

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # 108

ADMINISTRATION

DEFENDANT/DEPENDENT

CO-DEFENDANT(S)

CHARGE(S)

EVIDENCE LIST

NOTICE TO APPEAR

COURT CASE/ J.F. ID # _____ SAO # _____ OBTS # _____

AGENCY REPORT # 19-566226 AGENCY NAME Tampa PD ORI # 02902

LOCATION OF OFFENSE Columbus Dr 1 17th St DATE OF OFFENSE 10-31-19 TIME OF OFFENSE 0054

WITHIN: TAMPA ☒ PLANT CITY ☐ TEMPLE TERRACE ☐ UNINCORPORATED AREA ☐ SUPPLEMENTAL CRA ATTACHED ☐

COURT: TAMPA COURT ☒ PLANT CITY CT ☐

LOCATION OF ARREST Columbus Dr 1 17th St DATE OF ARREST 10-31-19 TIME OF ARREST 0150

BOOKING # 2019-36724 SOID # _____ WEAPON TYPE n/a WEAPON SEIZED Yes ☐ No ☒

ARREST

☒ Probable Cause ☒ Adult

☐ Capias ☐ Juvenile

☐ Fugitive Warrant ☐ Delinquency

☐ VOP/VOC ☐ Dependency

☐ Warrant ☐ Felony

☐ Juvenile Pickup ☐ Misdemeanor

REQUEST FOR: ☒ Traffic MISD

☐ Direct File/SAO ☐ Ordinance

☐ Review ☐ Pickup

☐ Warrant ☐ Other

☐ Summons

☐ Juvenile Pickup

NOTICE TO APPEAR:

☐ Arresting officer

☐ Booking supervising officer

NAME Rivera - McCormack, Emilia Irene ALIAS n/a

RACE: Last First Middle COMPLEXION Med BUILD Med

W-White I-American Indian/Alaskan Native HW-Hispanic White HB Hispanic Black B-Black O-Oriental/Asian

Race W SEX F D.O.B. 10-31-94 HEIGHT 5'01" WEIGHT 130

MO / DAY / YEAR APPROXIMATE AGE COLOR: EYES Brn HAIR Blk

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 8740 N 33rd St, Tampa FL 33604 Ph #: _____

Permanent Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Business Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Driver's License No. 1E65209948910 State FL SS # _____

PLACE OF BIRTH FL DOC # _____

Gang Member: Yes ☐ No ☒ Gang Name _____

SCARS, MARKS, TATOOS, _____

UNIQUE FEATURES (Loc., Type, Desc.) _____

IF JUVENILE:

School Name _____

Mother/Guardian _____ Address _____ Ph #: _____

Father/Guardian _____ Address _____ Ph #: _____

Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ _____ ☐ Other _____

Co-Defendant (Last, First, Middle) _____ Sex: _____ Race: _____ DOB: _____

Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle) _____ Sex: _____ Race: _____ DOB: _____

Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
<u>316.193 (3)</u>	<u>N</u>	<u>N</u>	<u>TM</u>	<u>500</u>	<u>DUI - Property Damage</u>	<u>A10GIXP</u>	<u>N</u>

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present

ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other

Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR)

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION
<u>VIDEO</u>	<u>MPD / Mandarino</u>	<u>CPD</u>	<u>CPD</u>

Mandatory Appearance in Court ☐

You need not appear in Court, but must comply with instructions on Reverse Side. ☐

COURT INFORMATION: You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐
(Corner of Jefferson & Twigg Street), TAMPA, FLORIDA 33602

COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐
PLANT CITY, FLORIDA 33566

Division _____ COURTROOM # _____ ON _____, 20____, AT _____ a.m. ☐ p.m. ☐

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant/Juvenile _____

Parent or Guardian (If Juvenile) _____

White, Clerk of Court Green, State Attorney Canon, Arresting Agency Pink, Control Booking/Defendant Center Gold, Defendant

REPORT # 19-566226
Tampa PD

AGENCY REPORT # 19-566226

AGENCY NAME Tampa

2065581

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant

Off Parrish investigated a traffic crash making the det as the at-fault driver. The witness identified the det as the driver of the vehicle. I identified det w/ RDL I smelled distinct odor of alcoholic beverage on det breath; det eyes bloodshot and glassy. Det speech slurred. Det refused to do PSES. Det arrested for DUI. Det provided breath samples of .192 & .190 @ 05%.

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: \$ 7000

OFFICER _____

I.D. # _____ Dist. & Squad _____

(Please Print The Above Information)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

31 DAY OF Oct, 2019

NAME/Title of Person Authorized to Administer Oath.

Sgt [Signature]
TPB 75-751 LEO

POLICE REPORT WRITTEN: Yes ☒ No ☐

OFFICER [Signature] I.D. # 45355 Dist. & Squad 801/515

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

AFFIANT, Signature

AFFIANT, Print/Type Name

[Signature]
[Signature]

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

CLERK OF COURT

SAO FORM-425. 10/03

WITNESS STATUS: ☐ V-VICTIM ☐ C-Complainant ☐ W-All Other Witnesses ☐ Check If Witness Was Sworn

2065581

☐	STATUS	Last	First	Middle	Race	Sex	Date of Birth
	Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
	Business Address (Street, Apartment Number)			City	State	Zipcode	Phone
☐	STATUS	Last	First	Middle	Race	Sex	Date of Birth
	Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
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PROBABLE CAUSE STATEMENT

VICTIM NOTIFICATION

WITNESSES

REPORT # 19-566226

AGENCY NAME Tampa