

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

OBTS #		REPORT # SO20-160491		DOCKET # 1839606	
Person ID 311532833			SSN# XXXXXXXXXX		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance			Traffic Citation # (if any)		Court Case #
Charge DRIVING UNDER THE INFLUENCE (PROPERTY DAMAGE)					AD0B37E-1
Defendant's Name (Last, First, Middle) COLVIN, STEVIE MICHELE		DOB 04/08/1990	Sex F	Race W	Ht 411
		Wt 130	Hair BLN	Eyes BRO	Skin FAR
Alias	DL # M999955805	State IL	Scars/Marks/Tattoos/Physical Features		
Local Address (Street, City, State, Zip Code) 542 PINELOCH DR HAINES CITY FL 33844		Telephone 405-762-3915	Place of Birth OKLAHOMA		Citizenship USA
Permanent Address (Street, City, State, Zip Code) 542 PINELOCH DR HAINES CITY FL 33844		Telephone 405-762-3915	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 14 day of JUNE, 2020, at approximately 1:50 AM, at 1 PASS A GRILLE WAY, in Pinellas County did:

REASON FOR STOP: THE DEFENDANT WAS WITNESSES BY SEVERAL PEOPLE DRIVING HER VEHICLE STRIKING A BARRECADE, ELECTRICAL BOX, MAILBOX, GARAGE DOOR. THE DEFENDANT THEN LEFT THE CRASH OF THE CRASH ON FOOT AND WAS LATER LOCATED BY K-9. THE DEFENDANT MATCHED THE DESCRIPTION OF THE WHEEL WITNESSES. WHEN CONTACT WAS MADE WITH THE DEFENDANT SHE SHOWED SIGNS OF IMPAIRMENT.

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 HER NORMAL FACULTIES WERE IMPAIRED.

BRAC: REFUSED BREATH: DISTINCT
BALANCE: SWAYING EYES: BLOODSHOT, GLASSY, WATERY
PRIOR CONVICTIONS: NONE

DEFENDANT REFUSED TO PERFORM FIELD SOBRIETY TESTS.

COURT INFORMATION: CRIMINAL JUSTICE CENTER TRAFFIC COURT AT THE CALL OF THE COURT
CITATION #: AD0B37E

Contrary to Florida Statute/Ordinance 316.193.(3)(C)1.

ARREST DATE: 6/14/2020 Time 2:42 AM . Aggravating/Mitigating Factors _____

Booking Officer: MAGGIO, K 57191 Amount of Bond 500 Bond Out Date 06/14/2020 Time 5:14:15 ☐ 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: 6/14/2020 5:49:18 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.  DEPUTY DAMON LANEY 58140 Printed Name		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>06/14/2020</td> <td>D. LANEY</td> <td>3 25.00</td> <td></td> <td>\$75.00</td> </tr> <tr> <td colspan="5">OTHER - Describe _____</td> </tr> </table>		DATE	OFFICER	HOURS X PAY RATE	OR	COST	06/14/2020	D. LANEY	3 25.00		\$75.00	OTHER - Describe _____		
DATE	OFFICER	HOURS X PAY RATE	OR	COST												
06/14/2020	D. LANEY	3 25.00		\$75.00												
OTHER - Describe _____																
PINELLAS COUNTY SHERIFF Agency 03190766 Declarant ID#		Continuation sheet ☐ Yes ☐ No TOTAL \$ 75.00														

Defendant COLVIN, STEVIE MICHELE

Court Case No: AD0B37E-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.

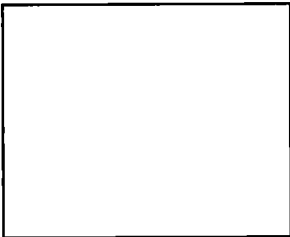
I FURTHER CERTIFY THAT:

- ☐ 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