

Adult Def PC Arrest
 Juvenile Def Application for Warrant / Citias

AFFIDAVIT - COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clarke Case No. _____
 SA Case No.(s) _____

80. Agency Name: Bay County Sheriffs Office	81. Agency Report Number: 2009-014646	82. Date / Time of Arrest:	83. Investigating Officer: INV. JASON LARSON #81
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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 of law as stated above and the factual basis for this belief is as follows:

YOUR AFFIANT STATES THAT ON 3/9/09, KAYLA NOWLIN WAS BABY SITTING [REDACTED] AT NOWLIN'S RESIDENCE, THEREFORE SHE WAS THE PRIMARY CARE PROVIDER FOR [REDACTED] AT THIS TIME.

NOWLIN AND [REDACTED] CAME INTO THE FENCE OF THE YARD WHEN NOWLIN PLACED [REDACTED] ON THE GROUND AT THE GATE WHILE THEY WERE WALKING TO THE FRONT DOOR OF THE RESIDENCE. NOWLIN THEN OBSERVED [REDACTED] PETTING HER, NOWLIN'S, PITT BULL DOG, NAMED DODGE. NOWLIN CONTINUED TO WALK TO THE FRONT DOOR OF THE RESIDENCE WHEN SHE HEARD [REDACTED] SCREAMING AND CRYING. WHEN NOWLIN TURNED AROUND SHE NOTICED THAT [REDACTED] WAS IN BEING ATTACKED BY THE DOG, THE DOG WAS THROWING [REDACTED] AROUND BY THE NECK WHICH CAUSED GREAT INJURY TO [REDACTED].

NOWLIN BEGAN SCREAMING FOR HELP AND WAS ATTEMPTING TO SEPARATE [REDACTED] FROM THE JAWS OF THE DOG. A PERSON PASSING BY, [REDACTED] NOTICED WHAT WAS HAPPENING AND RAN OVER TO ASSIST IN FREEING [REDACTED] FROM JAWS THE DOG, WHICH HE WAS ABLE TO DO. AS NOWLIN PICKED [REDACTED] UP AND BEGAN TO CARRY HER AWAY FROM THE DOG THE DOG AGAIN ATTACKED [REDACTED] ON THE LEG.

I TRAVELED TO THE BAY MEDICAL CENTER EMERGENCY ROOM, WHERE I OBSERVED SEVERAL INJURIES TO [REDACTED]'S BODY, WHICH WERE CAUSED BY THE DOG ATTACKING HER. THERE WAS A PUNCTURE WOUND AND LACERATION TO HER INNER RIGHT THIGH, AND SEVERAL TO HER NECK AND FACE. ONE OF THE INJURIES TO HER NECK APPARENTLY INVOLVED NERVE DAMAGE.

DURING AN INTERVIEW WITH NOWLIN SHE STATED THAT THE DOG HAS NEVER ATTACKED ANYONE BEFORE AND SHE WAS NOT AWARE OF ANY VIOLENCE CONCERNING THE DOG. HOWEVER, ON 10/25/08 THIS SAME DOG ATTACKED AN EIGHT YEAR OLD BOY DOWN THE STREET CAUSING HIM TO OBTAIN MEDICAL TREATMENT FOR HIS INJURIES. IN THIS REPORT NOWLIN WAS LISTED AS THE OWNER OF THE DOG AND SIGNED THE ANIMAL CONTROL REPORT INDICATING SHE WAS THE OWNER OF THE DOG.

THESE OFFENSES DID OCCUR IN BAY COUNTY, FLORIDA.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of _____ pages is true and correct to the best of his / her knowledge.

Signature of Officer/Complainant
INV. JASON LARSON #81
 Officer/Complainant's Name (Printed) ID Number

Sworn to and subscribed before me this 07 day of April, 2009.

Signature of Person Administering Oath
 Personally Known Other Identification ID Type
 Seal **LSB**

87. Adult's Relation to Juvenile Defendant: <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		88. Adult's Name: (Last) (First) (Middle) MOBBS, REBECCA	
89. Address: (Street, Apartment Number) (City) (State) (Zip) 4715 COLORADO ST		90. Residential Phone: (850) 734-4111	91. Business Phone:
92. Notified By: (Name)		93. Date / Time: @	94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release date)			
Release Date: _____ Release Time: _____		<input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HR& Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HR&	

Clerk / File Copy

Adult Det PC Arrest
 Juvenile Det Application for Warrant / Capias

AFFIDAVIT - COMPLAINT

Clerk-Coco #10: _____
 SA Case No.(s) _____

1. Agency Name: Bay County Sheriffs Office		2. Agency Report Number: 2009-014646		3. Charge Type: <input type="checkbox"/> Felony <input type="checkbox"/> Misd <input checked="" type="checkbox"/> Misd w/ Felony		3a. Ordinance Type: <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 03/09/2009 @ 13:30		5. Date/Time of Arrest:		6. Arresting Officer: INV. JASON LARSON #81		7. Investigating Officer: INV. JASON LARSON #81	

8. Detendant's Name: (Last) NOWLIN, KAYLA, DIANE			(First)			(Middle)			ALIAS			9. CBTS			
10. Race/Sex: W / F		11. Date of Birth: 10/06/1991		12. Residence Type: <input checked="" type="checkbox"/> City <input type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE & QUANTITY		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
15. Height: 5'06"		16. Weight: 130		17. Eye Color: BRN		18. Hair Color: BRN		19. Scars, marks, tattoos, unique physical features:							
20. Driver's License Number/State: N450-504-91-866-0 FL				21. Social Security Number: [REDACTED]				22. Residential Telephone: (850) 784-4777				23. Business Telephone:			
24. Address: (Street, Apartment Number) 4717 COLORADO ST.				(City) PANAMA CITY				(State) FL				(Zip) 32404			

25. Charge Description: (#1) CHILD NEGLECT	26. Statute or Ordinance Number: 827.03(3)(B)	<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)			46. Race/Sex: W / F		47. Date of Birth: 03/08/2007		48. Telephone Number: [REDACTED]	
49. Contact Person if victim deceased, a minor child, or business: (Last) (First) (Middle)			50. Race/Sex: W / F		51. Date of Birth: 02/21/1986		52. Telephone Number: [REDACTED]	
53. Address: (Street, Apartment Number) (City) (State) (Zip)			4718 COLORADO ST PANAMA CITY FL 32404		54. Secondary Phone Number:			
55. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____					56. Information Given: <input type="checkbox"/> Victim's Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Com. Viol. Info			

67. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: BCSO		68. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: BCSO		69. I certify that all of the above information is true and correct to the best of my knowledge and is page <u>1</u> of a <u>2</u> page affidavit/complaint. [Signature] Complainant Signature		INV. JASON LARSON #81 Type or print Complainant name	
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