

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|---------------------------------------------------|--|------------------------------------------|--|----------------------------------------------------|--|----------------------------------|--|---------------------------------------------|--|-----------------------|--|----------------------------------------------|--|----------------------------|--|-----------------------------------------|--|-----------|--|----------------------------|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|
| <input type="radio"/> Supplemental Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="radio"/> Plant City Courthouse                |  | <input type="radio"/> Notice To Appear            |  | CRA #:                                   |  | TP20014918                                         |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <input type="radio"/> Fel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="radio"/> Misd                                 |  | <input type="radio"/> (APAD) Adult Pre-Arrest Div |  | <input checked="" type="radio"/> Traffic |  | <input type="radio"/> Tampa Ord                    |  | <input type="radio"/> Juv Delinq |  | <input type="radio"/> JAAP                  |  | Booking #: 2020-27663 |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Arrest Type: <input checked="" type="radio"/> PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                            |  | <input type="radio"/> Warrant                     |  |                                          |  | <input type="radio"/> PC VOP/VOCC                  |  |                                  |  | Request: <input type="radio"/> Warrant      |  |                       |  | <input type="radio"/> SAO Review Direct File |  |                            |  | <input type="radio"/> JUV Pick-Up Order |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Court Case #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  | Family #                                          |  |                                          |  | SOID #                                             |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Agency: <input type="radio"/> HCSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |                                                   |  |                                          |  | <input checked="" type="radio"/> TPD               |  |                                  |  |                                             |  |                       |  | <input type="radio"/> PCPD                   |  |                            |  |                                         |  |           |  | <input type="radio"/> TTPD |  |  |  |  |  |  |  | <input type="radio"/> FHP            |  |  |  |  |  |  |  | Report Written           |  |  |  |  |  |  |  |
| <input type="radio"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  |                       |  | Report #                                     |  |                            |  |                                         |  |           |  | 20-554574                  |  |  |  |  |  |  |  | <input checked="" type="radio"/> Yes |  |  |  |  |  |  |  | <input type="radio"/> No |  |  |  |  |  |  |  |
| Offense Location: HOWARD AV N / KENNEDY BL W, TAMPA, FL 33606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  | Offense Date: 12/06/2020                    |  |                       |  |                                              |  |                            |  |                                         |  |           |  | Offense Time: 0054         |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Arrest Location: HOWARD AV N / KENNEDY BL W, TAMPA, FL 33606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  | Arrest Date: 12/06/2020                     |  |                       |  |                                              |  |                            |  |                                         |  |           |  | Arrest Time: 0110          |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Defendant: Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                            |  |                                                   |  | First Name                               |  |                                                    |  |                                  |  | Middle Name                                 |  |                       |  |                                              |  | <input type="radio"/> Gang |  |                                         |  |           |  | Name:                      |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| DE VASTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |  |                                                   |  | MARK                                     |  |                                                    |  |                                  |  | ANTHONY                                     |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Gender                                                     |  | DOB                                               |  | DL#                                      |  | State                                              |  | POB (City, State)                |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="radio"/> M <input type="radio"/> F |  | 12/07/1993                                        |  | D123541934470                            |  | FLORIDA                                            |  | FLORIDA                          |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Address Street: 7616 W COURT CAMPBELL CSWY # 336                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  | City:                                       |  | TAMPA                 |  |                                              |  | State:                     |  | FLORIDA                                 |  | Zip:      |  | 33607                      |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| School (JUV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |                                                   |  |                                          |  |                                                    |  | Parent/Guardian (JUV)            |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| No Co-defendants Found                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Statute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                            |  | Level                                             |  | Degree                                   |  | Charge                                             |  |                                  |  |                                             |  |                       |  |                                              |  | Count                      |  | Citation #                              |  |           |  | DV                         |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| 316.193(1)(A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                            |  | Misd                                              |  | S                                        |  | DRIVING UNDER THE INFLUENCE .112 / .101 (TRAF1012) |  |                                  |  |                                             |  |                       |  |                                              |  | 1                          |  | A8H00IE                                 |  |           |  | <input type="radio"/>      |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| The undersigned swears there are reasonable grounds to believe that the above named defendant in Hillsborough County, Florida, did Mark De Vasto was driving a black Honda Accord (FL GUAM12) that was stopped for driving in the wrong direction on a one way street. During observations he displayed indicators of impairment to include having red glassy eyes, slurred speech and the distinct odor of an alcoholic beverage on his breath. He displayed additional indicators of impairment during SFST's and was arrested for DUI. He was taken to CBT where he was read implied consent before he took the breath test. He provided breath samples of .112/.101. De Vasto's identity was verified using his Florida drivers license. |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Pursuant to Florida Statute §92.525 and under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true to the best of my knowledge. For Notices to Appear, I also certify that a complete list of witnesses and evidence known to me is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Affiant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Officer S Snaggs                                           |  |                                                   |  |                                          |  | Officer #                                          |  | DIST: SOD                        |  | SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE |  |                       |  |                                              |  |                            |  |                                         |  | Officer # |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Digitally signed on 2020.12.06 04:16:14                    |  |                                                   |  |                                          |  | p50713                                             |  | SQD: SQ515                       |  | CPL T SIMS                                  |  |                       |  |                                              |  |                            |  |                                         |  | 46180     |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  | Digitally signed on 2020.12.06 04:51:33     |  |                       |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Judgment requested against defendant for agency investigative cost per Florida Statute 938.27:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                            |  |                                                   |  |                                          |  |                                                    |  |                                  |  |                                             |  | \$70.00               |  |                                              |  |                            |  |                                         |  |           |  |                            |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |

FILED  
CLERK OF CIRCUIT COURT  
2020 DEC -7 AM 7:36  
COLETTA

(SERVICE OF COURT DOCUMENTS may be served on the State Attorney's office at [MailProcessingStaff@sao13th.com](mailto:MailProcessingStaff@sao13th.com))