

UNIFORM SUMMONS AND COMPLAINT / PENALTY ASSESSMENT

26M03178

Accident/Case Number 2026-0026623 Y/N
MNI
Booking Number
DRUGS / ALCOHOL / GANGS / HATE CRIMES / FIREARMS AGGRESSIVE DRIVING / NTU INTERSECTIONS
SHO/DI Y N Interpreter Needed? Y N

Colorado Springs Police Dept. () Other () Fingerprinted? () Photographed?
() Municipal Court (X) El Paso County Court () El Paso County Juvenile Court Room W250 (See Below)
FOR OFFICIAL USE ONLY () Municipal Court Re-Service
() Traffic (X) Non Traffic () Minor Operator () Commercial Operator () Juvenile (Parent must appear)

THE PEOPLE OF THE STATE OF COLORADO, CITY OF COLORADO SPRINGS vs:

First Name Evan Middle Name Last Name Graff
Address 3615 Sheffield Lane City C/S State CO Zip Code 80907
Home Phone 970-275-2260 Probation/Parole Officer Name
Employer / School CSPD Address 705 S. Nevada Ave. City C/S State CO Work Phone 719-521-8319
Aliases Scars/Marks/Tattoos Place of Birth
Vehicle License Number State Lic Year Veh Year Make Model Type or Body Veh Color Driver () Aggressive Passenger () Driving Y N

YOU ARE HEREBY DIRECTED TO APPEAR AS INDICATED
() El Paso Combined Court - First Appearance Center (phone number on back)
270 S. Tejon Street, Room W119, Colorado Springs, Colorado on the 13 DAY OF July, 2026 at 8:00 A.M.
() Colorado Springs Municipal Court (phone numbers on back)
224 E. Kiowa St., Colorado Springs, Colorado on the
Failure to pay fine/penalty or appear in court may result in a bench warrant for your arrest and/or your driver's license being revoked.
SEE BACK FOR INSTRUCTIONS
TO ANSWER CHARGES OF VIOLATIONS OF: (X) 1973 CRS as amended () Colorado Children's Code () The code of the City of Colorado Springs, 2001, as amended.

Charge No. 1 18-8-104(1)(a) Title Obstructing an emergency medical service provider
Description Delta obstructed a RN trying to perform her duties
Charge No. 2 Title Obstructing an emergency medical service provider
Description Delta obstructed a RN trying to perform her duties
Victims Brochure () Companion Summons Numbers
TOTAL TO BE PAID BY MAIL \$ TOTAL POINTS

APPROXIMATE LOCATION OF VIOLATION: Located in Colorado Springs, El Paso County, Colorado
6001 E. Woodman Rd. SHERLING CLERK OF COURT
CUSTODY / SERVICE / LOCATION 705 S. Nevada Ave
NON PAYABLE SUMMONS () TRAFFIC (X) CRIMINAL
() PAYABLE SUMMONS OR PENALTY ASSESSMENT () TRAFFIC INFRACTION () TRAFFIC OFFENSE () CRIMINAL
WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED AND I ACKNOWLEDGE RECEIPT OF THIS SUMMONS AND COMPLAINT.
UPON PAYMENT WITHIN 20 DAYS, I WAIVE ALL RIGHTS LISTED ON THE REVERSE, I ACKNOWLEDGE GUILT OF ALL CHARGES CONTAINED HEREON AND UNDERSTAND THAT THE POINTS INDICATED ABOVE WILL BE ASSESSED AGAINST MY DRIVERS LICENSE (OR, FOR A CRIMINAL CHARGE, REPORTED TO MY CRIMINAL RECORDS). IF I DO NOT MAKE PAYMENT WITHIN 20 DAYS, I AM NOT ADMITTING GUILT AND HEREBY PROMISE TO APPEAR AS INDICATED ABOVE.
DEFENDANT (Signature) DEFENDANT PARENT (IF DEFENDANT UNDER THE AGE OF 18)

YOU ARE REQUIRED TO APPEAR IN ROOM #W250 OF THE EL PASO COUNTY COURT 270 S. Tejon Street ON THE 20 DAY OF 20 AT 9:00 A.M.
With my signature below, I also acknowledge I read the special rights and requirements for minors (found on the reverse side of this document)
CHILD'S SIGNATURE PARENT'S SIGNATURE
Parents Notified? Date: Time: AM/PM Officer NO:
Mother's Name / Address Home Phone Work Phone
Father's Name / Address Home Phone Work Phone
Guardian's Name / Address Home Phone Work Phone
Interviewed Y N PRINT Name of Parent / Guardian present during interview

() Defendant Held in Custody () EL PASO COUNTY CRIMINAL JUSTICE CENTER () SPRING CREEK JUVENILE DETENTION CENTER
(X) Defendant released on Promise to Appear
The Undersigned have probable cause to believe that the defendant committed the offense(s) against the peace and dignity of the people of the State of Colorado, City of Colorado Springs and certify that this Summons and Complaint was signed and served upon the defendant at the location and on the date referenced above.
OFFICER / NO. OFFICER Scott NO. 5655
COMPLAINING WITNESS SERVED BY [Signature] Scott NO. 2164

ORIGINAL-COURT COPY

SERVE AND RELEASE AFFIDAVIT

(Municipal Court and County Court)

Charges of 1

On 4/9/2026, Δ was transported to St. Francis hospital (6001 E Woodman Rd) while off-duty due to a alcohol intoxication. The victim a registered nurse (RN) who was treating Δ stated Δ got aggressive with her while she was treating him. She stated Δ balled his fists and pulled arm back, and she thought he was going to punch her. She said Δ's actions obstructed her ability to do her job and she wanted him charged.

see case report for further.

WEATHER () Clear () Cloudy () Rain () Snow () Fog () Dawn () Dusk

ATTITUDE () Excellent () Good () Fair () Poor

DAMAGE () Slight () Moderate () Heavy () Injury

TRAFFIC () Vehicle () PED () Bicycle () Oncoming () Same () Cross

SURFACE CONDITIONS () Dry () Wet () Snowpacked () Icy () Sanded

DIRECTION OF TRAVEL () North () South () East () West

INTERSECTION () Crosswalk () Stop Bar

RADAR Gun Number _____ Fork Numbers _____ / _____ () Posted () Non-Posted

() School Zone **POLICE VEH** _____ () Speedometer Check Date _____

OFFICERS WHO SHOULD BE NOTIFIED BY PROSECUTOR FOR TRIAL:

Officer Colborn Ser # 5133

Officer Neuenfeldt Ser # 6374

Commercial Truck Information:

GVWR _____ (truck) +
_____ (trailer) =
_____ Total Weight

Victim's Name Last, first MI <u>Moran, Vanessa N.</u>	DOB <u>3/29/85</u>	Race <u>W</u>	Sex <u>F</u>	Address (and email) <u>10787 Hidden Prairie Parkway, Fountain CO</u>	Hm Phone <u>931-801-6573</u>	Wk Phone
Victim's Name Last, first MI	DOB	Race	Sex	Address (and email)	Hm Phone	Wk Phone
Business Name (If Victim)				Business Address (and email)	Business Phone	
Witness Name Last, first MI	DOB	Race	Sex	Address (and email)	Hm Phone	Wk Phone
Witness Name Last, first MI	DOB	Race	Sex	Address (and email)	Hm Phone	Wk Phone