

UCN: \*\*\*\*\*

FL0521100

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

|                                                                                                                                                                                                         |                            |                                                                                                                               |                                                                                                                                     |                                                                                                                                  |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  |                            | REPORT # 2020-30240                                                                                                           |                                                                                                                                     | DOCKET # 1836964                                                                                                                 |                                                                                                                                             |
| Person ID 1809394                                                                                                                                                                                       |                            |                                                                                                                               | SSN# [REDACTED]                                                                                                                     |                                                                                                                                  |                                                                                                                                             |
| Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance |                            |                                                                                                                               | Traffic Citation # (if any)                                                                                                         |                                                                                                                                  | Court Case #                                                                                                                                |
| Charge<br>DRIVING UNDER THE INFLUENCE - PROPERTY DAMAGE                                                                                                                                                 |                            |                                                                                                                               | ADB9M3E                                                                                                                             |                                                                                                                                  | ADB9M3E-1                                                                                                                                   |
| Defendant's Name (Last, First, Middle)<br>CARTER, TANYA L                                                                                                                                               |                            | DOB<br>09/22/1980                                                                                                             | Sex<br>F                                                                                                                            | Race<br>W                                                                                                                        | Ht<br>504                                                                                                                                   |
| Wt<br>130                                                                                                                                                                                               |                            | Hair<br>BRO                                                                                                                   | Eyes<br>BRO                                                                                                                         | Skin<br>MED                                                                                                                      |                                                                                                                                             |
| Alias                                                                                                                                                                                                   | DL #<br>C-636-812-80-842-0 | State<br>FL                                                                                                                   | Scars/Marks/Tattoos/Physical Features<br>NONE                                                                                       |                                                                                                                                  |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br>1376 WILLIAMS CT CLEARWATER FL 33764                                                                                                                   |                            |                                                                                                                               | Telephone<br>7272487052                                                                                                             | Place of Birth<br>FL                                                                                                             | Citizenship<br>USA                                                                                                                          |
| Permanent Address (Street, City, State, Zip Code)<br>1376 WILLIAMS CT CLEARWATER FL 33764                                                                                                               |                            |                                                                                                                               | Telephone<br>7272487052                                                                                                             | Employed by / School                                                                                                             |                                                                                                                                             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               |                            | Indication of Drug Influence Y N UNK<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Indication of Mental Health Issues Y N UNK<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Indication of Alcohol Influence Y N UNK<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                             |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               |                            | DOB                                                                                                                           | Sex                                                                                                                                 | Race                                                                                                                             | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               |                            | DOB                                                                                                                           | Sex                                                                                                                                 | Race                                                                                                                             | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 10 day of MAY, 2020, at approximately 12:54 AM, at US 19 / 80TH AVE N, in Pinellas County did:

REASON FOR STOP: DEFENDANT WAS INVOLVED IN A MULTI VEHICLE COLLISION RESULTING IN LAW ENFORCEMENT AND EMS TO RESPOND.

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: STRONG ODOR OF CONSUMED ALCOHOLIC BEVERAGE  
BALANCE: POOR EYES: RED, WATERY  
PRIOR CONVICTIONS: NONE.

DEFENDANT FAILED PERFORM ROADSIDE FIELD SOBRIETY EVALUATION.

COURT INFORMATION: SOUTH COUNTY TRAFFIC COURT CALL OF COURT CITATION #: ADB9M3E

UPON MAKING CONTACT WITH THE DEFENDANT, A STRONG ODOR OF ALCOHOL WAS SMELLED ON HER PERSON, AND RED WATERY EYES AND SLURRED SPEECH WERE OBSERVED. FIELD SOBRIETY EVALUATIONS WERE SUBSEQUENTLY COMPLETED. THE DEFENDANT WAS OBSERVED TO HAVE RED BLOOD SHOT AND WATERY EYES AND EMITTING THE ODOR OF A CONSUMED ALCOHOLIC BEVERAGE AFTER HAVING BEEN INVOLVED IN A MULTI VEHICLE CRASH. THE DEFENDANT FAILED FSE'S AND REFUSED TO SUBMIT TO A BREATH TEST. THIS DUI IS IN REFERENCE TO THE DEFENDANT CRASHING INTO A 2015 BLACK CHEVROLET BEARING FLORIDA TAG 4410QP

Contrary to Florida Statute/Ordinance 316.193.3C1

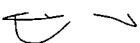
ARREST DATE: 5/10/2020 Time 2:11 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 500 Bond Out Date \_\_\_\_\_ Time 2:11 AM ☐ 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: 5/10/2020 4:08:18 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.<br><br><br>PINELLAS PARK POLICE<br>Declarant Signature _____ Agency<br>OFFICER CHRISTAN WHITMIRE 584 311444504<br>Printed Name _____ Declarant ID# |  | REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)                             |                 |       |                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | DATE                                                                        | OFFICER         | HOURS | X PAY RATE        | OR COST  |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | 05/10/2020                                                                  | OFC WHITMIRE    | 4     | 25.00             | \$100.00 |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | 05/10/2020                                                                  | OFC T. BOYLE    | 1     | 25.00             | 25       |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | 05/10/2020                                                                  | OFC J ROLLESTON | 1     | 25.00             | 25       |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | OTHER – Describe _____                                                      |                 |       |                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |       | TOTAL \$ \$150.00 |          |

**Defendant** CARTER, TANYA L

**Court Case No:** ADB9M3E-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.

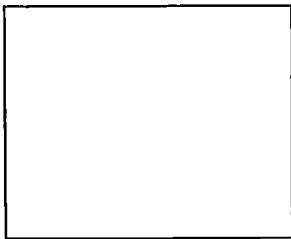
**I FURTHER CERTIFY THAT:**

- ☒ 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.

5/10/20  
DATE AND TIME

[Signature]  
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