

UCN: \*\*\*

FL0521100

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

|                                                                     |                                                                                                                                                                                      |                                                                                               |                                                                                               |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| OBTS #                                                              |                                                                                                                                                                                      | REPORT # <b>19-96334</b>                                                                      | DOCKET # <b>1824963</b>                                                                       |
| Person ID <b>2856235</b>                                            |                                                                                                                                                                                      | SSN# <span style="background-color: black; color: black;">[REDACTED]</span>                   |                                                                                               |
| 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<br><b>DRIVING UNDER THE INFLUENCE</b>                        |                                                                                                                                                                                      | <b>AC8741E</b>                                                                                | <b>AC8741E-1</b>                                                                              |
| Defendant's Name (Last, First, Middle)                              | DOB                                                                                                                                                                                  | Sex                                                                                           | Race                                                                                          |
| <b>KALTEUX, DAVID MICHAEL</b>                                       | <b>04/18/1990</b>                                                                                                                                                                    | <b>M</b>                                                                                      | <b>W</b>                                                                                      |
|                                                                     |                                                                                                                                                                                      | <b>510</b>                                                                                    | <b>180</b>                                                                                    |
|                                                                     |                                                                                                                                                                                      | <b>BRO</b>                                                                                    | <b>BRO</b>                                                                                    |
|                                                                     |                                                                                                                                                                                      | <b>LGT</b>                                                                                    |                                                                                               |
| Alias                                                               | DL #                                                                                                                                                                                 | State                                                                                         | Scars/Marks/Tattoos/Physical Features                                                         |
|                                                                     | <b>K432-173-90-138-0</b>                                                                                                                                                             | <b>FL</b>                                                                                     |                                                                                               |
| Local Address (Street, City, State, Zip Code)                       | Telephone                                                                                                                                                                            | Place of Birth                                                                                | Citizenship                                                                                   |
| <b>4003 S WEST SHORE BLVD #3409 TAMPA FL 33611</b>                  | <b>727-244-7516</b>                                                                                                                                                                  | <b>IL</b>                                                                                     | <b>US</b>                                                                                     |
| Permanent Address (Street, City, State, Zip Code)                   | Telephone                                                                                                                                                                            | Employed by / School                                                                          |                                                                                               |
| <b>4003 S WEST SHORE BLVD #3409 TAMPA FL 33611</b>                  | <b>727-244-7516</b>                                                                                                                                                                  |                                                                                               |                                                                                               |
| Weapon Seized Type                                                  | Indication of Drug Influence                                                                                                                                                         | Indication of Mental Health Issues                                                            | Indication of Alcohol Influence                                                               |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK                                                                                        | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | <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 20 day of DECEMBER, 2019,

at approximately 12:54 AM, at 10400 BLK US HWY 19 N, PINELLAS PARK, FL, 33782 in Pinellas County did:

REASON FOR STOP: UNLAWFUL SPEED ON A STATE ROAD

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 HIS NORMAL FACULTIES WERE IMPAIRED.

BRAC: .103/.106 BREATH: DISTINCT ODOR OF CONSUMED ALCOHOLIC BEVERAGE  
BALANCE: POOR, UNSTEADY AND WAVERING EYES: BLOODSHOT, WATERY AND GLASSY  
PRIOR CONVICTIONS: N/A.

DEFENDANT PERFORMED POORLY DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: PINELLAS COUNTY COURTHOUSE #15 ON 01/15/2019 AT 1330. CITATION #: AC8741E

THE DEFENDANT WAS THE DRIVER OF A VEHICLE THAT WAS STOPPED FOR TRAVELING 75MPH IN A POSTED 55MPH ZONE. DURING THE STOP, THE DEFENDANT EXHIBITED MULTIPLE SIGNS OF IMPAIRMENT AND PERFORMED POORLY DURING FST'S. THE DEFENDANT PROVIDED TWO VALID BREATH SAMPLES OF .103/.106

Contrary to Florida Statute/Ordinance 316.193.1.

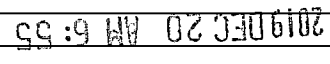
ARREST DATE: 12/20/2019 Time 1:07 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: HUSTON 59305 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: 12/20/2019 2:07:22 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.<br><br><div style="text-align: right;"> <br/> <b>Declarant Signature</b><br/>         OFFICER JACOB ROLLESTON 519<br/> <b>Printed Name</b> </div> <div style="text-align: right;"> <b>PINELLAS PARK POLICE</b><br/> <b>Agency</b><br/>         03023017<br/> <b>Declarant ID#</b> </div> | <div style="text-align: center;"> <b>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</b> </div> <table style="width:100%;"> <tr> <td>DATE</td> <td>OFFICER</td> <td>HOURS X PAY RATE</td> <td>OR</td> <td>COST</td> </tr> <tr> <td>12/20/2019</td> <td>ROLLESTON</td> <td>4 25.00</td> <td></td> <td>\$100.00</td> </tr> </table> <div style="text-align: center; margin-top: 10px;">  </div> <div style="text-align: right; margin-top: 10px;">         133.00<br/> <b>TOTAL \$ 233.00</b> </div> | DATE             | OFFICER | HOURS X PAY RATE | OR | COST | 12/20/2019 | ROLLESTON | 4 25.00 |  | \$100.00 |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HOURS X PAY RATE | OR      | COST             |    |      |            |           |         |  |          |
| 12/20/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROLLESTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 25.00          |         | \$100.00         |    |      |            |           |         |  |          |

Continuation sheet ☐ Yes ☐ No

**Defendant** KALTEUX, DAVID MICHAEL

**Court Case No:** AC8741E-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.

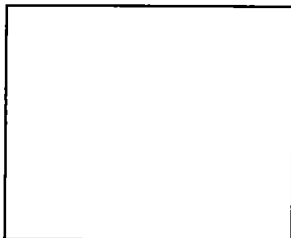
**I FURTHER CERTIFY THAT:**

- ☐ 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