

A D M I N I S T R A T I V E	OBTS Number	Agency Report Number	ARREST / NOTICE TO APPEAR			Arrest: (<input checked="" type="checkbox"/>) Juvenile: () Supplemental: ()	
		22-015259	Lee County Sheriff's Office			Notice to Appear: () Remand: ()	
	Agency ORI Number FL0360000	Agency Arrest Number	Charge Type: (F) (M) ()		Weapon Seized: () Type: ()	Court#	
	Location of Arrest (include Name of Business) HEALTH PARK HOSPITAL 9981 S HEALTHPARK Dr FORT MYERS FL 33908				Clerk/Warrant Number 22CF014070		
	Location of Offense (Name and Address) HEALTH PARK HOSPITAL 9981 S HEALTHPARK Dr FORT MYERS FL 33908					Date of Offense 01/10/2022	
	Date of Arrest 01/10/2022	Arrest Time 1933	Booking Date	Booking Time	Finger Printed by:		
	Finger Print Type:						
Jail Date	Jail Time	Jail No	County ID No	Other Local No	FDLE No	DOC No	FBI No

D E F E N D A N T	Name (last, first, middle) METOYER, DILLON JACOB							Alias/Moniker	
	Race: (B)	Sex: (M)	DOB: 11/18/2002	HT: 600	WT: 160	Eye Col BRO	Hair Col BLK	Complex (ME)	
	Build (TH)	Scars, Marks, Tattoos:							
	Indication of: Alcohol Influence: () Drug Influence: ()		BAC #: <u>00</u>		Place of Birth UNKNOWN US		Citizenship (Y)		
	Local Address (Street, Apt #)			City MIAMI	State FL	Zip 33176	Phone		
	[REDACTED] #)			City MIAMI	State FL	Zip 33176	Phone		
	Business Address (Name, Street)			City	State	Zip	Phone		
	Res Type: ()	Occupation: STUDENT	Driver's Lic No:	State FL	SS #: FSS 119.071	Immigration No.			
	Nearest Relative								
	[REDACTED]			City	State	Zip	Phone		

C O D E F	Co-Defendant Name (Last, First, Middle)	Race	Sex	DOB or Age
		()	()	
	Co-Defendant Name (Last, First, Middle)	Race	Sex	DOB or Age
		()	()	

C H A R G E	Charge Description #1 22CF014070 BATTERY COMMIT FELONY BATTERY	Counts (<input checked="" type="checkbox"/>) F.S. 1	Citation ()	Violation No 784.041(2a)	Narc Act (N) Type ()	Bond Charge #
		() Ord	Dom Viol: ()	DV Injury: ()	Amt / Unit	Type ()
	Charge Description #2 22CF014070 BATTERY TOUCH OR STRIKE	Counts (<input checked="" type="checkbox"/>) F.S. 1	Citation ()	Violation No 784.03(1a1)	Narc Act (N) Type ()	Bond Charge #
		() Ord	Dom Viol: ()	DV Injury: ()	Amt / Unit	Type ()
	Charge Description #3	Counts () F.S.	Citation ()	Violation No	Narc Act () Type ()	Bond Charge #
		() Ord	Dom Viol: ()	DV Injury: ()	Amt / Unit	Type ()
UCR Code #1		UCR Code #2		UCR Code #3		

A U T O	Year	Make	Model	Tag	Color	VIN #
	Location of Vehicle / Towed From			Removed by / Stored At		

N O T I C E	() Mandatory Appearance in Court	Location (Court Room No, Address)				
		Month:	Day:	Year:	Time:	() A.M. () P.M.
	() You need not appear in Court but must comply with instructions on the reverse side	Location (Court Room No, Address)				
		Month:	Day:	Year:	Time:	() A.M. () P.M.

I Promise to appear at the above Date, Time, and assigned Court room, to answer the offense charged, or to pay the fine subscribed. Failure to appear will result in the issuance of a PICK-UP ORDER OR WARRANT.

