

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)	
Charge DRIVING UNDER THE INFLUENCE		AAM71QE	
Defendant's Name (Last, First, Middle) PROSSER, ADELE MARIE		DOB 11/14/1965	Sex F
Race W		Ht 5'5	Wt 138
Hair BLN		Eyes BRO	Skin
Alias	DL # P626-013-65-914-1	State FL	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 4238 BRENTWOOD PARK CIR TAMPA FL 33624		Telephone 8138576799	Place of Birth FL
Permanent Address (Street, City, State, Zip Code) 4238 BRENTWOOD PARK CIR TAMPA FL 33624		Telephone 8138576799	Citizenship USA
Employed by / School			
Weapon Seized Type ☐ Yes ☒ No		Indication of Drug Influence Y N UNK ☐ ☒ ☐	
Indication of Mental Health Issues Y N UNK ☐ ☒ ☐		Indication of Alcohol Influence Y N UNK ☒ ☐ ☐	
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

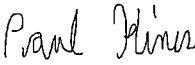
ARREST DATE: 1/26/2020 Time 1:58 AM . Aggravating/Mitigating Factors W/ROR

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.  Declarant Signature OFFICER PAUL HINES 47329 Printed Name ST. PETERSBURG POLICE Agency 310660792 Declarant ID#		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS</th> <th>X-PAY-RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>01/26/2020</td> <td>P. HINES</td> <td>2</td> <td>25.00</td> <td></td> <td>\$100.00</td> </tr> </table> <u>91 : L HV 92 HVC 0202</u> <u>2020 JAN 26 AM 11:41</u> OTHER – Describe <u>CONVISSION IN 000</u> Continuation sheet ☐ Yes ☒ No TOTAL \$ \$100.00	DATE	OFFICER	HOURS	X-PAY-RATE	OR	COST	01/26/2020	P. HINES	2	25.00		\$100.00
DATE	OFFICER	HOURS	X-PAY-RATE	OR	COST									
01/26/2020	P. HINES	2	25.00		\$100.00									

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.

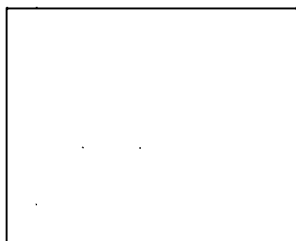
I FURTHER CERTIFY THAT:

- ☐ 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