## CRIMINAL REPORT AFFIDAVIT/HILLSBOROUGH COUNTY, FLORIDA



O Supplemental Page O Pla	emental Page					CRA #: TP20013657				
Fel Misd (APAD) Adult Pre-Arrest Div Traffic Tampa Ord Juv Deling JAAP Booking #: 2020-25346										
Arrest Type:  PC Warrant PC VOP/VOCC Request: Warrant SAO Review Direct File JUV Pick-Up Order										
Court Case # SOID #										
I CM9616	<u>                                   </u>					<u> </u>	<u></u>			
Agency: OHCSO TPD PCPD TTPD FHP Other:					Report #	1 7				Vritten No
Offense Location: 2004 16TH ST N, TAMPA, FL 33605					Offense Date:	11/08	/2020	Offens	e Time:	0120
Arrest Location: 2004 16TH ST N, TAMPA, FL 33605					Arrest Date:	11/08	/2020	Arrest	Time:	0132
Defendant: Last Name	First	First Name			Middle Name		O Gan			
SHINGLER ADAM				TODD		Name:				
Race Gender DOB White M F 06/22/19	DL# 81	DL# 057744208			State GEORGIA	POB (City, State) GEORGIA				
Address Street: 1407 WASHINGTON AVE City:					SAVANNAH		State:	GEOF A	RGI Zip:	31404
School (JUV)					t/Guardian (JU	JV)	,		<u>-</u>	· · · · · · · · · · · · · · · · · · ·
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No Cò-defendants Found										1_
Statute Level De	gree Ch	narge					(	Count	Citatio	on #   D'
784.03(1)(A)1 Misd F BATTERY (BATT1100)										
784.03(1)(A)1 Misd	F BA	TTERY (BATT	1100)					1		
The undersigned swears there are reasonable grounds to believe that the above named defendant in Hillsborough County, Florida, did The defendant began a verbal altercation with security staff at The Castle (2004 16th St N) when asked to put on a mask. After failing to comply with their request security attempted to escort the defendant out of the establishment at which time he struck two security members in the face causing one to receive a swollen lip and the other a swollen lip and small laceration.  The defendant was positively identified via GA DL										
Pursuant to Florida Statute §92.525 and under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true to the best of my knowledge. For Notices to Appear, I also certify that a complete list of witnesses and evidence known to me is attached.										
Affiant:		Officer #			SWORN TO A		RIBED BEFO	ORE ME T	HIS DATE	Officer #
L Phelan Digitally signed on 2020.11.08 02:17:33		71855 SQD:			0 Digitally	Sgt. S Murphy Digitally signed on 2020.11.08 02:38:14				
Judgment requested against defendant for agency investigative cost per Florida Statute 938.27: \$70.00										