

747-5097

PROBABLE CAUSE AFFIDAVIT/ARREST/NOTICE TO APPEAR

CHIT# Number		1 Arrest Affidavit 2 Notice to Appear		3 Complaint Affidavit 4 Request for Caption		JUVENILE <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Agency ORI FL0030100		Panama City Police				Agency Report Number 09-00302	
Charge Type 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other				Co-Defendant None			
Location of Arrest (Include Name of Business) Panama City Police Dept.				Location of Offense 800 Pinecrest Panama City, Florida			
Arrest Date 01-07-2009		Arrest Time 3:36:00 PM		Cases Cleared 1		Mandatory Return/Type 1. Yes 2. No	
						Domestic Violence 1. Yes 2. No	
Arresting Officer Det. M. Smith						Officer ID 604	
Defendant's Name (Last, First Middle) Evans April Annise						Scars, Marks, Tattoos	
Address (Street, Apt Number) 800 Pinecrest Ave		City Panama City		State Florida		Zip 32401	
Residence Phone 850481140		Business Address (Name, Street)		City Florida		State Zip	
Business Phone		Social Security Number [REDACTED]		Date of Birth 02-13-1978		Age 30	
Sex W		Hair F		Height 5'08"		Weight 120	
Eyes GRN		Hair Color Red		Complexion Fair		Driver's License State/Number Florida E152001785530	
IMR Number		Place of Birth Florida		Citizenship United States		Build Thin	
Occupation Unemployed		Education Type 1 City 3 Florida 1 County 4 Out of State		Indication of Alcohol Influence 1 Yes 2 No 3 Unk		Indication of Drug Influence 1 Yes 2 No 3 Unk	
Juvvenile's Parents/Custodian Name (Last, First Middle)		Residence Phone		Address (Name, Street)		City Florida	
Address (Name, Street)		City Florida		State Zip		Business Phone	
Notified By (Name) Det. M. Smith		Date		Time		Juvvenile Disposition 1. Handled/Processed Within Dept. and Released 2. Turned Over to HRS/CYP 3. Institutionalized (County Jail)	
Released To (Name)		Relationship		Date		Time	
Drug Activity P-Possess 3-Sell 8-Buy T-Tamper M-Manufacture/Produce/Cultivate R-Smuggle D-Deliver B-Use K-Dispense/Distribute 2-Other				Drug Type A-Amphetamine B-Cocaine C-Cocaine B-Basid H-Hallucinogen K-Ketamine O-Opium/Opium Derivatives P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other			
Charge Domestic Violence (Battery)		Counts 1		Statute 741.28		Violation of Section (CRB)	
Charge		Counts		Statute		Violation of Section (CRB)	
Activity		Type		Amount		Amount	
<p>The undersigned notifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:                  The defendant did willfully, intentionally and knowingly commit certain acts in direct violation of the Florida Anti-Tampering Act and Delivery of Controlled Substances. The defendant April Evans did state in a post Miranda interview that she did intentionally crush the following prescribed drug Ambien, Zanex and Vallum and place the powder ingredients into a slice of chocolate pie that she then intentionally fed to her husband in an erotic manner. The defendant further states that she did so with the intentions to impair the bodily functions of her husband, Jeffery Evans so as to cause him to reach a state of unconsciousness. The defendant's actions did lead to the requirement of medical treatment of Mr. Evans. The defendant states the actions were without the knowledge or consent of her husband, Jeffery Evans. Said offense occurred in Panama City, Bay County, Florida on January 6, 2009.</p>							
<p>Pursuant to F.S.S. 938.27, The investigative cost incurred by this agency is \$</p>							
<input type="checkbox"/> Mandatory Appearance in Court Location (Court, Room Number, Address) Time Month Day Year Temp <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBER, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					
Signature of Defendant(s) and Parent of Defendant Signature of Defendant(s) and Parent of Defendant Date							
Victim's name (Last, First) Evans Jeffrey Victim's Address 800 Pinecrest Ave Panama City Florida 32401				I warrant that the facts and circumstances stated are true and correct Name (Printed) Det. M. Smith I.D. Number 604			
I warrant and warrant that the facts and circumstances stated are true and correct Name (Printed) Det. M. Smith I.D. Number 604				Sworn and warranted before me, the undersigned authority this 7 day of January 2009 Signature of Person Administering Oath 2704			

**Narrative**

I WAS DISPATCHED TO THE ABOVE LOCATION CONCERNING A SICK PERSON. UPON ARRIVAL I ENTERED THE HOUSE AND WHITE MALE AND WHITE FEMALE WERE PRESENT. I ASKED FOR EACH PERSONS DRIVERS LICENSE. EMS ARRIVED, EMT GILLMAN AND PARAMEDIC JENKINS ENTERED THE HOME. WHILE COPYING THE INFORMATION FOR JEFFREY L. EVANS THE WHITE MALE AND APRIL EVANS THE WHITE FEMALE, EMS AND MR EVANS WERE ASKING MS EVANS WHAT PILLS WERE GIVEN TO MR EVANS. MS EVANS STATED THAT SHE HAD PUT 1 XANDY BAR (REFERRING TO A XANAX TABLET), 2 VALIUM, AND 1 AMBIAN IN A CHOCOLATE PIE THEY ATE LAST NIGHT. MR EVANS WAS TAKEN BY EMS TO BAY MEDICAL CENTER. I STOOD BY UNTIL INVESTIGATIONS ARRIVED, UPON INVESTIGATIONS ARRIVAL I TRANSPORTED MS EVANS TO THE PANAMA CITY POLICE DEPARTMENT AND PLACED INTO INTERVIEW ROOM THREE. TURNED OVER TO INVESTIGATIONS.

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Responsible LEO:

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Date

01/09/09