UCN: 522020CF005707XXXXCF FL0521400

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

OBTS #		REPORT # 2020-021626	DOCKET # 1839566
Person ID 311532801		SSN# 000-00-0000	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; ON A EMERGENCY MEDICAL CARE PROVIDER			20-05707-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SODL, NICHOLE M	10/18/1989	F	W	5'3	140	BRO	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	29238678	PA	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4638 MAIN ST WHITEHALL PA 18052		PA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
4638 MAIN ST WHITEHALL PA 18052			

Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence
☐ Yes ☒ No	Y ☐ N ☐ UNK ☒	Y ☐ N ☐ UNK ☒	Y ☐ N ☐ UNK ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐ Yes ☐ No ☐ Felony ☐ Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐ Yes ☐ No ☐ Felony ☐ Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 13 day of JUNE, 2020,

at approximately 2:15 AM, at 701 6TH ST S @ BAYFRONT HOSPITAL, in Pinellas County did:

THEN AND THERE KNOWINGLY, ACTUALLY, AND INTENTIONALLY TOUCH OR STRIKE ALYSSA LEWISON, A REGISTERED EMERGENCY ROOM NURSE OF BAYFRONT HOSPITAL, AGAINST THE WILL OF ALYSSA LEWISON WHILE SAID NURSE WAS ENGAGED IN THE LAWFUL PERFORMANCE OF HER DUTIES, TO-WIT: SLAPPING THE VICTIM ON THE LEFT SIDE OF HER FACE.

THE VICTIM WAS THE ATTENDING NURSE TO THE DEFENDANT AT BAYFRONT HOSPITAL. THE DEFENDANT WAS BEING SEDATED AND MONITORED BY THE VICTIM. THE DEFENDANT SAT UP AND ASKED THE VICTIM IF SHE KNEW WHAT IT WAS LIKE TO BE IN LOVE AND LEANED IN AS TO KISS HER. THE VICTIM LEANED BACK AND TOLD THE DEFENDANT NO. THIS UPSET THE DEFENDANT, WHO STRUCK THE VICTIM ON THE LEFT SIDE OF HER FACE WITH AN OPEN HAND AND KNOCKING OFF HER GLASSES. THE VICTIM HAD TO HOLD THE DEFENDANT DOWN UNTIL OTHER MEDICAL STAFF ARRIVED TO ASSIST IN RESTRAINING HER. THIS OFFICER WITNESSED THE ERRATIC BEHAVIOR OF THE DEFENDANT, WHO WAS ACTIVELY BEING RESTRAINED BY THE STAFF UNTIL THE SEDATIVES TOOK AFFECT.

Contrary to Florida Statute/Ordinance 784.076.

xso c-a/v

ARREST DATE: 6/13/2020 Time 6:41 AM . Aggravating/Mitigating Factors

Booking Officer: BROWN, M 59900 Amount of Bond 5000 Bond Out Date Time ☐ a.m. ☐ p.m.

Victim Notified of Advisory? Y 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: 6/13/2020 7:52:45 AM

FILED 2020 JUN 14 PM 1:37 CLERK OF THE CIRCUIT COURT PINELLAS COUNTY, FLORIDA

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.

Declarant Signature	Agency
	ST. PETERSBURG POLICE
Printed Name	**Declarant ID#**
OFFICER SETH MARANVILLE 45115	03102741

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
06/13/2020	MARANVILLE	2	25.00		$50.00
06/13/2302	NOLIN	2	25.00		50

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $100.00

COCR59 (Revised 10/2014)
847691 Copies to:

Court

Defendant SODL, NICHOLE M **Court Case No:** 20-05707-CF-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.

6/14/20
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**