

Adult Def PC Arrest
 Juvenile Def Application for Warrant / Capias

AFFIDAVIT - COMPLAINT

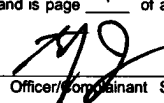
Clerks Case No. _____
 SA Case No.(s) _____

1. Agency Name: Bay County Sheriff's Office		2. Agency Report Number: 2016-008872		3. Charge Type: <input checked="" type="checkbox"/> Felony <input 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: 02/10/2016 @ 08:00		5. Date/Time of Arrest: 02/10/2016 @ 19:35		6. Arresting Officer: S. JENCKS		7. Investigating Officer: S. JENCKS	

8. Defendant's Name: (Last) VAUGHAN, ROBERT, WAYNE			(First)	(Middle)	ALIAS	9. OBTS
10. Race/Sex: W / M	11. Date of Birth: 03/28/1967	12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Out of State		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: 6'00"	16. Weight: 140	17. Eye Color: BLUE	18. Hair Color: GRY	19. Scars, marks, tattoos, unique physical features:		
20. Driver's License Number/State: V250-779-67-108-0 / FL		21. Social Security Number: [REDACTED]		22. Residential Telephone:		23. Business Telephone:
24. Address: (Street, Apartment Number) 2401 DOROTHY AVENUE #9		(City) PANAMA CITY BEACH	(State) FL	(Zip) 32408		

25. Charge Description: (#1) MURDER	26. Statute or Ordinance Number: 782.04	<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) PEDRAZA, PATRICIA			46. Race/Sex: W / F	47. Date of Birth: 03/16/1947	48. Telephone Number:
49. Contact Person if victim deceased, a minor child, or business: (Last) (First) (Middle) PEDRAZA, EMMANUEL			50. Race/Sex: W / M	51. Date of Birth: 05/05/1954	52. Telephone Number:
53. Address: (Street, Apartment Number) (City) (State) 3619 LONG JOHN DRIVE PANAMA CITY BEACH FL 32408				54. Secondary Phone Number:	
55. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____				56. Information Given: <input type="checkbox"/> Victims 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 type="checkbox"/> No Evidence Custodian's Name _____	58. Witness Statements taken in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No Person Responsible for statements _____	59. 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.  Officer/Complainant Signature _____ S. JENCKS Type or print Complainant name _____
--	---	--

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

Clerk / File Copy

FILED
 02 FEB 11 2016
 CLERK OF DISTRICT COURT
 PANAMA CITY BEACH, FLORIDA

Adult Def PC Arrest
 Juvenile Def Application for Warrant / Capias

AFFIDAVIT - COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerks Case No. 10-3-1
 SA Case No.(s) _____

80. Agency Name: Bay County Sheriff's Office	81. Agency Report Number: 2016-008872	82. Date / Time of Arrest: 02/10/2016 @ 19:35	83. Investigating Officer: S. JENCKS
--	---	---	--

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:


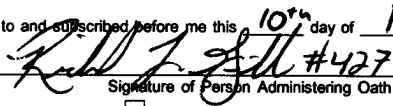
On 02/10/16 the Bay County Sheriff's Office responded to 3619 Long John Drive after Emmanuel Pedraza called and stated he came home to find his wife, Patricia Pedraza, lying on the floor in the living room unresponsive and covered in blood. Based on her injuries it was determined that she was stabbed with possibly a knife in the back and the chest. As a result of the injuries she was pronounced deceased. According to the crime scene investigators she had at least 4 stab wounds to the chest and defensive wounds to both hands.

While inspecting the body an Electronic Benefits Transfer (EBT) card was located lying in blood just next to her body. On the card it read Robert W Vaughan. After investigation it was determined that card belonged to Robert Wayne Vaughan of 2401 Dorothy Avenue Lot 9. Investigators traveled to that address where they were directed by Vaughan's girlfriend to a townhome located at Pinetree Avenue and Biltmore Drive. We traveled to that townhome where Vaughan agreed to come to the Bay County Sheriff's Office.

Once at the office he was read his Miranda Warnings and agreed to speak with us. It was obvious that he had been in an altercation due to scratches on the right side of his face. He eventually stated that he did go over to Mrs. Pedraza's residence on the morning of 02/10/16. He stated they had an arrangement where she would buy his EBT card from him so that she could use it. She would pay him \$150 for the card according to him after \$194 had been put on it. He stated that he still owed her money and she did not want to give him the card back and they then got into an argument. He stated that he went out to his car to get his knife and came back in when the argument ensued. He stated that he choked her from behind to where she went down to her knees. He stated that he had the knife on his hip.

He later stated that he went home at lunch time and washed his clothes. He also stated that he threw his shoes away at a dumpster in the Edgewater complex. He then stated he no longer wished to speak with law enforcement. The knife was located in the glove box of his vehicle where he said it would be.

Due to these facts it is believed that Vaughan committed the offense of murder, FSS 782.04, and did occur in Bay County, FL.

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 knowledge.  Signature of Officer/Complainant S. JENCKS Officer/Complainant's Name (Printed)	Sworn to and subscribed before me this <u>10th</u> day of <u>Feb.</u> , 20 <u>16</u>  Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification Seal LEO ID Type
--	---

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

FILED
FEB 11 4 38 00 PM
BAY COUNTY, FLORIDA
CLERK OF COUNTY

Clerk / File Copy