UCN: *****

FL0521400

# COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

| OBTS # | | REPORT # 2020003623 | DOCKET # 1828586 |
|---|---|---|---|
| Person ID 311463050 | | SSN# [redacted] | |
| Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance | | Traffic Citation # (if any) | Court Case # |
| Charge: DRIVING UNDER THE INFLUENCE | | AAM71QE | AAM71QE-1 |

| Defendant's Name (Last, First, Middle) | DOB | Sex | Race | Ht | Wt | Hair | Eyes | Skin |
|---|---|---|---|---|---|---|---|---|
| PROSSER, ADELE MARIE | 11/14/1965 | F | W | 5'5 | 138 | BLN | BRO | |

| Alias | DL # | State | Scars/Marks/Tattoos/Physical Features |
|---|---|---|---|
| | P626-013-65-914-1 | FL | |

| Local Address (Street, City, State, Zip Code) | Telephone | Place of Birth | Citizenship |
|---|---|---|---|
| 4238 BRENTWOOD PARK CIR TAMPA FL 33624 | 8138576799 | FL | USA |
| **Permanent Address (Street, City, State, Zip Code)** | **Telephone** | **Employed by / School** | |
| 4238 BRENTWOOD PARK CIR TAMPA FL 33624 | 8138576799 | | |

| Weapon Seized Type | Indication of Drug Influence Y N UNK | Indication of Mental Health Issues Y N UNK | Indication of Alcohol Influence Y N UNK |
|---|---|---|---|
| ☐Yes ☒No | ☐ ☒ ☐ | ☐ ☒ ☐ | ☒ ☐ ☐ |

| Co-Defendant's Name (Last, First, Middle) | DOB | Sex | Race | In Custody |
|---|---|---|---|---|
| | | | | ☐Yes ☐No ☐Felony ☐Misdemeanor |
| **Co-Defendant's Name (Last, First, Middle)** | **DOB** | **Sex** | **Race** | **In Custody** |
| | | | | ☐Yes ☐No ☐Felony ☐Misdemeanor |

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 26 day of JANUARY, 2020,

at approximately 1:29 AM, at 36 AVE N / 4 ST N, in Pinellas County did:

THE DEFENDANT DID THEN AND THERE DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE TO WIT: A 2016 GRAY HONDA CRV BEARING FLORIDA LICENSE PLATE APKE69 WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE AND/OR A CHEMICAL/CONTROLLED SUBSTANCE TO THE EXTENT HER NORMAL FACULTIES WERE IMPAIRED. THE DEFENDANT WAS STOPPED FOR A WELFARE CHECK DUE TO HER DRIVING PATTERN.THE DEFENDANT EXHIBITED BLOODSHOT, WATERY EYES, A DAZED, AND BLANK EXPRESSION ON HER FACE AND AN ODOR OF AN ALCOHOLIC BEVERAGE ON HER BREATH AND SHE WAS UNSTEADY ON HER FEET.

THE DEF EXHIBITED FURTHER SIGNS OF IMPAIRMENT ON THE FIELD SOBRIETY TESTS.

BAC: 0.129/0.126

PRIOR DUI CONVICTIONS: NONE FOUND

DUI CITATION: AAM71QE

COURT DATE: 02/25/2020 AT 1:30PM

PINELLAS COUNTY JUSTICE CENTER, 14250 49 ST N, CT RM 15, CLEARWATER FL 33762

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 1/26/2020 Time 1:58 AM . Aggravating/Mitigating Factors W/ROR

Booking Officer: LEVEA 59816 Amount of Bond 500** Bond Out Date 1/26/20 Time N/A ☐a.m. ☐p.m.

Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? ☐Yes ☐No

The Court reviewed this complaint and finds there: ☐is probable cause ☐is not probable cause to detain defendant ☐Bond Action, if any:

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 1/26/2020 3:34:34 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

Paul Hines

Declarant Signature

ST. PETERSBURG POLICE

Agency

OFFICER PAUL HINES 47329

Printed Name

310660792

Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

| DATE | OFFICER | HOURS X PAY RATE | OR | COST |
|---|---|---|---|---|
| 01/26/2020 | P. HINES | 4 25.00 | | $100.00 |

2020 JAN 26 AM 7:16

OTHER – Describe COURT ASSISTANCE

Continuation sheet ☐Yes ☐No TOTAL $ $100.00

COCR59 (Revised 10/2014)

825926 Copies to:

Court

**Defendant** PROSSER, ADELE MARIE **Court Case No:** AAM71QE-1

## ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

I FURTHER CERTIFY THAT:

☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
☐ D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME JUDGE

☐ I hereby waive the right to counsel at the first appearance only.
☐ I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.

Thumb Print

DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

**DEFENDANT'S SIGNATURE** **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**