UCN: 522020CT000017000APC FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
LIPINSKY, EDWARD KARL	01/14/1985	M	W	508	177	BRO	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	L152-231-85-014-0	FL	MULTPLE TATTOOS

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2035 SOUTHPOINTE DR CLEARWATER FL 34698	727-424-7459	MASS	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2035 SOUTHPOINTE DR CLEARWATER FL 34698	727-424-7459		

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 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. INGOGLIA 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 FLANIGANS 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

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
2020 JAN -2 AM 7:25
COURT ASSISTANCE

Contrary to Florida Statute/Ordinance 316.193.1.

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

Booking Officer: MAGGIO, K 57191 Amount of Bond 500** Bond Out Date 1/1/20 Time 1825 ☐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.

Brennen Wede

Declarant Signature — PINELLAS COUNTY SHERIFF (Agency)

DEPUTY BRENNEN WEDE 58882 (Printed Name) — 310277550 (Declarant ID#)

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
01/01/2020	DEP B WEDE	3	25.00		$75.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $75.00

COCR59 (Revised 10/2014)
821285 Copies to:

Court

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**