

UCN: \*\*\*

FL0520000

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

|                                                                                                  |                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                           |                                                                                                                                                                                      | REPORT # <b>SO20-119393</b>                                                                                                         | DOCKET # <b>1836263</b>                                                                                                                     |
| Person ID <b>3221698</b>                                                                         |                                                                                                                                                                                      | SSN# <span style="background-color: black; color: black;">[REDACTED]</span>                                                         |                                                                                                                                             |
| 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><b>DRIVING UNDER THE INFLUENCE</b>                                                     |                                                                                                                                                                                      | <b>AD0B0WE</b>                                                                                                                      | <b>AD0B0WE-1</b>                                                                                                                            |
| Defendant's Name (Last, First, Middle)<br><b>MADAPPALLIL, THOMAS THOMAS</b>                      |                                                                                                                                                                                      | DOB<br><b>05/27/1956</b>                                                                                                            | Sex <b>M</b> Race <b>U</b> Ht <b>508</b> Wt <b>175</b> Hair <b>GRY</b> Eyes <b>BRO</b> Skin <b>MED</b>                                      |
| Alias                                                                                            | DL # <b>M314838561870</b>                                                                                                                                                            | State FL                                                                                                                            | Scars/Marks/Tattoos/Physical Features                                                                                                       |
| Local Address (Street, City, State, Zip Code)<br><b>437 ARCH RIDGE LOOP SEFFNER FL 33584</b>     |                                                                                                                                                                                      | Telephone<br><b>7273014974</b>                                                                                                      | Place of Birth<br><b>INDIA</b> Citizenship<br><b>INDIA</b>                                                                                  |
| Permanent Address (Street, City, State, Zip Code)<br><b>437 ARCH RIDGE LOOP SEFFNER FL 33584</b> |                                                                                                                                                                                      | Telephone<br><b>7273014974</b>                                                                                                      | Employed by / School<br><b>UNEMPLOYED</b>                                                                                                   |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        | Indication of Drug Influence<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>                                                        | Indication of Mental Health Issues<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | Indication of Alcohol Influence<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <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 29 day of APRIL, 2020,

at approximately 9:20 PM, at ULMERTON RD / FOREST LAKE DR, in Pinellas County did:

REASON FOR STOP: THE DEF WAS THE DRIVER OF A VEHICLE INVOLVED IN A "BOLO" ISSUED FOR A SUSPECTED IMPAIRED DRIVER (SWERVING AND RUNNING RED LIGHT).

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: DISTINCT  
BALANCE: UNSTEADY EYES: BLOODSHOT/WATERY  
PRIOR CONVICTIONS: 09/22/2014

DEFENDANT FAILED FIELD SOBRIETY TESTS.

COURT INFORMATION: SOUTH COUNTY TRAFFIC COURT AT "CALL OF THE COURT" CITATION #: AD0B0WE

THE DEF WAS THE DRIVER OF A VEHICLE THAT WAS INVOLVED IN A "BOLO" FOR A SUSPECTED IMPAIRED DRIVER. THE BOLO STATED THE DRIVER WAS SWERVING AND RAN A RED LIGHT. DEPUTIES STOPPED THE VEHICLE DUE TO THE BOLO AND UPON CONTACT, THE DEF WAS THE DRIVER AND SOLE OCCUPANT. THE DEF HAD BLOODSHOT/WATERY EYES, UNSTEADY BALANCE, AND A DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH. THE DEF PERFORMED POORLY ON FIELD SOBRIETY EXERCISES AND REFUSED A BREATH SAMPLE.

Contrary to Florida Statute/Ordinance 316.193.1.

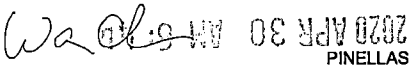
ARREST DATE: 4/29/2020 Time 10:36 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 500 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: 4/30/2020 1:48:43 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 COUNTY SHERIFF<br>Declarant Signature <u>WARREN CHRISS</u> Agency _____<br>DEPUTY WARREN CHRISS 59882 <u>310383838</u><br>Printed Name _____ Declarant ID# _____ | REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)<br><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>04/29/2020</td> <td>W. CHRISS</td> <td>3 25.00</td> <td></td> <td>\$75.00</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> OTHER – Describe _____<br>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>75.00</u> | DATE             | OFFICER | HOURS X PAY RATE | OR | COST | 04/29/2020 | W. CHRISS | 3 25.00 |  | \$75.00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|------------------|----|------|------------|-----------|---------|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DATE                                                                                                                                                                                                                                                                                                                                                                                                               | OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HOURS X PAY RATE | OR      | COST             |    |      |            |           |         |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04/29/2020                                                                                                                                                                                                                                                                                                                                                                                                         | W. CHRISS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 25.00          |         | \$75.00          |    |      |            |           |         |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |         |                  |    |      |            |           |         |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Defendant** MADAPPALLIL, THOMAS THOMAS

**Court Case No:** AD0B0WE-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.

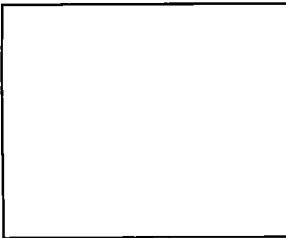
**I FURTHER CERTIFY THAT:**

- ☐ 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