Use Ballpoint Pen
Press Firmly

2065601

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # 3764

COURT CASE # 21cm1885
J.F. ID # _____ SAO # _____ OBTS # _____

AGENCY REPORT # 21-127128 AGENCY NAME HCSO ORI # FL0290000

LOCATION OF OFFENSE 9425 41 HWY S / ALAFIA RIVER DATE OF OFFENSE 2/25/21 TIME OF OFFENSE 1853

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

COURT:
TAMPA COURT ☐ PLANT CITY CT ☐

LOCATION OF ARREST 9425 41 HWY S / ALAFIA RIVER DATE OF ARREST 2/25/21 TIME OF ARREST 1913

BOOKING # 2021-4050 SOID # _____ WEAPON TYPE _____ WEAPON SEIZED Yes ☐ No ☐

ARREST
☑ Probable Cause ☑ Adult
☐ Capias ☐ Juvenile
☐ Fugitive Warrant ☐ Delinquency
☐ VOP/VOCC ☐ Dependency
☐ Warrant ☐ Felony
☐ Juvenile Pickup ☐ Misdemeanor
☐ Traffic MISD
☐ Traffic FEL
☐ Ordinance
☐ Pickup
☐ Other

REQUEST FOR:
☐ Direct File/SAO Review
☐ Warrant
☐ Summons
☐ Juvenile Pickup

NOTICE TO APPEAR:
☐ Arresting officer
☐ Booking supervising officer

ADMINISTRATION

DEFENDANT/DEPENDENT

NAME MCKINZIE (Last) JODY (First) RICHARD (Middle) ALIAS N/A

RACE: W-White I-American Indian/Alaskan Native HW-Hispanic White HB Hispanic Black B-Black O-Oriental/Asian
Race W SEX M D.O.B. 11 / 03 / 1979 (MO / DAY / YEAR) 41 (APPROXIMATE AGE)

COMPLEXION MED BUILD MED
HEIGHT 506 WEIGHT 165
COLOR: EYES BLU HAIR BRO

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 1605 CARTER OAK DR VALRICO FL 33596 Ph #: (813) 4504532

Permanent Address (Street, Apt. #, City, State, Zip) 1605 CARTER OAK DR VALRICO FL 33596 Ph #: _____

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

Driver's License No. M252436794030 State FL SS # [redacted] PLACE OF BIRTH FLORIDA DOC #: _____

Gang Member: Yes ☐ No ☑ Gang Name N/A

SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) LEFT ARM

IF JUVENILE:
School Name _____
Mother/Guardian _____ Address _____ Ph #: _____
Father/Guardian _____ Address _____ Ph #: _____
Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ _____ ☐ Other _____

CO-DEFENDANT(S)

Co-Defendant (Last, First, Middle) N/A Sex: ____ Race: ____ DOB ____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle) N/A Sex: ____ Race: ____ DOB ____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

CHARGE(S)

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
327.35(1)			M		BUI	V374695	N/A

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

FEB 27 2021 5:22 PM

EVIDENCE LIST

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

NOTICE TO APPEAR

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 & Twiggs 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) _____

REPORT # _____ AGENCY NAME _____

White - Clerk of Court Green - State Attorney Canary - Arresting Agency Pink - Central Booking/Detention Center Goldenrod - Defendant

2065601

PROBABLE CAUSE STATEMENT

REPORT # ____

AGENCY REPORT # 21-127128 **AGENCY NAME** HCSO

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant ON 2/25/21 @ APPROXIMATELY 1853 HRS, AFFIANT CONDUCTED A VESSEL STOP ON A 21' WHITE 2019 BENNINGTON BEARING FL4565RU / HIN: ETWH0021B919 FOR AN IDLE SPEED VIOLATION (V374691) AND NO NAV LIGHTS (V374690). UPON STOPPING THE VESSEL, AFFIANT MADE CONTACT WITH THE OPERATOR/DEF. DURING PERSONAL CONTACT WITH THE DEF, AFFIANT OBSERVED HIM TO HAVE BLOOD SHOT WATERY EYES AND A STRONG ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH. THE AFFIANT REQUESTED THE DEF PERFORM SEATED SOBRIETY TASKS. THE DEF AGREED TO THE TASKS. AFFIANT OBSERVED INDICATORS OF IMPAIRMENT AND ARRESTED THE DEF FOR BUI. THE DEF WAS TRANSPORTED TO CBT AND REFUSED A BREATH SAMPLE AFTER BEING ADVISED OF FLORIDA IMPLIED CONSENT. THE DEF VERBALLY IDENTIFIED HIMSELF AND PRODUCED A FLORIDA DRIVERS LICENSE

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

OFFICER ______

I.D. # ______ Dist. & Squad ______

(Please Print The Above Information)

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF FEBRUARY, 20 21

[signature]

NAME/Title of Person Authorized to Administer Oath.

POLICE REPORT WRITTEN: Yes ☒ No ☐

OFFICER T. BERG I.D. # 206716 Dist. & Squad HSD/MARINE

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 [signature]

AFFIANT, Print/Type Name TIM BERG

VICTIM NOTIFICATION

AGENCY NAME ____

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

WITNESSES

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

2065601

☐ STATE OF FLORIDA

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

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