

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

OBTS #	REPORT # <b>SO20-132380</b>				DOCKET # <b>1837265</b>															
Person ID	<b>3228055</b>			SSN#	[REDACTED]															
Charge Description	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Warrant	<input type="checkbox"/> Traffic	<input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #													
Charge	<b>DOMESTIC BATTERY</b>						<b>20-05963-MM-1</b>													
Defendant's Name (Last, First, Middle)	<b>FITZSIMMONS, CRYSTAL FAYE</b>			DOB	<b>09/07/1983</b>	Sex	<b>F</b>	Race	<b>W</b>	Ht	<b>505</b>	Wt	<b>125</b>	Hair	<b>BRO</b>	Eyes	<b>BRO</b>	Skin		
Alias	<b>LANHAM, Crystal</b>			DL #	<b>F325106838270</b>			State	<b>F</b>											
Local Address (Street, City, State, Zip Code)	<b>2416 WORLD PARKWAY APT 50 CLEARWATER FL</b>					Telephone	<b>727-873-8785</b>		Place of Birth	<b>IN</b>		Citizenship	<b>US</b>							
Permanent Address (Street, City, State, Zip Code)	<b>2416 WORLD PARKWAY APT 50 CLEARWATER FL</b>					Telephone	<b>727-873-8785</b>		Employed by / School	<b>UNEMPLOYED</b>										
Weapon Seized	Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>HANDS / MOUTH</b>			Indication of Drug Influence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK										
Co-Defendant's Name (Last, First, Middle)				DOB			Sex			Race			In Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No						
													<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor						
Co-Defendant's Name (Last, First, Middle)				DOB			Sex			Race			In Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No						
													<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 14 day of MAY, 2020

at approximately 3:15 PM, at 216 WORLD PARKWAY BLVD APT 50, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE RONALD BURNETTE, BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF RONAL BURNETTE, TO WIT: DID BITE THE VICTIM IN THE ARM.

ON THE LISTED DATE AND TIME THE DEFENDANT TO WIT: DURING A VERBAL ALTERCATION THE DEFENDANT DID BITE THE VICTIM IN THE LEFT ARM. THIS ARGUMENT STARTED OVER BECAUSE THE DEFENDANT COULD NOT FIND HER DOG TAG. THE TWO HAVE BEEN DATING AND COHABITATING FOR THE LAST TWO WEEKS. THE TWO ARE CURRENTLY SEXUALLY ENGAGED AS WELL. POST MIRANDA THE DEFENDANT DID NOT ADMIT TO TOUCHING OR STRIKING THE VICTIM. THE DEFENDANT SAID THE VICTIM FELL INTO THE WALL; HOWEVER, THE VICTIM HAD A MARK CONSISTENT OF A BITE MARK.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 5/14/2020 Time 3:56 PM . Aggravating/Mitigating Factors \$500

Booking Officer: AQUINO, A 57622 Amount of Bond ZERO 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: 5/14/2020 6:26:48 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.

*Brian Mackail*  
 \_\_\_\_\_  
 PINELLAS COUNTY SHERIFF  
 Declarant Signature Agency  
 DEPUTY BRIAN MACKKAIL 58752 03325614  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/14/2020	B. MACKKAIL	2.5 25.00		\$62.50

OTHER - Describe \_\_\_\_\_  
 Continuation sheet  Yes  No TOTAL \$ 62.50

FILED  
 COURT ASSISTANCE  
 MAY 15 AM 8:11  
 DEPUTY CLERK OF CIRCUIT COURT  
 PINELLAS COUNTY, FLORIDA

LANHAM, Crystal

**Defendant** FITZSIMMONS, CRYSTAL FAYE

**Court Case No:** 20-05963-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.

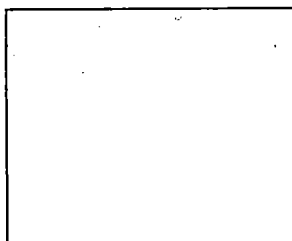
**I FURTHER CERTIFY THAT:**

- 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