

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

OBTS #	REPORT # SO19-408872		DOCKET # 1825176	
Person ID 311444591		SSN# [REDACTED]		
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #
Charge DRIVING UNDER THE INFLUENCE		AD0ARPE		AD0ARPE-1
Defendant's Name (Last, First, Middle) MONNIG, PHILIP JUSTIN		DOB 03/08/1983	Sex M	Race W
Ht 6'2		Wt 210	Hair BRO	Eyes BLU
Skin LGT		Scars/Marks/Tattoos/Physical Features		
Alias	DL # M 520 [REDACTED]	State FL		
Local Address (Street, City, State, Zip Code) 13635 97TH TERRACE N SEMINOLE FL 33776		Telephone 913-449-6121	Place of Birth NEBRASKA	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 13635 97TH TERRACE N SEMINOLE FL 33776		Telephone 913-449-6121	Employed by / School INSURANCE	
Weapon Seized Type ☐ Yes ☒ No	Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☒ 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 22 day of DECEMBER, 2019,

at approximately 12:06 AM, at US HWY 19 N / ULMERTON RD, in Pinellas County did:

REASON FOR STOP: DEFENDANT WAS WITNESSED BY CPL.WELSHANS STRIKING A POSITIVE MEDIAN BARRIER WITHIN AN INTERSECTION, SEVERELY DAMAGING BOTH PASSENGER SIDE TIRES.

THEN AND THERE UNLAWFULLY DRIVE AND/OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WITHIN PINELLAS COUNTY, FLORIDA WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, A CONTROLLED SUBSTANCE AND/OR ANY CHEMICAL SUBSTANCE TO THE EXTENT THAT HIS NORMAL FACULTIES WERE IMPAIRED.

BRAC: REFUSED BREATH: DISTINCT
BALANCE: SWAYING AND UNSTEADY EYES: GLASSY AND WATERY
PRIOR CONVICTIONS: NO KNOWN CONVICTIONS

DEFENDANT SHOWED FURTHER SIGNS OF IMPAIRMENT DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: SOUTH COUNTY TRAFFIC COURT, LOCATED AT 14250 49TH ST CLEARWATER, DUI CITATION #:AD0ARPE

THE DEFENDANT SHOWED OBVIOUS SIGNS OF IMPAIRMENT DURING FST'S AND REFUSED A BREATH SAMPLE. THE DEFENDANT WAS LATHARGIC, CONFUSED, UNSTEADY ON HIS FEET, HAD GLASSY WATERY EYES AND EMITTED THE STRONG ODOR OF AN ALCOHOLIC BEVERAGE FROM HIS BREATH. THE DEFENDANT CAUSED APPROXIMATELY \$1500 IN DAMAGE TO HIS VEHICLE AFTER STRIKING A POSITIVE MEDIAN BARRIER AND CEMENT CURB, BLOWING OUT BOTH PASSENGER SIDE TIRES. THE DEFENDANT ALSO FELL DOWN WHILE PERFORMING FST'S.

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 12/22/2019 Time 12:54 AM . Aggravating/Mitigating Factors ACCIDENT

Booking Officer: EELLS, C 56501 Amount of Bond 500** 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: 12/22/2019 3:30:00 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.

Alex Robb
PINELLAS COUNTY SHERIFF
Declarant Signature Agency
DEPUTY ALEXANDER ROBB 58429 03261313
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/22/2019	A.ROBB	2 25.00		\$50.00
12/22/2019	CPL.WELSHANS	2 25.00		50
OTHER – Describe <u>CONVICTION IN 800</u>				
Continuation sheet ☐ Yes ☐ No TOTAL \$100.00				

Defendant MONNIG, PHILIP JUSTIN

Court Case No: AD0ARPE-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:

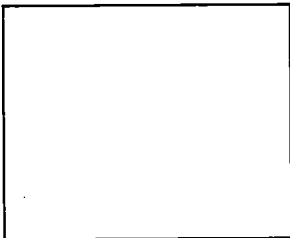
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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