UCN: 522020MM005860XXXXMM FL0520000

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

| OBTS # | | REPORT # SO20-130208 | DOCKET # 1837102 |
|---|---|---|---|
| Person ID 1646600 | | SSN# [redacted] | |
| Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance | | Traffic Citation # (if any) | Court Case # |
| Charge DOMESTIC BATTERY | | | 20-05860-MM-1 |

| Defendant's Name (Last, First, Middle) | DOB | Sex | Race | Ht | Wt | Hair | Eyes | Skin |
|---|---|---|---|---|---|---|---|---|
| DAMANN, KRIS EDWARD | 03/18/1977 | M | W | 603 | 248 | BRO | BRO | LGT |

| Alias | DL # | State | Scars/Marks/Tattoos/Physical Features |
|---|---|---|---|
| | D-550-505-77-098-0 | | |

| Local Address (Street, City, State, Zip Code) | Telephone | Place of Birth | Citizenship |
|---|---|---|---|
| 8771 95TH TERR SEMINOLE FL 33777 | 7276005985 | FL | US |
| **Permanent Address (Street, City, State, Zip Code)** | **Telephone** | **Employed by / School** | |
| 8771 95TH TERR SEMINOLE FL 33777 | 7276005985 | | |

| Weapon Seized Type | Indication of Drug Influence Y N UNK | Indication of Mental Health Issues Y N UNK | Indication of Alcohol Influence Y N UNK |
|---|---|---|---|
| ☐Yes ☒No | ☐ ☒ ☐ | ☐ ☒ ☐ | ☐ ☒ ☐ |

| Co-Defendant's Name (Last, First, Middle) | DOB | Sex | Race | In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor |
|---|---|---|---|---|
| | | | | |
| **Co-Defendant's Name (Last, First, Middle)** | **DOB** | **Sex** | **Race** | **In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor** |
| | | | | |

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 12 day of MAY, 2020,

at approximately 4:00 AM, at 8771 95TH TERR N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE KRISTA DAMANN, HIS WIFE AND CO-HABITANT, AGAINST THE WILL OF KRISTA DAMANN, TO WIT: THE DEFENDANT THREW AN AMAZON STYLE PACKAGE BOX AND STRUCK THE VICTIM ON THE RIGHT SIDE OF HER FACE AND POURED A LIQUID (CHILDREN'S JUICE) ON THE VICTIM'S HEAD.

THE VICTIM REPORTED DURING A VERBAL ALTERCATION THE DEFENDANT RETRIEVED ITEMS AND STARTING THROWING THEM FROM ITEMS SHE LEFT OUT THE NIGHT BEFORE. THE BOX STRUCK THE VICTIM'S FACE, WHILE WEARING GLASSES, WHICH CAUSED A MINOR LACERATION ON THE RIGHT SIDE OF HER FACE. THE VICTIM'S SHIRT WAS WENT CONSISTENT WITH A LIQUID BEING POURED ON HER.

FILED
COURT ASSISTANT
2020 MAY 13 AM 7:10
CLERK OF CIRCUIT COURT
PINELLAS COUNTY, FLORIDA

Contrary to Florida Statute/Ordinance 784.03;

ARREST DATE: 5/12/2020 Time 3:58 PM . Aggravating/Mitigating Factors

Booking Officer: AUGUSTA 58493 Amount of Bond ZERO 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: 5/12/2020 4:29:46 PM

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 JASON EVARTS 58214
Printed Name

03200357
Declarant ID#

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

| DATE | OFFICER | HOURS X | PAY RATE | OR | COST |
|---|---|---|---|---|---|
| 05/12/2020 | DEP EVARTS | 2 | 25.00 | | $50.00 |

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
842452 Copies to:

Court

**Defendant** DAMANN, KRIS EDWARD **Court Case No:** 20-05860-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**