UCN: 522020CF002016XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO20-58033	DOCKET # 1831563
Person ID 3249590		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE			20-02016-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
OCARROLL, BRIAN JOHN	07/30/1991	M	W	508	260	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	O264070912700	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
540 CARILLON PARKWAY APT 1010 ST. PETERSBURG FL 33716	6316364273	IRELAND	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
540 CARILLON PARKWAY APT 1010 ST. PETERSBURG FL 33716	6316364273		

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	☐ ☐ ☒	☐ ☒ ☐	☒ ☐ ☐

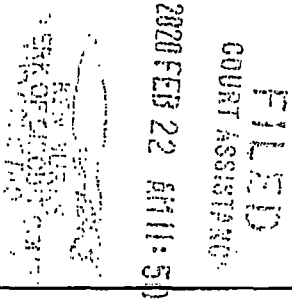
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor

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 21 day of FEBRUARY, 2020,

at approximately 10:54 PM, at 34TH ST N / 44TH AVE N, *in Pinellas County did:*

ON THE ABOVE DATE AND TIME THE DEFENDANT WAS STOPPED FOR SPEEDING BY CORPORAL S. HOLE AND I RESPONDED TO ASSIST DUE TO THE DRIVER POSSIBLY BEING UNDER THE INFLUENCE. THROUGH INVESTIGATION THE DEFENDANT WAS PLACED UNDER ARREST FOR DUI. SEARCH INCIDENT TO ARREST, IN THE DEFENDANTS RIGHT FRONT WATCH POCKET I LOCATED A SMALL PLASTIC BAG CONTAINING A WHITE POWDER. PRESUMPTIVE TEST WAS POSITIVE FOR COCAINE AND WEIGHED LESS THAN 1 GRAM. MIRANDA RIGHTS WERE READ AND THE DEFENDANT INVOKED HIS RIGHTS.



Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 2/21/2020 Time 11:22 PM . Aggravating/Mitigating Factors

Booking Officer: LEIPSKI 59118 Amount of Bond 2,000 Bond Out Date Time ☐a.m. ☐p.m.

Victim Notified of Advisory? Y 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: bond

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 2/22/2020 3:46:07 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.

Declarant Signature	Agency
DEPUTY BRIAN MUNOZ 59634	02620521
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
02/21/2020	B. MUNOZ	4	25.00		$100.00
02/21/2020	O. LITTLE	4	25.00		100

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $200.00

COCR59 (Revised 10/2014)
831290 *Copies to:*

Court

Defendant OCARROLL, BRIAN JOHN **Court Case No:** 20-02016-CF-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.

DEFENDANT'S SIGNATURE

Thumb Print

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**