

UCN: \*\*\*

FL0520000

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

|                                                                                                                                                                                                         |                                                                                                                            |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  | REPORT # <b>SO20-43733</b>                                                                                                 |                                                                                                                                  | DOCKET # <b>1830171</b>                                                                                                       |                                                                                                                                             |
| Person ID <b>1460577</b>                                                                                                                                                                                | SSN# <span style="background-color: black; color: black;">[REDACTED]</span>                                                |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
| 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<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                            | <b>AD0AW2E</b>                                                                                                             |                                                                                                                                  | <b>AD0AW2E-1</b>                                                                                                              |                                                                                                                                             |
| Defendant's Name (Last, First, Middle)<br><b>MULLINS, KENNETH WARD</b>                                                                                                                                  | DOB<br><b>03/11/1987</b>                                                                                                   | Sex<br><b>M</b>                                                                                                                  | Race<br><b>W</b>                                                                                                              | Ht<br><b>511</b>                                                                                                                            |
|                                                                                                                                                                                                         |                                                                                                                            | Wt<br><b>200</b>                                                                                                                 | Hair<br><b>BLK</b>                                                                                                            | Eyes<br><b>BRO</b>                                                                                                                          |
| Alias                                                                                                                                                                                                   | DL # <b>M452-519-87-091-0</b>                                                                                              | State<br><b>FL</b>                                                                                                               | Scars/Marks/Tattoos/Physical Features                                                                                         |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br><b>7707 64TH ST N PINELLAS PARK FL 33781</b>                                                                                                           | Telephone                                                                                                                  | Place of Birth<br><b>FL</b>                                                                                                      | Citizenship<br><b>USA</b>                                                                                                     |                                                                                                                                             |
| Permanent Address (Street, City, State, Zip Code)<br><b>7707 64TH ST N PINELLAS PARK FL 33781</b>                                                                                                       | Telephone                                                                                                                  | Employed by / School                                                                                                             |                                                                                                                               |                                                                                                                                             |
| Weapon Seized Type<br><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<br><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<br><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 09 day of FEBRUARY, 2020,

at approximately 2:15 AM, at 66TH ST / 62ND AVE, in Pinellas County did:

REASON FOR STOP: DEFENDANT WAS STOPPED BY CPL. HOLE FOR TRAVELING 81 MPH IN A 40 MPH ZONE ON 66TH ST N NEAR 62ND AVE.

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: .189/201 BREATH: DISTINCT  
BALANCE: OFF CENTER / UNSTEADY / STAGGERING EYES: BLOODSHOT/WATERY/GLASSY/DILATED  
PRIOR CONVICTIONS: N/A.

DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY TESTS.

COURT INFORMATION: SOUTH COUNTY TRAFFIC COURT 3/2/2020 @ 1:30PM CITATION #: AD0AW2E

DEFENDANT WAS UNSTEADY ON HIS FEET AND HAD A DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE EMITTING FROM HIS BREATH. DEFENDANT DISPLAYED 6 CLUES OF HGN AND DISPLAYED LACK OF CONVERGENCE. DEFENDANT DISPLAYED NUMEROUS CLUES OF IMPAIRMENT ON THE WALK AND TURN AND ONE LEG STAND TESTS. DEFENDANT DISPLAYED NUMEROUS INDICATORS ON THE FINGER TO NOSE AND ROMBERG MODIFIED TESTS.

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 2/9/2020 Time 3:04 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: LEVEA 59816 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: 2/9/2020 4:39:17 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.

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY LEVI BLAKE 59881

311142959

Printed Name

Declarant ID#

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

| DATE       | OFFICER  | HOURS | PAY RATE | OR | COST    |
|------------|----------|-------|----------|----|---------|
| 02/09/2020 | L. BLAKE | 3     | 25.00    |    | \$75.00 |

OTHER – Describe

Continuation sheet ☐ Yes ☐ No

TOTAL \$ 75.00

**Defendant** MULLINS, KENNETH WARD **Court Case No:** AD0AW2E-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.

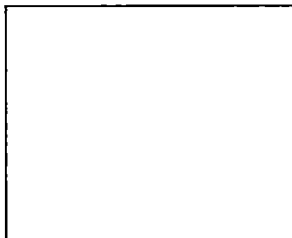
**I FURTHER CERTIFY THAT:**

- ☐ 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