UCN: 522018CT082241000APC FL0520300

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

OBTS #		REPORT # CW[redacted]	DOCKET # 1777545
Person ID 311180370		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DRIVING UNDER THE INFLUENCE		AAB9R0E	AANJE6E-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
OBRYAN, DONALD E	03/03/1967	M	W	510	185	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	O165185670830	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
5009 N CENTRAL AVE TAMPA FL 33603	8139473006	LA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
5009 N CENTRAL AVE TAMPA FL 33603		UNEMPLOYED	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☒ ☐	☐ ☒ ☐	☒ ☐ ☐

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 20 day of OCTOBER, 2018,

at approximately 12:01 AM, at 3300 BLK COURTNEY CAMPBELL CAUSEWAY, in Pinellas County did:

REASON FOR STOP:

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: REFUSED BREATH: STRONG ODOR 2-3 FEET
BALANCE: SLIGHT SWAY EYES: BLOODSHOT, WATERY, GLASSY
PRIOR CONVICTIONS: NO PRIOR CONVICTIONS

DEFENDANT REFUSED FIELD SOBRIETY TESTS.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT 11/14/2018 AT 0830 HOURS CITATION #:AANJE6E
DRIVER WAS PASSED OUT, KEY IN IGNITION, ENGINE RUNNING, OPEN CONTAINER OF ALCOHOL IN CUP HOLDER. 6 CLUES OF IMPAIRMENT FOR HGN. REFUSED FST ON SCENE, AND POST IMPLIED CONSENT REFUSED BREATH TEST.

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 10/20/2018 Time 12:01 AM . Aggravating/Mitigating Factors

Booking Officer: WERNER 59414 Amount of Bond 500** Bond Out Date 10/20/18 Time RLSD 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: 10/20/2018 2:32:40 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.

Declarant Signature	Agency
	CLEARWATER POLICE DEPT.
OFFICER ANTONY MILLS 5396	02400914
Printed Name	Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
10/20/2018	A. MILLS	1	29.14		$29.14

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $29.14

COCR59 (Revised 10/2014)
732906 Copies to:

Court

Defendant OBRYAN, DONALD E **Court Case No:** AANJE6E-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**