

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

OBTS #		REPORT # SO20-145115		DOCKET # 1838424	
Person ID 311525794			SSN# [REDACTED]		
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance			Traffic Citation # (if any)		Court Case #
Charge DOMESTIC BATTERY BY STRANGULATION					20-05160-CF-1
Defendant's Name (Last, First, Middle) THROMBLEY, SAMUEL JOSEPH		DOB 06/08/1995	Sex M	Race W	Ht 505
		Wt 165	Hair BLK	Eyes BRO	Skin MED
Alias	DL # T651-790-95-208-0	State	Scars/Marks/Tattoos/Physical Features		
Local Address (Street, City, State, Zip Code) 4051 SW 53RD PL TRENTON FL 32693		Telephone 701-570-5853	Place of Birth FL	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 4051 SW 53RD PL TRENTON FL 32693		Telephone 701-570-5853	Employed by / School		
Weapon Seized Type ☐ Yes ☒ No		Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☐ Y ☒ 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 28 day of MAY, 2020,

at approximately 1:20 PM, at 6100 GULF BLVD, in Pinellas County did:

THE DEFENDANT DID KNOWINGLY AND INTENTIONALLY, AGAINST THE WILL OF ANOTHER, IMPEDE THE NORMAL BREATHING OR CIRCULATION OF THE BLOOD OF A FAMILY OR HOUSEHOLD MEMBER, SO AS TO CREATE A RISK OF OR CAUSE GREAT BODILY HARM BY APPLYING PRESSURE ON THE THROAT OR NECK OF ANOTHER PERSON. TO WIT: THE DEFENDANT GRABBED THE VICTIM BY HER NECK AND PUSHED HER HEAD AGAINST THE INSIDE OF THE VEHICLE CAUSING HER TO BE UNABLE TO YELL FOR HELP. BRUISING WAS FOUND ON THE VICTIM'S NECK. THE VICTIM AND DEFENDANT HAVE BEEN IN A DATING RELATIONSHIP FOR APPROXIMATELY 2 MONTHS.

THE VICTIM WAS SITTING IN THE DRIVER SEAT AND THE DEFENDANT WAS SITTING IN THE PASSENGER SEAT OF THE VICTIM'S CAR. A VERBAL ARGUMENT TURNED VIOLENT WHEN THE DEFENDANT GRABBED THE VICTIM BY HER NECK WITH HIS RIGHT HAND AND PUSHED HER HEAD BETWEEN THE DRIVER HEADREST AND WINDOW. THE VICTIM ADVISED SHE ATTEMPTED TO YELL BUT WAS UNABLE TO MAKE A SOUND DUE TO THE PRESSURE ON HER NECK BY THE DEFENDANT. THE DEFENDANT THEN LEANED FURTHER OVER AND PRESSED THE LEFT SIDE OF HIS FACE AGAINST THE VICTIM'S CAUSING HER PAIN ON HER RIGHT CHEEK NEAR HER EYE WHILE CONTINUING TO HAVE HIS RIGHT HAND AROUND HER NECK. THE VICTIM HAD VISIBLE ABRASIONS AND MARKS ON THE RIGHT SIDE OF HER NECK, RIGHT SHOULDER, AND RIGHT UPPER CHEEK.

Contrary to Florida Statute/Ordinance 784.041.2.A.

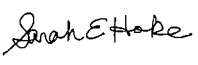
ARREST DATE: 5/28/2020 Time 9:44 PM . Aggravating/Mitigating Factors DOMESTIC

Booking Officer: EELS, C 56501 Amount of Bond NO BOND 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: 5/29/2020 12:22:17 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.  PINELLAS COUNTY SHERIFF Declarant Signature _____ Agency _____ DEPUTY SARAH HOKE 58525 03088627 Printed Name _____ Declarant ID# _____		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)																			
		<table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>05/28/2020</td> <td>DEPUTY S HOKE</td> <td>1 25.00</td> <td></td> <td>\$25.00</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet ☐ Yes ☐ No</td> <td>TOTAL \$ <u>25.00</u></td> </tr> </table>		DATE	OFFICER	HOURS X PAY RATE	OR	COST	05/28/2020	DEPUTY S HOKE	1 25.00		\$25.00	OTHER – Describe _____					Continuation sheet ☐ Yes ☐ No		
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Defendant THROMBLEY, SAMUEL JOSEPH

Court Case No: 20-05160-CF-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:

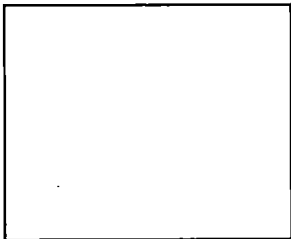
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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

Michael J. Sanchez

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