

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

OBTS #	REPORT # SO20-173		DOCKET # 1825976	
Person ID 311449176		SSN# [REDACTED]		
Charge Description	Felony ☐ Misdemeanor ☒ Warrant ☐ Traffic ☐ Ordinance ☐	Traffic Citation # (if any)		Court Case #
Charge DRIVING UNDER THE INFLUENCE		AD0ASME		AD0ASME-1
Defendant's Name (Last, First, Middle) LIPINSKY, EDWARD KARL		DOB 01/14/1985	Sex M	Race W
Ht 508		Wt 177	Hair BRO	Eyes BRO
Skin MED		Scars/Marks/Tattoos/Physical Features MULTIPLE TATTOOS		
Alias	DL # L152-231-85-014-0	State FL	Citizenship USA	
Local Address (Street, City, State, Zip Code) 2035 SOUTHPOINTE DR CLEARWATER FL 34698		Telephone 727-424-7459	Place of Birth MASS	
Permanent Address (Street, City, State, Zip Code) 2035 SOUTHPOINTE DR CLEARWATER FL 34698		Telephone 727-424-7459	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
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 01 day of JANUARY, 2020,

at approximately 3:33 AM, at 1645 MAIN ST, in Pinellas County did:

REASON FOR STOP: I RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A SUBJECT PASSED OUT IN THE DRIVE-THROUGH. I MADE CONTACT WITH THE VEHICLE, WHICH WAS RUNNING AND IN DRIVE (WITH THE DEFENDANT PASSED OUT IN THE DRIVER'S SEAT WITH HIS FOOT ON THE BRAKE). I WAS ABLE TO PLACE THE VEHICLE IN PARK AND THEN MADE CONTACT WITH THE DEFENDANT/DRIVER. DEFENDANT ADVISED HE WAS NOT EXPERIENCING ANY MEDICAL OR MECHANICAL ISSUES. DURING MY CONTACT I DETECTED SIGNS OF POSSIBLE IMPAIRMENT. DEFENDANT AGREED TO PERFORM SFSTS. SGT. INGOLIA MOVED THE VEHICLE FROM THE DRIVE-THROUGH, VERIFYING THE VEHICLE WAS OPERATIONAL AND ESTABLISHING APC (ACTUAL PHYSICAL CONTROL). DEFENDANT EXHIBITED ALL SIX (6) CLUES ON HGN. DEFENDANT PERFORMED POORLY ON WALK AND TURN/ONE LEG STAND. POST MIRANDA, DEFENDANT ADMITTED TO CONSUMING 3-4 16OZ DRAFTS OF MILLER LIGHT (BEER) AT FLANIGAN'S BAR BETWEEN 11PM AND 1:30AM. DEFENDANT WAS PLACED UNDER ARREST. AT CBT DEFENDANT PROVIDED TWO (2) VALID SAMPLES OF HIS BREATH WITH THE FOLLOWING RESULTS: .195/.190 BRAC

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: .195/.190 BREATH: STRONG AND DISTINCT ODOR OF ALCOHOLIC BEVERAGE
BALANCE: UNSTEADY, SWAYING EYES: BLOODSHOT, GLASSY
PRIOR CONVICTIONS: NONE

DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY TESTS.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT 01/23/20 AT 0900 HOURS
CITATION #: AD0ASME

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 1/1/2020 Time 4:08 AM Aggravating/Mitigating Factors ROR

Booking Officer: MAGGIO, K 57191 Amount of Bond 500** Bond Out Date 1/1/20 Time 1325 ☐ 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: 1/1/2020 6:14:31 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.

Brennan Wade
PINELLAS COUNTY SHERIFF
Declarant Signature Agency
DEPUTY BRENNEN WEDE 58882 310277550
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
DATE 01/01/2020 OFFICER DEP B WEDE HOURS X PAY RATE 3 25.00 OR COST \$75.00
OTHER – Describe
Continuation sheet ☐ Yes ☐ No TOTAL \$ 75.00

Defendant LIPINSKY, EDWARD KARL **Court Case No:** AD0ASME-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.

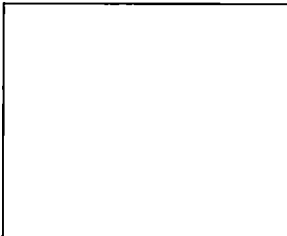
I FURTHER CERTIFY THAT:

- ☐ 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