

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # 222

COURT CASE/ J.F. ID # SAO # OBTS # AGENCY REPORT # 20-401056 AGENCY NAME Tampa P.D. ORI # 029029 LOCATION OF OFFENSE 15333 Amberly Dr DATE OF OFFENSE 8-30-20 TIME OF OFFENSE 0410 WITHIN: TAMPA PLANT CITY TEMPLE TERRACE UNINCORPORATED AREA SUPPLEMENTAL CRA ATTACHED COURT: TAMPA COURT PLANT CITY CT LOCATION OF ARREST 15333 Amberly Dr DATE OF ARREST 8-30-20 TIME OF ARREST 0504 BOOKING # 2020-19524 WEAPON TYPE N/A WEAPON SEIZED Yes No

ARREST Probable Cause Adult Capias Juvenile Fugitive Warrant Delinquency VOP/VOC Dependancy Warrant Felony Juvenile Pickup Misdemeanor REQUEST FOR: Direct File/SAO Traffic FEL Ordinance Review Pickup Other Warrant Summons Juvenile Pickup NOTICE TO APPEAR: Arresting officer Booking supervising officer

NAME Stenberg Cynthia Monique ALIAS RACE: W-White I-American Indian/Alaskan Native HW-Hispanic White HB Hispanic Black B-Black O-Oriental/Asian Race W SEX F D.O.B. 05-01-81 MO DAY YEAR 39 APPROXIMATE AGE COMPLEXION Lst BUILD Med HEIGHT 5 WEIGHT 140 COLOR: EYES HAZ HAIR BFO LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 4974 AMISTON Cir Tampa FL 33647 Ph #: Permanent Address (Street, Apt. #, City, State, Zip) Ph #: Business Address (Street, Apt. #, City, State, Zip) Ph #: Driver's License No. 335113810610 State FL SS # PLACE OF BIRTH P.A. DOC # Gang Member: Yes No Gang Name SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) IF JUVENILE: School Name Mother/Guardian Address Ph #: Father/Guardian Address Ph #: Released To: JAC Parent Guardian Other Relationship Other

Co-Defendant (Last, First, Middle Sex: Race: DOB: Arrested At Large Capias/Warrant Requested Felony Misdemeanor Juvenile Co-Defendant (Last, First, Middle Sex: Race: DOB: Arrested At Large Capias/Warrant Requested Felony Misdemeanor Juvenile

Table with columns: STATUTE (subsec.) / ORD #, DV, CP, CHARGE STATUS, BOND SET, CHARGE, TRAFFIC CITATION #, DRUG ACT/TYPE. Row 1: 316.193(4), M, DUI - above .15, A10AUGP, N/A

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR) Table with columns: DESCRIPTION/AMOUNT PER UNIT, RECOVERED BY, GIVEN TO, PRESENT LOCATION

Mandatory Appearance in Court You need not appear in Court, but must comply with instructions on Reverse Side. COURT INFORMATION: You must appear in County Court at the: COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET (Corner of Jefferson & Twigg Street), TAMPA, FLORIDA 33602 COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET PLANT CITY, FLORIDA 33566 Division COURTROOM # ON ,20, AT a.m. p.m. I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above. Signature of Defendant/Juvenile Parent or Guardian (If Juvenile)

White - Clerk of Court Green - State Attorney Canary - Arresting Agency Pink - Central Booking/Detention Center Goldenrod - Defendant

AGENCY REPORT # 20-401056 AGENCY NAME TPD 2037416 State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant The def drove up to TPD officers to inquired the whereabouts of her husband who was involved in a single vehicle traffic crash earlier in the night. She displayed indicators of impairment to include having red glassy eyes slurred speech + the distinct odor of an alcoholic beverage on her breath. She displayed additional indicators of impairment during SFST's and was arrested for DUI. She went to CBT, took the breath test and provided breath samples of .175 (.173). Her identity was verified using DHSMV photo. Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: \$ 70 ER OFFICER S. Snaggs I.D. # 50713 Dist. & Squad SUB/SIS POLICE REPORT WRITTEN: Yes No Dist. & Squad I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED. AFFIANT, Signature Snaggs TPD #10 AFFIANT, Print/Type Name

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

CLERK OF COURT SAO FORM-425. 10/03 WITNESS STATUS: V-VICTIM C-Complainant W-All Other Witnesses Check If Witness Was Sworn STATUS W CLifford R. W M. 2037416 Home Address (Street, Apartment Number) City State Zipcode Phone Business Address (Street, Apartment Number) City State Zipcode Phone STATUS Last First Middle Race Sex Date of Birth Home Address (Street, Apartment Number) City State Zipcode Phone Business Address (Street, Apartment Number) City State Zipcode Phone STATUS Last First Middle Race Sex Date of Birth Home Address (Street, Apartment Number) City State Zipcode Phone Business Address (Street, Apartment Number) City State Zipcode Phone STATUS Last First Middle Race Sex Date of Birth Home Address (Street, Apartment Number) City State Zipcode Phone Business Address (Street, Apartment Number) City State Zipcode Phone STATUS Last First Middle Race Sex Date of Birth Home Address (Street, Apartment Number) City State Zipcode Phone Business Address (Street, Apartment Number) City State Zipcode Phone

REPORT # 20-401056 AGENCY NAME TPD PROBABLE CAUSE STATEMENT VICTIM NOTIFICATION

ADMINISTRATION DEFENDANT/DEPENDENT CO-DEFENDANT(S) CHARGE(S) EVIDENCE LIST NOTICE TO APPEAR