

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: 22-17311		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: 11/04/2022 @ 1023		5. Date/Time of Arrest: 11/04/2022 @ 1530 hours		6. Arresting Officer: Inspector Robert Stowers		7. Investigating Officer: Inspector Robert Stowers	

8. Defendant's Name: (Last) Gardner			(First) Orion		(Middle) C		ALIAS N/A		9. OBTS:
10. Race/Sex: B/M	11. Date of Birth: 04/26/1986		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: 5'10"	16. Weight: 200 lbs	17. Eye Color: Brown	18. Hair Color: Black	19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoos: Back - AK47, Left Hand - Hustler, Right Hand - 100%, Stomach - Gun Life.					
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) 3420 N.E. 168th Street (Okeechobee			(City) Okeechobee		(State) FL		(Zip) 34972		
CI)									

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)		

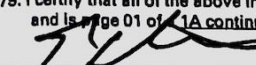
42. Defendant's Name: (Last)			(First)		(Middle)		ALIAS		43. OBTS:
44. Race/Sex:	45. Date of Birth:		46. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State		47. Weapon Seized: <input type="checkbox"/> Yes <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				60. Statute or Ordinance Number: F.S.S. 784.07 (2)(b)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Resisting an Officer With Violence				62. Statute or Ordinance Number: F.S.S. 843.01		<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: N/A
69. Contact Person if victim is deceased, a minor child, or business: (Last) Okeechobee Correctional Institution			(First)		(Middle)		70. Race/Sex	71. Date of Birth:	72. Telephone Number: 863-462-5400
73. Address: (Street, Apartment Number) 3420 N.E. 168th Street			(City) Okeechobee		(State) FL		(Zip) 34972		74. Secondary Phone Number: N/A
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____							76. Information Given: <input type="checkbox"/> Arrest Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info <input type="checkbox"/> Victim <input type="checkbox"/> Rights Card <input checked="" type="checkbox"/> App. Info		

77. Physical Evidence collected in this case?
 Yes No
Evidence Custodian's Name: _____

78. Witness Statements taken in this case?
 Yes No
Person responsible for statements: **Inspector Robert Stowers**

79. I certify that all of the above information is true and correct to the best of my knowledge and is Page 01 of 1A continuation page affidavit/complaint.


Officer/Complainant Signature
Robert Stowers
Type or print Complainant name

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 Juvenile Def Application for
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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: 22-17311		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: 11/04/2022 @ 1023		5. Date/Time of Arrest: 11/04/2022 @ 1530 hours		6. Arresting Officer: Inspector Robert Stowers		7. Investigating Officer: Inspector Robert Stowers	

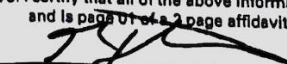
8. Defendant's Name: (Last) Gardner			(First) Orion			(Middle) C			ALIAS N/A			9. OBTS:					
10. Race/Sex: B/M		11. Date of Birth: 04/26/1986		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of 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:								
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24. Address: (Street, Apartment Number) 3420 N.E. 168th Street (Okeechobee C1)												(City) Okeechobee		(State) FL		(Zip) 34972	

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:								
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58. Address: (Street, Apartment Number)												(City)		(State)		(Zip)	

59. Charge Description: (# 1) Battery of Law Enforcement Officer (2 Counts)				60. Statute or Ordinance Number: F.S.S. 784.07 (2)(b)				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) Resisting an Officer With Violence (2 Counts)				62. Statute or Ordinance Number: F.S.S 843.01				<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 [REDACTED]		67. Date of Birth: [REDACTED]		68. Telephone Number: N/A				
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77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible		79. I certify that all of the above information is true and correct to the best of my knowledge and is part of a 2 page affidavit/complaint.  _____ Robert Stowers Type and print Complainant name	
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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 # **FL037275C**

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 22-17311	82. Date/Time of Arrest: 11/04/2022 @ 1530 hours	83. Investigating Officer: Inspector Robert Stowers
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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 Robert Stowers, is a sworn law enforcement officer of the Office of the Inspector General, Florida Department of Corrections.

On November 4, 2022, at Okeechobee CI, Okeechobee, Florida, Okeechobee County, the above-named defendant, Inmate Orion Gardiner born 04/26/1986, did violate Florida State Statute, committing the criminal offenses of: Battery of Law Enforcement Officer (2 Counts) (F.S.S. 784.07 (2)(b) and Resisting an Officer With Violence (2 counts) (F.S.S. 843.01). The defendant, Orion Gardiner, willfully struck uniformed Correctional Officers [redacted] multiple times in the head, which resulted in [redacted] were in full uniform consisting of a gray shirt with a badge and black uniform utility pants. This occurred at Okeechobee, where Gardiner was an incarcerated inmate.

Victim, [redacted] provided a sworn recorded statement: [redacted]

[redacted] wishes to pursue criminal charges against Inmate Gardner.

Victim, [redacted] provided a sworn recorded statement: [redacted]

[redacted] wishes to pursue criminal charges against Inmate Gardner.

Dormitory surveillance video captured the offense of Inmate Gardner striking [redacted] and physical struggle on the ground.

Defendant, Inmate Orion Gardiner provided a post Miranda statement where he acknowledged his Miranda rights and subsequently stated the following: [redacted]

In summary, the defendant Inmate Orion Gardiner did knowingly and intentionally strike, and batter uniformed Correctional Officer [redacted] within a correctional facility namely, Okeechobee, violating 2 counts of Florida State Statute (F.S.S.) 784.07 (2)(b)-Battery of Law Enforcement Officer. Additionally, Inmate Gardiner did knowingly and willfully resist [redacted] by doing violence to them at Okeechobee Correctional Institution while they were on duty as uniformed correctional officers engaged in the lawful execution of their legal duties, violating 2 counts of Florida State Statute (F.S.S.) 843.01- Resisting an Officer With Violence.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 4 day of Nov, 2022

Signature of Officer/Complainant

Robert Stowers
Officer/Complainant's Name (Printed)

145499
ID Number

[Signature]
Signature of Person Administering Oath
 Personally Known Other Identification

FDC
ID Type

Seal

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 _____