UCN: 522019MM018942XXXXMM FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
WITTNER, CHARLES EDWIN	01/18/1957	M	W	602	200	BRO	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	W356145570180	FL	W356-145-57-018-0

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
7525 83RD ST N UNIT 114 SEMINOLE FL 33777	7272959221	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
7525 83RD ST N UNIT 114 SEMINOLE FL 33777	7272959221		

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 HANDS	☐ ☒ ☐	☒ ☐ ☐	☐ ☒ ☐

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 4:04 ☒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.

Liz Temple

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY ELIZABETH TEMPLE 58112

Printed Name

03287102

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

2019 NOV 25 AM 10:40

COURT ASSISTANCE

OTHER – Describe:

Continuation sheet ☐Yes ☐No

TOTAL $ $25.00

COCR59 (Revised 10/2014)

814653 Copies to:

Court

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**