UCN: 522020CF005160XXXXCF FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
THROMBLEY, SAMUEL JOSEPH	06/08/1995	M	W	505	165	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	T651-790-95-208-0		

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4051 SW 53RD PL TRENTON FL 32693	701-570-5853	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
4051 SW 53RD PL TRENTON FL 32693	701-570-5853		

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 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: EELLS, 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

2020 MAY 29 AM 12:22

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.

Sarah E Hoke

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY SARAH HOKE 58525

Printed Name

03088627

Declarant ID#

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

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 TOTAL $ $25.00

COCR59 (Revised 10/2014)

845260 Copies to:

Court

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 S. Orchowe

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**