

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

OBTS #	REPORT # SO20-99079	DOCKET # 1834984																				
Person ID 311505024	SSN# [REDACTED]																					
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #																				
Charge CRIMINAL MISCHIEF		20-03368-CF-1																				
Defendant's Name (Last, First, Middle) BROUGHTON, JOSHUA RYAN	DOB 02/02/1984	Sex M Race W Ht 507 Wt 130 Hair BRO Eyes BRO Skin																				
Alias	DL # B623-436-84-042-0	State FL Scars/Marks/Tattoos/Physical Features																				
Local Address (Street, City, State, Zip Code) TRANSIENT PALM HARBOR FL 33761	Telephone	Place of Birth FLORIDA Citizenship YES																				
Permanent Address (Street, City, State, Zip Code) TRANSIENT FL 33761	Telephone	Employed by / School																				
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input checked="" type="checkbox"/> Y <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK																				
Co-Defendant's Name (Last, First, Middle) N/A	DOB	Sex Race In Custody <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor																				
Co-Defendant's Name (Last, First, Middle) N/A	DOB	Sex Race In Custody <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor																				
<p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>04</u> day of <u>APRIL</u>, 2020, at approximately <u>4:17</u> AM, at <u>3231 MCMULLEN BOOTH ROAD CLEARWATER FL, 33761</u>, in Pinellas County did:</p> <p>THEN AND THERE WILLFULLY AND MALICIOUSLY INJURE OR DAMAGE HE REAL OR PERSONAL PROPERTY OF ANOTHER, MEASE COUNTRYSIDE HOSPITAL, TO-WIT: SPACE LABS ULTRAVIEW SL S/N#91369 BY PULLING AND RIPPING OUT CORDS AND WIRES. DAMAGE TO SAID PROPERTY BEING GREATER THAN \$1000 OR INTERRUPTION OR IMPAIRMENT OF A BUSINESS OPERATION OR PUBLIC COMMUNICATION OR OTHER PUBLIC SERVICE WHICH COST \$1000 OR MORE IN LABOR OR SUPPLIES TO RESTORE.</p> <p>THE DEFENDANT ENTERED MEASE COUNTRYSIDE HOSPITAL AFTER BEING TRESPASSED AND MALICIOUSLY PULLED ON CORDS AND WIRES DAMAGING EQUIPMENT INSIDE OF A HOSPITAL ROOM. THE DEFENDANT DAMAGED THE EQUIPMENT WHICH AT NO TIME BELONGED TO HIM. THE DEFENDANT DAMAGED A SPACELABS ULTRAVIEW SL DIAGNOSTIC MACHINE WHICH HAD A TOTAL OF VALUE OF \$5,000 DOLLARS. SECURITY OVERHEARD NOISES COMING FROM INSIDE OF THE DEFENDANTS ROOM AND HE WAS INSTRUCTED SEVERAL TIMES TO STOP TOUCHING THE MACHINE. ONCE THE DEFENDANT DEPARTED THE LOCAITON STAFF INSPECTED THE MACHIN THE DAMAGE WAS DISCOVERED. THE DAMAGE RENDERED THE DIAGNOSTIC EQUIPMENT INOPERABLE.</p>																						
<p>Contrary to Florida Statute/Ordinance <u>806.13.1.B.3</u></p> <p>ARREST DATE: <u>4/4/2020</u> Time <u>6:11 AM</u> Aggravating/Mitigating Factors _____</p> <p>Booking Officer: <u>COLBASSANI, C 59312</u> Amount of Bond <u>2,000.</u> Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Court reviewed this complaint and finds there: <input checked="" type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____</p> <p>The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances Received by Booking: 4/4/2020 8:06:58 AM</p>																						
<p>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.</p> <p><i>John Mullins</i></p> <p>_____ Declarant Signature</p> <p>DEPUTY JOHN MULLINS 59299 Printed Name</p> <p>PINELLAS COUNTY SHERIFF Agency</p> <p>310663855 Declarant ID#</p>	<p>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</p> <table border="1"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>04/04/2020</td> <td>DEP.MULLINS</td> <td>1 25.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>OTHER - Describe _____</p> <p>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$0.00</u></p>		DATE	OFFICER	HOURS X PAY RATE	OR	COST	04/04/2020	DEP.MULLINS	1 25.00												
DATE	OFFICER	HOURS X PAY RATE	OR	COST																		
04/04/2020	DEP.MULLINS	1 25.00																				

