

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 # **FL008015C**

1. Agency Name: <b>Florida Department of Corrections</b>		2. Agency Report Number: <b>18-09175</b>		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: <b>05/23/2018@1325 hours</b>		5. Date/Time of Arrest: <b>05/23/2018@1650 hours</b>		6. Arresting Officer: <b>Inspector Greg Fulcher</b>		7. Investigating Officer: <b>Inspector Greg Fulcher</b>	

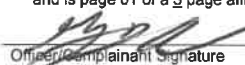
8. Defendant's Name: (Last) <b>Bleechington</b>			(First) <b>Omar</b>			(Middle) <b>A</b>			ALIAS <b>N/A</b>			9. OBTS:		
10. Race/Sex: <b>B/M</b>		11. Date of Birth: <b>07/05/1980</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon Seized <input 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: <b>5'10"</b>		16. Weight: <b>180</b>		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>Black</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>gold teeth on top, tattoos: left arm - natural born killer, back - bulldog.</b>						
20. Driver's License Number/State: <b>B425641802450</b>				21. Social Security Number: <b>unknown</b>				22. Residential Telephone: <b>N/A</b>			23. Business Telephone: <b>941-833-8021</b>			
24. Address: (Street, Apartment Number) <b>33123 Oil Well Rd</b>				(City) <b>Punta Gorda</b>				(State) <b>FL</b>			(Zip) <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: <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) <b>Battery of Law Enforcement Officer</b>				60. Statute or Ordinance Number: <b>F.S.S. 784.07 (1)(d)</b>				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1)				62. Statute or Ordinance Number:				<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) <b>[REDACTED]</b>			(First) <b>[REDACTED]</b>			(Middle) <b>[REDACTED]</b>			66. Race/Sex			67. Date of Birth:			68. Telephone Number: <b>941-833-8021</b>		
69. Contact Person if victim is deceased, a minor child, or business: (Last) <b>N/A</b>			(First)			(Middle)			70. Race/Sex			71. Date of Birth:			72. Telephone Number:		
73. Address: (Street, Apartment Number) <b>33123 Oil Well Rd</b>			(City) <b>Punta Gorda</b>			(State) <b>FL</b>			(Zip) <b>33955</b>			74. Secondary Phone Number: <b>N/A</b>					
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____									76. Information Given: Victim <input type="checkbox"/> Arrest Info <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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.					
Evidence Custodian's Name: <b>n/a</b>		Person responsible for statements: <b>Inspector Greg Fulcher</b>					<b>Greg Fulcher</b> Type or print Complainant name		

Adult Def     PC Arrest  
 Juvenile Def     Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

Agency ORI # **FL008015C**

80. Agency Name: <b>Florida Department of Corrections</b>	81. Agency Report Number: <b>18-09175</b>	82. Date/Time of Arrest: <b>05/23/2018@1650 hours</b>	83. Investigating Officer: <b>Inspector Greg Fulcher</b>
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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 May 23, 2018, at Charlotte Correctional Institution, Punta Gorda, Florida, Charlotte County, the above-named defendant, Inmate Omar Bleechington born 07/05/1980, did violate Florida State Statute, committing the criminal offense of: Battery of a Law Enforcement Officer; by knowingly and intentionally without consent; physically touched another namely Correctional Officer [REDACTED] (1 Count) (F.S.S. 784.07 (1)(d)). The defendant, Bleechington, with a closed fist struck Officer [REDACTED] on her face and head, causing Officer [REDACTED] to collapse to the ground. This occurred at Charlotte Correctional Institution (C.I.), where Bleechington was an incarcerated inmate.**

**Florida State Statute (F.S.S.) 874.07 (1)(d): Assault or battery of law enforcement officer - Law enforcement officer includes a law enforcement officer, a correctional officer, a correctional probation officer, a part-time law enforcement officer, a part-time correctional officer, an auxiliary law enforcement officer, and an auxiliary correctional officer, as those terms are respectively defined in s. 943.10, and any county probation officer; an employee or agent of the Department of Corrections who supervises or provides services to inmates; an officer of the Florida Commission on Offender Review; a federal law enforcement officer as defined in s. 901.1505; and law enforcement personnel of the Fish and Wildlife Conservation Commission or the Department of Law Enforcement.**


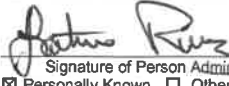
**Victim, Correctional Officer [REDACTED] was transported to Bayfront Medical Center Hospital, Punta Gorda via Charlotte County Emergency Medical Services for serious bodily injury to the head. Officer [REDACTED] provided a sworn recorded statement: She is a uniformed officer for the Florida Department of Corrections. Designed by a uniform consisting of a black pants and a grey shirt with a badge on the chest and departmental patches on each arm. She was supervising inmates in the cafeteria at meal time, May 23, 2018. She observed an inmate attempt to pick up a second tray. She instructed the inmate to leave and not pick up the tray. The inmate, was later identified as Omar Bleechington. Bleechington ignored the order and picked up a tray. She told Bleechington to put the tray down and leave. Bleechington refused. She took the tray from Bleechington and instructed Bleechington to leave. Bleechington struck her on the right side of her head and face with a closed fist. She had bruising, pain, and lacerations to her person. She did not remember what happened after she was struck. Officer [REDACTED] tall and weighs approximatley [REDACTED] pounds.**

**Inmates incarcerated and housed at Charlotte Correctional Institution are permitted one meal tray/meal during each meal service.**

**Witness, Correctional Officer Raymond Walton provided a sworn recorded statement: He and Officer [REDACTED] were in the cafeteria serving meals. He observed Officer [REDACTED] instruct Bleechington to leave the cafeteria and to not pick up an additional meal tray. Bleechington picked up an additional meal tray. Officer [REDACTED] order Bleechington to return the tray and depart the cafeteria. Bleechington refused. Officer [REDACTED] took the tray from Bleechington and instructed Bleechington to leave. Bleechington then struck Officer [REDACTED] with a closed fist on the right side of her (Officer [REDACTED] face. Officer [REDACTED] collapsed to the ground. Officer [REDACTED] was bleeding from her head.**

**Offender, Inmate Omar Bleechington, invoked his Miranda rights and refused to provide a sworn recorded statement. Bleechington is 5' 10" and weights approximately 180 pounds.**

**In summary, the defendant, Inmate Omar Bleechington, did knowingly and intentionally subject Correctional Officer [REDACTED] to physical contact, causing head and facial injuries to her person, at Charlotte Correctional Institution, violating 1 count of Florida State Statute 874.07 (1)(d): Assault or battery of law enforcement officer.**

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>23</u> day of <u>May</u> , 2018
 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)	<u>88624</u> ID Number
	Seal <u>Sworn State Law Enforcement Officer</u> 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)	<input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained	<input type="checkbox"/> Processed within the agency and released to other than HRS

Release Date: \_\_\_\_\_ Release Time: \_\_\_\_\_ Released to (Name): \_\_\_\_\_