☒ Adult Defendant ☒ PC Arrest

☐ Juvenile Defendant ☐ NTA

☐ Application for Warrant/Capias

AFFIDAVIT/COMPLAINT

ORIGINAL

Clerk's Case No.

SA Case No.(s)

1. Agency Name:	2. Agency Report Number:	3. Charge Type:	3a. Ordinance Type: (If applicable)
PANAMA CITY BEACH PD	07-18559	☐ Felony ☒ Misdemeanor ☐ Misdemeanor w/ associated felony	☒ Municipal ☐ County

4. Date/Time of Offense:	5. Date/Time of Arrest:	6. Arresting Officer:	7. Investigating Officer:
06/06/2007 0920	06/09/2007 0920	NICHOLS	

8. Defendant's Name: (Last)	(First)	(Middle)	ALIAS	9. OBTS
BELL	STEVEN	DOUGLAS		07-18559

10. Race/Sex	11. Date of Birth:	12. Residence Type:	13. Weapon Seized	14. Controlled Substance Seized: TYPE & QUANTITY:
W M	[redacted]	☒ City ☐ County ☐ Florida ☐ Out of State	☐ Yes ☒ No	☐ Yes ☒ No

15. Height:	16. Weight:	17. Eye Color:	18. Hair Color:	19. Scars, marks, tattoos, unique physical features: (Location, type & description)
600	240	BLU	BRN	NONE NOTED

20. Driver's License Number/State:	21. Social Security Number:	22. Residential Telephone:	23. Business Telephone:
[redacted] FL	[redacted]	[redacted]	___ ___-____

24. Address: (Street, Apartment, Number)	(City)	(State)	(Zip)
104 2ND STREET	PANAMA CITY BCH	FL	32413

25. Defendant's Name: (Last)	(First)	(Middle)	ALIAS	26. OBTS

27. Race/Sex	28. Date of Birth:	29. Residence Type:	30. Weapon Seized	31. Controlled Substance Seized: TYPE & QUANTITY:
		☐ City ☐ County ☐ Florida ☐ Out of State	☐ Yes ☐ No	☐ Yes ☐ No

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:	47. Weapon Seized	48. Controlled Substance Seized: TYPE & QUANTITY:
		☐ City ☐ County ☐ Florida ☐ Out of State	☐ Yes ☐ No	☐ Yes ☐ No

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)

FILED
2007 JUN 11 A 11:09
HAROLD BAZZEL
CLERK OF CIRCUIT COURT
BAY COUNTY, FLORIDA

59. Charge Description: (#1)	60. Statute or Ordinance Number: - Chap–Sec-Sub	
RESIST W/O CC16-1	843 02	☐ Florida Statute ☒ Ordinance
61. Charge Description: (#2)	**62. Statute or Ordinance Number: - Chap–Sec-Sub**	
BATTERY/SIMPLE CC16-1	784 03	☐ Florida Statute ☒ Ordinance
63. Charge Description: (#3)	**64. Statute or Ordinance Number: - Chap–Sec-Sub**	
		☐ Florida Statute ☐ Ordinance

65. Victim's Name: (If business, list legal business name) (Last)	(First)	(Middle)	66. Race/Sex	67. Date of Birth:	68. Telephone Number:
MCDONALD	RAY		W M	12/16/1947	850 2334433
69. Contact Person if victim is deceased, a minor child, or business: (Last)	**(First)**	**(Middle)**	**70. Race/Sex**	**71. Date of Birth:**	**72. Telephone Number:**

73. Address: (Street, Apartment Number)	(City)	(State)	(Zip)	74. Secondary Phone Number:
9450 SOUTH THOMAS DR	PANAMA CITY BCH	FL	32408	

75. Victim Notification of Arrest:	76. Information Given:
NOTIFIED BY RAMSEY DATE 06/09/2007 TIME 0920	☐ Victims Rights Card ☐ First App. Info ☐ Arrest Information ☐ Domestic Viol. Info

77. Physical Evidence collected in this case?	78. Witness Statements taken in this case?	79. I certify that all of the above information is true and correct to the best of my knowledge.
☐ Yes ☒ No	☒ Yes ☐ No	
Evidence Custodian's Name:	Person responsible for statements:	Officer/Complainant Signature

and is page 01 of a 2 page Affidavit/Complaint.

OFC DONALD NICHOLS
Type or [print] Complainant name

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT