

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

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|---|---|---|---------|------------------------------|------------------|-----------------------------|---|------------------------------------|--------------------------------|----|-----|--|-----|------|-----|------|-----|------|-----|
| OBTS # | REPORT # T120-5676 | | | | DOCKET # 1834833 | | | | | | | | | | | | | | |
| Person ID | 311503550 | | | SSN# | [REDACTED] | | | | | | | | | | | | | | |
| Charge Description | Felony | <input checked="" type="checkbox"/> Misdemeanor | Warrant | Traffic | Ordinance | Traffic Citation # (if any) | Court Case # | | | | | | | | | | | | |
| Charge | BATTERY; DOMESTIC | | | | | 20-04290-MM-1 | | | | | | | | | | | | | |
| Defendant's Name (Last, First, Middle) | DUELL, MATTHEW W | | | DOB | 10/04/1988 | Sex | M | Race | W | Ht | 509 | Wt | 220 | Hair | BLN | Eyes | BRO | Skin | LGT |
| Alias | NONE KNOWN | | DL # | 388-902-298 | | State NY | Scars/Marks/Tattoos/Physical Features MULTIPLE TT'S, GAUGED EARS | | | | | | | | | | | | |
| Local Address (Street, City, State, Zip Code) | 157 6TH AVE #1 TROY NY 12180 | | | | | Telephone | 518-233-4077 | | Place of Birth | NY | | Citizenship | | | US | | | | |
| Permanent Address (Street, City, State, Zip Code) | 157 6TH AVE #1 TROY NY 12180 | | | | | Telephone | 518-233-4077 | | Employed by / School UNEMPL | | | | | | | | | | |
| Weapon Seized Type | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <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 01 day of APRIL, 2020,

at approximately 12:25 AM, at 11875 GULF BLVD #18, TREASURE ISLAND, FL 33706, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE DANA SWINT, HIS EX-GIRLFRIEND AND PRIOR CO-HABITANT, AGAINST THE WILL OF DANA SWINT, TO-WIT: PUNCHED VICTIM IN THE HAND AND FACE WITH A CLOSED FIST.

VICTIM CALLED 911 AND HUNG UP. THE ONLY CONVERSATION THAT WAS HEARD BY DISPATCH WAS VICTIM (FEMALE) STATING "GET OUT" AND DEF (MALE) STATING "NO." UPON ARRIVAL OF OFFICERS, VICTIM ADVISED DEF PUNCHED HER IN HER LEFT HAND, LEFT SIDE OF HER FOREHEAD, AND GENERALLY ALL OVER HER FACE. VICTIM HAD AN OBVIOUS LARGE BUMP TO THE LEFT SIDE OF HER FORHEAD WHERE SHE EXPLAINED DEF PUNCHED HER "HARD" WITH A CLOSED FIST. VICTIM ADVISED THIS AROSE FROM AN ARGUMENT SHE AND DEF WERE HAVING OVER HER RECEIVING TEXT MESSAGES FROM ANOTHER EX-BOYFRIEND. VICTIM AND DEF BOTH ADVISED THEY WERE EX-GIRLFRIEND/BOYFRIEND AND PREVIOUSLY WERE IN A DOMESTIC RELATIONSHIP APPROXIMATELY 1 YEAR PRIOR IN WHICH THEY RESIDED TOGETHER FOR APPROXIMATELY 1 YEAR (IN NEW YORK STATE). DEF ADMITTED TO BEING INVOLVED IN A VERBAL ARGUMENT WITH VICTIM, BUT DENIED ANY PHYSICAL ALTERCATION TOOK PLACE. DEF INVOKED HIS RIGHTS POST MIRANDA. DEF DENIED BEING INJURED AND DID NOT HAVE ANY VISIBLE INJURIES. VICTIM DECLINED MEDICAL ATTENTION.

PDAD

Contrary to Florida Statute/Ordinance 784.03

New

ARREST DATE: 4/1/2020 Time 12:58 AM Aggravating/Mitigating Factors

SP/OP

Booking Officer: LEIPSKI 59118 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: 4/1/2020 2:39:58 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.

Kimberly McDonald

Declarant Signature

TREASURE ISLAND POLICE

Agency

OFFICER KIMBERLY MCDONALD T19630

310436744

Printed Name

Declarant ID#

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

| DATE | OFFICER | HOURS X PAY RATE | OR | COST |
|------------|-------------|------------------|----|---------|
| 04/01/2020 | K. MCDONALD | 3 27 | | \$81.00 |
| 04/01/2020 | J. SWETNICH | 1 38 | | 38 |

2020 APR - 1 PM 12:33

OTHER - Describe ADMIN COSTS COURT ASSISTANCE 25

Continuation sheet Yes No TOTAL \$144.00

Defendant DUELL, MATTHEW W

Court Case No: 20-04290-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.

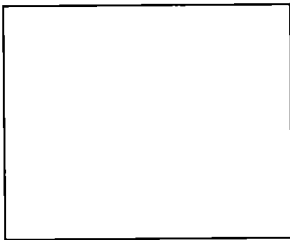
4.1.20

DATE AND TIME

William H. Burgess, Jr.

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