

UCN: \*\*\*\*\*

FL0520000

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

OBTS # [ ] REPORT # SO20-73737 DOCKET # 1833102

Person ID 311293634 SSN# 000-00-0000

Charge Description [ ] Felony [X] Misdemeanor [ ] Warrant [ ] Traffic [ ] Ordinance Traffic Citation # (if any) Court Case # ADFODRE SR

Defendant's Name (Last, First, Middle) NELSON, SAMUEL ARTHUR DOB 05/20/2001 Sex M Race W Ht 510 Wt 210 Hair BRO Eyes HAZ Skin MED

Alias [ ] DL # N425-781-01-180-0 State FL Scars/Marks/Tattoos/Physical Features

Local Address (Street, City, State, Zip Code) 2000 HARDING ST CLEARWATER FL 33765 Telephone 7277093164 Place of Birth FLORIDA Citizenship USA

Permanent Address (Street, City, State, Zip Code) 2000 HARDING ST CLEARWATER FL 33765 Telephone 7277093164 Employed by / School

Weapon Seized Type [ ] Yes [X] No Indication of Drug Influence [X] Y [ ] N [ ] UNK Indication of Mental Health Issues [ ] Y [X] N [ ] UNK Indication of Alcohol Influence [ ] Y [X] N [ ] UNK

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 07 day of MARCH, 2020

at approximately 2:06 AM, at GULF BLVD & 161ST ST, in Pinellas County did:

\*\*\*PENDING URINE\*\*\*

REASON FOR STOP: DEPUTY GAMBLE OBSERVED A SMALL BLACK VEHICLE TRAVELING AT A HIGH RATE OF SPEED NORTH ON GULF BLVD HOWEVER BY TIME SHE WAS ABLE TO TURN AROUND SHE COULD NOT OBTAIN THE VEHICLE SPEED. DEPUTY GAMBLE ULTIMATELY CONDUCTED A TRAFFIC STOP ON THE VEHICLE FOR FAULTY EQUIPMENT: NO WORKING TAG 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 HIS NORMAL FACULTIES WERE IMPAIRED.

BRAC: .000,.000 BREATH: N/A BALANCE: UNSTEADY, SWAYING EYES: BLOODSHOT, GLASSY PRIOR CONVICTIONS: N/A

DEFENDANT DISPLAYED MULTIPLE INDICATORS OF POSSIBLE IMPAIRMENT DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: SOUTH COUNTY TRAFFIC COURT 4/2/2020 AT 1330 HOURS. CITATION #: ADFODRE

UPON MAKING CONTACT WITH THE DEFENDANT HE HAD SLOW, MUMBLED SPEECH HIS EYES WERE BLOODSHOT AND GLASSY AND HIS MOVEMENTS WERE VERY SLOW AND LETHARGIC. WHEN STEPPING OUT OF HIS VEHICLE THE DEFENDANT APPEARED UNSTEADY ON HIS FEET AND DROPPED HIS CELLPHONE ONTO THE GROUND. HE HAD AN OBVIOUS SWAY WHILE STANDING STILL AS WELL AS DISTINCT EYELID AND LEG TREMORS. THE DEFENDANTS TONGUE HAD A GREEN COLORED FILM AND RAISED TASTEBUDS AS WELL. POST MIRANDA THE DEFENDANT ADMITTED TO SMOKING MARIJUANA AROUND 0030 HOURS.

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 3/7/2020 Time 2:50 AM Aggravating/Mitigating Factors

Booking Officer: WERNER 59414 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: 3/7/2020 4:35:44 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 [Signature] PINELLAS COUNTY SHERIFF Agency

DEPUTY JUDSON VANWORP 59710 311010988 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) TABLE with columns: DATE, OFFICER, HOURS, PAY RATE, OR, COST

OTHER - Describe Continuation sheet [ ] Yes [ ] No TOTAL \$362.50

**Defendant** NELSON, SAMUEL ARTHUR

**Court Case No:** ADEFODRE  
~~AD10BRE-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.

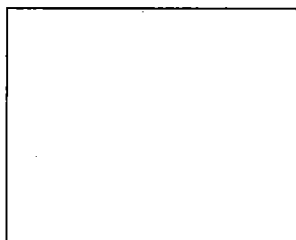
I FURTHER CERTIFY THAT:

- 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