

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

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| OBTS #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REPORT # 2019053487                                                                                                                                                                  |                                                                                                                               | DOCKET # 1823689                                                                                                                    |                                                                                                                                             |
| Person ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 311435830                                                                                                                                                                            |                                                                                                                               | 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)                                                                                                         |                                                                                                                                             |
| Charge<br>DISORDERLY INTOXICATION (DISTURBANCE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      | Court Case #<br>19-19531-MM-1                                                                                                 |                                                                                                                                     |                                                                                                                                             |
| Defendant's Name (Last, First, Middle)<br>PETRICH, BLAKE AARON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      | DOB<br>02/07/1990                                                                                                             | Sex<br>M                                                                                                                            | Race<br>W                                                                                                                                   |
| Ht<br>510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      | Wt<br>175                                                                                                                     | Hair<br>BRO                                                                                                                         | Eyes<br>BRO                                                                                                                                 |
| Alias                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DL #<br>P362061900470                                                                                                                                                                | State<br>FL                                                                                                                   | Scars/Marks/Tattoos/Physical Features                                                                                               |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br>3322 COVERED BRIDGE DR W DUNEDIN FL 34698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                      | Telephone                                                                                                                     | Place of Birth<br>CA                                                                                                                | Citizenship<br>USA                                                                                                                          |
| Permanent Address (Street, City, State, Zip Code)<br>3322 COVERED BRIDGE DR W DUNEDIN FL 34698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      | Telephone                                                                                                                     | Employed by / School                                                                                                                |                                                                                                                                             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      | Indication of Drug Influence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Mental Health Issues<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Alcohol Influence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK            |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      | DOB                                                                                                                           | Sex                                                                                                                                 | Race                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                                               |                                                                                                                                     | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><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 <u>07</u> day of <u>DECEMBER</u> , 2019, at approximately <u>11:25</u> PM, at <u>260 1ST AV N</u> , in Pinellas County did:<br>BLAKE PETRICH WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE, TO-WIT: PETRICH BECAME AGGRESSIVE WITH BAR STAFF AND WAS REMOVED FROM THE BAR. AFTER BEING REMOVED HE CONTINUED TO STAND OFF PROPERTY AND YELL PROFANITIES AT POLICE AND BAR STAFF MEMBERS.<br><br>BLAKE PETRICH WAS INTOXICATED VISIBLE VIA HIS SLOW, SLURRED SPEECH, LACK OF BALANCE, BLOODSHOT, WATERY EYES, AND ODOR OF ALCOHOL ON HIS PERSON. WHILE INTOXICATED HE ATTEMPTED TO INSTIGATE A FIGHT WITH BAR SECURITY SHOWING A BLATANT LACK OF CONCERN FOR HIS SAFETY AND THE SAFETY OF OTHERS. ONCE REMOVED FROM THE PROPERTY, PETRICH STOOD OFF OF PROPERTY AND YELLED PROFANITIES AT POLICE AND BAR STAFF MEMBERS FOR SEVERAL MINUTES IN FRONT OF CITIZENS AND FAMILIES WALKING THROUGH THE AREA.<br><br>Contrary to Florida Statute/Ordinance <u>856.011</u><br><br>ARREST DATE: <u>12/7/2019</u> Time <u>11:27 PM</u> . Aggravating/Mitigating Factors _____<br><br>Booking Officer: <u>MAGGIO, K 57191</u> Amount of Bond <u>100</u> Bond Out Date _____ Time _____<br><br>Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>The Court reviewed this complaint and finds there: <input checked="" type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____<br><br>The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/8/2019 12:13:42 AM<br><br>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.<br><br><u>[Signature]</u> ST. PETERSBURG POLICE<br>Declarant Signature Agency<br><br>OFFICER JAY HANEWINKEL 47094 10693832<br>Printed Name Declarant ID#<br><br>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)<br>DATE 12/07/2019 OFFICER J. HANEWINKEL HOURS X PAY RATE 2 29.14 OR COST \$58.28<br><br>OTHER – Describe _____<br>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 58.28 |                                                                                                                                                                                      |                                                                                                                               |                                                                                                                                     |                                                                                                                                             |

**Defendant** PETRICH, BLAKE AARON **Court Case No:** 19-19531-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.

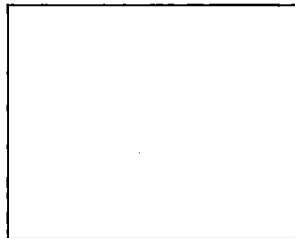
I FURTHER CERTIFY THAT:

- ☒ 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