UCN: *** FL0520000

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

OBTS #		REPORT # SO20-29	DOCKET # 1825942
Person ID 3248965		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DRIVING UNDER THE INFLUENCE		AD0ASIE	AD0ASIE-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
TROKE, ANGELA RENA	09/22/1964	F	W	504	112	BLN	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	T620-016-64-842-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
1050 STARKEY RD #2507 LARGO FL 33771	727-512-1968	IL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
1050 STARKEY RD #2507 LARGO FL 33771	727-512-1968	UNEMPLOYED	

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 01 **day of** JANUARY, 2020,

at approximately 12:32 AM, **at** SEMINOLE BLVD / PARK BLVD **,in Pinellas County did:**

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.

REASON FOR STOP: THE DEFENDANT WAS OBSERVED TRAVELING NORTH ON SEMINOLE BLVD. WHERE HER VEHICLE WAS DRIFTING BACK AND FORTH, WITHIN ITS LANE. DUE TO THE VEHICLE'S DRIVING PATTERN, I INITIATED A TRAFFIC STOP TO ENSURE THE OPERATOR WAS NOT SICK, INJURED, OR IMPAIRED.

UPON ACTIVATING THE EMERGENCY EQUIPMENT, ON MY PATROL VEHICLE, THE DEFENDANT PASSED MULTIPLE DRIVEWAYS, WHERE SHE COULD HAVE SAFELY PULLED OVER. THE DEFENDANT STOPPED AT THE INTERSECTION OF PARK BLVD., BEFORE DRIVING OVER A CURB, WHILE MAKING AN EASTBOUND TURN ONTO PARK BLVD.

THE DEFENDANT STOPPED HER VEHICLE, IN THE ROADWAY. I MADE CONTACT WITH THE DEFENDANT WHO I OBSERVED TO SHOW SIGNS OF IMPAIRMENT. THE DEFENDANT WAS REQUESTED TO PERFORM STANDARDIZED FIELD SOBRIETY EXERCISES, ALONG WITH ALTERNATE EXERCISES. THROUGHOUT MY INVESTIGATION, THE DEFENDANT CONTINUED TO SHOW SIGNS OF IMPAIRMENT.

BRAC: REFUSAL. BREATH: DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE.
BALANCE: SWAYED. EYES: BLOODSHOT & WATERY.
PRIOR CONVICTIONS: 10/15/02.

COURT INFORMATION: CRIMINAL JUSTICE COMPLEX ON 1/22/20 AT 1330 HOURS.
CITATION #: AD0ASIE.

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 1/1/2020 **Time** 1:35 AM **. Aggravating/Mitigating Factors**

Booking Officer: MAGGIO, K 57191 **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: 1/1/2020 2:59:37 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.

PINELLAS COUNTY SHERIFF

Declarant Signature **Agency**

DEPUTY JOSHUA RICOTTILLI 58439 03268534

Printed Name **Declarant ID#**

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
01/01/2020	J. RICOTTILLI	3 25.00		$75.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $75.00

COCR59 (Revised 10/2014)
821245 Copies to:

Court

Defendant TROKE, ANGELA RENA **Court Case No:** AD0ASIE-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.

11/1/20
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**