

UCN: ****

FL0520300

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

OBTS #	REPORT # CW20-37926		DOCKET # 1833755	
Person ID 311492957		SSN# [REDACTED]		
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #
Charge DRIVING UNDER THE INFLUENCE/REFUSAL				ACEV8FE-1
Defendant's Name (Last, First, Middle) FYE, AMANDA KRISTINE		DOB 02/04/1987	Sex F	Race W
		Ht 507	Wt 170	Hair BRO
		Eyes BRO	Skin	
Alias	DL # F000011875440	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 9717 MEADOWS FIELD CIR # 402 TAMPA FL 33626		Telephone	Place of Birth OHIO	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 9717 MEADOWS FIELD CIR # 402 TAMPA FL 33626		Telephone	Employed by / School SOHO SALON	
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 12 day of MARCH, 2020,

at approximately 9:57 PM, at US HWY 19 / DREW ST, in Pinellas County did:

REASON FOR STOP: FYE WAS STOPPED FOR FAILING TO MAINTAIN HER LANE

THEN AND THERE UNLAWFULLY DRIVE AND/OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WITHIN PINELLAS COUNTY, FLORIDA WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, A CONTROLLED SUBSTANCE AND/OR ANY CHEMICAL SUBSTANCE TO THE EXTENT THAT HER NORMAL FACULTIES WERE IMPAIRED.

BRAC: REFUSED BREATH: ODOR OF ALCOHOL
BALANCE: UNSTEADY/SWAY EYES: BLOODSHOT/WATERY
PRIOR CONVICTIONS: 12/19/12

DEFENDANT FAILED ROADSIDE FIELD SOBRIETY TESTS.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT APRIL 2ND, 2020 @ 0900 AM CITATION #: ACEV8FE

FYE WAS OPERATING A 2013 WHITE MERCEDES OHIO TAG G0Z8522 NORTHBOUND ON US HWY IN THE AREA OF DREW ST. FYE WAS VEERING FROM LANE TO LANE USING ALL OF US HWY 19. FYE WAS STOPPED FOR SUSPICION OF DUI AND FAILING TO MAINTAIN LANE. FYE SHOWED SIGNS OF IMPAIRMENT TO INCLUDE BUT NOT LIMITED TO THE ODOR OF ALCOHOL, BLOODSHOT EYES AND SLURRED SPEECH. FYE PERFORMED POORLY ON SFST'S. FYE WAS ARRESTED FOR DUI AND ASKED TO PROVIDE A BREATH TEST. FYE REFUSED. FYE WAS READ IMPLIED CONCENT AND AGAIN REFUSED.

Contrary to Florida Statute/Ordinance 316.193.1

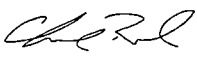
ARREST DATE: 3/12/2020 Time 11:11 PM Aggravating/Mitigating Factors CB

Booking Officer: LEVEA 59816 Amount of Bond 500 Bond Out Date 03/13/20 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: 3/13/2020 2:36:55 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 CHAD REED 4388 Printed Name CLEARWATER POLICE DEPT. Agency 02067827 Declarant ID#		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>03/12/2020</td> <td>REED, C</td> <td>4 30.00</td> <td></td> <td>\$120.00</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet ☐ Yes ☐ No</td> <td>TOTAL \$ <u>120.00</u></td> </tr> </table>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	03/12/2020	REED, C	4 30.00		\$120.00	OTHER – Describe _____					Continuation sheet ☐ Yes ☐ No				TOTAL \$ <u>120.00</u>
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Defendant FYE, AMANDA KRISTINE **Court Case No:** ACEV8FE-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.

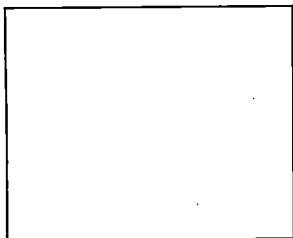
I FURTHER CERTIFY THAT:

- ☐ 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