

UCN: N/A

FL0521400

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

|                                                                     |                                                                                       |                                                 |                                                                                       |                                                                                       |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| OBTS #                                                              | REPORT # 2020002296                                                                   |                                                 | DOCKET # 1827698                                                                      |                                                                                       |
| Person ID                                                           | 311458147                                                                             |                                                 | SSN# [REDACTED]                                                                       |                                                                                       |
| Charge Description                                                  | Felony                                                                                | <input checked="" type="checkbox"/> Misdemeanor | Warrant                                                                               | Traffic                                                                               |
| Charge                                                              | DRIVING UNDER THE INFLUENCE                                                           |                                                 | Traffic Citation # (if any)                                                           | Court Case #                                                                          |
|                                                                     |                                                                                       |                                                 | AAM71DE                                                                               | AAM71DE-1                                                                             |
| Defendant's Name (Last, First, Middle)                              | DOB                                                                                   | Sex                                             | Race                                                                                  | Ht                                                                                    |
| SEAWRIGHT, DAVID ARLYN                                              | 10/29/1994                                                                            | M                                               | W                                                                                     | 6'3                                                                                   |
| Wt                                                                  | Hair                                                                                  | Eyes                                            | Skin                                                                                  |                                                                                       |
| 205                                                                 | BRO                                                                                   | BLU                                             |                                                                                       |                                                                                       |
| Alias                                                               | DL #                                                                                  | State                                           | Scars/Marks/Tattoos/Physical Features                                                 |                                                                                       |
|                                                                     | S623-161-94-389-0                                                                     | FL                                              |                                                                                       |                                                                                       |
| Local Address (Street, City, State, Zip Code)                       | Telephone                                                                             | Place of Birth                                  | Citizenship                                                                           |                                                                                       |
| 421 42ND AVE NE ST PETERSBURG FL 33703                              | 407-719-8601                                                                          | FL                                              | USA                                                                                   |                                                                                       |
| Permanent Address (Street, City, State, Zip Code)                   | Telephone                                                                             | Employed by / School                            |                                                                                       |                                                                                       |
| 421 42ND AVE NE ST PETERSBURG FL 33703                              | 407-719-8601                                                                          | ADP                                             |                                                                                       |                                                                                       |
| Weapon Seized Type                                                  | Indication of Drug Influence                                                          | Y N UNK                                         | Indication of Mental Health Issues                                                    | Y N UNK                                                                               |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                 | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 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 17 day of JANUARY, 2020

at approximately 1:36 AM, at 62ND AV N/4TH ST N, in Pinellas County did:

THE DEFENDANT DID THEN AND THERE DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE TO WIT: BLACK 2019 FORD FUSION BEARING FL TAG KYPJ88

WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE AND/OR A CHEMICAL/CONTROLLED SUBSTANCE TO THE EXTENT HIS NORMAL FACULTIES WERE IMPAIRED. THE DEFENDANT WAS FOUND PASSED OUT BEHIND THE WHEEL OF HIS VEHICLE.

THE DEFENDANT EXHIBITED BLOODSHOT, WATERY AND GLASSY EYES. HIS SPEECH WAS SLURRED AND MUMBLED. HE HAD AN ODOR OF ALCOHOLIC BEVERAGE COMING FROM HIS BREATH.

THE DEFENDANT REFUSED TO PARTICIPATE IN THE FIELD SOBRIETY TESTS

PRIOR DUI CONVICTIONS: NONE  
 DUI CITATION: AAM71DE  
 BAC: 0.084/0.082  
 COURT DATE:  
 FEBRUARY 17TH 2020 AT 1:30PM  
 CJC  
 14250 49TH ST N  
 CLEARWATER FL 33762  
 COURTROOM 15

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 1/17/2020 Time 1:55 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: LEIPSKI 59118 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: 1/17/2020 3:34:41 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.

3C  
 Declarant Signature \_\_\_\_\_ ST. PETERSBURG POLICE  
 Agency  
 OFFICER ZACKARY CRUM 47331 10660799  
 Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE 01/17/2020 OFFICER CRUM HOURS X PAY RATE 25.00 OR COST \$75.00  
 OTHER – Describe \_\_\_\_\_  
 Continuation sheet ☐ Yes ☐ No TOTAL \$ 75.00

**Defendant** SEAWRIGHT, DAVID ARLYN **Court Case No:** AAM71DE-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.

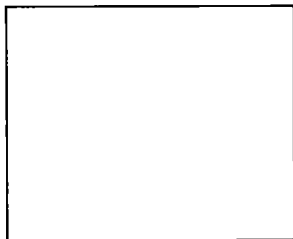
**I FURTHER CERTIFY THAT:**

- ☐ 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