

AFFIDAVIT - COMPLAINT

Clerk's Case No. 1472

- Adult Def.
- Juvenile Def.
- PC Arrest
- Application For Warrant / Capias

SA Case No.(s)

Page 1 of

1. Agency Name: BAY COUNTY SHERIFF'S OFFICE		2. Agency Report Number: 2011-016291		3. Charge Type: <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony	
4. Date/Time of Offense: 03/12/11 17:00		5. Date/Time of Arrest: 03/12/11 17:10		6. Arresting Officer: J. Capps	
7. Investigating Officer: J. Capps					9. OBTS
8. Defendant's Name: (Last) CARROLL, JEMMYE DANIELA (First) (Middle) Alias:					
10. Race / Sex: W/F		11. Date of Birth: 08/05/1988		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Out of State	
13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE & QUANTITY: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Height: 5'06		16. Weight: 110		17. Eye Color: BLU	
18. Hair Color: BRO		19. Scars, marks, tattoos:			
20. Driver's License Number / State:		21. Social Security Number:		22. Home Phone:	
23. Work Phone:		24. (Number) (City) (State) (Zip)			
25. Defendant's Name: (Last) KNIGHT, RYAN T (First) (Middle) Alias:					
26. OBTS		27. Race / Sex: W/M		28. Date of Birth: 06/18/1986	
29. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Out of State		30. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Controlled Substance Seized: TYPE & QUANTITY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. Height: 6'00		33. Weight: 185		34. Eye Color: HAZ	
35. Hair Color: BLD		36. Scars, marks, tattoos:			
37. Social Security Number:		38. Home Phone:		39. Work Phone:	
40. (City) (State) (Zip)		41. (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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Out of State		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:			
54. Driver's License Number / State:		55. Social Security Number:		56. Home Phone:	
57. Work Phone:		58. Address: (Street, Apartment Number) (City) (State) (Zip)			
59. Charge Description: (# 1) DISORDERLY CONDUCT Statute or Ordinance Number: 317.03 <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.					
60. Charge Description: (# 1) Statute or Ordinance Number: 317.03 <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.					
61. Charge Description: (# 1) Statute or Ordinance Number: <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.					
62. Charge Description: (# 1) Statute or Ordinance Number: <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.					
63. Victim's Name: (If business, list legal business name) (Last) STATE OF FLORIDA (First) (Middle)		64. Race / Sex:		65. Date of Birth:	
66. Telephone Number:		67. Contact Person if victim is deceased, a minor child, or business. (Last) J. Capps (First) (Middle)		68. Race / Sex:	
69. Telephone Number: (850) 747-4700		70. Date of Birth:		71. Telephone Number:	
72. Address (Street, Apartment Number) BAY COUNTY SHERIFF'S OFFICE, 3421 HWY 77, PANAMA CITY FL 32405 (City) (State) (Zip)		73. Secondary Phone Number:		74. Secondary Phone Number:	
75. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____					
76. Information Given: <input type="checkbox"/> Arrest Info <input type="checkbox"/> Victims Rights Card <input type="checkbox"/> First App Info <input type="checkbox"/> Domestic Violence Info					
77. Physical Evidence collected in this case? <input type="checkbox"/> Yes <input 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 2 page affidavit/complaint.	
Evidence Custodian's Name		Person responsible for statements BCSO		Complainant Signature J. Capps 443	
				Type or print Officer / Complainant name	

Court Copy

