

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

OBTS #		REPORT #	CW	DOCKET #	1777545
Person ID	311180370	SSN#			
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
OBRYAN, DONALD E	03/03/1967	M	W	510	185
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	Indication of Mental Health Issues	Indication of Alcohol Influence		
☐ Yes ☒ No	Y N UNK ☐ ☒ ☐	Y N UNK ☐ ☒ ☐	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 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, KEYS 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 319.193.1

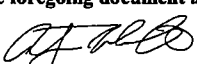
ARREST DATE: 10/20/2018 Time 12:01 AM . Aggravating/Mitigating Factors _____

Booking Officer: WERNER 59414 Amount of Bond 500** Bond Out Date 10/20/18 Time 12:01 ☐ 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 _____ OFFICER ANTONY MILLS 5396 02400914 Printed Name _____ Declarant ID# _____		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>10/20/2018</td> <td>A. MILLS</td> <td>1 29.14</td> <td></td> <td>\$29.14</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet ☐ Yes ☐ No</td> <td>TOTAL \$ 29.14</td> </tr> </table>	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
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Continuation sheet ☐ Yes ☐ No				TOTAL \$ 29.14																		

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.

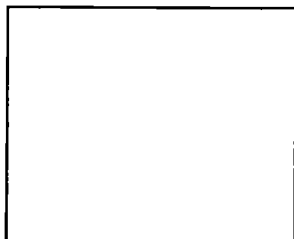
I FURTHER CERTIFY THAT:

- ☐ 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