

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
Charge	DRIVING UNDER THE INFLUENCE		Traffic Citation # (if any)	Court Case #
			AD0AW0E	AD0AW0E-1
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
GARDNER, QUAID MICHAEL	11/27/2001	M	W	601
Wt	Hair	Eyes	Skin	
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	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 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 SKALCO AFTER HE PACED THE DEFENDANT TRAVELING 55 MPH IN A 45 MPH ZONE. UPON STOPPING THE DEFENDANT, DEPUTY SKALCO 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 02/09/2020 LSA TBB ☐ 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.

[Signature]
Declarant Signature
PINELLAS COUNTY SHERIFF
Agency

DEPUTY JOSHUA RICOTTILLI 58439 03268534
Printed Name Declarant ID#

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

68:1 M 6-8 FEB 2020
OTHER – Describe COURT ASSISTANCE
Continuation sheet ☐ Yes ☐ No TOTAL \$ 50.00

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.

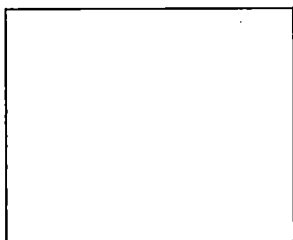
I FURTHER CERTIFY THAT:

- ☐ 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