

☒ Adult Defendant ☒ PC Arrest
☐ Juvenile Defendant ☐ NTA
☐ Application for Warrant/Capias

Clerk's Case No.

SA Case No.(s)

AFFIDAVIT - COMPLAINT

1. Agency Name: Panama City Beach PD		2. Agency Report Number: 1648380		3. Charge Type: ☒ Felony ☐ Misdemeanor ☐ Misdemeanor w/ associated felony		3a. Ordinance Type: (if applicable) ☐ Municipal ☐ County			
4. Date/Time of Offense: 11/13/2016 2310		5. Date/Time of Arrest: 11/13/2016 2344		6. Arresting Officer: C. JONES		Unit #: 42		7. Investigating Officer: C. JONES	
8. Defendant's Name: (Last) (First) (Middle) ALIAS TOTTEROW AIMEE BREANN								9. OBTS 1648380	
10. Race/Sex: ☒ W ☐ F		11. Date of Birth: 01/17/1994		12. Residence Type: ☐ City ☐ County ☐ Florida ☒ Out of State		13. Weapon Seized: ☐ Yes ☒ No		14. Controlled Substance Seized: TYPE & QUANTITY: ☐ Yes ☒ No	
15. Height: 504		16. Weight: 130		17. Eye Color: BRN		18. Hair Color: BRN		19. Scars, marks, tattoos, unique physical features: (Location, type & description) HEART TATTOO ON BACK OF THE NECK	
20. Driver's License Number/State: 8390761 AL		21. Social Security Number: [REDACTED]		22. Residential Telephone:		23. Business Telephone:			
24. Address: (Street, Apartment, Number) (City) (State) (Zip) 447 CAMDEN COVE CIRCLE CALERA AL 35040									
8. Defendant's Name: (Last) (First) (Middle) ALIAS								9. OBTS	
10. Race/Sex		11. Date of Birth:		12. Residence Type:		13. Weapon Seized		14. Controlled Substance Seized: TYPE & QUANTITY:	
15. Height:		16. Weight:		17. Eye Color:		18. Hair Color:		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State:		21. Social Security Number:		22. Residential Telephone:		23. Business Telephone:			
24. Address: (Street, Apartment, Number) (City) (State) (Zip)									
8. Defendant's Name: (Last) (First) (Middle) ALIAS								9. OBTS	
10. Race/Sex		11. Date of Birth:		12. Residence Type:		13. Weapon Seized		14. Controlled Substance Seized: TYPE & QUANTITY:	
15. Height:		16. Weight:		17. Eye Color:		18. Hair Color:		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State:		21. Social Security Number:		22. Residential Telephone:		23. Business Telephone:			
24. Address: (Street, Apartment, Number) (City) (State) (Zip)									
50. Charge Description: (#1) CHILD NEGLECT				60. Statute or Ordinance Number: - Chap-Sec-Sub 827 03				☒ Florida Statute ☐ Ordinance	
61. Charge Description: (#2)				62. Statute or Ordinance Number: - Chap-Sec-Sub				☐ 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) (First) (Middle) (Last)								66. Business Telephone:	
67. Date of Birth:								68. Telephone Number:	
69. Address:								70. Address:	
71. Address:								72. Address:	
73. Address:								74. Address:	
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93. Address:								94. Address:	
95. Address:								96. Address:	
97. Address:								98. Address:	
99. Address:								100. Address:	

76. Victim Notification of Arrest:
NOTIFIED BY _____ DATE _____ TIME _____

77. Physical Evidence collected in this case?
☒ Yes ☐ No
Evidence Custodian's Name: **PCBPD**

78. Witness Statements taken in this case?
☒ Yes ☐ No
Person responsible for statements: **PCBPD**

79. I certify that all of the above information is true and correct to the best of my knowledge.
and is page 01 of _____ page(s) attached.
Officer/Complainant Signature: **C. JONES** Type or print Complainant name: _____

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

2116 NOV 14 A 8:32
BIL KINSJUL
CLERK OF COURT
BAY COUNTY, FLORIDA
FILED

☒ Adult Defendant ☒ PC Arrest
☐ Juvenile Defendant ☐ NTA
☐ Application for Warrant/Capias

AFFIDAVIT - COMPLAINT

(PROBABLE CAUSE NARRATIVE)

Clerk's Case No. 16-4498

SA Case No.(s) _____

80. Agency Name: Panama City Beach PD	81. Agency Report Number: 1648380	82. Date/Time of Arrest: 11/13/2016 2344	83. Investigating Officer: C. JONES
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CASE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

Narrative

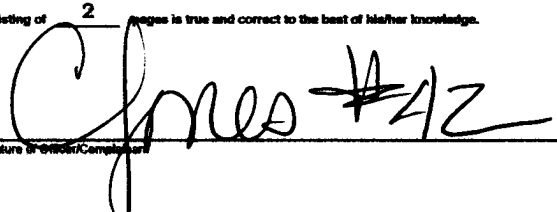
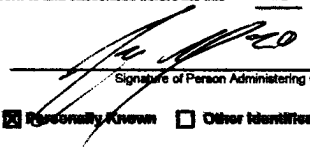
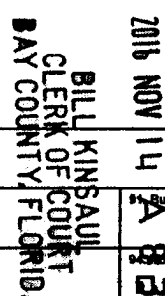
On 11/13/2016 while at Boardwalk Beach Resort, located at 9600 Panama City Beach Parkway, The Defendant, Aimee Tetherow, did commit the offense of Child Neglect. She did so by being intoxicated to the point she could no longer care for herself nor her minor child. The child was observed entering and exiting the hotel room and running around in the parking lot without supervision. This officer made contact with defendant at her room and found her to be nude and intoxicated to the point she could not answer simple questions nor stand on her own will. I observed fecal matter on the bathroom floor and numerous bottles of prescription pills within the minors reach. The minor child was fearful of her mother and stated several times she was afraid of her "mothers sick mood" and she wanted her to get better. It is a firm belief that the child was in immediate need of care and supervision.

This offense occurred in Panama City Beach, Bay County, Florida and violates Florida State Statute 827.03.

☐ Mandatory appearance in court, _____

_____ at _____ ☐ A.M. ☐ P.M. Criminal/ (850) 747-5155 Traffic/ (850) 747-5132
MONTH DAY YEAR TIME

Local Address: _____

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his/her knowledge.  Signature of Officer/Complainant C. JONES Officer/Complainant's Name (Printed) 42 ID Number		Sworn to and subscribed before me this <u>13</u> day of <u>NOVEMBER</u> <u>2016</u>  Signature of Person Administering Oath ☒ Personally Known ☐ Other Identification <u>LAW ENFORCEMENT</u> ID Type Seal  FILED 2016 NOV 14 A 8 32 BILL KINSAUL CLERK OF COURT BAY COUNTY, FLORIDA	
87. Adult's Relation to Juvenile Defendant: ☐ Parent ☐ Legal Guardian ☐ Other _____		88. Adult's Name: (Last) _____ (First) _____ (Middle) _____	
89. Address (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____		90. Residential Phone: _____	
92. Notify By: (Name) _____		93. Date/Time: _____	
94. Notification Method: ☒ Person ☐ Telephone		95. Law Enforcement Disposition of Juvenile Contract: (Check one and complete release data) ☐ Transferred to Secure Detention ☐ Released to HRS Intake Officer, not detained ☐ Processed within the agency and released to other than HRS Release Date: _____ Release Time: _____ Released to (Name): _____	