

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

OBTS #	REPORT # CW19-166545		DOCKET # 1819802						
Person ID 3323840		SSN# [REDACTED]							
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #					
Charge DRIVING UNDER THE INFLUENCE (REFUSAL)		ACEV3YE		ACEV3YE-1					
Defendant's Name (Last, First, Middle) FEINBERG, LISA ANN		DOB 10/29/1964	Sex F	Race W	Ht 505	Wt 120	Hair BLN	Eyes BRO	Skin
Alias	DL # F-516-521-64-889-0	State FL	Scars/Marks/Tattoos/Physical Features LOWER BACK TATTOO						
Local Address (Street, City, State, Zip Code) 1820 OAK TRL W APT 108 CLEARWATER FL 33764			Telephone (727)320-7676		Place of Birth NEWJERSEY		Citizenship USA		
Permanent Address (Street, City, State, Zip Code) 1820 OAK TRL W APT 108 CLEARWATER FL 33764			Telephone (727)320-7676		Employed by / School				
Weapon Seized Type ☐ Yes ☒ No		Indication of Drug Influence ☐ Y ☐ N ☒ UNK		Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK		Indication of Alcohol Influence ☒ 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 <u>01</u> day of <u>NOVEMBER</u> , 2019, at approximately <u>12:49</u> <u>AM</u> , at <u>US HIGHWAY 19 N & BELLEAIR RD</u> , in Pinellas County did: REASON FOR STOP: THE DEF WAS OBSERVED IN ACTUAL PHYSICAL CONTROL OF HER VEHICLE TO BE DRIVING NORTH BOUND ON US HIGHWAY 19 N AT BELLAIRE RD AT AN ELEVATED SPEED. I (OFFICER HURT) WAS ABLE TO VISUALLY ESTIMATE THE VEHICLE TO BE TRAVELING 80 MPH. I WAS ABLE TO CAPTURE THE SPEED USING MY IN CAR RADAR TO BE 78 MPH IN A 55 MPH ZONE. THIS OFFICER ALSO OBSERVED THE VEHICLE TO BE UNABLE TO MAINTAIN A SINGLE LANE AS IT TRAVELED NORTH BOUND ON US HIGHWAY 19. THIS OFFICER INITIATE A TRAFFIC STOP AND ONCE THE VEHICLE STOPPED, MADE CONTACT WITH THE DRIVER AND SOLE OCCUPANT OF THE VEHICLE. THE DEF ADVISED SHE WAS ON HE WAS HOME FROM A HALLOWEEN PARTY AND ADVISED SHE HAD SEVERAL ALCOHOLIC BEVERAGES PRIOR TO DRIVING. THIS OFFICER WAS ABLE TO OBSERVE SEVERAL SIGNS OF IMPAIRMENT TO INCLUDE BU TNOT LIMITED TOO BLOODSHOT WATERY/GLASSY EYES, SLURRED SPEECH, SWAYING BACK AND FORTH, AND THE STRONG ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HER BREATH AND PERSON. THE DEF REFUSED TO PARTICIPATE IN ANY OF THE SFST AND REFUSED TO PROVIDE A SAMPLE OF HER BREATH. 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 HER NORMAL FACULTIES WERE IMPAIRED. BRAC: REFUSED BREATH: STRONG ODOR OF AN ALCOHOLIC BEVERAGE BALANCE: SWAYING BACK AND FORTH, UNSTEADY EYES: BLOODSHOT WATERY/ GLASSY EYES PRIOR CONVICTIONS: NONE DEFENDANT PERFORMED POORLY ON ALL FIELD SOBRIETY TESTS. COURT INFORMATION: NORTH COUNTY TRAFFIC COURT ON 11/26/2019 AT 0900 HOURS, CITATION #ACEV3YE Contrary to Florida Statute/Ordinance <u>316.193.1</u> ARREST DATE: <u>11/1/2019</u> Time <u>1:13 AM</u> . Aggravating/Mitigating Factors _____ Booking Officer: <u>EELLS, C 56501</u> Amount of Bond <u>500**</u> 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: 11/1/2019 3:23:46 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. <u>[Signature]</u> CLEARWATER POLICE DEPT. Declarant Signature _____ Agency _____ OFFICER JONATHAN HURT 8831 310383841 Printed Name _____ Declarant ID# _____ REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 11/01/2019 OFFICER HURT HOURS X PAY RATE 3 29.14 OR COST \$87.42 OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ 87.42									

Defendant FEINBERG, LISA ANN

Court Case No: ACEV3YE-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.

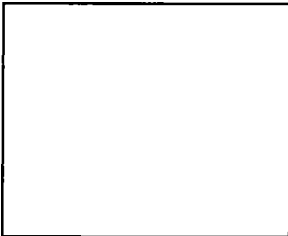
I FURTHER CERTIFY THAT:

- ☐ 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