UCN: 522020MM001914XXXXMM

FL0520000

COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA DOCKET # 1830232 REPORT # SO20-44400 OBTS# SSN# Person ID 1720112 harge Description Felony X Misdemeanor Warrant Traffic Traffic Citation # (if any) Court Case # BATTERY; SIMPLE 20-01914-MM-1 Defendant's Name (Last, First, Middle) DOB Ht Wt Hair Eyes Skin Sex Race KRASMAN, BRET DAVID 02/16/1970 М W 6.2 185 BRO BLU MED Scars/Marks/Tattoos/Physical Features NONE K625064700560 NONE Place of Birth Citizenship Local Address (Street, City, State, Zip Code) Telephone 554 BAYWOOD DR N DUNEDIN FL 34698 736-1869 MD US Permanent Address (Street, City, State, Zip Code) Telephone Employed by / School 736-1869 **SELF** 554 BAYWOOD DR N DUNEDIN FL 34698 Weapon Seized Type

☐Yes ☑No HANDS FIST FEET UNK N UNK Indication of Mental Y N UNK Indication of Indication of Drug Influence 🔲 🔲 🗷 **Health Issues** Alcohol Influence Co-Defendant's Name (Last, First, Middle) DOB Sex Race In Custody ☐ Yes ☐ No ☐Felony ☐Misdemeanor DOB Co-Defendant's Name (Last, First, Middle) 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 09 day of 2020 **FEBRUARY** at 554 BAYWOOD DR N DUNEDIN at approximately 9:42 in Pinellas County did: DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE VICTIM RONALD ROBINSON AGAINST THE WILL OF VICTIM , AND DID NOT) CAUSE BODILY HARM. VICTIM STATED HE WAS AT THE DEF'S HOUSE HAVING A BEER WHEN THE DEF BEGAN ARGUING WITH HIS (THE DEF'S) GIRLFRIEND. VIC SAID THE DEF THEN SLAPPED THE GIRLFRIEND IN THE FACE TWICE. VIC GOT IN BETWEEN THE TWO TO PROTECT THE OTHER VICTIM. DEF THEN BEGAN TO "THROW FISTS" AT THE VICIM HITTING HIM IN THE FACE AND UPPER BODY. VIC RAN OUT OF THE HOUSE AND TO THE POLICE STATION TO REPORT THE VIOLENCE AND GET HELP FOR THE GIRLFRIEND. Contrary to Florida Statute/Ordinance 784.03 ARREST DATE: 2/9/2020 Time 10:14 PM . Aggravating/Mitigating Factors Booking Officer:\_MAGGIO, K 57191 500 \_Time\_ **Bond Out Date** Amount of Bond Medical Treatment to Victim? ☐Yes ☐ No Victim Notified of Advisory? Injuries to Victim? Yes The Court reviewed this complaint and finds there: Mis probable cause lis 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 Bpoking: 2/10/2020 12:20:34 AM REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have DATE OFFICER: HOURS X PAY RATE COST read the foregoing document and that the facts in it are true. 02/09/2020 **TSANAKALIOTIS** 02/09/2020 COOPER 25.00 PINELLAS COUNTY SHERIFF 0 83 16085.00 DEMPERIO 02/09/2020 Declarant Signature Agency 02/09/2020 COURT A<u>SSISTANOS</u> **DEPUTY REGINA TSANAKALIOTIS 54600** 01967548 OTHER - Describe TOTAL \$ \$0.00 Declarant ID# Continuation sheet [ ∑ No Printed Name

Defendant KRASMAN, BRET DAVID Court Case No: 20-0	TO A VENCEMAN PRETENTING
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## **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.

914-MM-1

•	I FURTHER CERTIFY T	HAT:		
A. Defendant has advised the Cour	t that he has retained counsel or v	vill retain counsel.		
B. The Court investigated Defendation			e to secure counsel.	
☐ C. The Court investigated Defenda	_	•		
☐ D. The Defendant waived the right	• •	• •	^	
DATE AND	LO/20		MASUMEN J	
☐ I hereby waive the right to counse☐ I, having been found solvent and an appearance in this case or until	d financially able to secure cour		<u> </u>	iles
	<del>-</del>	DEFENDAN	NT'S SIGNATURE	
		DEI ENDIN	VI D DIGIVITIONE	
			,	
Thumb Print				
I HEREBY acknowledge receipt of a	copy of the foregoing Complaint	and Advisory.		
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY	'S SIGNATURE	DATE	