

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

|                                                                                                                                                                                                         |                                                                                                                            |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  | REPORT # <b>SO19-389012</b>                                                                                                |                                                                                                                                  | DOCKET # <b>1823326</b>                                                                                                       |                                                                                                                                             |
| Person ID <b>311434082</b>                                                                                                                                                                              | SSN# <b>[REDACTED]</b>                                                                                                     |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
| 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<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                            | <b>AD0APPE</b>                                                                                                             |                                                                                                                                  | <b>AD0APPE-1</b>                                                                                                              |                                                                                                                                             |
| Defendant's Name (Last, First, Middle)<br><b>JONES, SAMANTHA ANNE</b>                                                                                                                                   | DOB<br><b>01/10/1984</b>                                                                                                   | Sex<br><b>F</b>                                                                                                                  | Race<br><b>W</b>                                                                                                              | Ht<br><b>505</b>                                                                                                                            |
|                                                                                                                                                                                                         |                                                                                                                            |                                                                                                                                  | Wt<br><b>160</b>                                                                                                              | Hair<br><b>BRO</b>                                                                                                                          |
|                                                                                                                                                                                                         |                                                                                                                            |                                                                                                                                  | Eyes<br><b>BRO</b>                                                                                                            | Skin                                                                                                                                        |
| Alias                                                                                                                                                                                                   | DL # <b>J520-781-84-510-0</b>                                                                                              | State<br><b>FL</b>                                                                                                               | Scars/Marks/Tattoos/Physical Features                                                                                         |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br><b>785 19TH AVE N UNIT 1 ST PETERSBURG FL 33704</b>                                                                                                    |                                                                                                                            | Telephone<br><b>813-351-0062</b>                                                                                                 | Place of Birth<br><b>WV</b>                                                                                                   | Citizenship<br><b>USA</b>                                                                                                                   |
| Permanent Address (Street, City, State, Zip Code)<br><b>785 19TH AVE N UNIT 1 ST PETERSBURG FL 33704</b>                                                                                                |                                                                                                                            | Telephone<br><b>813-351-0062</b>                                                                                                 | Employed by / School                                                                                                          |                                                                                                                                             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               | Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK |                                                                                                                                             |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               | DOB                                                                                                                        | Sex                                                                                                                              | Race                                                                                                                          | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 04 day of DECEMBER, 2019,

at approximately 11:17 AM, at PARK BLVD N & 84TH LN N, in Pinellas County did:

REASON FOR STOP: DEFENDANT RAN A STEADY RED LIGHT

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.

BRAC: .166 / .167 BREATH: DISTINCT  
BALANCE: SWAYING EYES: BLOODSHOT, WATERY, GLASSY  
PRIOR CONVICTIONS: NONE

DEFENDANT SHOWED INDICATORS OF IMPAIRMENT DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: CRIMINAL JUSTICE CENTER TRAFFIC COURT 01/08/19 AT 1:30 PM  
CITATION #: AD0APPE

THE DEFENDANT WAS STOPPED FOR RUNNING A RED LIGHT. WHEN CONTACT WAS MADE WITH THE DEFENDANT SHE SHOWED SIGN OF IMPAIRMENT.

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 12/5/2019 Time 12:08 AM . Aggravating/Mitigating Factors ROR

Booking Officer: FALLAHEE, GEORGE 55259 Amount of Bond 500\*\*\* Bond Out Date 12/5/19 Time NA ☐ 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: 12/5/2019 1:21:45 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]  
PINELLAS COUNTY SHERIFF  
Declarant Signature Agency  
DEPUTY DAMON LANEY 58140 03190766  
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 12/05/2019 OFFICER D. LANEY HOURS X PAY RATE 3 25.00 OR COST \$75.00  
OTHER – Describe  
Continuation sheet ☐ Yes ☐ No TOTAL \$ 75.00

**Defendant** JONES, SAMANTHA ANNE **Court Case No:** AD0APPE-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.

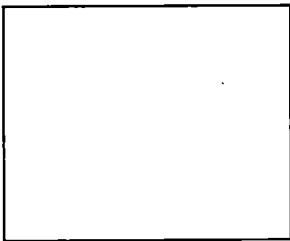
**I FURTHER CERTIFY THAT:**

- ☐ 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