

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

OBTS #	REPORT # 20-002993		DOCKET # 1835038	
Person ID	311505052	SSN#	000-00-0000	
Charge Description	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #	
Charge	BATTERY; AGGRAVATED DOMESTIC RELATED		20-03401-CF-1	
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
KARR, NATHAN RICHARD	06/19/1987	M	W	600
Wt	Hair	Eyes	Skin	
260	BRO	BLU	LGT	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
			MULTIPLE TATTOOS	
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship	
1201-102 SEMINOLE BLVD LARGO FL 33770	727-294-2313	WI	US	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School		
1201-102 SEMINOLE BLVD LARGO FL 33770	727-294-2313	UNEMPLOYED		
Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <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 05 day of APRIL, 2020

at approximately 10:19 AM, at 1201-102 SEMINOLE BLVD, in Pinellas County did:

DID INTENTIONALLY OR KNOWINGLY TOUCH OR STRIKE, AGAINST THE WILL OF MELANIE BUTINA THEREBY CAUSING GREAT BODILY HARM, PERMANENT DISABILITY, OR PERMANENT DISFIGUREMENT TO MELANIE BUTINA. THE DEF GOT INTO A PHYSICAL DISTURBANCE WITH HIS GIRLFRIEND, WHO HE LIVES WITH AND HAS A CHILD WITH. THE DEF ALSO LIVES WITH THE VICTIM, MELANIE BUTINA WHO IS HIS GIRLFRIENDS MOTHER. AFTER THE DEF BATTERED HIS GIRLFRIEND THAT VICTIM THEN TOLD THE DEF TO STOP AND TO NEVER HIT HER AGAIN. THE DEF THEN CORNERED THE VICTIM IN HER BEDROOM AND THREW HER INTO THE BEDROOM WALL. THE VICTIM RECEIVED A INJURY TO HER FOREHEAD AND A BROKEN KNEE, WHICH REQUIRED EMERGENCY SURGERY. THE DEF ADMITTED TO BATTERING THE VICTIM POST MIRANDA.

Contrary to Florida Statute/Ordinance 784.045.1A1  
ARREST DATE: 4/5/2020 Time 10:49 AM Aggravating/Mitigating Factors

Booking Officer: BROWN, M 59900 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: 4/5/2020 4:14:47 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.  
*W. Casaber*  
Declarant Signature LARGO POLICE DEPT.  
Agency  
OFFICER WESLEY CASEBER 414 02698903  
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 04/05/2020 OFFICER CASEBER HOURS X PAY RATE 2.5 X 25.00 OR COST \$62.50  
OTHER - Describe  
Continuation sheet  Yes  No TOTAL \$ \$62.50

Handwritten notes: 20,000 (circled), GPS (circled), and a large circular stamp with illegible text.

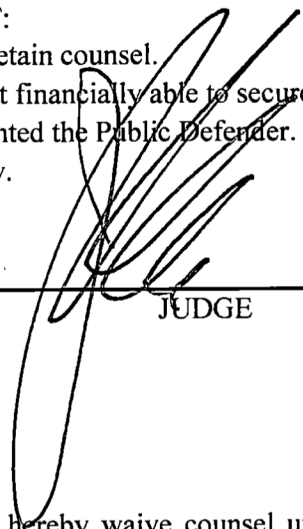
**ADVISORY AND SOLVENCY HEARING**

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.

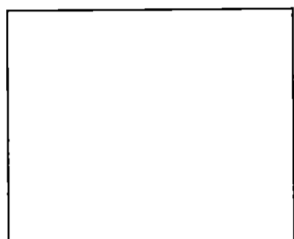
I FURTHER CERTIFY THAT:

- 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