

UCN: \*\*\*\*

FL0521400

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

|                                                   |                                                                     |                                                 |                                  |                                                                                               |                                                                                                                                          |
|---------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                            | REPORT # 2019-001592                                                |                                                 | DOCKET # 1827166                 |                                                                                               |                                                                                                                                          |
| Person ID                                         | 311054880                                                           |                                                 | SSN# [REDACTED]                  |                                                                                               |                                                                                                                                          |
| Charge Description                                | <input type="checkbox"/> Felony                                     | <input checked="" type="checkbox"/> Misdemeanor | <input type="checkbox"/> Warrant | <input type="checkbox"/> Traffic                                                              | <input type="checkbox"/> Ordinance                                                                                                       |
| Charge                                            | DRIVING UNDER THE INFLUENCE W/PROPERTY DAMAGE                       |                                                 | Traffic Citation # (if any)      |                                                                                               | Court Case #                                                                                                                             |
|                                                   |                                                                     |                                                 | AAM715E                          |                                                                                               | AAM715E-1                                                                                                                                |
| Defendant's Name (Last, First, Middle)            | ELDEN, MOHAMED                                                      |                                                 | DOB                              | 01/26/1953                                                                                    | Sex M Race W Ht 62 Wt 250 Hair GRY Eyes BRO Skin                                                                                         |
| Alias                                             | DL #                                                                | E435550530261                                   | State FL                         | Scars/Marks/Tattoos/Physical Features                                                         |                                                                                                                                          |
| Local Address (Street, City, State, Zip Code)     | 2801 SKIMMER POINT FL 33707                                         |                                                 | Telephone                        | Place of Birth                                                                                | Citizenship                                                                                                                              |
|                                                   |                                                                     |                                                 |                                  | EGYPT                                                                                         | US                                                                                                                                       |
| Permanent Address (Street, City, State, Zip Code) | 2801 SKIMMER POINT FL 33707                                         |                                                 | Telephone                        | Employed by / School                                                                          |                                                                                                                                          |
| Weapon Seized Type                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                 | Indication of Drug Influence     | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | Indication of Mental Health Issues                                                                                                       |
|                                                   |                                                                     |                                                 |                                  | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | Indication of Alcohol Influence                                                                                                          |
| Co-Defendant's Name (Last, First, Middle)         |                                                                     |                                                 | DOB                              | Sex                                                                                           | Race                                                                                                                                     |
|                                                   |                                                                     |                                                 |                                  |                                                                                               | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Co-Defendant's Name (Last, First, Middle)         |                                                                     |                                                 | DOB                              | Sex                                                                                           | Race                                                                                                                                     |
|                                                   |                                                                     |                                                 |                                  |                                                                                               | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 12 day of JANUARY, 2020,

at approximately 1:40 PM, at 1923 CAROLINA AV NE, in Pinellas County did:

VEHICLE ACCIDENT:

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: .000 BREATH: .000  
BALANCE: UNSTEADY, SWAYING  
EYES: BLOODSHOT / WATERY/ GLASSEY  
PRIOR CONVICTIONS: NONE

DEFENDANT PERFORMED POORLY FIELD SOBRIETY TESTS.

COURT INFORMATION: SOUTH COUNTY TRAFFIC COURT 2/19/2020 CITATION #: AAM715E

DEF DROVE HIS VEHICLE THROUGH A VACANT LOT, OVER A SEAWALL AND INTO THE WATERWAY. DEF PERFORMED POORLY ON THE SFST'S PROVIDED A BREATH SAMMPLLE WITH .000/.000 RESULTS. DEF THEN REFUSED TO PROVIDE A URINE SAMPLE.

Contrary to Florida Statute/Ordinance 316.193.3.C.1

ARREST DATE: 1/12/2020 Time 2:39 PM Aggravating/Mitigating Factors CRASH INVOLVED

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 500 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: 1/12/2020 4:22:54 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.

[Signature]  
Declarant Signature  
ST. PETERSBURG POLICE  
Agency  
OFFICER RONALD MCKENZIE 46962  
Printed Name  
10625118  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 01/12/2020 OFFICER R. MCKENZIE HOURS X PAY RATE 2 X \$25.00 OR COST \$50.00  
OTHER – Describe  
Continuation sheet ☐ Yes ☐ No  
TOTAL \$50.00

**Defendant** ELDEN, MOHAMED

**Court Case No:** AAM715E-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.

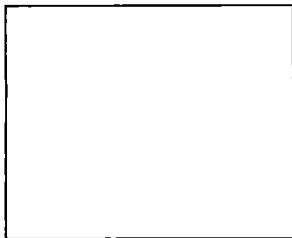
**I FURTHER CERTIFY THAT:**

- ☐ 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