

UCN: ***

FL0520000

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

OBTS #		REPORT # SO20-89782		DOCKET # 1834449	
Person ID 3244116			SSN# [REDACTED]		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #	
Charge DRIVING UNDER THE INFLUENCE		AD0AZ7E		AD0AZ7E-1	
Defendant's Name (Last, First, Middle) CLAYTON, AMANDA MAE		DOB 02/28/1984	Sex F	Race W	Ht 505
Wt 140		Hair BLN	Eyes BRO	Skin LGT	
Alias	DL # C435-013-84-568-0	State FL	Scars/Marks/Tattoos/Physical Features		
Local Address (Street, City, State, Zip Code) 8755 COMMODORE DR SEMINOLE FL 33776		Telephone 7274803616	Place of Birth OKLAHOMA		Citizenship US
Permanent Address (Street, City, State, Zip Code) 8755 COMMODORE DR SEMINOLE FL 33776		Telephone 7274803616	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 23 day of MARCH, 2020, at approximately 1:01 AM, at SEMINOLE BLVD & PARK BLVD, in Pinellas County did:

REASON FOR STOP: DEPUTY ABBOTT OBSERVED THE DEF MAKE A RIGHT TURN FROM EASTBOUND 86TH AVE N TO SOUTHBOUND SEMINOLE BLVD AT A HIGH RATE OF SPEED. DUE TO THE SPEED OF THE DEF, SHE MADE THE TURN INTO MEDIAN LANE. THE DEF THEN CONTINUED TO DRIVE AT A HIGH RATE OF SPEED, UNTIL SHE SAW AN UNRELATED TRAFFIC STOP. DEPUTY ABBOTT CONTINUED TO OBSERVE THE DEF'S DRIVING AND OBSERVED HER STRIKE THE YELLOW LANE MARKER AT THE MEDIAN MULTIPLE TIMES AND APPEAR TO STRADDLE THE LANE MARKER MULTIPLE TIMES UNTIL SHE CHANGED FROM THE MEDIAN LANE TO THE LEFT TURN LANE TO GO EAST ON PARK BLVD. WHEN THE DEF MADE THIS LANE CHANGE, SHE NEARLY STRUCK THE ELEVATED MEDIAN. DEPUTY ABBOTT CONDUCTED A STOP OF THE DEF AND IDENTIFIED HER VIA HER FLORIDA DRIVER'S LICENSE.

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: REFUSAL TO SUBMIT BREATH: STRONG AND DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE
BALANCE: SWAY, UNSTEADY EYES: BLOODSHOT AND GLASSY
PRIOR CONVICTIONS: NONE.

DEFENDANT PERFORMED POORLY ON STANDARDIZED FIELD SOBRIETY EXERCISES.

COURT INFORMATION: COUNTY COURT COMPLEX ON 4/15/2020 AT 1:30 PM
CITATION #: AD0AZ7E

Contrary to Florida Statute/Ordinance 316.193.1

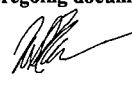
ARREST DATE: 3/23/2020 Time 1:42 AM . Aggravating/Mitigating Factors _____

Booking Officer: EELLS, C 56501 Amount of Bond 500** Bond Out Date _____ Time _____ ☐ 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 3/23/2020 2:48:17 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 DEPUTY NATHAN MOWATT 58884 Printed Name		PINELLAS COUNTY SHERIFF Agency 310277566 Declarant ID#														
		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS</th> <th>PAY-RATE</th> <th>COST</th> </tr> <tr> <td>03/23/2020</td> <td>DEPUTY N. MOWATT</td> <td>3</td> <td>25.00</td> <td>\$75.00</td> </tr> <tr> <td>03/23/2020</td> <td>DEPUTY D. ABBOTT</td> <td>1.5</td> <td>25.00</td> <td>37.5</td> </tr> </table>		DATE	OFFICER	HOURS	PAY-RATE	COST	03/23/2020	DEPUTY N. MOWATT	3	25.00	\$75.00	03/23/2020	DEPUTY D. ABBOTT	1.5
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OTHER - Describe COURT ASSISTANCE

Continuation sheet ☐ Yes ☐ No **FILED** TOTAL \$ **112.50**

Defendant CLAYTON, AMANDA MAE **Court Case No:** AD0AZ7E-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.

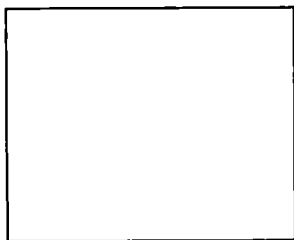
I FURTHER CERTIFY THAT:

- ☐ 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