

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

OBTS #		REPORT # 20-2478				DOCKET # 1834018				
Person ID 311493974		SSN# [REDACTED]								
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #						
Charge DOMESTIC BATTERY				20-03710-MM-1						
Defendant's Name (Last, First, Middle) WATSON FRIEDING, AMBER NICOLE		DOB 06/25/1980		Sex F	Race W	Ht 503	Wt 150	Hair BLN	Eyes BLU	Skin
Alias		DL # W325014807251		State FL		Scars/Marks/Tattoos/Physical Features				
Local Address (Street, City, State, Zip Code) 12760-1022 INDIAN ROCKS RD LARGO FL 33770				Telephone none		Place of Birth UNK		Citizenship US		
Permanent Address (Street, City, State, Zip Code) 12760-1022 INDIAN ROCKS RD LARGO FL 33770				Telephone none		Employed by / School NONE				
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 15 day of MARCH, 2020, at approximately 6:30 AM, at 12760-1022 INDIAN ROCKS RD, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE (JOEL WAGNER), (HER HUSBAND) AND CO-HABITANT, AGAINST THE WILL OF (JOEL WAGNER), TO WIT: THE VICTIM STATED THAT HE WAS WOKEN UP THIS MORNING BY THE DEFENDANT YELLING AT HIM AFTER READING THROUGH HIS TEXT MESSAGES AND ACCUSING HIM OF INFIDELITY. THE DEFENDANT CONTACTED THE FEMALE THAT SHE ACCUSED THE VICTIM OF CHEATING ON HER WITH, AND A DISTURBANCE WAS HEARD OVER THE PHONE. THE THIRD PARTY FEMALE CALLED LAW ENFORCEMENT. UPON LAW ENFORCEMENT ARRIVAL, THE VICTIM WAS BLEEDING FROM OBVIOUS SCRATCH MARKS TO THE LEFT SIDE OF HIS NECK. THE VICTIM STATED THAT THE DEFENDANT, VICTIM, AND THEIR 4 YEAR OLD CHILD WERE THE ONLY ONES IN THE RESIDENCE AT THE TIME.

THE VICTIM REMAINED UNCOOPERATIVE THROUGHOUT THE INVESTIGATION STATING HE "TRIPPED AND FELL ON HIS NECK" CAUSING THE INJURY.

THE DEFENDANT FLED THE RESIDENCE PRIOR TO LAW ENFORCEMENT ARRIVAL.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/15/2020 Time 3:41 PM . Aggravating/Mitigating Factors STOR

Booking Officer: MORGAN, N 59731 Amount of Bond ZERO Bond Out Date Time 7:34 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: 3/15/2020 5:52:12 PM

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 ASHLEY HUNT 556 Printed Name LARGO POLICE DEPT. Agency 13097772 Declarant ID#		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> </thead> <tbody> <tr> <td>03/15/2020</td> <td>A. HUNT #556</td> <td>2.0</td> <td>25.00</td> <td>\$50.00</td> </tr> <tr> <td>03/15/2020</td> <td>J. AURIGEMMA #366</td> <td>1.0</td> <td>25.00</td> <td>25</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet ☐ Yes ☐ No</td> <td>TOTAL \$ 75.00</td> </tr> </tbody> </table>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	03/15/2020	A. HUNT #556	2.0	25.00	\$50.00	03/15/2020	J. AURIGEMMA #366	1.0	25.00	25	OTHER – Describe _____					Continuation sheet ☐ Yes ☐ No				TOTAL \$ 75.00
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Defendant WATSON FRIEDING, AMBER NICOLE **Court Case No:** 20-03710-MM-1

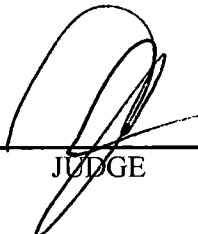
ADVISORY AND SOLVENCY HEARING

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:

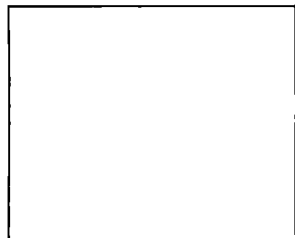
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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