

21-247

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DETAINDER      DETAINDER      DETAINDER      DETAINDER      DETAINDER

PANAMA CITY POLICE DEPARTMENT

DETAINDER FORM

DATE: 06/23/2021

CASE # 2021-030988



FUGITIVE FROM JUSTICE INFORMATION FORM \_\_\_\_\_

IN STATE, OUT OF COUNTY INFORMATION FORM X

1. Name of Fugitive / Suspect MASON, LANCE, PATRICK
2. DOB 10/01/1970      DAY MONTH YEAR      SSN [REDACTED]
3. Arresting Agency PANAMA CITY POLICE DEPARTMENT      Arresting Officer OFC. G. NELSON / #2117
4. Demanding State/County/City LEON COUNTY, FLORIDA
5. Charge(s) in demanding State/County    A. TRESPASSING - STRUCTURE OR CONVEYANCE AFTER WARNING / 810.08(2A)  
B. \_\_\_\_\_      C. \_\_\_\_\_
6. Recommended bond of demanding State / County \_\_\_\_\_
7. Copy of Fugitive / Suspect complaint, teletype, warrant, or any other document which arrest was based upon must be attached to this form.
8. Fugitive bond set in this State \_\_\_\_\_
9. Why was fugitive / suspect arrested ?      NCIC X      FCIC X
10. Person to be contacted in demanding State/County JOHNSON, JUSTIN  
\_\_\_\_\_  
Phone Number (850) 806-5823
11. Has fugitive/suspect been first appeared?    Yes \_\_\_\_\_      No X
12. Has fugitive signed a waiver ?      Yes \_\_\_\_\_      No X
13. Which Correctional Officer received paperwork ? \_\_\_\_\_

Signature of Arresting Officer [Signature]      OFC. G. NELSON ##2117

Signature of Correctional Officer \_\_\_\_\_

The preceding form must be completed by the Arresting Officer when booking in Fugitive / Suspect. The original must be left with the Correctional Officer booking the Fugitive / Suspect. The Shift Commander is responsible for this form getting to the Warrant basket located in the Patrol Shift Commander's Office.

NOTICE: Number 7 of this form MUST be complied with.

DEFINITIONS : FUGITIVE : A person wanted in another State under F.S.S. 941  
SUSPECT : A person wanted in the State of Florida

DETAINDER      DETAINDER      DETAINDER      DETAINDER      DETAINDER

☒ Adult Def☒ PC Arrest

Clerk's Case No. \_\_\_\_\_

☐ Juvenile Def☐ Application for  
Warrant / Capias


SA Case No.(s) \_\_\_\_\_

# AFFIDAVIT-COMPLAINT

1. Agency Name: <b>PANAMA CITY POLICE DEPARTMENT</b>		2. Agency Report Number: <b>2021-030988</b>		3. Charge Type: <input type="checkbox"/> Felony <input checked="" 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: <b>06/23/2021 @ 21:51</b>		5. Date/Time of Arrest:		6. Arresting Officer: <b>GARRETT NELSON #2117</b>		7. Investigating Officer: <b>OFC. G. NELSON #2117</b>	

8. Defendant's Name: (Last) (First) (Middle) (First) (Middle) <b>MASON, LANCE PATRICK</b>						9. OBTS:			
10. Race/Sex: <b>W / M</b>		11. DOB: <b>10/01/1970</b>		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> City <input 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 AND QUANTITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Height: <b>5'07"</b>		16. Weight: <b>180</b>		17. Eye Color: <b>BRO</b>		18. Hair Color: <b>BRO</b>		19. Scars, marks, tattoos, unique physical features: <b>NONE</b>	
20. Driver's License Number/State: <b>M250535703610 / FL</b>				21. Social Security Number: <b>[REDACTED]</b>		22. Residential Telephone: <b>(678) 813-3806</b>		23. Business Telephone:	
24. Address (Street, Apartment Number): <b>TRANSIENT</b>				(City) <b>PANAMA CITY</b>		(State) <b>FL</b>		(Zip) <b>32444</b>	

