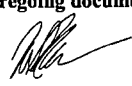


UCN: N/A

FL0520000

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

OBTS #			REPORT # SO20-31707	DOCKET # 1828942																					
Person ID 2807074			SSN# [REDACTED]																						
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance			Traffic Citation # (if any)		Court Case #																				
Charge DRIVING UNDER THE INFLUENCE			AC4XPOE		AC4XPOE-1																				
Defendant's Name (Last, First, Middle) SCOTT, RAYMOND LINDSTAM JR			DOB 04/28/1987	Sex M	Race W																				
			Ht 603	Wt 200	Hair BRO																				
			Eyes BLU	Skin LGT																					
Alias		DL # L532-796-87-148-0	State FL	Scars/Marks/Tattoos/Physical Features TATTOOS - R/ARM, SCAR - STOMACH																					
Local Address (Street, City, State, Zip Code) 10710 109TH ST LARGO FL 33778			Telephone 727-463-1943	Place of Birth FL	Citizenship USA																				
Permanent Address (Street, City, State, Zip Code) 10710 109TH ST LARGO FL 33778			Telephone 727-463-1943	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																				
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race																				
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>29</u> day of <u>JANUARY</u>, 2020, at approximately <u>9:27</u> PM, at <u>SEMINOLE BLVD & FREEDOM BLVD</u>, in Pinellas County did: REASON FOR STOP: DEPUTY CAMPION OBSERVED THE DEF'S DRIVING FROM SEMINOLE BLVD AND PARK BLVD TO THE ABOVE INTERSECTION. DURING THIS TIME, SHE OBSERVED THE DEF TO CROSS OVER THE LANE MARKERS MULTIPLE TIMES, THE DEF DRIFTED WITHIN THE LANE, AND THE DEF WAS CONTINUOUSLY SPEEDING UP AND SLOWING DOWN. BASED ON HER OBSERVATIONS, SHE CONDUCTED A STOP OF THE DEF TO CHECK HIS WELFARE. DEF DENIED ANY MEDICAL ISSUES AND STATED HE WAS TEXTING AND DRIVING. 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: .063/.063 - PENDING URINE BREATH: DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE BALANCE: SWAY, UNSTEADY EYES: BLOODSHOT AND GLASSY PRIOR CONVICTIONS: NONE. DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY EXERCISES. COURT INFORMATION: COUNTY COURT COMPLEX ON 2/19/2020 AT 1:30 PM CITATION #: AC4XPOE Contrary to Florida Statute/Ordinance <u>316.193.1</u> ARREST DATE: <u>1/29/2020</u> Time <u>10:32 PM</u> . Aggravating/Mitigating Factors <u>ROR</u> Booking Officer: <u>MAGGIO, K 57191</u> Amount of Bond <u>500**</u> Bond Out Date <u>1/30/20</u> Time <u>n/a</u> ☐ 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: 1/30/2020 12:42:55 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 _____ DEPUTY NATHAN MOWATT 58884 Printed Name _____			REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> </thead> <tbody> <tr> <td>01/29/2020</td> <td>DEPUTY N. MOWATT</td> <td>3 25.00</td> <td></td> <td>\$75.00</td> </tr> <tr> <td>01/29/2020</td> <td>DEPUTY K. CAMPION</td> <td>1.5 25.00</td> <td></td> <td>37.5</td> </tr> <tr> <td>01/29/2020</td> <td>DEPUTY L. BLAKE</td> <td>2 25.00</td> <td></td> <td>50</td> </tr> </tbody> </table> OTHER - Describe <u>DRUG SCREEN</u> 300 Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>\$462.50</u>			DATE	OFFICER	HOURS X PAY RATE	OR	COST	01/29/2020	DEPUTY N. MOWATT	3 25.00		\$75.00	01/29/2020	DEPUTY K. CAMPION	1.5 25.00		37.5	01/29/2020	DEPUTY L. BLAKE	2 25.00		50
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Defendant SCOTT, RAYMOND LINDSTAM JR **Court Case No:** AC4XPOE-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.

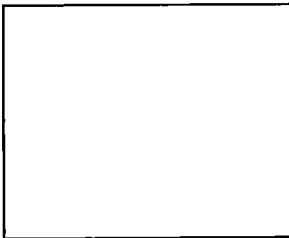
I FURTHER CERTIFY THAT:

- ☐ 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