

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

OBTs #		REPORT # FHP19-135450		DOCKET # 1823718	
Person ID 311435852			SSN# [REDACTED]		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #	
Charge DRIVING UNDER THE INFLUENCE WITH PROPERTY DAMAGE				A76UYME-1	
Defendant's Name (Last, First, Middle) JUNOT, TIMOTHY ELWOOD		DOB 04/13/1982	Sex M	Race W	Ht 506
		Wt 160	Hair BAL	Eyes BRO	Skin LGT
Alias	DL # J-530-805-82-133-0	State FL	Scars/Marks/Tattoos/Physical Features RIGHT ARM		
Local Address (Street, City, State, Zip Code) 540 CARILLON PARKWAY BLD 2 APT 3014 ST PETERSBURG FL 33716		Telephone 443-847-2233	Place of Birth NJ		Citizenship US
Permanent Address (Street, City, State, Zip Code) 540 CARILLON PARKWAY BLD 2 APT 3014 ST PETERSBURG FL 33716		Telephone 443-847-2233	Employed by / School TCM BANK		
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 08 day of DECEMBER, 2019,

at approximately 2:13 AM, at I-275 AT MM 32, in Pinellas County did:

REASON FOR CONTACT: AT FAULT IN A REAR END 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: 0.126/0.123 BREATH: ALCOHOLIC BEVERAGE
BALANCE: POOR EYES: BLOODSHOT, 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 #: A76UYME

DEFENDANT WAS READ MIRANDA AND ADMITTED TO DRIVING AT THE TIME OF THE CRASH. HE ADMITTED TO FAILING TO SLOW FOR THE VICTIM, WHICH CAUSED A REAR-END COLLISION SENDING THE VICTIM TO OVERTURN HER CAR. HE ADMITTED TO COMING FROM A CHRISTMAS PARTY AND GOING HOME.

Contrary to Florida Statute/Ordinance 316.193.3.C.1.

ARREST DATE: 12/8/2019 Time 4:15 AM . Aggravating/Mitigating Factors _____

Booking Officer: MAGGIO, K 57191 Amount of Bond 500 Bond Out Date 12/08/19 Time SB 12:55 ☐ 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: 12/8/2019 7:17:02 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 _____ TROOPER WILLIAM SMITH 3469 Printed Name _____		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>12/08/2019</td> <td>WILLIAM T. SMITH</td> <td>6 25.00</td> <td></td> <td>\$150.00</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> </table>		DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/08/2019	WILLIAM T. SMITH	6 25.00		\$150.00	OTHER – Describe _____		
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12/08/2019	WILLIAM T. SMITH	6 25.00		\$150.00												
OTHER – Describe _____																
FHP PINELLAS Agency _____ 3306492 Declarant ID# _____		Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>\$150.00</u>														

Defendant JUNOT, TIMOTHY ELWOOD **Court Case No:** A76UYME-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.

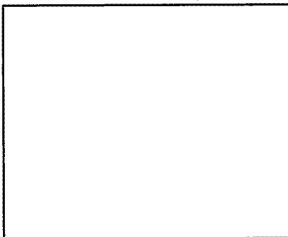
I FURTHER CERTIFY THAT:

- ☐ 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