

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

OBTS #	REPORT # SO19-378063		DOCKET # 1822374	
Person ID 2850776	SSN# [REDACTED]			
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #	
Charge BATTERY; SIMPLE			19-18942-MM-1	
Defendant's Name (Last, First, Middle) WITTNER, CHARLES EDWIN	DOB 01/18/1957	Sex M	Race W	Ht 602
		Wt 200	Hair BRO	Eyes BRO
Alias	DL # W356145570180	State FL	Scars/Marks/Tattoos/Physical Features W356-145-57-018-0	
Local Address (Street, City, State, Zip Code) 7525 83RD ST N UNIT 114 SEMINOLE FL 33777	Telephone 7272959221	Place of Birth FL	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 7525 83RD ST N UNIT 114 SEMINOLE FL 33777	Telephone 7272959221	Employed by / School		
Weapon Seized Type ☐ Yes ☒ No HANDS	Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☒ Y ☐ N ☐ UNK	Indication of Alcohol Influence ☐ 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 24 day of NOVEMBER, 2019, at approximately 11:23 PM, at 7525 83RD STREET N UNIT 115, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE THE VICTIM AGAINST THE WILL OF THE VICTIM AND DID NOT CAUSE BODILY HARM.

THE DEFENDANT DID STRIKE THE VICTIM AGAINST HIS WILL BY PUSHING HIM WITH BOTH HANDS TO THE CHEST AREA. THE VICTIM STATES THE DEFENDANT ALSO STRUCK HIM THE NECK AREA WITH AN OPEN HAND BUT AT NO TIME IMPEDE HIS BREATHING. THE DEFENDANT WAS SEEN PUSHING THE VICTIM BY AN INDEPENDENT WITNESS. AT THE TIME OF THE BATTERY THE DEFENDANT WAS INTOXICATED.

THE DEFENDANT WAS READ HIS MIRANDA WARNINGS AND DENIED ALL ALLEGATIONS THUS HE WAS NOT ELIGIBLE TO APAD.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 11/24/2019 Time 11:43 PM . Aggravating/Mitigating Factors CB

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 500 Bond Out Date 11-25-19 Time 11:44 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: 11/25/2019 1:06:01 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.

Eliz Temple
PINELLAS COUNTY SHERIFF
Declarant Signature Agency
DEPUTY ELIZABETH TEMPLE 58112 03287102
Printed Name Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
11/25/2019	E. TEMPLE	1 25.00		\$25.00
07:01 AM 11/25/2019				
2019 NOV 25 AM 10:40				
COURT ASSISTANCE				
OTHER - Describe: <u>1800</u>				
Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>25.00</u>				

Defendant WITTNER, CHARLES EDWIN

Court Case No: 19-18942-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.

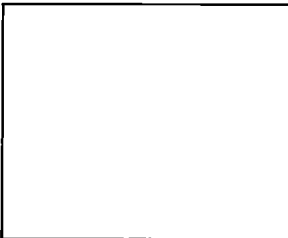
I FURTHER CERTIFY THAT:

- ☐ 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