

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

COURT CASE/ J.F. ID # 21-1404 SAO # _____ OBTS # _____
AGENCY REPORT # FWSW21OFF000218 AGENCY NAME FWC ORI # F10298000
LOCATION OF OFFENSE Davis island boat ramp DATE OF OFFENSE 02/13/21 TIME OF OFFENSE 2100
WITHIN: TAMPA ☒ PLANT CITY ☐ TEMPLE TERRACE ☐ UNINCORPORATED AREA ☐ SUPPLEMENTAL CRA ATTACHED ☐
COURT: TAMPA COURT ☒ PLANT CITY CT ☐
LOCATION OF ARREST Davis island boat ramp DATE OF ARREST 02/13/21 TIME OF ARREST 2120
BOOKING # 2021-3751 SOID # _____ WEAPON TYPE N/A WEAPON SEIZED Yes ☐ No ☒

ARREST ☒ Probable Cause ☒ Adult ☐ Capias ☐ Juvenile ☐ Fugitive Warrant ☐ Delinquency ☐ VOP/VOCC ☐ Dependency ☐ Warrant ☐ Felony ☐ Juvenile Pickup ☐ Misdemeanor ☐ Traffic MISD ☐ Traffic FEL ☐ Ordinance ☐ Review ☐ Pickup ☐ Other ☐ Summons ☐ Juvenile Pickup
REQUEST FOR:
NOTICE TO APPEAR:
☐ Arresting officer
☐ Booking supervising officer

NAME Gross Robert James ALIAS _____
RACE: Last First Middle COMPLEXION _____ BUILD _____
W-White I-American Indian/Alaskan Native HW-Hispanic White HB Hispanic Black B-Black O-Oriental/Asian
Race W SEX M D.O.B. 12 24 1995 HEIGHT 6'00 WEIGHT _____
MO / DAY / YEAR APPROXIMATE AGE COLOR: EYES Br HAIR BLK
LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 5001 Bridge St Apt 2604 Tampa 33611 Ph #: _____
Permanent Address (Street, Apt. #, City, State, Zip) 5001 Bridge St Apt 2604 Tampa FL 33611 Ph #: _____
Business Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____
Drivers License No. G620770954640 State FL SS # _____ PLACE OF BIRTH _____ DOC # _____
Gang Member: Yes ☐ No ☒ Gang Name _____
SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) _____
IF JUVENILE:
School Name _____
Mother/Guardian _____ Address _____ Ph #: _____
Father/Guardian _____ Address _____ Ph #: _____
Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ Other _____

Co-Defendant (Last, First, Middle _____ Sex: _____ Race: _____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐
Co-Defendant (Last, First, Middle _____ Sex: _____ Race: _____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
<u>327.35(1)(a)</u>			<u>M</u>		<u>BUT</u>	<u>V669469</u>	<u>Z</u>

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present
ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other
Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR)

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION

Mandatory Appearance in Court ☐ You need not appear in Court, but must comply with instructions on Reverse Side. ☐
COURT INFORMATION: You must appear in County Court at the:
COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐ COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐
(Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602 PLANT CITY, FLORIDA 33566
Division _____ COURTROOM # _____ ON _____, 20 _____, AT _____ a.m. ☐ p.m. ☐
I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.
Signature of Defendant/Juvenile _____ Parent or Guardian (If Juvenile) _____
White - Clerk of Court Green - State Attorney Canary - Arresting Agency Pink - Central Booking/Detention Center Gold - Defendant

REPORT # FUSW210FF00218 AGENCY NAME FWC

PROBABLE CAUSE STATEMENT

VICTIM NOTIFICATION

WITNESSES

FUSW21 OFFC00218

1973502

AGENCY REPORT #

NCY NAME FWC

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant. I, officer Hoppe of the Florida Fish and Wildlife Conservation Commission, was on state water patrol in Hillsborough County. At about 2100 hours, I observed the defendant operating this vessel without a, all around navigation light. I conducted a vessel stop with the defendant. During the vessel safety inspection, I observed multiple empty beer cans inside the vessel. I also observed the defendants eyes to be watery and bloodshot. I asked the defendant how much alcohol he had to drink and he stated a few. I asked if he would consent to perform SFSTs to which he said he would. The defendant performed poorly on the SFSTs. He was then placed under arrest. I read the defendant implied consent to which he refused.

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: \$ 0.00

OFFICER M. Wilkins
I.D. # 1854 Dist. & Squad SW
(Please Print The Above Information)

POLICE REPORT WRITTEN: Yes ☒ No ☐
OFFICER A. Hoppe I.D. # P337 Dist. & Squad SW

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF FEB, 2021
Matt Wilkins
NAME/Title of Person Authorized to Administer Oath.

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

AFFIANT, Signature Austin Hoppe P337
AFFIANT, Print/Type Name Austin Hoppe

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

CLERK OF COURT

SAO FORM-425. 10/03

1973502

WITNESS STATUS: ☐ V-VICTIM ☐ C-Complainant ☐ W-All Other Witnesses ☐ Check If Witness Was Sworn

☐	STATUS	Last	First	Middle	Race	Sex	Date of Birth
	Home Address (Street, Apartment Number)		City		State	Zipcode	Phone
	Business Address (Street, Apartment Number)		City		State	Zipcode	Phone
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