

UCN: **

FL0529000

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

OBTS #		REPORT # FHP19-138656		DOCKET # 1824512																										
Person ID 3023757			SSN# [REDACTED]																											
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance			Traffic Citation # (if any)		Court Case #																									
Charge DRIVING UNDER THE INFLUENCE WITH PROPERTY DAMAGE					A76UY0E-1																									
Defendant's Name (Last, First, Middle) FAULKNER, STEPHEN THOMAS		DOB 03/07/1995	Sex M	Race W	Ht 510																									
		Wt 200	Hair BRO	Eyes BLU	Skin LGT																									
Alias	DL # F-425-798-95-087-0	State FL	Scars/Marks/Tattoos/Physical Features NONE																											
Local Address (Street, City, State, Zip Code) 110 20TH ST SW LARGO FL 33770			Telephone 7274227094	Place of Birth GA	Citizenship US																									
Permanent Address (Street, City, State, Zip Code) 110 20TH ST SW LARGO FL 33770			Telephone 7274227094	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 <u>15</u> day of <u>DECEMBER</u>, 2019, at approximately <u>10:20</u> PM, at <u>S KEENE RD AT NURSERY RD</u>, in Pinellas County did: REASON FOR CONTACT: AT FAULT IN A MOTOR VEHICLE CRASH 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: REFUSED BREATH: STRONG BALANCE: POOR EYES: GLASSY, WATERY PRIOR CONVICTIONS: NONE. DEFENDANT REFUSED TO PERFORM FIELD SOBRIETY TESTS. COURT INFORMATION: NORTH COUNTY TRAFFIC COURT 1/2/2020 AT 9:00 AM CITATION #: A76UY0E DEFENDANT ADMITTED TO DRIVING POST MIRANDA. HE WAS OBSERVED DRIVING BY THE VICTIM. HE TURNED LEFT INTO THE PATH OF ANOTHER VEHICLE, FAILING TO YIELD. HE ADMITTED TO DRINKING ONE DRINK AT CLEARWATER BEACH. HE WAS READ IMPLIED CONSENT AND REFUSED A BREATH SAMPLE. Contrary to Florida Statute/Ordinance <u>316.193.3.C.1</u>																														
ARREST DATE: <u>12/16/2019</u> Time <u>12:47 AM</u>		Aggravating/Mitigating Factors <u>MOTOR VEHICLE CRASH</u>																												
Booking Officer: <u>EELLS, C 56501</u>		Amount of Bond <u>500</u>	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: 12/16/2019 2:09:25 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			REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>12/16/2019</td> <td>WILLIAM T. SMITH</td> <td>6 25.00</td> <td></td> <td>\$150.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/16/2019	WILLIAM T. SMITH	6 25.00		\$150.00															
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12/16/2019	WILLIAM T. SMITH	6 25.00		\$150.00																										
TROOPER WILLIAM SMITH 3469 Printed Name		3306492 Declarant ID#		OTHER – Describe Continuation sheet ☐ Yes ☐ No TOTAL \$150.00																										

Defendant FAULKNER, STEPHEN THOMAS

Court Case No: A76UY0E-1

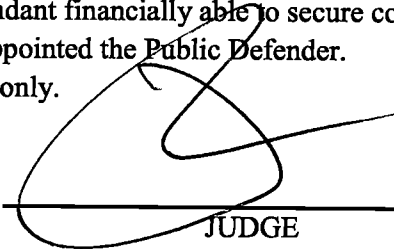
ADVISORY AND SOLVENCY HEARING

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:

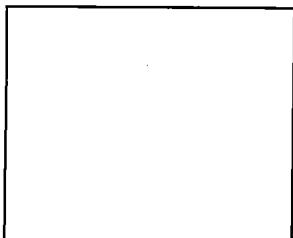
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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