

UCN: **

FL0520300

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

| | | |
|--------|----------------------------|-------------------------|
| OBTS # | REPORT # CW20-84552 | DOCKET # 1839548 |
|--------|----------------------------|-------------------------|

| | |
|----------------------------|---|
| Person ID 311532775 | SSN# [REDACTED] |
|----------------------------|---|

| | | |
|---|-----------------------------|------------------|
| Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance | Traffic Citation # (if any) | Court Case # |
| Charge DRIVING UNDER THE INFLUENCE-PENDING URINE | | ACS0V3E-1 |

| | | | | | | | | |
|--|--------------------------|-----------------|------------------|------------------|------------------|--------------------|--------------------|------|
| Defendant's Name (Last, First, Middle) HALL, AUSTIN TAYLOR | DOB 12/13/1990 | Sex M | Race W | Ht 601 | Wt 218 | Hair BRO | Eyes BRO | Skin |
|--|--------------------------|-----------------|------------------|------------------|------------------|--------------------|--------------------|------|

| | | | |
|-------|---------------------------|----------|--|
| Alias | DL # H400018904530 | State FL | Scars/Marks/Tattoos/Physical Features MULTIPLE |
|-------|---------------------------|----------|--|

| | | | |
|---|--------------------------------|-----------------------------|---------------------------|
| Local Address (Street, City, State, Zip Code) 129 N MERCURY AVE CLEARWATER FL 33765 | Telephone 6159433938 | Place of Birth TN | Citizenship USA |
|---|--------------------------------|-----------------------------|---------------------------|

| | | |
|---|--------------------------------|---|
| Permanent Address (Street, City, State, Zip Code) 129 N MERCURY AVE CLEARWATER FL 33765 | Telephone 6159433938 | Employed by / School UNITED HEALTH CARE |
|---|--------------------------------|---|

| | | | |
|---|---|---|--|
| Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|---|--|

| | | | | |
|---|-----|-----|------|---|
| Co-Defendant's Name (Last, First, Middle) | DOB | Sex | Race | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
|---|-----|-----|------|---|

| | | | | |
|---|-----|-----|------|---|
| Co-Defendant's Name (Last, First, Middle) | DOB | Sex | Race | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
|---|-----|-----|------|---|

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 12 day of JUNE, 2020,

at approximately 11:34 PM, at MEMORIAL CAUSEWAY/EAST OF ISLAND WAY, in Pinellas County did:

REASON FOR STOP: AUSTIN T. HALL WAS STOPPED FOR FAILED TO MOVE OVER /SLOW DOWN PASSING EMERGENCY VEHICLE/POLICE OFFICER WORKING ALONG ROADWAY.

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:.063/.062 BREATH: ODOR OF ALCOHOLIC BEVERAGE
BALANCE: SWAYING EYES: BLOODSHOT /GLASSY EYES
PRIOR CONVICTIONS:

DEFENDANT PERFORMED POORLY ON ROADSIDE FIELD SOBRIETY TESTS.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT AT 07/08/2020 0900 HOURS CITATION #:ACS0V3E

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 6/12/2020 Time 11:57 PM . Aggravating/Mitigating Factors ROR

Booking Officer: LEVEA 59816 Amount of Bond 500*** Bond Out Date 6/13/20 Time NA 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: 6/13/2020 2:17:09 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.

Daniel Negersmith
 Declarant Signature _____ CLEARWATER POLICE DEPT.
 _____ Agency
 OFFICER DANIEL NEGERSMITH 8874 02465504
 Printed Name _____ Declarant ID# _____

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) | | | | |
|---|------------|------------------|----|---------------|
| DATE | OFFICER | HOURS X PAY RATE | OR | COST |
| 06/12/2020 | NEGERSMITH | 3 30.00 | | \$90.00 |
| OTHER - Describe _____ | | | | |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | | | TOTAL \$90.00 |

Defendant HALL, AUSTIN TAYLOR

Court Case No: ACS0V3E-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.

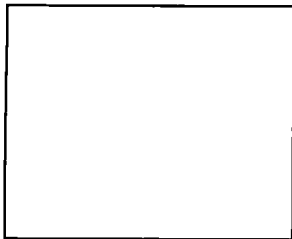
I FURTHER CERTIFY THAT:

- 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