UCN: N/A FL0520000

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

OBTS #		REPORT # SO20-43624	DOCKET # 1830154
Person ID 311471462		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DRIVING UNDER THE INFLUENCE		AD0AW0E	AD0AW0E-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
GARDNER, QUAID MICHAEL	11/27/2001	M	W	601	180	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	G635-713-01-427-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
339 MANATEE LN TARPON SPRINGS FL 34689	727-290-8818	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
339 MANATEE LN TARPON SPRINGS FL 34689	727-290-8818		

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 08 day of FEBRUARY, 2020,

at approximately 11:54 PM, at 10750 ULMERTON RD, in Pinellas County did:

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.

REASON FOR STOP: THE DEFENDANT WAS STOPPED BY DEPUTY SKALKO AFTER HE PACED THE DEFENDANT TRAVELING 55 MPH IN A 45 MPH ZONE. UPON STOPPING THE DEFENDANT, DEPUTY SKALKO OBSERVED THE DEFENDANT TO SHOW SIGNS OF IMPAIRMENT, PROMPTING HIM TO REQUEST A DUI UNIT TO INVESTIGATE FURTHER.

UPON MY ARRIVAL, I MADE CONTACT WITH THE DEFENDANT AND I OBSERVED HIM TO SHOW SIGNS OF IMPAIRMENT. THE DEFENDANT CONSENTED TO PERFORM STANDARDIZED FIELD SOBRIETY EXERCISES AND HE CONTINUED TO SHOW SIGNS OF IMPAIRMENT.

BRAC: .094/.098 BREATH: STRONG & DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE.
EYES: BLOODSHOT & WATERY. SPEECH: SLOW & SLURRED.
PRIOR CONVICTIONS: NONE.

COURT INFORMATION: CRIMINAL JUSTICE COMPLEX ON 3/4/20 AT 1330 HOURS.
CITATION #: AD0AW0E

Contrary to Florida Statute/Ordinance 316.193.1.

ARREST DATE: 2/9/2020 Time 12:34 AM . Aggravating/Mitigating Factors

Booking Officer: LEVEA 59816 Amount of Bond 500** Bond Out Date 02/09/20 R LSA TBB 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: 2/9/2020 2:09:30 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.

Declarant Signature — Agency: PINELLAS COUNTY SHERIFF

Printed Name: DEPUTY JOSHUA RICOTTILLI 58439 — Declarant ID#: 03268534

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
02/09/2020	J. RICOTTILLI	2 25.00		$50.00

2020 FEB -9 AM 7:39

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
828702 Copies to:

Court

Defendant GARDNER, QUAID MICHAEL **Court Case No:** AD0AW0E-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**