

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

OBTS #		REPORT # SO19-366010		DOCKET # 1821160	
Person ID 311421794			SSN# [REDACTED]		
Charge Description		Felony ☐ Misdemeanor ☒ Warrant ☐ Traffic ☐ Ordinance ☐		Traffic Citation # (if any)	
Charge DRIVING UNDER THE INFLUENCE		AALGLRE		AALGLRE-1	
Defendant's Name (Last, First, Middle) BEAM, DELANEY ANNE		DOB 06/16/1997	Sex F	Race W	Ht 502
Wt 110		Hair BLN	Eyes BLU	Skin LGT	
Alias		DL # B500-161-97-716-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2703 PENZANCE ST PALM HARBOR FL 34684		Telephone 727-902-7044		Place of Birth FL	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 2703 PENZANCE ST PALM HARBOR FL 34684		Telephone 727-902-7044		Employed by / School PINELLAS CO.	
Weapon Seized Type ☐ Yes ☒ No		Indication of Drug Influence Y N UNK ☐ ☐ ☒		Indication of Mental Health Issues Y N UNK ☐ ☒ ☐	
		Indication of Alcohol Influence Y N 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 NOVEMBER, 2019, at approximately 12:08 AM, at CURLEW RD / BELCHER RD, in Pinellas County did:

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 HER NORMAL FACULTIES WERE IMPAIRED.

REASON FOR STOP: I OBSERVED THE DEFENDANT ENTER U.S. 19 N., UTILIZING A NORTHBOUND ENTRANCE RAMP, NEAR THE AREA OF US 19 N. AND EVANS RD. THE DEFENDANT ABRUPTLY CHANGED LANES FROM THE ENTRANCE RAMP TO THE CENTER LANE OF U.S. 19 N. THE DEFENDANT TRANSITIONED TO THE MEDIAN LANE OF U.S. 19 N., WHERE I OBSERVED HER DRIFT BACK AND FORTH, WITHIN HER LANE. THE DEFENDANT, ALSO, DROVE CLOSELY TO THE FOG LINE ON THE LEFT SIDE OF THE LANE SHE WAS TRAVELING IN.

DUE TO THE VEHICLE'S DRIVING PATTERN, I INITIATED A TRAFFIC STOP TO ENSURE THE OPERATOR WAS NOT SICK, INJURED, OR IMPAIRED. UPON STOPPING THE VEHICLE, I MADE CONTACT WITH THE DEFENDANT AND SHE ASSURED ME SHE WAS NOT EXPERIENCING ANY MEDICAL EMERGENCY.

I OBSERVED THE DEFENDANT TO SHOW SIGNS OF IMPAIRMENT AND I REQUESTED HER TO ALLOW ME TO ENURE IT WAS SAFE FOR HER TO OPERATE HER VEHICLE. THE DEFENDANT CONSENTED TO ALLOW ME TO DO SO AND I CONDUCTED THE HORIZONTAL GAZE NYSTAGMUS TEST WHERE I CONTINUED TO OBSERVE HER TO SHOW SIGNS OF IMPAIRMENT.

THE DEFENDANT REFUSED TO PERFORM ANY OF THE OTHER STANDARDIZED FIELD SOBRIETY TESTS AND CONTINUED TO REFUSE AFTER I ADVISED HER ANY REFUSAL COULD BE USED AGAINST HER IN COURT AND I WOULD BE FORCED TO MAKE AN ARREST DECISION BASED UPON MY OBSERVATIONS UP UNTIL THAT POINT.

BRAC: REFUSAL. BREATH: STRONG & DISTINCT ODOR OF AN ALCOHOLIC BEVERAGES.
BALANCE: SWAYED. EYES: BLOODSHOT & WATERY.
PRIOR CONVICTIONS: NONE.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT ON 12/5/19 AT 0900 HOURS.
CITATION #: AALGLRE.

Contrary to Florida Statute/Ordinance 316.193.1

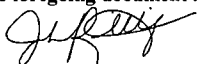
ARREST DATE: 11/14/2019 Time 12:17 AM . Aggravating/Mitigating Factors _____

Booking Officer: HUSTON 59305 Amount of Bond 500*** Bond Out Date 11/14/19 Time ROR TBS ☐ 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: 11/14/2019 1:58:27 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.  PINELLAS COUNTY SHERIFF Declarant Signature _____ Agency _____ DEPUTY JOSHUA RICOTTILLI 58439 03268534 Printed Name _____ Declarant ID# _____		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)			
		DATE 11/14/2019	OFFICER J. RICOTTILLI	HOURS X PAY RATE 2 25.00	OR COST \$50.00
		OTHER – Describe _____			
		Continuation sheet ☐ Yes ☐ No TOTAL \$ 50.00			

Defendant BEAM, DELANEY ANNE **Court Case No:** AALGLRE-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.

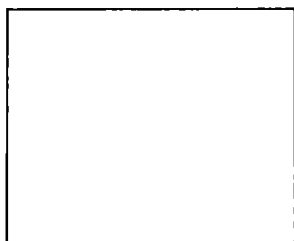
I FURTHER CERTIFY THAT:

- ☐ 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