

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

OBTS #	REPORT # CW20-31200		DOCKET # 1832430	
Person ID 311484769	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	Traffic Citation # (if any)		Court Case #	
Charge DISORDERLY CONDUCT			20-02971-MM-1	
Defendant's Name (Last, First, Middle) ABEL, ERIN E	DOB 07/02/1994	Sex F	Race W	Ht 503
	Wt 145	Hair BRO	Eyes BRO	Skin
Alias	DL # 454885291	State NY	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 240 HIGHWAY DR CALVERTON NY 11933	Telephone 6317450357	Place of Birth NY	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 240 HIGHWAY DR CALVERTON NY 11933	Telephone 6317450357	Employed by / School		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	
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 01 day of MARCH, 2020

at approximately 12:34 AM, at 619 S GULFVIEW BLVD, in Pinellas County did:

THE DEFENDANT DID COMMIT THE OFFENSE TO WIT:
THE DEFENDANT BECAME INVOLVED IN AN ALTERCATION WITH HER BOYFRIEND AT THE ABOVE LISTED ADDRESS. SHE REFUSED TO LEAVE TEH CLUB AND BECAME PHYSICALLY COMBATIVE WITH SECURITY. SHE ATTEMPTED TO PRY HER BOYFRIEND FROM SECURITY. WHEN THEN FOLLOWED AND PUNCHED A SECURITY GUARD IN THE HEAD WITH A CLOSED FIST.

Contrary to Florida Statute/Ordinance 509.143.

ARREST DATE: 3/1/2020 Time 12:34 AM. Aggravating/Mitigating Factors _____

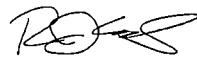
Booking Officer: MAGGIO, K 57191 Amount of Bond 150 Bond Out Date _____ Time a.m. p.m.

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: 3/1/2020 1:58:54 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 _____ Agency CLEARWATER POLICE DEPT.
 OFFICER RICHARD EDMONDS 8509 02958364
 Printed Name _____ Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)					
DATE	OFFICER	HOURS	PAY RATE	OR	COST
03/01/2020	EDMONDS	3	29.14		\$87.42
03/01/2020	GIBSON	1	29.14		29.14
03/01/2020	SGT BAGINSKI	1			35
OTHER - Describe _____					
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No					TOTAL \$ \$151.56

FILED
COURT ASSISTANT
MAR 1 11 41 AM '20

Defendant ABEL, ERIN E

Court Case No: 20-02971-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.

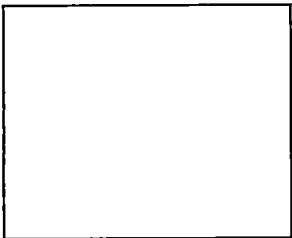
I FURTHER CERTIFY THAT:

- 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

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

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Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge BATTERY; SIMPLE			20-02971-MM-2	
Defendant's Name (Last, First, Middle) ABEL, ERIN E	DOB 07/02/1994	Sex F	Race W	Ht 503
	Wt 145	Hair BRO	Eyes BRO	Skin
Alias	DL # 454885291	State NY	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 240 HIGHWAY DR CALVERTON NY 11933		Telephone 6317450357	Place of Birth NY	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 240 HIGHWAY DR CALVERTON NY 11933		Telephone 6317450357	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 Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
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 01 day of MARCH, 2020, at approximately 12:34 AM, at 619 S GULFVIEW BLVD, in Pinellas County did:

THE DEFENDANT DID COMMIT THE OFFENSE TO WIT:

THE DEFENDANT PUNCHED THE VICTIM WITH A LOSED FIST IN THE HEAD. THE VICTIM WHO IS A SECURITY GUARD AT THE ABOVE LISTED ADDRESS WAS REMOVING THE DEFENANT'S BOYFRIEND FROM THE PROPERTY. THE DEFENDANT CAME TO HIS AID AND PUNCHED THE VICTIM IN THE RIGHT SIDE OF HIS HEAD WITH A CLOSED FIST. THE VICTIM DID NOT SUSTAIN INJURY. THE INCIDENT WAS VIEWED BY THIS OFFICER ON SECURITY FOOTAGE.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 3/1/2020 Time 12:43 AM. Aggravating/Mitigating Factors _____

Booking Officer: MAGGIO, K 57191 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: 3/1/2020 1:59:07 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.

[Signature]
 Declarant Signature _____ Agency CLEARWATER POLICE DEPT.
 OFFICER RICHARD EDMONDS 8509 02958364
 Printed Name _____ Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)					
DATE	OFFICER	HOURS	PAY RATE	OR	COST
03/01/2020	EDMONDS	3	29.14		
03/01/2020	GIBSON	7	29.14		
03/01/2020	SGT BAGINSKI	1	36.00		
OTHER - Describe _____					
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No					TOTAL \$ <u>0.00</u>

Defendant ABEL, ERIN E

Court Case No: 20-02971-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.

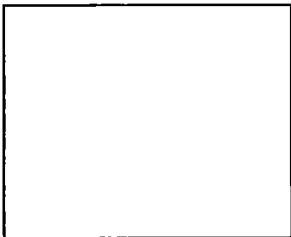
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DATE AND TIME

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