25. Charge Description (#1): <b>ISW: TRESPASSING - STRUCTURE OR CONVEYANCE AFTER WARNING</b>		26. Statute or Ordinance Number: <b>810.08(2A)</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) <b>STATE OF, FLORIDA</b>			46. Race/Sex:		47. DOB:		48. Telephone Number:	
49. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle)			50. Race/Sex:		51. DOB:		52. Telephone Number:	
53. Address (Street, Apartment Number):			(City)		(State)		(Zip)	
54. Telephone Number:								
55. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____				56. Information Given: <input type="checkbox"/> Victim 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 checked="" type="checkbox"/> No Evidence Custodian's Name _____		58. Witness Statements Taken in This Case <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Person Responsible For Statements _____		59. I certify that all 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				
				<b>GARRETT NELSON #2117</b> Officer / Complainant Signature				

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

**Original Copy**

☒ Adult Def☒ PC Arrest☐ Juvenile Def☐ Application for

# AFFIDAVIT-COMPLAINT

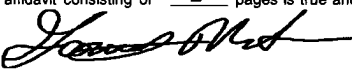

Clerk's Case No. \_\_\_\_\_

SA Case No.(s) \_\_\_\_\_

80. Agency Name: <b>PANAMA CITY POLICE DEPARTMENT</b>	81. Agency Report Number: <b>2021-030988</b>	82. Date/Time of Arrest: <b>06/23/2021 @ 21:51</b>	83. Investigating Officer: <b>OFC. G. NELSON #2117</b>
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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 as stated above and the factual basis for belief is as follows:

On June 23, 2021, While in Panama City, Bay County, Florida, contact was made with the defendant during a call for service. Upon making contact, it was learned the defendant had an active warrant in Leon County, Florida for Trespassing After Warning. The warrant was confirmed by PCPD dispatch and Leon County advised they would extradite and to place a hold. By these actions the defendant violated F.S.S. 901.04.

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 <b>GARRETT NELSON #2117</b> Officer / Complainant's Name (Printed) ID Number	86. Sworn to and subscribed before me this <u>23</u> day of <u>Jun, 2021</u>  Signature of Person Administering Oath (Printed Name) <b>ERIC ABRAHAM #1111</b> <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other ID _____ ID Type Seal
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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. Work Phone: ( )
92. Notified By: (Name)	93. Date: 93a. Time: 94. Notification Method:
95. Law Enforcement Disposition of Juvenile Contact:	Release Date: Release Time: Released To:

Original Copy

IN THE COUNTY COURT OF SECOND JUDICIAL CIRCUIT  
IN AND FOR LEON COUNTY, FLORIDA  
MISDEMEANOR DIVISION

STATE OF FLORIDA      SEX: M      SPN: 183581      ALIAS: MASON LANCE PATRICK;  
HGT: 507      RACE: WHITE      MASON LANCE;  
VS.      WGT: 175      DOB: 01-OCT-70  
EYE: BROWN      HAIR: BROWN

MASON, LANCE P  
3304 COUNTRY CLUB DR  
LYNN HAVEN FL 32444

CAPIAS

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TO ALL AND SINGULAR, THE SHERIFFS OF THE STATE OF FLORIDA, THIS IS TO COMMAND YOU TO TAKE MASON, LANCE P IF HE BE FOUND IN YOUR COUNTY, AND HIM SAFELY KEEP SO THAT YOU HAVE HIS BODY BEFORE ONE OF THE JUDGES OF THE COUNTY COURT AT THE LEON COUNTY COURTHOUSE, INSTANTLY, TO ANSWER A COMPLAINT NOW PENDING IN THE COUNTY COURT OF LEON COUNTY ON THE CHARGES DESCRIBED BELOW.

CASE NUMBER      CHARGE LITERAL      BOND  
2020MM1732A1      TRESPASS ON PROPERTY AFTER WARNING

GIVEN UNDER MY HAND AND SEAL OF OFFICE AT TALLAHASSEE, FLORIDA THIS 08th DAY OF MARCH, 2021.

GWEN MARSHALL, LEON COUNTY CLERK OF THE CIRCUIT COURT AND  
COMPTROLLER

*Gwen Marshall*



BY: \_\_\_\_\_

\*\*\*\*\*  
SHERIFFS RETURN

RECEIVED THIS CAPIAS ON \_\_\_\_\_, AND EXECUTED THE SAME  
ON \_\_\_\_\_ DAY OF \_\_\_\_\_, BY PLACING THE DEFENDANT IN THE LEON COUNTY JAIL.

WALT MCNEIL, SHERIFF

RECEIVED  
SHERIFF'S OFFICE  
LEON CO FL  
3/8/2021 3:48:39 PM

BY: \_\_\_\_\_ D.S.