

AMIRA D. FOX  
STATE ATTORNEY  
TWENTIETH JUDICIAL CIRCUIT

CIRCUIT COURT DIVISION  
350 EAST MARION AVENUE, PUNTA GORDA, FLORIDA 33950  
VOICE: (941) 637-2104 FAX: (941) 505-4748

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**FELONY WARRANT REQUEST DISPOSITION NOTICE**

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SAO WARRANT NO. 2618919  
INTAKE ATTORNEY: Chelsea A. Maslar  
AGENCY: Florida Department of Corrections  
AGENCY #: 20-15333  
AFFIANT: Gregory J. Fulcher  
SUSPECT: Robert E Smith, Jr  
SAO RECEIVE DATE: 9/10/2020 10:13:10 AM

**REQUESTED CHARGES**

Number of Counts: 1 - Battery on Law Enforcement Officer, F.S. 784.07;784.03, Third Degree  
Felony

**SAO DISPOSITION**

1. File as Charged/Arrest Warrant: 784.07;784.03  
Battery on Law Enforcement Officer  
Third Degree Felony

If one or more counts are APPROVED please pickup Summons as soon as possible.

If further evidence is developed as to any DENIED counts please resubmit with reference to  
above SAO Warrant No.

  
\_\_\_\_\_  
Chelsea A. Maslar

  
\_\_\_\_\_  
DATE

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:<br><b>Florida Department of Corrections</b> |  | 2. Agency Report Number:<br><b>20-15333</b>       |  | 3. Charge Type:<br><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:<br>(If applicable)<br><input type="checkbox"/> Municipal <input type="checkbox"/> County |  |
| 4. Date/Time of Offense:<br><b>08/20/2020 / 0846 hrs</b>    |  | 5. Date/Time of Arrest:<br><b>Warrant Request</b> |  | 6. Arresting Officer:<br><b>Warrant Request</b>  |  | 7. Investigating Officer:<br><b>Inspector Greg Fulcher</b>   |  |

|   |  |   |   |  |  |  |   |  |  |  |  |          |  |  |
|---|--|---|---|--|--|--|---|--|--|--|--|----------|--|--|
| 8. Defendant's Name: (Last) <b>Smith</b>                            |  |   | (First) <b>Robert</b>                     |  |  | (Middle) <b>E</b>                        |   |  | ALIAS <b>Jr.</b>                               |  |  | 9. OBTS: |  |  |
| 10. Race/Sex:<br><b>B/M</b>   |  | 11. Date of Birth:<br><b>10/26/1991</b> |   | 12. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |  | 13. Weapon Seized:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  | 14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>TYPE & QUANTITY: |  |          |  |  |
| 15. Height:<br><b>5'04"</b>   |  | 16. Weight:<br><b>140 lbs</b>           |   | 17. Eye Color:<br><b>Brown</b>   |  | 18. Hair Color:<br><b>Black</b>          |   | 19. Scars, marks, tattoos, unique physical features: (Location, type & description)<br><b>Tattoos: Left Hand - MOB, Right Hand - WEE CROSS, Righth Arm - Woman's Face.</b> |  |  |  |          |  |  |
| 20. Driver's License Number/State:<br><b>N/A</b>                    |  |   | 21. Social Security Number:<br>[REDACTED] |  |  | 22. Residential Telephone:<br><b>N/A</b> |   |  | 23. Business Telephone:<br><b>941-833-8021</b> |  |  |          |  |  |
| 24. Address: (Street, Apartment Number)<br><b>33123 Oil Well Rd</b> |  |   | (City)<br><b>Punta Gorda</b>              |  |  | (State)<br><b>FL</b>                     |   |  | (Zip)<br><b>33955</b>                          |  |  |          |  |  |

|   |  |                    |                             |   |  |                            |  |   |                         |   |  |           |  |  |
|---|--|--------------------|-----------------------------|---|--|----------------------------|--|---|-------------------------|---|--|-----------|--|--|
| 25. Defendant's Name: (Last) <b>N/A</b> |  |                    | (First)                     |   |  | (Middle)                   |  |   | ALIAS                   |   |  | 26. OBTS: |  |  |
| 27. Race/Sex:                           |  | 28. Date of Birth: |                             | 29. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                            | 30. Weapon Seized:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                         | 31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                            | 47. Weapon Seized:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                         | 48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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)<br><b>Battery of Law Enforcement Officer</b> |  |  |  | 60. Statute or Ordinance Number:<br><b>F.S.S. 784.07 (1)(d)</b> |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |
| 61. Charge Description: (# 1)  |  |  |  | 62. Statute or Ordinance Number:                                |  |  |  | <input type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.            |  |  |  |
| 63. Charge Description: (# 1)  |  |  |  | 64. Statute or Ordinance Number:                                |  |  |  | <input type="checkbox"/> F.S.<br><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:                        |  |
| 69. Contact Person if victim is deceased, a minor child, or business: (Last) <b>Charlotte Correctional Institution</b> |  |  | (First)                      |  |  | (Middle)             |  |  | 70. Race/Sex:          |  | 71. Date of Birth: |   | 72. Telephone Number:<br><b>941-833-8021</b> |  |
| 73. Address: (Street, Apartment Number)<br><b>33123 Oil Well Rd</b>  |  |  | (City)<br><b>Punta Gorda</b> |  |  | (State)<br><b>FL</b> |  |  | (Zip)<br><b>333955</b> |  |                    | 74. Secondary Phone Number:<br><b>N/A</b> |  |  |
| 75. Victim Notification of Arrest:<br>NOTIFIED BY: _____ DATE: _____ TIME: _____                                       |  |  |                              |  |  |                      |  | 76. Information Given:<br>Victim <input type="checkbox"/> Rights Card <input checked="" type="checkbox"/> App. Info <input checked="" type="checkbox"/><br>Domestic <input type="checkbox"/> Viol. Info <input type="checkbox"/> |                        |  |                    |   |  |  |

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 77. Physical Evidence collected in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Evidence Custodian's Name: <b>Inspector Greg Fulcher</b> |  | 78. Witness Statements taken in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Person responsible for statements: <b>Inspector Greg Fulcher</b> |  | 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.<br><br><i>Greg Fulcher</i><br>_____<br>Officer/Complainant Signature |  | _____<br>Type or print Complainant name |  |
|--|--|---|--|--|--|---|--|