FILED
 COURT ASSISTANT
 APR 5 AM 11:38
 PINELLAS COUNTY
 CIRCUIT COURT
 CLEARWATER
 FLORIDA

Defendant BROUGHTON, JOSHUA RYAN

Court Case No: 20-03368-CF-1

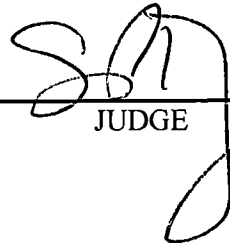
ADVISORY AND SOLVENCY HEARING

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:

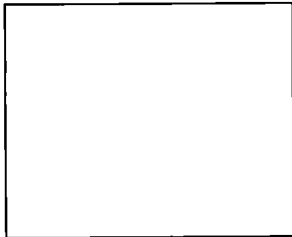
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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.



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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

OBTS #	REPORT # SO20-99079				DOCKET # 1834984													
Person ID	311505024			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 RESISTING AN OFFICER; WITHOUT VIOLENCE (OBSTRUCTION)						20-03368-CF-2												
Defendant's Name (Last, First, Middle)	BROUGHTON, JOSHUA RYAN			DOB	02/02/1984	Sex	M	Race	W	Ht	507	Wt	130	Hair	BRO	Eyes	BRO	Skin
Alias	DL #	B623-436-84-042-0		State	FL	Scars/Marks/Tattoos/Physical Features												
Local Address (Street, City, State, Zip Code)	TRANSIENT PALM HARBOR FL 33761				Telephone	Place of Birth	FLORIDA		Citizenship	YES								
Permanent Address (Street, City, State, Zip Code)	TRANSIENT FL 33761				Telephone	Employed by / School												
Weapon Seized	Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence	<input checked="" type="checkbox"/> Y <input 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 type="checkbox"/> Y <input checked="" 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 04 day of APRIL, 2020

at approximately 4:17 AM, at 3231 N MCMULLEN BOOTH RD, in Pinellas County did:

UNLAWFULLY OBSTRUCT OR OPPOSE DEPUTY JARED TORO, A DULY AND LEGALLY CONSTITUTED LAW ENFORCEMENT OFFICER OF THE PINELLAS COUNTY SHERIFF'S OFFICE, WHILE IN THE LAWFUL EXECUTION OF A LEGAL DUTY, WHICH CONSISTED OF RESISTING LAWFUL COMMANDS WITHOUT OFFERING OR DOING VIOLENCE TO THE PERSON OF THE OFFICER.

TO-WIT: THE DEFENDANT WAS PLACED UNDER ARREST FOR TRESPASS AFTER WARNING BY DEPUTY MULLINS. WHILE CONDUCTING PAPERWORK, THE DEFENDANT STOOD UP, AFTER BEING ORDERED TO SIT DOWN, AND BEGAN TO PACE. WHILE THE DEFENDANT WAS IN CUSTODY, HE WAS ORDERED TO SIT DOWN TO WHICH HE SAID "MAKE ME". ASSISTANCE WAS PROVIDED TO THE DEFENDANT TO SIT DOWN TO WHICH HE BRACED, TENSED AND PULLED FROM YOUR AFFIANT TO PREVENT PHYSICAL CONTACT.

Contrary to Florida Statute/Ordinance 843.02

ARREST DATE: 4/4/2020 Time 6:12 AM . Aggravating/Mitigating Factors _____

Booking Officer: COLBASSANI, C 59312 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: 4/4/2020 8:05:17 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.

Jared Toro

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY JARED TORO 59807

311076634

Printed Name

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/04/2020	DEPUTY TORO	2 25.00		\$50.00

OTHER - Describe _____

Continuation sheet Yes No

TOTAL \$ 50.00

Defendant BROUGHTON, JOSHUA RYAN

Court Case No: 20-03368-CF-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.

