

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

|        |                             |                         |
|--------|-----------------------------|-------------------------|
| OBTS # | REPORT # <b>SO20-134251</b> | DOCKET # <b>1838480</b> |
|--------|-----------------------------|-------------------------|

|                            |   |
|----------------------------|---|
| Person ID <b>311299224</b> | SSN# <span style="background-color: black; color: black;">[REDACTED]</span> |
|----------------------------|---|

|   |                             |                                      |
|---|-----------------------------|--------------------------------------|
| Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance<br>Charge<br><b>BATTERY; SIMPLE</b> | Traffic Citation # (if any) | Court Case #<br><b>20-06736-MM-1</b> |
|---|-----------------------------|--------------------------------------|

|  |                          |                 |                  |                 |                  |                    |                    |      |
|--|--------------------------|-----------------|------------------|-----------------|------------------|--------------------|--------------------|------|
| Defendant's Name (Last, First, Middle)<br><b>HOWE, CHRISTINA PAULINE</b> | DOB<br><b>04/10/1983</b> | Sex<br><b>F</b> | Race<br><b>W</b> | Ht<br><b>56</b> | Wt<br><b>160</b> | Hair<br><b>XXX</b> | Eyes<br><b>XXX</b> | Skin |
|--|--------------------------|-----------------|------------------|-----------------|------------------|--------------------|--------------------|------|

|       |                                |             |                                       |
|-------|--------------------------------|-------------|---------------------------------------|
| Alias | DL # <b>H-000-115-83-630-0</b> | State<br>FL | Scars/Marks/Tattoos/Physical Features |
|-------|--------------------------------|-------------|---------------------------------------|

|   |                                |                                    |                           |
|---|--------------------------------|------------------------------------|---------------------------|
| Local Address (Street, City, State, Zip Code)<br><b>14268 N BAYSHORE DR MADEIRA BEACH, FL 33708</b> | Telephone<br><b>7273178355</b> | Place of Birth<br><b>NEWMEXICO</b> | Citizenship<br><b>USA</b> |
|---|--------------------------------|------------------------------------|---------------------------|

|   |           |  |
|---|-----------|--|
| Permanent Address (Street, City, State, Zip Code) | Telephone | Employed by / School<br><b>BAMBOOS</b> |
|---|-----------|--|

|   |   |   |  |
|---|---|---|--|
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Indication of Drug Influence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Mental Health Issues<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Alcohol Influence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK |
|---|---|---|--|

|   |                          |                 |                  |   |
|---|--------------------------|-----------------|------------------|---|
| Co-Defendant's Name (Last, First, Middle)<br><b>CHRISTOPHER OLSEN</b> | DOB<br><b>04/18/1974</b> | Sex<br><b>M</b> | Race<br><b>W</b> | In Custody <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor |
|---|--------------------------|-----------------|------------------|---|

|   |     |     |      |   |
|---|-----|-----|------|---|
| Co-Defendant's Name (Last, First, Middle) | DOB | Sex | Race | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
|---|-----|-----|------|---|

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 16 day of MAY, 2020,

at approximately 3:54 PM, at 37 144TH AVE, in Pinellas County did:

**DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE ANGELA WILSON AGAINST THE WILL OF ANGELA, AND DID CAUSE BODILY HARM. THE DEFENDANT HIT ANGELA WITH A BEACH CHAIR AND PULLED HER BY HER HAIR ACROSS THE STREET.**

FILED  
COURT ASSISTANCE  
MAY 30 AM 7:15

Contrary to Florida Statute/Ordinance 784.03:

ARREST DATE: 5/29/2020 Time 3:12 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: KUNZ, K 57593 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: new 500ft

The probable cause determination is passed for:  24 Hrs  24 Hrs on showing of extraordinary circumstances Received by Booking: 5/29/2020 4:59:07 PM

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.

Chelsea Gross  
PINELLAS COUNTY SHERIFF  
Declarant Signature Agency  
DEPUTY CHELSEA GROSS 59639 310956704  
Printed Name Declarant ID#

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)                             |         |                  |    |                |
|---|---------|------------------|----|----------------|
| DATE  | OFFICER | HOURS X PAY RATE | OR | COST           |
| 05/16/2020  | C       | 1 25.00          |    | \$25.00        |
|   |         |                  |    |                |
|   |         |                  |    |                |
| OTHER - Describe  |         |                  |    |                |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No |         |                  |    | TOTAL \$ 25.00 |

**Defendant** HOWE, CHRISTINA PAULINE

**Court Case No:** 20-06736-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:

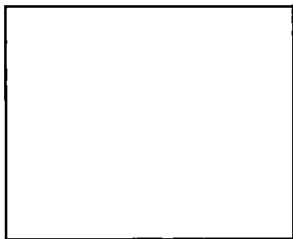
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

5/30/20

DATE AND TIME

Holly T. Grissinger  
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