

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

OBTS # [ ] REPORT # 2020-015570 DOCKET # 1836102

Person ID 2366190 SSN# [REDACTED]

Charge Description [ ] Felony [X] Misdemeanor [ ] Warrant [ ] Traffic [ ] Ordinance [ ] Traffic Citation # (if any) [ ] Court Case # 20-05098-MM-1

Defendant's Name (Last, First, Middle) NICOLETTI, BRYAN PAUL DOB 12/02/1985 Sex M Race W Ht 63 Wt 280 Hair BRO Eyes BRO Skin [ ]

Alias [ ] DL # N243-075-85-442-0 State FL Scars/Marks/Tattoos/Physical Features [ ]

Local Address (Street, City, State, Zip Code) 830 NORMANDY TRACE RD TAMPA FL 33602 Telephone 3524421515 Place of Birth FL Citizenship US

Permanent Address (Street, City, State, Zip Code) 830 NORMANDY TRACE RD TAMPA FL 33602 Telephone 3524421515 Employed by / School [ ]

Weapon Seized Type [ ] Yes [X] No Indication of Drug Influence [ ] Y [ ] N [X] UNK [ ] Indication of Mental Health Issues [ ] Y [X] N [ ] UNK [ ] Indication of Alcohol Influence [X] Y [ ] N [ ] UNK [ ]

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 26 day of APRIL, 2020

at approximately 10:37 PM, at PATICA DR/TALLAHASSEE DR NE, in Pinellas County did:

UNLAWFULLY HAVE IN HIS CARE, CUSTODY AND CONTROL, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: CANNABIS SATIVA, COMMONLY KNOWN AS MARIJUANA. THE CANNABIS DID WEIGH LESS THAN 20 GRAMS, AN AMOUNT LESS THAN 20 GRAMS. A PRESUMPTIVE TEST WAS POSITIVE.

THE DEF WAS PLACED UNDER ARREST FOR DUI, UPON SEARCH INCIDENT TO ARREST A SMALL AMOUNT OF A GREEN LEAFY SUBSTANCE THAT TESTED POSITIVE FOR MARIJUANA WAS LOCATED IN THE FRONT RIGHT POCKET OF THE DEF. THE DEF ADMITTED HIS FRIEND GAVE IT TO HIM FOR PERSONAL USE.

Contrary to Florida Statute/Ordinance 893.13.6B

ARREST DATE: 4/26/2020 Time 11:05 PM Aggravating/Mitigating Factors [ ]

Booking Officer: EELLS, C 56501 Amount of Bond 150 Bond Out Date [ ] Time [ ] 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: 4/27/2020 12:56:11 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] ST. PETERSBURG POLICE Agency OFFICER RONALD MCKENZIE 46962 10625118 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 04/26/2020 OFFICER R. MCKENZIE HOURS X PAY RATE 2 25.00 OR COST \$50.00 OTHER - Describe [ ] Continuation sheet [ ] Yes [ ] No TOTAL \$ 50.00

FILED 2020 APR 27 AM 6:39 COURT ASSISTANT

**Defendant** NICOLETTI, BRYAN PAUL **Court Case No:** 20-05098-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.

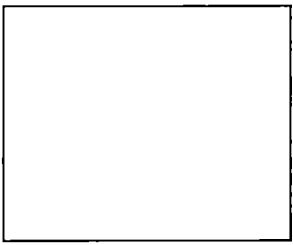
I FURTHER CERTIFY THAT:

- 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