Signed:

Signature of Defendant	Supervisor review and approval Sergeant D FORAKER
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OBTS No	Agency Report Number 22-015259	PROBABLE CAUSE STATEMENT	1. Arrest(cont)	3. Arrest Affidavit
Agency ORI Number FL0360000	Agency Arrest Number		2. Notice to Appear (cont)	4. Complaint Affidavit
		Lee County Sheriff's Office	JUVENILE	5. Request for Capias

Defendant Name (last, first, middle) METOYER DILLON JACOB	Alias
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law: **COMMIT FELONY BATTERY**
 On the 10 day of January at 1244 () A.M. (X) P.M. Specifically include facts constituting cause for arrest

WRITE NARRATIVE IN THE 1st PERSON (i.e. I witnessed the suspect) GIVE BASIS FOR KNOWLEDGE OF THE INCIDENT (i.e. I was told by)

NARRATIVE	<u>Narrative</u>
	On Monday, January 10, 2022, at approximately 12:47 p.m., while on marked uniform patrol for the Lee County Sheriff's Office, Deputies Reddick and Bolt responded to 9981 South Health Park Drive, Fort Myers, Florida, emergency room #19, in reference to a disturbance.
	Upon arrival, deputies made contact with the security staff for Health Park Hospital. Security staff advised Dillon J. Metoyer, a black male with a date of birth of November 18, 2002, had bitten victim 1, [REDACTED] Marsys Law and head-butted victim 2, [REDACTED] Marsys Law Both victims were working as security guards for the hospital at the time of the incident.
	Deputies made contact with victim 1 in the emergency room. Victim 1 stated, while attempting to place Metoyer in restraints, Metoyer bit his left ring finger. Deputies observed the tip of victim 1's left ring finger bitten off. Victim 1 stated he wished to pursue charges in the matter.
	Deputies made contact with victim 2 in the emergency room. Victim 2 stated while attempting to restrain Metoyer he was struck in the head by Metoyer. Victim 2 stated he desired to pursue charges against Metoyer in the matter. No visible injuries were observed on Francis.
	Deputies spoke with [REDACTED] Marsys Law who was the nurse in the room during the incident. [REDACTED] Marsys Law stated Dillon Metoyer became agitated when he was asked to stay in his bed. [REDACTED] Marsys Law called security staff for assistance and Metoyer began to physically resist security staff. [REDACTED] Marsys Law corroborated the statements of both victims 1 and 2.
	Due to the nature of the incident, Violent Crimes Unit Detective Weissinger responded to the scene and assumed the investigation.
	Detective Weissinger made contact with both victims and collected digitally recorded statements. Both victims provided similar statements as provided to deputies.
	[REDACTED] FSS 119.071

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		Lee County Sheriff's Office	JUVENILE	5. Request for Capias

Defendant Name (last, first, middle)	Alias
METOYER DILLON JACOB	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law: **COMMIT FELONY BATTERY**
 On the 10 day of January at 1244 () A.M. (X) P.M. Specifically include facts constituting cause for arrest

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NARRATIVE	<u>Narrative</u>
	<p>Victim 1 responded to Metoyer's room in reference to his belligerence and refusal to stay in bed per the nurse's instruction. Metoyer was acting this way throughout the day and security responded on more than one occasion. On one particular occasion, Metoyer was acting erratic and appeared very angry. Metoyer clenched his fists and began aggressively approaching victims 1 and 2. Victim 1 and victim 2 attempted to restrain Metoyer with the assistance of an additional security guard [REDACTED] a Hispanic male with a date of birth of May 21, 1972. During the struggle, victim 1 had a piece of his finger bitten off by Metoyer. After Metoyer bit victim 1's finger off, he stated "Gotcha". Metoyer was able to briefly break free before being detained and placed in restraints just outside his door.</p> <p>Detective Weissinger made contact with [REDACTED] Marsys Law and collected a digitally recorded statement. [REDACTED] Marsys Law statement was similar and consistent with the one provided to deputies.</p> <p>[REDACTED] Marsys Law stated she was present for the entire altercation and heard victim 1 say Metoyer bit his finger off. [REDACTED] Marsys Law observed blood all over the room. After the incident was over, [REDACTED] Marsys Law cleaned the room and was having trouble finding the piece of the finger [REDACTED] Marsys Law asked Metoyer if he had swallowed the finger, to which Metoyer stated he did not and spit it out. [REDACTED] Marsys Law was eventually able to locate the finger still inside the piece of the glove worn by victim 1.</p> <p>Metoyer was sedated following the altercation but awoke while Detective Weissinger was at the hospital. When asked if he wanted to talk to Detective Weissinger, Metoyer stated he did not.</p> <p>The scene was documented through a series of digital photographs. All evidence was collected and submitted appropriately, including DNA and buccal swabs.</p> <p>Based upon the following facts:</p> <ol style="list-style-type: none"> 1. Metoyer initiated a physical altercation with hospital security, where he intentionally bit off the tip of victim 1's finger causing great bodily harm and permanent disfigurement. 2. After biting off the tip of victim 1's finger, Metoyer stated, "Gotcha" leading Detective

