

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

OBTS #	REPORT # <b>SO20-74832</b>		DOCKET # <b>1833212</b>	
Person ID	<b>311489431</b>		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	<b>BATTERY; SIMPLE</b>		<b>20-03315-MM-1</b>	
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
<b>BAER, BRIAN HARRISON</b>	<b>06/26/1985</b>	<b>M</b>	<b>W</b>	<b>511</b>
Wt	Hair	Eyes	Skin	
<b>175</b>	<b>BRO</b>	<b>BLU</b>		
Alias	DL #	State NC	Scars/Marks/Tattoos/Physical Features	
	<b>000044204160</b>			
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship	
<b>5301 ANNABEL DR FUQUAY VARINA NC 27526</b>	<b>919-902-3311</b>	<b>MARYLAND</b>	<b>USA</b>	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School		
<b>5301 ANNABEL DR FUQUAY VARINA NC 27526</b>	<b>919-902-3311</b>			
Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Y N UNK <input type="checkbox"/> <input checked="" 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 08 day of MARCH, 2020, at approximately 1:40 AM, at 6200 GULF BLVD - BEACHCOMBER RESORT, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE CASEY SIMONS AGAINST THE WILL OF CASEY SIMONS, AND DID CAUSE BODILY HARM BY STRIKING THE VICTIM IN THE FACE CAUSING A SMALL CUT TO THE VICTIMS LIP.

DEFENDANT PUNCHED THE VICTIM IN THE FACE AFTER LEAVING THE JIMMY B'S BAR AT THE BEACHCOMBER RESORT. THE DEFENDANT SAID POST MIRANDA THE DEFENDANT SAID THAT THE VICTIM CALLED HIM DREW CAREY WHICH MADE HIM MAD AND HE STRUCK THE VICTIM ONCE IN THE FACE. THE VICTIM ALSO SUFFERED SCRATCHES ON HIE RIGHT KNEE FROM BEING TACKLED ONTO THE GROUND.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/8/2020 Time 1:47 AM . Aggravating/Mitigating Factors CB

Booking Officer: HUSTON 59305 Amount of Bond 500 Bond Out Date 03/08/20 Time 09:39 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: 3/8/2020 4:44:44 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.

[Signature]  
 PINELLAS COUNTY SHERIFF  
 Agency  
 DEPUTY NICHOLAS ARLINGTON 59576 310904981  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE 03/08/2020 OFFICER DEPUTY ARLINGTON HOURS X PAY RATE 25.00 OR COST \$25.00

21:11W 6-MAR-20  
 OTHER - Describe COURT ASSISTANCE  
 Continuation sheet  Yes  No FILED TOTAL \$25.00

**Defendant** BAER, BRIAN HARRISON

**Court Case No:** 20-03315-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.

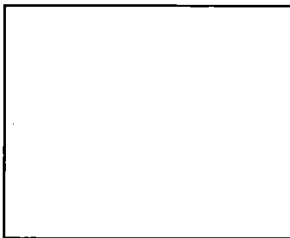
**I FURTHER CERTIFY THAT:**

- 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