

UCN: ****

FL0521800

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

OBTS #	REPORT # TS20-6493		DOCKET # 1833764																											
Person ID	310336350		SSN# [REDACTED]																											
Charge Description	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Warrant	<input type="checkbox"/> Traffic	<input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #																							
Charge DRIVING UNDER THE INFLUENCE						A6SA2ZE-1																								
Defendant's Name (Last, First, Middle)		DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin																					
ROBERTS, SABRINA MARIE		01/02/1997	F	W	508	160	BRO	BLU																						
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features																											
	R-163-793-97-502-0	FL																												
Local Address (Street, City, State, Zip Code)			Telephone	Place of Birth	Citizenship																									
4424 ROANOAK WAY PALM HARBOR FL 34685				MI	US																									
Permanent Address (Street, City, State, Zip Code)			Telephone	Employed by / School																										
4424 ROANOAK WAY PALM HARBOR FL 34685				STUDENT																										
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																				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
Co-Defendant's Name (Last, First, Middle)				DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No																							
							<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor																							
Co-Defendant's Name (Last, First, Middle)				DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No																							
							<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor																							
<p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>12</u> day of <u>MARCH</u>, 2020, at approximately <u>11:46</u> PM, at <u>40728 US 19</u>, in Pinellas County did:</p> <p>REASON FOR STOP: CALL FOR SERVICE IN WHICH DEFENDANT WAS CAUSING A DISTURBANCE AT MCDONALDS AFTER A MINOR VEHICLE ACCIDENT WITH NO DAMAGE.</p> <p>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 HER NORMAL FACULTIES WERE IMPAIRED.</p> <p>BRAC: 200 BREATH: OBVIOUS ODOR BALANCE: UNSTEADY EYES: BLOODSHOT, GLASSY, WATERY PRIOR CONVICTIONS: NONE</p> <p>DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY EXERCISES.</p> <p>COURT INFORMATION: NORTH COUNTY TRAFFIC COURT 04/02/2020 AT 9AM CITATION #:A6SA2ZE#</p> <p>THE DEFENDANT WAS THE SUBJECT OF A CALL FOR SERVICE IN REFERENCE TO A DISTURBANCE AT MCDONALDS. THE DEFENDANT WAS THE DRIVER AND SOLE OCCUPANT OF A 2011 GREY FORD FUSION BEARING FLORIDA TAG-239TQK. THE DEFENDANT WAS INVOLVED IN A VEHICLE ACCIDENT WITH NO DAMAGE. WHILE CONDUCTING THE ACCIDENT INVESTIGATION, THE DEFENDANT SLURRED HER WORDS, I NOTICED AN OBVIOUS ODOR OF ALCOHOL EMANATING FROM HER PERSON, AND HER EYES WERE BLOODSHOT, GLASSY, AND WATERY. THE DEFENDANT ADMITTED TO HAVING 2 "TALL BOY" BEERS FROM WHISKEY WINGS EARLIER IN THE EVENING. THE DEFENDANT AGREED TO PERFORM FIELD SOBRIETY EXERCISES. THE DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY EXERCISES. THE DEFENDANT STARTED EXERCISES BEFORE INSTRUCTED TO, WAS UNSTEADY ON HER FEET, HER FACE WAS FLUSHED AND HER EYES WERE BLOODSHOT AND WATERY AND SLURRED HER WORDS.</p>																														
<p>Contrary to Florida Statute/Ordinance <u>316.193.1</u></p>																														
<p>ARREST DATE: <u>3/13/2020</u> Time <u>12:26 AM</u> Aggravating/Mitigating Factors _____</p>																														
<p>Booking Officer: <u>LEVEA 59816</u> Amount of Bond <u>500**</u> Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>																														
<p>Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p>The Court reviewed this complaint and finds there: <input type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if Any: _____</p>																														
<p>The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances Received by Booking: 3/13/2020 4:26:49 AM</p>																														
<p>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.</p> <p><i>N Wood</i></p> <p>Declarant Signature _____ Agency <u>TARPON SPRINGS POLICE</u></p> <p>OFC. N. WOOD 391-9372 310949744</p> <p>Printed Name _____ Declarant ID# _____</p>				<p>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>ASSISTANT COST</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>OTHER - Describe _____</p> <p>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>0.00</u></p>							DATE	OFFICER	HOURS X PAY RATE	OR	ASSISTANT COST															
DATE	OFFICER	HOURS X PAY RATE	OR	ASSISTANT COST																										

RL

No tickets

2020 MAR 13 PM 12:44

FILED

ASSISTANT

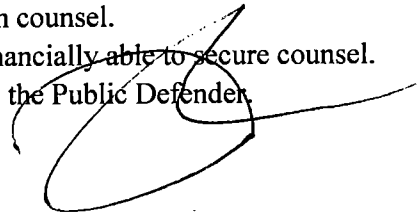
Defendant ROBERTS, SABRINA MARIE **Court Case No:** A6SA2ZE-1

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:

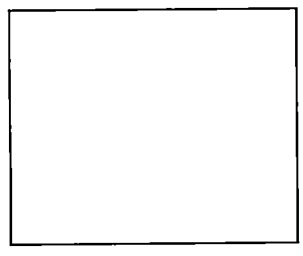
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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