

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

OBTS #		REPORT # SO20-41752	DOCKET # 1829952
Person ID	310872352	SSN#	
Charge Description	☒ Felony ☐ Misdemeanor ☒ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)	Court Case #
Charge WARRANT ARREST (SALE OR DELIVERY OF COCAINE & POSS OF COC)			20-01155-CF-1
Defendant's Name (Last, First, Middle)	DOB	Sex	Race
WILLIAMSON, KYLA MICHELLE	03/10/1992	F	W
Height	Weight	Hair	Eyes
56	115	BLN	BLU
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 2300 49TH ST S GULFPORT, FL 33707		Telephone 614 738-9378	Place of Birth OHIO
Permanent Address (Street, City, State, Zip Code) 2300 49TH ST S GULFPORT, FL 33707		Telephone	Citizenship USA
Employed by / School			
Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence
☐ Yes ☒ No	Y ☐ N ☒ UNK ☐	Y ☐ N ☒ UNK ☐	Y ☐ N ☒ UNK ☐
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 07 day of FEBRUARY, 2020,

at approximately 10:45 AM, at 14250 49TH STREET N. CLEARWATER, FL 33701, in Pinellas County did:

ARREST ON PINELLAS WARRANT #: 20-01155-CF

BOND: 20000.00

WARRANT ISSUE DATE: 1/31/2020

I HAVE NO FURTHER KNOWLEDGE OF THIS CASE.

WARRANT CANCELLED:
DATE: 2/7/2020 12:51:34 PM
CLERK: 55478
DEPUTY: 55401

Contrary to Florida Statute/Ordinance 893.13

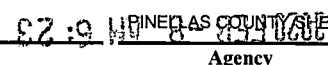
ARREST DATE: 2/7/2020 Time 10:45 AM . Aggravating/Mitigating Factors _____

Booking Officer: HORNING, C 55401 Amount of Bond 20000.00 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 ☐ 48 Hrs on showing of extraordinary circumstances Received by Booking: 2/7/2020 12:51:38 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 DEPUTY V HENDERSON 58664 Printed Name  Agency 310998467 Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </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> <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> OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00	DATE	OFFICER	HOURS X PAY RATE	OR	COST																				
DATE	OFFICER	HOURS X PAY RATE	OR	COST																						

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