

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

OBTS #	REPORT # 2020-23153	DOCKET # 1835071
Person ID 310956822	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 DOMESTIC BATTERY		20-04417-MM-1
Defendant's Name (Last, First, Middle) COSSU, PETER JOHN	DOB 09/30/1960	Sex M Race W Ht 505 Wt 165 Hair BRO Eyes BRO Skin
Alias	DL # C200670603500	State FL Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 5401 GLEN IVY PL PINELLAS PARK FL 33782	Telephone 973-459-2534	Place of Birth NY Citizenship USA
Permanent Address (Street, City, State, Zip Code) 5401 GLEN IVY PL PINELLAS PARK FL 33782	Telephone 973-459-2534	Employed by / School SELF-EMPLOYED
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input 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 06 day of APRIL, 2020, at approximately 4:25 AM, at 5401 GLEN IVY PL, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE (COLLEEN MERRICK), (SELECT: HIS GIRLFRIEND) AND CO-HABITANT, AGAINST THE WILL OF (COLLEEN MERRICK), TO WIT: (PULLED THE VICTIMS BLUETOOTH OUT OF HER EAR AND PUSHED HER OUT OF THE FRONT DOOR, CAUSING HER TO FALL ON THE PATIO).

ON 4/6/20 I RESPONDED TO 5401 GLEN IVY PL IN REFERENCE TO A DOMESTIC BATTERY. UPON ARRIVAL I MADE CONTACT WITH THE VICTIM, COLLEEN MERRICK, WHO ADVISED HER BOYFRIEND, PETER COSSU, BATTERED HER DURING AN ARGUMENT. MERRICK STATED COSSU RIPPED HER BLUETOOTH OUT OF HER EAR BEFORE GRABBING HER BY BOTH ARMS AND FORCEFULLY PUSHING HER OUT THE FRONT DOOR OF THE RESIDENCE, CAUSING HER TO FALL. MERRICK HAD NO VISIBLE INJURIES AND COSSU DECLINED TO SPEAK WITH ME POST MIRANDA. THE TWO HAVE BEEN DATING AND RESIDING TOGETHER FOR THE PAST FIVE YEARS.

SUP [Signature]

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 4/6/2020 Time 4:54 AM . Aggravating/Mitigating Factors DOMESTIC RELATED

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: 4/6/2020 5:50:06 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 _____
 OFFICER NATHAN NAUMANN 551
 Printed Name _____

PINELLAS PARK POLICE
 Agency
 310468887
 Declarant ID# _____

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/06/2020	N. NAUMANN	2 25.00		\$50.00

2020 APR - 7 AM 10:57

OTHER - Describe _____

Continuation sheet Yes No TOTAL \$ 50.00

Defendant COSSU, PETER JOHN

Court Case No: 20-04417-MM-1

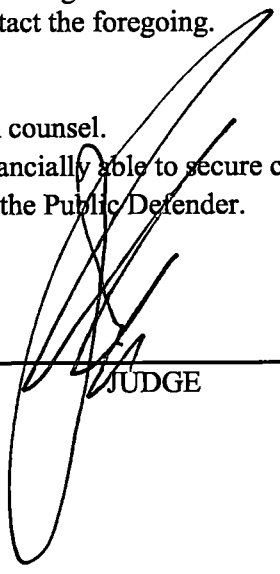
ADVISORY AND SOLVENCY HEARING

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:

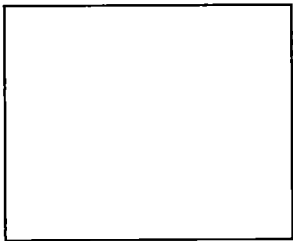
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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