

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

OBTS #	REPORT # SO20-85711		DOCKET # 1834193	
Person ID 2075120	SSN# [REDACTED]			
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge DISORDERLY INTOXICATION (DISTURBANCE)			20-03826-MM-1	
Defendant's Name (Last, First, Middle) WESTLUND, MITCHELL SCOTT	DOB 09/15/1967	Sex M	Race W	Ht 511
	Wt 200	Hair BRO	Eyes BRO	Skin MED
Alias	DL # W234-557-67-335-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 802 ROBIN AVENUE PALM HARBOR FL 34683	Telephone 3523642630	Place of Birth WY	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 802 ROBIN AVENUE PALM HARBOR FL 34683	Telephone 3523642630	Employed by / School		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
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 17 day of MARCH, 2020, at approximately 11:29 PM, at 1821 N. HIGHLAND AVE TARPON SPRINGS, in Pinellas County did:

WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE, TO-WIT: THE DEF WAS INTOXICATED AND WAS TRYING TO ENTER A RESIDENCE OF VANESSA DURYEA WHOM THE DEF DOESNT KNOW. THE DEF TRIED SEVERAL TIMES TO OPEN THE FRONT DOOR BUT WAS UNSUCCESSFUL DUE TO THE DOOR BEING LOCKED. THE DEF MADE SEVERAL STATEMENTS THAT HE WAS DRINKING WITH FREINDS AND THEY TOOK AN UBER. HE ALSO SAID HE TOOK AN UBER ALONE. HE STATED THAT HIS FRIENDS DROVE HIM. HE DIDNT KNOW WHY OR HOW HE WAS ON N. HIGHLAND AVENUE WHEN HE LIVES OFF OF ALT 19 IN PALM HARBOR.

THE DEF SAID HE WAS TRYING TO USE THE PHONE INSIDE THE RESIENCE TO CALL AN UBER. THE DEF HAD A CHARGED CELL PHONE IN HIS POSSESSION.

THE DEF HAD BLOODSHOT GLASSY EYES. HE HAD SLURRED SPEECH. I DETECTED A STRONG ODOR OF AN ALCOHOLIC BEVERAGE UPON HIS BREATH. HE SWAYED WHEN HE STOOD STILL AND STAGGERED AS HE WALKED.

Contrary to Florida Statute/Ordinance 856.011

ARREST DATE: 3/17/2020 Time 11:50 PM

Booking Officer: SEAY, E 58861

Amount of Bond 100 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: 3/18/2020 1:58:27 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.

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
DATE 03/17/2020 OFFICER G.MASON HOURS X PAY RATE 1.5 OR \$37.50 COST \$37.50

Gerald F Mason
PINELLAS COUNTY SHERIFF
Declarant Signature Agency

DEPUTY GERALD MASON 56033 02160889
Printed Name Declarant ID#

OTHER - Describe
Continuation sheet Yes No TOTAL \$ 37.50

Defendant WESTLUND, MITCHELL SCOTT

Court Case No: 20-03826-MM-1

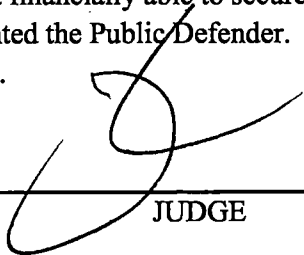
ADVISORY AND SOLVENCY HEARING

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:

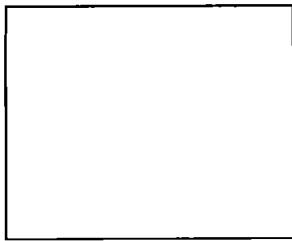
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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