UCN: 522019MM018906XXXXMM FL0520000

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

OBTS #		REPORT # SO19-377269	DOCKET # 1822289
Person ID 310583535		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; SIMPLE			19-18906-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SALAZAR, RAEANNA KATHLEEN	10/07/1997	F	W	501	110	BRO	GRN	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S426731978670	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
12138 114TH ST N LARGO FL 33778	7272184940	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
12138 114TH ST N LARGO FL 33778	7272184940		

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 24 day of NOVEMBER, 2019,

at approximately 12:48 AM, at 12138 114TH ST N, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE THE VICTIM AGAINST THE WILL OF THE VICTIM, AND DID NOT CAUSE BODILY HARM.

THE DEFENDANT WAS DRIVEN HOME IN A TAXI BY THE VICTIM. THE DEFENDANT WALKED INTO HER HOUSE WITHOUT PAYING HER CAB FARE. THE DEFENDANT EXITED HER HOUSE WHEN YOUR AFFIANT ARRIVED AT THE LOCATION. THE DEFENDANT AGREED TO PAY THE FARE. THE DEFENDANT RETRIEVED MONEY FROM INSIDE OF HER HOUSE AND BROUGHT IT TO THE VICTIM. WHEN THE VICTIM INFORMED THE DEFENDANT THAT THE FARE WAS NOT ENOUGH, THE DEFENDANT PUSHED THE VICTIM IN FRONT OF YOUR AFFIANT AND ATTEMPTED TO WALK BACK INSIDE OF THE HOUSE. THE DEFENDANT WAS EXTREMELY INTOXICATED AND UNCOOPERATIVE.

Contrary to Florida Statute/Ordinance 784.03. MD A/C

ARREST DATE: 11/24/2019 Time 1:24 AM. Aggravating/Mitigating Factors INTOXICATED, THEFT

Booking Officer: WERNER 59414 Amount of Bond 500 JD 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: 11/24/2019 2:55:37 AM

2019 NOV 24 AM 7:3 FILED COURT ASSISTANCE

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 J Foster

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY ALEXANDER FOSTER 58674

Printed Name

03309725

Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
11/24/2019	FOSTER	1	25.00		$25.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $25.00

COCR59 (Revised 10/2014)
814522 Copies to:

Court

Defendant SALAZAR, RAEANNA KATHLEEN **Court Case No:** 19-18906-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**

UCN: 522019MM018906XXXXMM FL0520000

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

OBTS #		REPORT # SO19-377269	DOCKET # 1822289
Person ID 310583535		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge PETIT THEFT < $300			19-18906-MM-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SALAZAR, RAEANNA KATHLEEN	10/07/1997	F	W	501	110	BRO	GRN	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S426731978670	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
12138 114TH ST N LARGO FL 33778	7272184940	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
12138 114TH ST N LARGO FL 33778	7272184940		

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 24 day of NOVEMBER, 2019,

at approximately 12:48 AM, at 12138 114TH ST N, in Pinellas County did:

DID KNOWINGLY AND UNLAWFULLY OBTAIN OR USE OR ENDEAVOR TO OBTAIN OR USE THE PROPERTY OF ANOTHER, TO-WIT: A CAB FARE, OF THE VALUE OF $70, THE PROPERTY OF THE VICTIM, WITH THE INTENT TO DEPRIVE THE VICTIM OF A RIGHT TO THE PROPERTY OR BENEFIT THEREFROM, OR WITH THE INTENT TO APPROPRIATE THE PROPERTY TO HER OWN USE OR TO THE USE OF ANY PERSON NOT ENTITLED THERETO.

THE DEFENDANT WAS DRIVEN HOME IN A TAXI BY THE VICTIM. THE DEFENDANT WALKED INTO HER HOUSE WITHOUT PAYING HER CAB FARE OF $70. THE DEFENDANT EXITED HER HOUSE WHEN YOUR AFFIANT ARRIVED AT THE LOCATION. THE DEFENDANT AGREED TO PAY THE FARE. THE DEFENDANT RETRIEVED MONEY FROM INSIDE OF HER HOUSE AND BROUGHT IT TO THE VICTIM. WHEN THE VICTIM INFORMED THE DEFENDANT THAT THE FARE WAS NOT ENOUGH, THE DEFENDANT PUSHED THE VICTIM IN FRONT OF YOUR AFFIANT AND ATTEMPTED TO WALK BACK INSIDE OF THE HOUSE. THE DEFENDANT ONLY BROUGHT $30 OUT OF THE HOUSE. THE VICTIM DID NOT TAKE ANY MONEY FROM THE DEFENDANT. THE DEFENDANT WAS EXTREMELY INTOXICATED AND UNCOOPERATIVE.

Contrary to Florida Statute/Ordinance 812.014.3A.

ARREST DATE: 11/24/2019 Time 1:24 AM . Aggravating/Mitigating Factors INTOXICATED, BATTERY

Booking Officer: WERNER 59414 Amount of Bond 250 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: 11/24/2019 2:55:44 AM

2019 NOV 24 AM 7:31 FILED COURT ASSISTANT CLERK OF CIRCUIT COURT

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 J Foster

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY ALEXANDER FOSTER 58674

Printed Name

03309725

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
11/24/2019	FOSTER	1 25.00		$25.00

OTHER – Describe ____.

Continuation sheet ____Yes ____No TOTAL $ $25.00

COCR59 (Revised 10/2014)

814523 Copies to:

Court

Defendant SALAZAR, RAEANNA KATHLEEN **Court Case No:** 19-18906-MM-2

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.
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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**