UCN: *** FL0520800

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

OBTS #		REPORT # 19-012586	DOCKET # 1824957
Person ID 311443708		SSN# 000-00-0000	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DRIVING UNDER THE INFLUENCE		AB7IOQE	AB7IOQE-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SHAFFER, CAMERON MITCHELL	08/28/1989	M	W	509	150	BRO	GRN	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	0010-13-5623	IN	BELLY BUTTON TATTOO

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
208 HAVEN BEACH CT INDIAN ROCKS BEACH FL 33785	260-239-1625	INDIANA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
208 HAVEN BEACH CT INDIAN ROCKS BEACH FL 33785	260-239-1625	ST PETE DENTAL OFFICE	

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 19 day of DECEMBER, 2019, at approximately 10:30 PM, at ULMERTON RD/WALSINGHAM RD, in Pinellas County did:

REASON FOR STOP: FAIL TO MAINTAIN SINGLE LANE OF TRAVEL (DUI BOLO WITH IDENTIFIED WITNESS)

THEN AND THERE UNLAWFULLY DRIVE AND/OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE (IN TAG #AMP150, DRIVER)WITHIN PINELLAS COUNTY, FLORIDA WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, A CONTROLLED SUBSTANCE AND/OR ANY CHEMICAL SUBSTANCE TO THE EXTENT THAT HIS NORMAL FACULTIES WERE IMPAIRED.

BRAC: .186/.185 BREATH: ODOR OF ALCOHOLIC BEVERAGE
BALANCE: UNSTEADY EYES: WATERY
PRIOR CONVICTIONS: NONE

DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY EXERCISES.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT 01/16/2020 AT 9:00AM CITATION #: AB7IOQE

TO:WIT- UPON CONTACT WITH THE DRIVER THE DEFENDANT HAD WATERY EYES, SWAYED AS HE STOOD, AND THERE WAS AN ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH AS HE SPOKE. DEFENDANT ALMOST FELL SEVERAL TIMES WHILE OUT OF HIS VEHICLE. DEFENDANT CONSENTED TO SFSES WHERE NUMEROUS ADDITIONAL SIGNS OF IMPAIRMENT WERE OBSERVED. DEFENDANT HAD TO BE TOLD THE SAME THING OVER AND OVER. POST-MIRANDA THE DEFENDANT ADMITTED TO DRINKING THREE MIXED DRINKS AND ADMITTED TO FEELING THE EFFECTS OF ALCOHOL AND STATED HE WAS PROBABLY UNDER THE INFLUENCE OF ALCOHOL.

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 12/19/2019 Time 10:52 PM . Aggravating/Mitigating Factors: _____

Booking Officer: HUSTON 59305 Amount of Bond 500*** 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: 12/20/2019 1:00:52 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
	LARGO POLICE DEPT.
OFFICER JEFFREY URBANIAK 4813	13132115
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
12/19/2019	URBANIAK	3	25.00		$75.00
12/19/2019	CASEBER	1	25.00		25
12/19/2019	HASTINGS	1	25.00		25
12/19/2019					25

OTHER – Describe BREATH TEST 25.00

Continuation sheet ☐Yes ☐No TOTAL $ $175.00

COCR59 (Revised 10/2014)
819359 Copies to:

Court

Defendant SHAFFER, CAMERON MITCHELL **Court Case No:** AB7IOQE-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**