

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

OBTS #		REPORT # 2020-019229				DOCKET # 1838173			
Person ID 2790809					SSN# [REDACTED]				
Charge Description		☐ Felony ☒ Misdemeanor		☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #	
Charge POSSESSION OF SUSPENDED/REVOKED DRIVER'S LICENSE								20-06507-MM-1	
Defendant's Name (Last, First, Middle) ARHANGELSKY, EDWARD				DOB 06/03/1968		Sex M	Race W	Ht 510	Wt 185
Hair BRO		Eyes BRO		Skin LGT					
Alias ARHANGELSKY, ED		DL # A652220682030		State FL		Scars/Marks/Tattoos/Physical Features			
Local Address (Street, City, State, Zip Code) 201 6TH AVE S SAFETY HARBOR FL 34695				Telephone 727-851-8453		Place of Birth CA		Citizenship USA	
Permanent Address (Street, City, State, Zip Code)				Telephone		Employed by / School SELF			
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 26 day of MAY, 2020, at approximately 4:04 AM, at 501 116TH AV N APT 39, in Pinellas County did:

DID DISPLAY OR CAUSE OR PERMIT TO BE DISPLAYED OR HAVE IN HIS POSSESSION, A CANCELLED, REVOKED, SUSPENDED, OR DISQUALIFIED DRIVER'S LICENSE.

DEF DID PRESENT A SUSPENDED DRIVERS LICENSE THAT THE DEFENDANT ACKNOWLEDGED AS SUSPENDED TO THIS OFFICER UPON ASKING FOR HIS IDENTIFICATION.

Contrary to Florida Statute/Ordinance 322.32.1.

ARREST DATE: 5/26/2020 Time 5:00 AM. Aggravating/Mitigating Factors _____

Booking Officer: WERNER 59414 Amount of Bond 250 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: 5/26/2020 6:08:12 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 OFFICER RONALD MCKENZIE 46962 Printed Name		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>05/26/2020</td> <td>R. MCKENZIE</td> <td>2 25.00</td> <td></td> <td>\$50.00</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="5">Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>50.00</u></td> </tr> </table>		DATE	OFFICER	HOURS X PAY RATE	OR	COST	05/26/2020	R. MCKENZIE	2 25.00		\$50.00	OTHER – Describe _____					Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>50.00</u>		
DATE	OFFICER	HOURS X PAY RATE	OR	COST																	
05/26/2020	R. MCKENZIE	2 25.00		\$50.00																	
OTHER – Describe _____																					
Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>50.00</u>																					
ST. PETERSBURG POLICE Agency 10625118 Declarant ID#																					

FILED
 COURT ASSISTANCE
 2020 MAY 27 AM 6:57

Defendant ARHANGELSKY, EDWARD

Court Case No: 20-06507-MM-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:

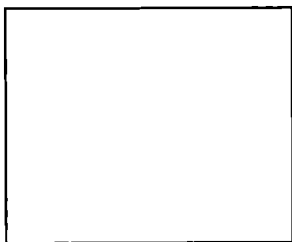
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- ☐ D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME

Michael J. Anchore

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 # 2020-019229		DOCKET # 1838173	
Person ID 2790809			SSN# [REDACTED]		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance			Traffic Citation # (if any)		Court Case #
Charge DISORDERLY INTOXICATION (PUBLIC PLACE)					20-06507-MM-2
Defendant's Name (Last, First, Middle) ARHANGELSKY, EDWARD		DOB 06/03/1968	Sex M	Race W	Ht 510
			Wt 185	Hair BRO	Eyes BRO
Alias ARHANGELSKY, ED		DL # A652220682030	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 201 6TH AVE S SAFETY HARBOR FL 34695			Telephone 727-851-8453	Place of Birth CA	Citizenship USA
Permanent Address (Street, City, State, Zip Code)			Telephone	Employed by / School SELF	
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 26 day of MAY, 2020, at approximately 4:04 AM, at 501 116TH AV N APT 39, in Pinellas County did:

WAS THEN AND THERE DRINKING AN ALCOHOLIC BEVERAGE IN A PUBLIC PLACE OR IN OR UPON A PUBLIC CONVEYANCE AND DID CAUSE A PUBLIC DISTURBANCE.

DEFENDANT WAS SHOUTING AND SWEARING CAUSEING RESIDENT TO OPEN THERE DOORS AND PEAR OUT IN THE MIDDLE OF THE NIGHT

FILED
COURT ASSISTANCE
2020 MAY 27 AM 6:57

Contrary to Florida Statute/Ordinance 856.011.

ARREST DATE: 5/26/2020 Time 5:00 AM . Aggravating/Mitigating Factors _____

Booking Officer: WERNER 59414 Amount of Bond 100 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: 5/26/2020 6:08:29 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 OFFICER RONALD MCKENZIE 46962 Printed Name		ST. PETERSBURG POLICE Agency 10625118 Declarant ID#	
REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 05/26/2020 OFFICER R. MCKENZIE HOURS X PAY RATE 2 25.00 OR COST \$50.00		OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ 50.00	

Defendant ARHANGELSKY, EDWARD

Court Case No: 20-06507-MM-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.

I FURTHER CERTIFY THAT:

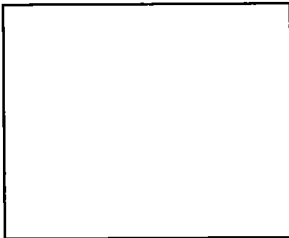
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- ☐ D. The Defendant waived the right to counsel at the first appearance only.

Michael J. Onohue

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