

UCN: N/A

FL0520000

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

OBTS #		REPORT # SO20-27442	DOCKET # 1828593
Person ID	3194801	SSN#	000-00-0000
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)	Court Case #
Charge	DRIVING UNDER THE INFLUENCE	AD0AUKE	AD0AUKE-1
Defendant's Name (Last, First, Middle)	GUTHRIE, CLARE FRANCES	DOB	01/19/1996
		Sex	F
		Race	W
		Ht	503
		Wt	100
		Hair	BLN
		Eyes	BLU
		Skin	MED
Alias	DL # G360106965190	State	FL
Scars/Marks/Tattoos/Physical Features			
Local Address (Street, City, State, Zip Code)	152 ASBURY CT DUNEDIN FL 34698	Telephone	7279161823
Permanent Address (Street, City, State, Zip Code)	152 ASBURY CT DUNEDIN FL 34698	Telephone	7279161823
Employed by / School			
Weapon Seized Type	☐ Yes ☒ No	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 26 day of JANUARY, 2020,

at approximately 2:33 AM, at MAIN ST & PATRICIA AVE, in Pinellas County did:

REASON FOR STOP: I OBSERVED THE DEFENDANTS VEHICLE STOP PAST THE STOP BAR OF A STOP SIGN AT MAIN ST & VIRGINIA AVE. THE VEHICLE CONTINUED TO TRAVEL IN THE BICYCLE LANE OF MAIN STREET WHERE I CONDUCTED A WELFARE STOP ON THE VEHICLE.

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

BRAC: .130, .128 BREATH: DISTINCT
BALANCE: SWAYING EYES: BLOODSHOT, WATERY
PRIOR CONVICTIONS: NONE

DEFENDANT DISPLAYED NUMEROUS INDICATORS OF POSSIBLE IMPAIRMENT DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: NORTHCOUNTY TRAFFIC COURT 02/26/2020 0900 HRS CITATION #: AD0AUKE

UPON MAKING CONTACT WITH THE DEFENDANT I IMMEDIATELY OBSERVED HER TO HAVE BLOODSHOT, WATERY EYES AND HER SPEECH WAS SLURRED AND MUMBLED. I SMELLED A DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE EMANATING FROM INSIDE THE VEHICLE. WHILE EXITING THE VEHICLE HER BALANCE WAS UNSTEADY AND SHE HAD AN OBVIOUS SWAY WHILE STANDING STILL. THE DEFENDANT CONSENTED TO PERFORM SFSTS WERE SHE DISPLAYED NUMEROUS INDICATORS OF POSSIBLE IMPAIRMENT.

POST MIRANDA THE DEFENDANT ADMITTED TO DRINKING FOUR BEERS.

Contrary to Florida Statute/Ordinance 316.193.1.

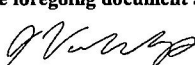
ARREST DATE: 1/26/2020 Time 3:08 AM . Aggravating/Mitigating Factors _____

Booking Officer: LEVEA 59816 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: 1/26/2020 4:45:58 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 DEPUTY JUDSON VANWORP 59710 Printed Name	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <td>DATE</td> <td>OFFICER</td> <td>HOURS X PAY RATE</td> <td>OR</td> <td>COST</td> </tr> <tr> <td>01/26/2020</td> <td>VANWORP</td> <td>2.5 25.00</td> <td></td> <td>\$62.50</td> </tr> </table> OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>62.50</u>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	01/26/2020	VANWORP	2.5 25.00		\$62.50
DATE	OFFICER	HOURS X PAY RATE	OR	COST							
01/26/2020	VANWORP	2.5 25.00		\$62.50							

PINELLAS COUNTY SHERIFF
Agency
311010988
Declarant ID#

Defendant GUTHRIE, CLARE FRANCES

Court Case No: AD0AUKE-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.

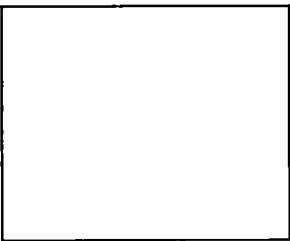
DATE AND TIME



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.

DEFENDANT'S SIGNATURE


Thumb Print

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE