UCN: 522019CT095879000APC FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
MONNIG, PHILIP JUSTIN	03/08/1983	M	W	6'2	210	BRO	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	M 520 [redacted]	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
13635 97TH TERRACE N SEMINOLE FL 33776	913-449-6121	NEBRASKA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
13635 97TH TERRACE N SEMINOLE FL 33776	913-449-6121	INSURANCE	

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

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 IMPARMENT 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 PREFORMING 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

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY ALEXANDER ROBB 58429

Printed Name

03261313

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

Continuation sheet ☐Yes ☐No TOTAL $ $100.00

COCR59 (Revised 10/2014)
819784 Copies to:

Court

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**