I FURTHER CERTIFY THAT:

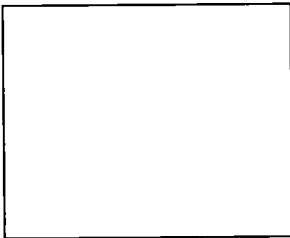
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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.



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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

OBTS #	REPORT # SO20-99079				DOCKET # 1834984						
Person ID	311505024				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 TRESPASS IN STRUCTURE OR CONVEYANCE (AFTER WARNING)						20-03368-CF-3					
Defendant's Name (Last, First, Middle)			DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin	
BROUGHTON, JOSHUA RYAN			02/02/1984	M	W	507	130	BRO	BRO		
Alias	DL #	State		Scars/Marks/Tattoos/Physical Features							
	B623-436-84-042-0	FL									
Local Address (Street, City, State, Zip Code)					Telephone	Place of Birth	Citizenship				
TRANSIENT PALM HARBOR FL 33761						FLORIDA	YES				
Permanent Address (Street, City, State, Zip Code)					Telephone	Employed by / School					
TRANSIENT FL 33761											
Weapon Seized Type			Indication of Drug Influence			Indication of Mental Health Issues			Indication of Alcohol Influence		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		
Co-Defendant's Name (Last, First, Middle)				DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
N/A							<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 checked="" type="checkbox"/> No				
N/A							<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 04 day of APRIL, 2020

at approximately 4:17 AM, at 3231 MCMULLEN BOOTH RD CLEARWATER FL, 33761, in Pinellas County did:

DID, WILLFULLY ENTER UPON OR REMAIN ON THE PROPERTY OF MEASE COUNTRY SIDE HOSPITAL LOCATED AT 3231 MCMULLEN BOOTH ROAD WITHOUT BEING AUTHORIZED, LICENSED, OR INVITED TO ENTER OR REMAIN THEREIN THE SAID STRUCTURE OR HAVING BEEN AUTHORIZED, LICENSED, OR INVITED TO ENTER OR REMAIN, THE SAID DEFENDANT WAS WARNED BY TERRY SMITH AN AUTHORIZED REPRESENTATIVE OF OWNER, TO DEPART AND REFUSED TO DO SO.

THE DEFENDANT WAS VERBALLY TRESPASSED BY TERRY SMITH A BAYCARE SECURITY GUARD ON THE MEASE COUNTRYSIDE PROPERTY WHICH CONSISTS OF 3231, 3251, AND 3253 MCMULLEN BOOTH ROAD AND WAS ADVISED NOT TO BE ON THE PROPERTY AT NO POINT AND TIME MOVING FORWARD. THE DEFENDANT WAS ASKED MUTIPLE TIMES IF HE UNDERSTOOD WHICH HE CONFIRMED "YES." THE DEFENDANT WAS EXPLAINED IF HE WENT BACK ON THE PROPERTY HE WOULD BE SUBJECT TO ARREST. THE DEFENDANT WAS OBSERVED BACK ON THE PROPERTY AND TAKEN INTO CUSTODY.

Contrary to Florida Statute/Ordinance 810.08.2.B

ARREST DATE: 4/4/2020 Time 6:11 AM . Aggravating/Mitigating Factors _____

Booking Officer: COLBASSANI, C 59312 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: 4/4/2020 8:05:05 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.

John Mullins

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY JOHN MULLINS 59299

310663855

Printed Name

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/04/2020	DEP.MULLINS	1 25.00		\$25.00

OTHER - Describe _____

Continuation sheet Yes No

TOTAL \$ 25.00

Defendant BROUGHTON, JOSHUA RYAN **Court Case No:** 20-03368-CF-3


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:

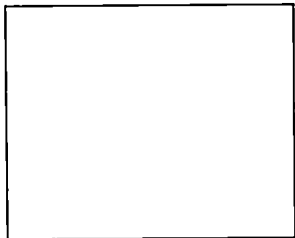
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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.



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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