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Defendant Name (last, first, middle) Alias
METOYER DILLON JACOB

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law: **COMMIT FELONY BATTERY**
 On the **10** day of **January** at **1244** () A.M. () P.M. Specifically include facts constituting cause for arrest

WRITE NARRATIVE IN THE 1st PERSON (i.e. I witnessed the suspect) GIVE BASIS FOR KNOWLEDGE OF THE INCIDENT (i.e. I was told by)

Narrative

Weissinger to reasonably believe Metoyer knew exactly what he was doing.
 3. Metoyer intentionally struck victim two in the head during the altercation.

Therefore, probable cause was established by Detective Weissinger for the following charges:

1.F.S.S 784.041 (2a) - Felony battery
 2.F.S.S. 784.03 (1a1) - Simple battery

FSS 119.071

NARRATIVE

Adults Only () Hold for First Appearance Do Not Bond Out. Reason:	B O N D I N F O R M A T I O N	Date	Bond Charge # Type ()	Bond Charge # Type ()
I swear/affirm the above and reverse and attached statements are true and correct OFFICERS SIGNATURE		Location of Appearance (Court Room No. Address)		
Detective - D WEISSINGER NAME (printed) 15-021/Violent Crimes ID No./Dist		Returnable Court Date	Returnable Court Time	() A.M. () P.M.
Sworn and subscribed before me the undersigned authority This day of		Release Date	Release Time	() A.M. () P.M.
SIGNATURE of Person Authorized to Administer Oath		Releasing Officer		
, /Deputy PRINTED Name/Title of Person Authorized to Administer Oath				

OFFICE OF THE SHERIFF, LEE COUNTY, FLORIDA

THIS FORM IS TO BE COMPLETED FOR ALL CRIMES INVOLVING A VICTIM.

DATE 01/10/2022 DISTRICT/COMPONENT Violent Crimes CFS # 22-015259

DEPUTY/MEMBER NAME Detective - D WEISSINGER I.D. # 15-021

DEFENDANT METOYER, DILLON JACOB

OFFENSE (S) BATTERY, BATTERY

VICTIM INFORMATION

MANDATORY CONTACT WHEN DEFENDANT IS RELEASED? _____

CONTACT PHONE _____ CONTACT PERSON _____

NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

NOTIFIED VICTIM / FAMILY OF INCIDENT? _____

REFERRED TO _____ DATE / TIME _____
(SERVICE AGENCY)

**CONTACT INFORMATION
(IF VICTIM IS A MINOR OR DECEASED)**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Marsys Law

ORIGINAL – VICTIM ADVOCATE

1ST COPY TO – SAO

2ND COPY TO – JAIL

OFFICE OF THE SHERIFF, LEE COUNTY, FLORIDA

THIS FORM IS TO BE COMPLETED FOR ALL CRIMES INVOLVING A VICTIM.

DATE 01/10/2022 DISTRICT/COMPONENT Violent Crimes CFS # 22-015259

DEPUTY/MEMBER NAME Detective - D WEISSINGER I.D. # 15-021

DEFENDANT METOYER, DILLON JACOB

OFFENSE (S) BATTERY, BATTERY

VICTIM INFORMATION

MANDATORY CONTACT WHEN DEFENDANT IS RELEASED? _____



Marsys Law

REFERRED TO _____ DATE / TIME _____
(SERVICE AGENCY)

CONTACT INFORMATION
(IF VICTIM IS A MINOR OR DECEASED)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

WITNESS INFORMATION

1) NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

2) NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

ORIGINAL – VICTIM ADVOCATE

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OFFICE OF THE SHERIFF, LEE COUNTY, FLORIDA

THIS FORM IS TO BE COMPLETED FOR ALL CRIMES INVOLVING A VICTIM.

DATE 01/10/2022 DISTRICT/COMPONENT Violent Crimes CFS # 22-015259

DEPUTY/MEMBER NAME Detective - D WEISSINGER I.D. # 15-021

DEFENDANT METOYER, DILLON JACOB

OFFENSE (S) BATTERY, BATTERY

VICTIM INFORMATION

MANDATORY CONTACT WHEN DEFENDANT IS RELEASED? _____



Marsys Law

REFERRED TO _____ DATE / TIME _____
(SERVICE AGENCY)

CONTACT INFORMATION
(IF VICTIM IS A MINOR OR DECEASED)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

WITNESS INFORMATION

1) NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

2) NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

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