

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

|                                                                                                    |                                                                                                                                                                                      |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                             | REPORT # <b>SO20-148571</b>                                                                                                                                                          |                                                                                                                                  | DOCKET # <b>1838669</b>                                                                                                       |                                                                                                                                             |
| Person ID <b>310619962</b>                                                                         |                                                                                                                                                                                      | SSN# <b>[REDACTED]</b>                                                                                                           |                                                                                                                               |                                                                                                                                             |
| 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<br><b>UNLAWFUL ASSEMBLY</b>                                                                 |                                                                                                                                                                                      |                                                                                                                                  |                                                                                                                               | <b>20-06815-MM-1</b>                                                                                                                        |
| Defendant's Name (Last, First, Middle)<br><b>DOUBLEDAY, NICHOLAS DREW</b>                          |                                                                                                                                                                                      | DOB<br><b>12/20/1995</b>                                                                                                         | Sex<br><b>M</b>                                                                                                               | Race<br><b>W</b>                                                                                                                            |
|                                                                                                    |                                                                                                                                                                                      | Ht<br><b>6'1</b>                                                                                                                 | Wt<br><b>180</b>                                                                                                              | Hair<br><b>BRO</b>                                                                                                                          |
|                                                                                                    |                                                                                                                                                                                      | Eyes<br><b>BRO</b>                                                                                                               | Skin                                                                                                                          |                                                                                                                                             |
| Alias                                                                                              | DL # <b>D-143-624-95-460-0</b>                                                                                                                                                       | State<br><b>FL</b>                                                                                                               | Scars/Marks/Tattoos/Physical Features                                                                                         |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br><b>1512 10TH AVE N ST PETERSBURG FL 33705</b>     |                                                                                                                                                                                      | Telephone<br><b>755-513-1214</b>                                                                                                 | Place of Birth<br><b>US</b>                                                                                                   | Citizenship<br><b>US</b>                                                                                                                    |
| Permanent Address (Street, City, State, Zip Code)<br><b>1512 10TH AVE N ST PETERSBURG FL 33705</b> |                                                                                                                                                                                      | Telephone<br><b>755-513-1214</b>                                                                                                 | Employed by / School<br><b>USF STUDENT</b>                                                                                    |                                                                                                                                             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK                                                           | Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK |                                                                                                                                             |
| Co-Defendant's Name (Last, First, Middle)                                                          | DOB                                                                                                                                                                                  | Sex                                                                                                                              | Race                                                                                                                          | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><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 31 day of MAY, 2020,

at approximately 11:15 PM, at 1ST AVE N & 13TH STREET N, ST. PETERSBURG, in Pinellas County did:

DID MEET TOGETHER WITH TWO OR MORE OTHERS TO COMMIT A BREACH OF THE PEACE OR TO DO ANY OTHER UNLAWFUL ACT. TO-WIT: THE DEFENDANT WAS PART OF A LARGE CROWD THAT WAS

GATHERED AT THE ST. PETERSBURG MAIN POLICE STATION. PCSO WAS SUMMONED TO THE AREA TO ASSIST SPPD WITH CROWD CONTROL AND TO DETER RIOTING. AS THE CROWD GREW HOSTILE THEY WERE TOLD SEVERAL TIMES TO DISPERSE. AS THE CROWD WAS LEAVING THE DEFENDANT REFUSED TO LEAVE AS HE STOOD ON THE SOUTH SIDE OF 1ST AVE N. THE DEFENDANT WAS TOLD SEVERAL TIMES TO LEAVE, HOWEVER, HE REFUSED AND WAS INITIALLY TAKEN INTO CUSTODY BY PCSO ASST. CHIEF DEPUTY JOWELL PRIOR TO BEING RELINQUISHED TO MY CUSTODY. THE DEFENDANT WAS COOPERATIVE AND APOLOGETIC FOR NOT OBEYING LAW ENFORCEMENT COMMANDS TO DEPART.

Contrary to Florida Statute/Ordinance 870.02.

ARREST DATE: 5/31/2020 Time 11:15 PM. Aggravating/Mitigating Factors U/ROR  
 Booking Officer: LEIPSKI 59118 Amount of Bond 250\*\*\* Bond Out Date 06/01/20 Time N/A ☐ 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: 6/1/2020 1:05:04 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.

[Signature]  
 Declarant Signature  
 DEPUTY R. ROGERS 56619  
 Printed Name  
 PINELLAS COUNTY SHERIFF  
 Agency  
 02563113  
 Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE OFFICER HOURS X PAY RATE OR COST  
 OTHER – Describe  
 Continuation sheet ☐ Yes ☐ No  
 TOTAL \$ \$0.00

**Defendant** DOUBLEDAY, NICHOLAS DREW

**Court Case No:** 20-06815-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.

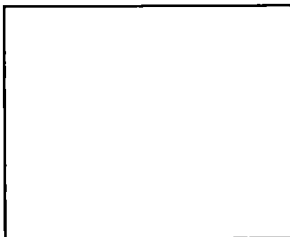
**I FURTHER CERTIFY THAT:**

- ☐ 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