

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

OBTs # [] REPORT # 2020-014402 DOCKET # 1835518

Person ID 310573750 SSN# [REDACTED]

Charge Description [X] Felony [] Misdemeanor [] Warrant [] Traffic [] Ordinance Traffic Citation # (if any) Court Case # BATTERY; ON A EMERGENCY ROOM PARAMEDIC 20-03631-CF-1

Defendant's Name (Last, First, Middle) THOMAS, CLIFTON DOB 11/21/1997 Sex M Race B Ht 600 Wt 250 Hair BRO Eyes BRO Skin []

Alias [] DL # T520100974210 State FL Scars/Marks/Tattoos/Physical Features []

Local Address (Street, City, State, Zip Code) 1111 ASTURIA ST PETE FL 33705 Telephone 7274522949 Place of Birth GA Citizenship US

Permanent Address (Street, City, State, Zip Code) 1111 ASTURIA ST PETE FL 33705 Telephone 7274522949 Employed by / School []

Weapon Seized Type [] Yes [X] No Indication of Drug Influence [] Y [] N [X] UNK Indication of Mental Health Issues [] Y [] N [X] UNK Indication of Alcohol Influence [] Y [] N [X] 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 14 day of APRIL, 2020

at approximately 9:00 PM, at 1200 7TH AV N, in Pinellas County did:

THEN AND THERE KNOWINGLY, ACTUALLY, AND INTENTIONALLY TOUCH OR STRIKE NICHOLAS REA, A PARAMEDIC IN THE ST. ANTHONY HOSPITAL E.R. AGAINST THE WILL OF NICHOLAS REA WHILE SAID PARAMEDIC WAS ENGAGED IN THE PERFORMANCE OF CARING FOR THE DEFENDANT. THE DEFENDANT KNOWING REA WAS A MEDICAL STAFF IDENTIFIED BY GREEN SCRUBS.

DEFENDANT WAS BEING MOVED BACK INTO HIS BED AND STARTED KICKING AT THE FACE OF THE VICTIM. THE VICTIM WAS KICKED ABOUT 3 TIMES IN THE FACE CAUSING REDNESS AND SWELLING. MORE STAFF CAME TO RESTRAIN HIM AND HE KICKED ANOTHER HEALTH TECH NAMED STEPHAN JONES.

Contrary to Florida Statute/Ordinance 784.07.2B

ARREST DATE: 4/14/2020 Time 9:10 PM Aggravating/Mitigating Factors BATTERED 2 MEDICAL PEOPLE

Booking Officer: FALLAHEE, GEORGE 55259 Amount of Bond 5000 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: [X] 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: 4/15/2020 12:25:51 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. Jason Irvin ST. PETERSBURG POLICE Agency OFFICER JASON IRVIN 34810 02230636 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 04/14/2020 OFFICER IRVIN HOURS X PAY RATE 2 OR COST \$50.00 OTHER - Describe Continuation sheet [] Yes [] No TOTAL \$ 50.00

FILED COURT ASSISTANT 2020 APR 15 PM 01:01 CLERK OF CIRCUIT COURT AND COUNTY

Defendant THOMAS, CLIFTON

Court Case No: 20-03631-CF-1

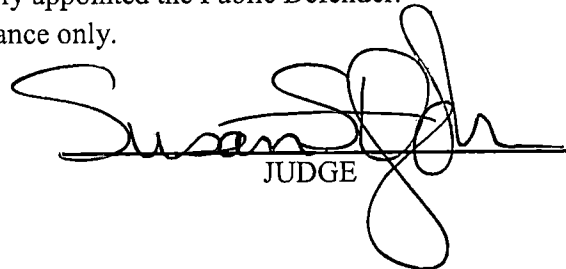
ADVISORY AND SOLVENCY HEARING

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:

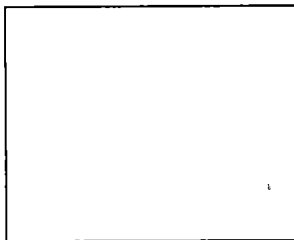
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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