

UCN: N/A

FL0521400

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

|                                                                                                 |                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                  |                                                                                                                                             |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                          | REPORT # 2019-052095                                                                                                                                                                 |                                                                                                                                     | DOCKET # 1822678                                                                                                                 |                                                                                                                                             |
| Person ID 311431343                                                                             |                                                                                                                                                                                      | 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                                                           |                                                                                                                                                                                      | AAM6Z9E                                                                                                                             |                                                                                                                                  | AAM6Z9E-1                                                                                                                                   |
| Defendant's Name (Last, First, Middle)<br>STAHLER, TONYA RAE                                    |                                                                                                                                                                                      | DOB<br>09/06/1979                                                                                                                   | Sex<br>F                                                                                                                         | Race<br>W                                                                                                                                   |
| Ht<br>501                                                                                       |                                                                                                                                                                                      | Wt<br>135                                                                                                                           | Hair<br>BRO                                                                                                                      | Eyes<br>GRN                                                                                                                                 |
| Alias                                                                                           | DL #<br>S-346-816-79-826-0                                                                                                                                                           | State<br>FL                                                                                                                         | Scars/Marks/Tattoos/Physical Features                                                                                            |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br>610 5TH AVE N, #31 ST. PETERSBURG FL 33701     |                                                                                                                                                                                      | Telephone<br>7863745264                                                                                                             | Place of Birth<br>PA                                                                                                             | Citizenship<br>US                                                                                                                           |
| Permanent Address (Street, City, State, Zip Code)<br>610 5TH AVE N, #31 ST. PETERSBURG FL 33701 |                                                                                                                                                                                      | Telephone                                                                                                                           | Employed by / School                                                                                                             |                                                                                                                                             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       | Indication of Drug Influence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK                                                        | Indication of Mental Health Issues<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Alcohol Influence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK |                                                                                                                                             |
| 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 28 day of NOVEMBER, 2019,

at approximately 4:09 AM, at 1ST AVE N, 58TH ST N, in Pinellas County did:

DRIVE A MOTOR VEHICLE, TO WIT: FIAT 500X BEARING FL TAG NJRT18, WHILE UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES AND/OR CONTROLLED OR CHEMICAL SUBSTANCES TO THE EXTENT HIS NORMAL FACULTIES WERE IMPAIRED. DEF WAS STOPPED BY OFFICER BYAM. THE OFFICER INFORMED ME HE OBSERVED SIGNS OF IMPAIRMENT, SO I CONDUCTED MY INVESTIGATION.

DEF HAD AN ODOR OF AN ALCOHOLIC BEVERAGE ON HER BREATH, SLURRED SPEECH, BLOODSHOT AND WATERY EYES.

DEF BEGAN TO PARTICIPATE IN S.F.S.T.'S (SIGNS OF IMPAIRMENT WERE NOTED IN WHAT SHE CONDUCTED), SHE LATER REFUSED TO PARTICIPATE ANY FURTHER.

POST MIRANDA, DEFENDANT ADMITTED TO DRINKING A VODKA SODA.

BRAC: REFUSAL

PRIOR D.U.I: NONE PER DAVID

DUI CITATION #AAM6Z9E COURT DATE: 01/09/2020 AT 1330 HOURS, PINELLAS COUNTY JUSTICE CENTER

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 11/28/2019 Time 4:53 AM . Aggravating/Mitigating Factors Cb

Booking Officer: HUSTON 59305 Amount of Bond 500\*\*\* Bond Out Date 11-28-19 Time 13:07 ☐ 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: 11/28/2019 7:14:23 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.

[Signature]  
Declarant Signature  
ST. PETERSBURG POLICE  
Agency  
OFFICER MICHAEL SAIA 46911  
Printed Name  
0460120  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 11/28/2019 OFFICER M. SAIA HOURS 25.00 PAY RATE 25.00 OR COST \$50.00  
66-0111 63 ADM 6107  
OTHER - Describe  
Continuation sheet ☐ Yes ☐ No TOTAL \$ 50.00

**Defendant** STAHLER, TONYA RAE **Court Case No:** AAM6Z9E-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.

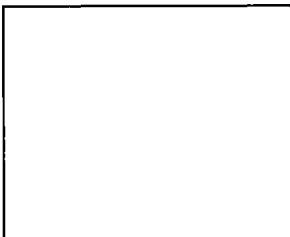
**I FURTHER CERTIFY THAT:**

- ☐ 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