANTITY:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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"/> Out of State <input type="checkbox"/> Florida			47. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No			48. Controlled Substance Seized: TYPE & QUANTITY:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 ON A LAW ENFORCEMENT OFFICER		60. Statute or Ordinance Number: 784.07 (2)(d)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1)		64. Statute or Ordinance Number:		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	

65. Victim's Name: (if business, list legal business name) (Last) (First) (Middle)			66. Race/Sex		67. Date of Birth:		68. Telephone Number:			
66. Contact Person if Victim is deceased, a minor child, or business: (Last) (First) (Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number:			
73. Address: (Street, Apartment Number) (City) (State) (Zip)			74. Secondary Phone Number:							
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____					78. Information Given: <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info			<input type="checkbox"/> Arrest 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: Derrick Cunningham		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Inspector Luis Fernandez		79. I certify that all of the above information is true and correct to the best of my knowledge and is pursuant to page 02 page affidavit/complainant signature  Inspector Luis Fernandez Type or print Complainant name			
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Adult Def PC Arrest
 Juvenile Def Application for
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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____
SA Case No.(s) _____
Agency ORI # FL037275C

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80. Agency Name: Office of Inspector General - FDC	81. Agency Report Number: 23-17493	82. Date/Time of Arrest:	83. Investigating Officer: Inspector Luis Fernandez
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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:

At the time of the violation, the Defendant was an inmate at Okeechobee Correctional Institution, a state correctional institution, committed to the custody of the Florida Department of Corrections on March 22, 2023. The Defendant is currently at Okeechobee Correctional Institution.

At the time of the violation, the Victim, Correctional [REDACTED] was a uniformed sworn correctional officer employed by the Florida Department of Corrections and was in the lawful performance of his duties.

Your Affiant is Inspector Luis Fernandez of the Florida Department of Corrections, Office of the Inspector General.

I obtained a sworn statement from the Victim, and he indicated his desire to prosecute the Defendant. The Victim stated [REDACTED]

Photographs were taken [REDACTED] The incident was not captured on fixed-wing video.

The Victim was transported [REDACTED] The Victim [REDACTED]

I obtained sworn statements from Correctional Officer Jaqueline Johnson and Correctional Officer Stacie Brays. Officer Brays witnessed the incident as described by the Victim.

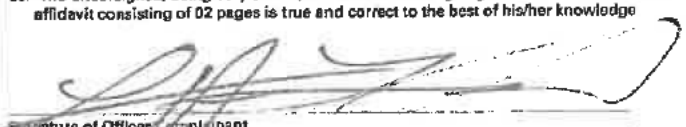
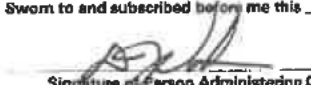
Officer Johnson stated she was serving food at the window in the south side Dining Hall, when she heard a loud noise. She did not pay attention at first, but she heard it again, and when she looked, she observed the Victim halfway on the floor.

Officer Johnson and Officer Brays took the Defendant into custody. Officer Johnson said the Defendant stated, "He deserved it, and I'm glad [REDACTED]"

Your Affiant attempted to obtain a post-Miranda statement from the Defendant. The Defendant invoked his constitutional rights.

Your Affiant respectfully submits probable cause has been established that the Defendant, Anthony Dobbins, did in the County of Okeechobee and the State of Florida, commit the criminal offense of Aggravated Battery on a Law Enforcement, in violation of 5784.07(2)(d).

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your Affiant's report of investigation.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 02 pages is true and correct to the best of his/her knowledge  Signature of Officer/Complainant Inspector Luis Fernandez Officer/Complainant's Name (Printed)	Sworn to and subscribed before me this <u>8</u> day of <u>SEPT</u> , 20 <u>23</u>  Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally known <input type="checkbox"/> Other Identification Seal _____ ID Type _____
# [REDACTED] ID Number	

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) _____	80. 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): _____	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