UCN: 522020CF004822XXXXCF FL0520000

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

OBTS #		REPORT # SO20-136804	DOCKET # 1837741
Person ID 3202528		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge: BATTERY; ON A LEO (FIREFIGHTER, EMS)			20-04822-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
CRONIN, TRACEY	05/31/1978	F	W	507	140	BRO	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	C-655-813-78-691-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
13246 4TH E ST APT W MADEIRA BEACH FL 33708	727) 280-3276	NY	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
13246 4TH E ST APT W MADEIRA BEACH FL 33708	727) 280-3276		

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☒ ☐ ☐	☒ ☐ ☐	☒ ☐ ☐

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 19 day of MAY, 2020,

at approximately 4:17 PM, at 11057 HURON RD ST PETERSBURG, in Pinellas County did:

THEN AND THERE KNOWINGLY, ACTUALLY, AND INTENTIONALLY TOUCH OR STRIKE A FIREFIGHTER PARAMEDIC WITH THE SEMINOLE FIRE DEPARTMENT AGAINST THE WILL OF THE MEDIC WHILE SAID MEDIC WAS ENGAGED IN THE LAWFUL PERFORMANCE OF HIS DUTIES, TO-WIT: PERFORMING A MEDICAL EVALUATION DURING A BAKER ACT. THE DEFENDANT KNOWING THE MEDIC TO BE A SEMINOLE FIREDEPARTMENT FIREFIGHTER PARAMEDIC IN A MARKED UNIFORM.

WHILE THE VICTIM WAS PERFORMING A MEDICAL EVALUATION ON THE DEFENDANT, THE DEFENDANT DID INTENIONALLY COMMIT BATTERY ON THE VICTIM. THE DEF LOOKED AT THE VICTIM AND YELLED "FUCK YOU" THEN BIT HER LIP TO DRAW BLOOD AND DELIBERATELY SPIT SALIVA AND BLOOD ONTO THE VICTIMS RIGHT ARM. THIS WAS WITNESSED BY YOUR AFFIANT. THE DEF DID ATTEMPT TO CONTINUE TO DELIBERATELY SPIT ON THE VICTIM UNTIL A MASK COULD BE SECURED ON THE DEFENDANT. THERE WERE NO INJURIES TO THE VICTIM. THE VICTIM WISHES TO PROSECUTE.

Contrary to Florida Statute/Ordinance 784.07.

ARREST DATE: 5/20/2020 Time 5:06 PM . Aggravating/Mitigating Factors FIREFIGHTER

Booking Officer: AQUINO, A 57622 Amount of Bond 2,500 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: 5/20/2020 7:10:11 PM

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.

Jillian Frank

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY JILLIAN FRANK 59336

Printed Name

311224068

Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
05/19/2020	J. FRANK	2	25.00		$50.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
843670 Copies to:

Court

Defendant CRONIN, TRACEY **Court Case No:** 20-04822-CF-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