UCN: *** FL0520800

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

OBTS #		REPORT # 20-004644	DOCKET # 1838963
Person ID 3172645		SSN# 000-00-0000	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DRIVING UNDER THE INFLUENCE			ADDB91E-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
HOLLOMAN, ANDREW JAMES	04/11/1979	M	W	601	220	BRO	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	H455010791310	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2413 W SUNSET DR TAMPA FL 33629	813-995-3060	OK	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2413 W SUNSET DR TAMPA FL 33629	813-995-3060		

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 04 day of JUNE, 2020,

at approximately 9:08 PM, at EAST BAY DR/ BELCHER RD, in Pinellas County did:

REASON FOR STOP: TRAFFIC CRASH

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 HIS NORMAL FACULTIES WERE IMPAIRED.

BRAC: .094/.093 BREATH: DISTINCT
BALANCE: UNSTEADY EYES: BLOOD SHOT AND WATERY
PRIOR CONVICTIONS: NONE

DEFENDANT DISPLAYED SEVERAL SIGNS OF IMPAIRMENT DURING FIELD SOBRIETY EXERCISES.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT CALL OF COURT CITATION #: ADDB91E

THE DEFENDANT WAS THE NON AT FAULT DRIVER IN A TRAFFIC CRASH INVOLVING A PEDESTRIAN CROSSING IN THE MIDDLE OF THE ROADWAY. UPON CONTACT WITH THE DEFENDANT I OBSERVED SEVERAL SIGNS OF IMPAIRMENT TO INCLUDE THAT HIS EYES WERE BLOOD SHOT AND WATERY, HIS BALANCE WAS UNSTEADY AND THERE WAS A DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HIS MOUTH THAT WOULD GROW STRONGER WHEN HE SPOKE. POST MIRANDA THE DEFENDANT ADMITTED TO CONSUMING ONE GLASS OF WINE AT DINNER AND CONSENTED TO SFE'S IN WHICH SEVERAL MORE SIGNS OF IMPAIRMENT WERE OBSERVED AND THE DEFENDANT WAS PLACED INTO CUSTODY FOR DUI. THE DEFENDANT DID CONDUCT A BREATH TEST WITH THE RESULTS OF A .094/.093.

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 6/4/2020 Time 10:43 PM . Aggravating/Mitigating Factors CB

Booking Officer: SEAY, E 58861 Amount of Bond 500** Bond Out Date 06/05/20 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: 6/5/2020 1:20:33 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.

2020 JUN -5 AM 6:28

Declarant Signature LARGO POLICE DEPT. Agency

COURT ASSISTANCE

OFFICER CHRISTINA SILVERSTEIN 452 02951027

Printed Name Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
06/05/2020	SILVERSTEIN	3	25.00		$75.00
06/05/2020	QUICK	2	25.00		50
06/05/2020	DEPEIRRE	1	25.00		25

OTHER – Describe BREATH TEST 25.00

Continuation sheet ☐Yes ☐No TOTAL $ $175.00

COCR59 (Revised 10/2014)
846489 Copies to:

Court

Defendant HOLLOMAN, ANDREW JAMES **Court Case No:** ADDB91E-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**