UCN: ***

FL0520000

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

OBTS #		REPORT # SO19-399948	DOCKET # 1824334
Person ID 311374115		SSN# [redacted]	
Charge Description ☐ Felony ☐ Misdemeanor ☐ Warrant ☒ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DUI PROPERTY DAMAGE / PERSONAL INJURY		AD0AQNE	AD0AQNE-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
OLMEDA, SAMANTHA CHANTEL	03/09/1991	F	H	502	215	BLK	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	O453-783-91-589-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
5584 46TH AVE. N. KENNETH CITY FL 33709	347-856-1905	PA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
5584 46TH AVE. N. KENNETH CITY FL 33709	347-856-1905	ALLEGIANT AIRLINES	

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 13 day of DECEMBER, 2019,

at approximately 11:44 PM, at GULF BLVD / 9TH AVE, 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 HER NORMAL FACULTIES WERE IMPAIRED.

REASON FOR STOP: THE DEFENDANT WAS INVOLVED IN A SINGLE VEHICLE CRASH ON GULF BLVD., NEAR 9TH AVE., ON INDIAN ROCKS BEACH. THE VEHICLE CAUSED DAMAGE TO A MEDIAN, DESTROYING VEGETATION, AND SNAPPING PALM TREES. THE DEFENDANT WAS OBSERVED TO BE SITTING IN THE DRIVER'S SEAT OF THE VEHICLE BY DEPUTY FRAME AND DEPUTY SITTLOH.

THE DEFENDANT WAS OBSERVED TO SHOW SIGNS OF IMPAIRMENT AND A DUI UNIT WAS REQUESTED TO INVESTIGATE FURTHER.

I ARRIVED ON SCENE AND I OBSERVED THE DEFENDANT TO SHOW SIGNS OF IMPAIRMENT. I ADVISED THE DEFENDANT THE CRASH INVESTIGATION WAS COMPLETE AND I WAS INITIATING A CRIMINAL INVESTIGATION FOR DUI. THE DEFENDANT WAS REQUESTED TO PERFORM STANDARDIZED FIELD SOBRIETY EXERCISES. THE DEFENDANT CONSENTED TO PERFORMING SFSE'S AND SHE CONTINUED TO SHOW SIGNS OF IMPAIRMENT.

BRAC: .147/.155 BREATH: STRONG & DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE.
BALANCE: SWAYED & UNSTEADY. EYES: BLOODSHOT & WATERY.
PRIOR CONVICTIONS: NONE.

COURT INFORMATION: CRIMINAL JUSTICE COMPLEX ON 1/8/20 AT 1330 HOURS.
CITATION #: AD0AQNE.

Contrary to Florida Statute/Ordinance 316.193 (3)(C)1.

FILED
2019 DEC 14 AM 6:52
COURT ASSISTANCE

ARREST DATE: 12/14/2019 Time 1:07 AM . Aggravating/Mitigating Factors CRASH

Booking Officer: ANTHONY, S 58654 Amount of Bond 500 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: 12/14/2019 2:32:59 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.

Declarant Signature — PINELLAS COUNTY SHERIFF (Agency)

DEPUTY JOSHUA RICOTTILLI 58439 (Printed Name) — 03268534 (Declarant ID#)

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
12/14/2019	J. RICOTTILLI	3	25.00		$75.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $75.00

COCR59 (Revised 10/2014)
818276 Copies to:

Court

Defendant OLMEDA, SAMANTHA CHANTEL **Court Case No:** AD0AQNE-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.

12/14/19
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.

DEFENDANT'S SIGNATURE

Thumb Print

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**