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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
GUTHRIE, CLARE FRANCES	01/19/1996	F	W	503	100	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	G360106965190	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
152 ASBURY CT DUNEDIN FL 34698	7279161823	FLORIDA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
152 ASBURY CT DUNEDIN FL 34698	7279161823		

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 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 — Agency: PINELLAS COUNTY SHERIFF

Printed Name: DEPUTY JUDSON VANWORP 59710 — Declarant ID#: 311010988

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
01/26/2020	VANWORP	2.5 25.00		$62.50

2020 JAN 26 AM 7:16

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $62.50

COCR59 (Revised 10/2014)
825938 Copies to:

Court

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.

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**