

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

OBTS #	REPORT # SO19-152118		DOCKET # 1825464	
Person ID 3308249	SSN# [REDACTED]			
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #	
Charge SALE OR DELIVERY OF CONTROLLED SUBSTANCE (ALPRAZOLAM)			19-15342-CF-1	
Defendant's Name (Last, First, Middle) DREWITZ, DUSTIN DUANE	DOB 04/23/1993	Sex M	Race W	Ht 601
		Wt 190	Hair BRO	Eyes BRO
Alias	DL # D632164931430	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2490 GROVE RIDGE DR PALM HARBOR FL 34683	Telephone 7274173383	Place of Birth FL	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 2490 GROVE RIDGE DR PALM HARBOR FL 34683	Telephone 7274173383	Employed by / School		
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 16 day of MAY, 2019,

at approximately 3:45 PM, at 35439 US HIGHWAY 19 N, PALM HARBOR, in Pinellas County did:

UNLAWFULLY HAVE IN HIS CARE, CUSTODY AND CONTROL, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: 2MG ALPRAZOLAM, AND DID SELL SEVEN (7) DOSES/PILLS OF SAME TO AN AGENT OF THE PINELLAS COUNTY SHERIFF'S OFFICE IN EXCHANGE FOR \$50.00 IN DEPARTMENTAL FUNDS.

ON MAY 16, 2019, AT APPROXIMATELY 1545 HOURS, A NARCOTICS TRANSACTION WAS CONDUCTED FOR SEVEN (7) PILLS/DOSES OF ALPRAZOLAM IN EXCHANGE FOR \$50.00 IN DEPARTMENTAL FUNDS FROM DUSTIN DUANE DREWITZ, W/M, DOB: 4/23/1993. DUSTIN DREWITZ WAS POSITIVELY IDENTIFIED VIA HIS DHSMV (DAVID) PHOTOGRAPH DATED 7/27/2017 AND HIS PCSO "WHO'S IN JAIL" BOOKING PHOTOGRAPH DATED 12/29/2016.

THE PILLS WERE IDENTIFIED VIA THE FLORIDA POISON CONTROL HOTLINE (OPERATOR #A-07420/CASE #T4886752) AS BEING 2MG ALPRAZOLAM PILLS.

Contrary to Florida Statute/Ordinance 893.13.1A.

ARREST DATE: 12/26/2019 Time 2:57 PM

Aggravating/Mitigating Factors

Booking Officer: NEDIMYER, R 57379

Amount of Bond 10,000.00

Bond Out Date 12/26/19 Time 21:47 ☐ 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: 12/26/2019 4:02:35 PM

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

DETECTIVE CHRISTOPHER FRASER 59404

310748670

Printed Name

Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/16/2019	FRASER	4	25.00	\$100.00
05/16/2019	TZOUCALIS	2	25.00	50.00
OTHER – Describe				
Continuation sheet ☐ Yes ☐ No				
TOTAL \$ <u>150.00</u>				

Defendant DREWITZ, DUSTIN DUANE **Court Case No:** 19-15342-CF-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.

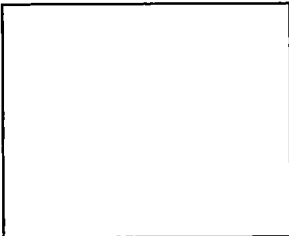
I FURTHER CERTIFY THAT:

- ☐ 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

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

OBTS #	REPORT # SO19-152118		DOCKET # 1825464						
Person ID 3308249		SSN# [REDACTED]							
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #					
Charge POSSESSION OF CONTROLLED SUBSTANCE (ALPRAZOLAM)				19-15342-CF-2					
Defendant's Name (Last, First, Middle) DREWITZ, DUSTIN DUANE		DOB 04/23/1993	Sex M	Race W	Ht 601	Wt 190	Hair BRO	Eyes BRO	Skin LGT
Alias	DL # D632164931430	State FL	Scars/Marks/Tattoos/Physical Features						
Local Address (Street, City, State, Zip Code) 2490 GROVE RIDGE DR PALM HARBOR FL 34683			Telephone 7274173383		Place of Birth FL		Citizenship USA		
Permanent Address (Street, City, State, Zip Code) 2490 GROVE RIDGE DR PALM HARBOR FL 34683			Telephone 7274173383		Employed by / School				
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 16 day of MAY, 2019,

at approximately 3:45 PM, at 35439 US HIGHWAY 19 N, PALM HARBOR, in Pinellas County did:

THEN AND THERE UNLAWFULLY HAVE IN HIS POSSESSION, CUSTODY, OR CONTROL A CERTAIN CONTROLLED SUBSTANCE, TO-WIT: SEVEN (7) YELLOW RECTANGULAR PILLS IMPRINTED WITH "R039," IDENTIFIED AS 2MG ALPRAZOLAM.

ON MAY 16, 2019, AT APPROXIMATELY 1545 HOURS, A NARCOTICS TRANSACTION WAS CONDUCTED FOR SEVEN (7) PILLS/DOSES OF ALPRAZOLAM IN EXCHANGE FOR \$50.00 IN DEPARTMENTAL FUNDS FROM DUSTIN DUANE DREWITZ, W/M, DOB: 4/23/1993. DUSTIN DREWITZ WAS POSITIVELY IDENTIFIED VIA HIS DHSMV (DAVID) PHOTOGRAPH DATED 7/27/2017 AND HIS PCSO "WHO'S IN JAIL" BOOKING PHOTOGRAPH DATED 12/29/2016.

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Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/26/2019 Time 2:57 PM . Aggravating/Mitigating Factors SB
Booking Officer: NEDIMYER, R 57379 Amount of Bond 2,000.00 Bond Out Date 12/26/19 Time 21:47 ☐ 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: 12/26/2019 4:03:10 PM

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
DETECTIVE CHRISTOPHER FRASER 59404
Printed Name
PINELLAS COUNTY SHERIFF
Agency
310748670
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
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OTHER - Describe _____
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$150.00

Defendant DREWITZ, DUSTIN DUANE **Court Case No:** 19-15342-CF-2

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.

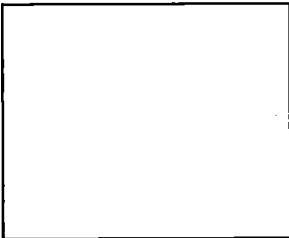
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DEFENDANT'S ATTORNEY'S SIGNATURE

DATE