

Adult Def PC Arrest
 Juvenile Def Application for
Warrant / Capias

AFFIDAVIT-COMPLAINT

19-737
mmA
Clerk's Case No. _____
SA Case No.(s) _____

1. Agency Name: Bay County Sheriff's Office		2. Agency Report Number: 2019-008534		3. Charge Type: <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misd <input type="checkbox"/> Misd w/felony		3a. Ordinance Type: <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 02/01/2019 @ 16:32		5. Date/Time of Arrest:		6. Arresting Officer: GAGE COWART #457		7. Investigating Officer: G. COWART	

8. Defendant's Name: (Last) (First) (Middle) (First) (Middle) FWLER, RANDY						9. OBTS:	
10. Race/Sex: W / M						11. DOB: 01/12/1951	
12. Residence Type: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input 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: TYPE AND QUANTITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Height: 6'04"		16. Weight: 180		17. Eye Color: BLU		18. Hair Color: GRY	
19. Scars, marks, tattoos, unique physical features: NONE OBSERVED							
20. Driver's License Number/State: F460720510120 / FL				21. Social Security Number: [REDACTED]		22. Residential Telephone:	23. Business Telephone:
24. Address (Street, Apartment Number): 2514 WEST 15TH STREET APT 2						(City) PANAMA CITY	(State) FL
						(Zip) 32401	

25. Charge Description (#1): RESISTING OFFICER WITHOUT VIOLENCE		26. Statute or Ordinance Number: 843.02		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	
27. Charge Description (#2):		28. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
29. Charge Description (#3):		30. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
31. Charge Description (#4):		32. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
33. Charge Description (#5):		34. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
35. Charge Description (#6):		36. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
37. Charge Description (#7):		38. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
39. Charge Description (#8):		40. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
41. Charge Description (#9):		42. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
43. Charge Description (#10):		44. Statute or Ordinance Number:		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	

45. Victim's Name (if business, list legal business name) (Last) (First) (Middle) FLORIDA, STATE OF			46. Race/Sex: U / U	47. DOB:	48. Telephone Number:	
49. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle)			50. Race/Sex:	51. DOB:	52. Telephone Number:	
53. Address (Street, Apartment Number):			(City)	(State)	(Zip)	54. Telephone Number:

55. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____		56. Information Given: <input type="checkbox"/> Victim Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Dom. Viol. Info	
57. Physical Evidence Collected in This Case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	58. Witness Statements Taken in This Case <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	59. I certify that all the above information is true and correct to the best of my knowledge and belief. [Signature] _____ Officer / Complainant Signature	
Evidence Custodian's Name _____	Person Responsible For Statements _____	GAGE COWART #491 Officer / Complainant Signature	

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

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Adult Def PC Arrest
 Juvenile Def Application for

AFFIDAVIT-COMPLAINT

Clerk's Case No. 19-737
SA Case No.(s) MMT

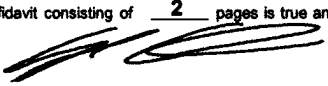
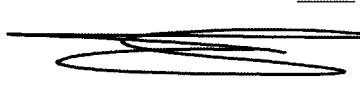
80. Agency Name: Bay County Sheriff's Office	81. Agency Report Number: 2019-008534	82. Date/Time of Arrest: 02/01/2019 @ 17:00	83 Investigating Officer: G. COWART
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

On February 1, 2019, at about 4:40 p.m., the defendant, Randy Fowler, did commit the offense of Resisting Without Violence, in violation of Florida Statute 843.02, while at 23rd Street and Frankford Avenue.

On the above date and time, the defendant was riding his bicycle in the middle of the eastbound outside lane of 23rd Street at Frankford Avenue. Traffic was honking their horns and moving around the defendant because he was impeding the flow of traffic. I initiated my lights and siren and informed the defendant to move to the sidewalk. The defendant shouted "FUCK YOU!!!! I ain't going nowhere!!!!" I then moved behind the defendant with my lights and siren activated. The defendant refused to pull over and I had to relocate in front of him. The defendant continued to try to move around me and I had to grab him to remove him from the roadway. Once the defendant was being detained, he refused to comply and pulled away.

This offense did occur in Bay County, Florida.

85. The undersigned, being duly sworn, states that the forgoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his / her knowldge.  Signature of Officer / Complainant GAGE COWART #491 Officer / Complainant's Name (Printed) ID Number	86. Sworn to and subscribed before me this <u>02</u> day of Feb, 2019  Signature of Person Administering Oath JAMIE YOUNG #44 (Printed Name) <input type="checkbox"/> Personally Known <input type="checkbox"/> Other ID _____ ID Type Seal
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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) YOUNG JAMIE
89. Address (Street, Apartment Number): _____ (City) _____ (State) (Zip) _____	90. Residential Phone: _____ 407 619 6107
92. Notified By: (Name) _____	91. Work Phone: _____ 0
93. Date: _____	94. Notification Method: _____
95. Law Enforcement Disposition of Juvenile Contact: _____	Release Date _____ Release Time: _____ Released To: _____

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