

IN THE COUNTY COURT
IN AND FOR BAY COUNTY, FLORIDA
NOTICE TO APPEAR

21-4115A237
MOMS

STATE OF FLORIDA, COUNTY OF BAY

CASE NO. 2156403A

IN THE Name of Bay County, Florida: The undersigned certifies that he has just and reasonable grounds to believe, and does believe, that:

ON the 4th day of Sep, 20 21, at 5:05 (X) A.M. () P.M.

MASON Lance Patrick
Last Name First M.I. Aliases
3304 Country club dr. 10/1/1970
Street, City and State Date and Place of Birth
W/M 5'7 Height Weight grey B/D
Phone Race/Sex Eyes Scars/Marks

Occupation light Place of Employment M250535703610 FL/22
Completion Driver's License No. Yr./St. Social Security No.
At (location) Walmart (pier park) A4
In Bay County, Florida, committed the following offense (s)

- (1) Camping on the beach
(2)

in violation of section (s): CC-16-8 () State Statute (X) Municipal Ord.

L. Hill #49 PCBPD
Name of Officer ID No. Agency

(X) Mandatory appearance in court, Bay County Court House 4th St. at McKenzie Ave., Panama City, Florida

9 20 at 1:00 () A.M. (X) P.M. Criminal / (850) 747-5155
Month Day Traffic / (850) 747-5132

*CO-DEFENDANTS/WITNESS:

1. Name DOB Address Phone
2. Name DOB Address Phone

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED ABOVE TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THE NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

X [Signature]
Signature of Defendant

I swear the above is true and correct to the best of my knowledge and belief.
Sworn to and subscribed before me

this 4 day of Aug, 20 21.

X [Signature]
Complainant

[Signature]
Notary Public, State of Florida

PANAMA CITY BEACH POLICE DEPARTMENT
Agency or Department

☒ Adult Defendant ☐ PC Arrest

☐ Juvenile Defendant ☒ NTA

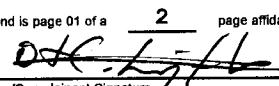
☐ Application for Warrant/Capias ☐ Booking & Welfare

Clerk's Case No.

SA Case No.(s)

21-4115
mons

AFFIDAVIT - COMPLAINT

1. Agency Name: Panama City Beach PD		2. Agency Report Number: 2156403		3. Charge Type: <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w / associated felony		3a. Ordinance Type: (if applicable) <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> County			
4. Date/Time of Offense: 09/04/2021 0505		5. Date/Time of Arrest: 09/04/2021 0505		6. Arresting Officer: HILL		Unit #: 49		7. Investigating Officer: HILL	
8. Defendant's Name: (Last) (First) (Middle) ALIAS MASON LANCE PATRICK								9. OBTS 2156403A	
10. Race/Sex <input checked="" type="checkbox"/> W <input type="checkbox"/> M		11. Date of Birth: 10/01/1970		12. Residence Type: <input type="checkbox"/> City <input checked="" 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 & QUANTITY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Height: 507		16. Weight: 170		17. Eye Color: BRN		18. Hair Color: BRO		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: M250535703610 FL				21. Social Security Number: [REDACTED]		22. Residential Telephone:		23. Business Telephone:	
24. Address: (Street, Apartment, Number) (City) (State) (Zip) 3304 COUNTRY CLUB DR LYNN HAVEN FL 32444									
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)									
59. Charge Description: (#1) CAMPING ON BEACH				60. Statute or Ordinance Number: - Chap-Sec-Sub 16 8 <input type="checkbox"/> Florida Statute <input checked="" type="checkbox"/> Ordinance					
61. Charge Description: (#2)				62. Statute or Ordinance Number: - Chap-Sec-Sub <input type="checkbox"/> Florida Statute <input type="checkbox"/> Ordinance					
63. Charge Description: (#3)				64. Statute or Ordinance Number: - Chap-Sec-Sub <input type="checkbox"/> Florida Statute <input type="checkbox"/> Ordinance					
65. Victim's Name: (if business, list legal business name) (First) (Middle) (Last) SOCIETY				66. Race/Sex: <input type="checkbox"/> <input type="checkbox"/>		67. Date of Birth:		68. Telephone Number:	
69. Contact Person if victim is deceased, a minor child, or business: (First) (Middle) (Last)				70. Race/Sex: <input type="checkbox"/> <input type="checkbox"/>		71. Date of Birth:		72. Telephone Number:	
73. Address (Street, Apartment Number) (City) (State) (Zip) <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>				74. Secondary Phone Number:					
75. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____						76. Information Given: <input type="checkbox"/> First App. Info <input type="checkbox"/> Domestic Viol. Info <input type="checkbox"/> Victims Rights Card <input type="checkbox"/> Arrest Information			
77. Physical Evidence collected in this case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		78. Witness Statements taken in this case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		79. I certify that all of the above information is true and correct to the best of my knowledge. and is page 01 of a 2 page affidavit/complaint. <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> Officer/Complainant Signature</div><div style="width: 45%; text-align: right;">OFC. L. HILL Type or print. Complainant name</div></div>					

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

AFFIDAVIT - COMPLAINT

(PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____

SA Case No.(s) _____

80. Agency Name: Panama City Beach PD	81. Agency Report Number: 2156403	82. Date/Time of Arrest: 09/04/2021 0505	83. Investigating Officer: HILL
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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

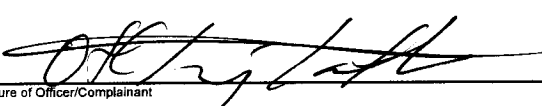

On 09/04/2021, at about 5:05 a.m., the defendant, Lance Patrick Mason, did commit the offense of sleeping or camping in the city of Panama City Beach. The defendant did so by actually and intentionally resting in an attitude of sleep in the nighttime, or purporting to reside, between the hours of 1:00 a. m., and 7:00 a.m., in a public area, or park, namely while at Walmart, located at 15495 Panama City Beach PKWY. The defendant admitted to not having any type of lodging at the time of the incident and was sleeping in the backseat of a 2007 Ford Freestyle bearing Florida license plate number EEH237. The defendant had pillows and blankets set up to accommodate his sleep. The defendant is in violation of Panama City Beach City Code 16-8.

This offense did occur in the city of Panama City Beach, Bay County, Florida.

☒ Mandatory appearance in court, **BAY COUNTY COURTHOUSE**

SEPTEMBER **20** **2021** at **0100** ☐ A.M. ☒ P.M. Criminal/ (850) 747-5155 Traffic/ (850) 747-5132
MONTH DAY YEAR TIME

Local Address: **4TH ST. AT MCKENZIE AVE., PANAMA CITY, FLORIDA**

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 OFC. L. HILL 49 Officer/Complainant's Name (Printed) ID Number		Sworn to and subscribed before me this <u>4</u> day of SEPTEMBER 2021  Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification POLICE OFFICER ID Type Seal	
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) _____	
89. Address (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____		90. Residential Phone: _____	91. Business Phone: _____
92. Notify By: (Name) _____		93. Date/Time: _____	94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contract: (Check one and complete release data) <input type="checkbox"/> Transferred 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 Release Date: _____ Release Time: _____ Released to (Name): _____			