

UCN: \*\*

FL0520300

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

|                                                                        |                                                                                                                                                                                      |                                                                                       |                                       |                                                                                       |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------|
| OBTS #                                                                 | REPORT # CW19-171472                                                                                                                                                                 |                                                                                       | DOCKET # 1820817                      |                                                                                       |
| Person ID                                                              | 310617917                                                                                                                                                                            |                                                                                       | 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                                                                 | DRIVING UNDER THE INFLUENCE                                                                                                                                                          |                                                                                       | ACEV4LE                               | ACEV4LE-1                                                                             |
| Defendant's Name (Last, First, Middle)                                 | DOB                                                                                                                                                                                  | Sex                                                                                   | Race                                  | Ht                                                                                    |
| CUTRO, TREVOR WILSON                                                   | 05/12/1997                                                                                                                                                                           | M                                                                                     | W                                     | 510                                                                                   |
| Wt                                                                     | Hair                                                                                                                                                                                 | Eyes                                                                                  | Skin                                  |                                                                                       |
| 180                                                                    | BLN                                                                                                                                                                                  | BLU                                                                                   | LGT                                   |                                                                                       |
| Alias                                                                  | DL #                                                                                                                                                                                 | State                                                                                 | Scars/Marks/Tattoos/Physical Features |                                                                                       |
| NONE                                                                   | C360819971720                                                                                                                                                                        | FL                                                                                    | NONE                                  |                                                                                       |
| Local Address (Street, City, State, Zip Code)                          | Telephone                                                                                                                                                                            | Place of Birth                                                                        | Citizenship                           |                                                                                       |
| 1481 SAN ROY DR DUNEDIN FL 34698                                       | 7272441752                                                                                                                                                                           | FLORIDA                                                                               | YES / US                              |                                                                                       |
| Permanent Address (Street, City, State, Zip Code)                      | Telephone                                                                                                                                                                            | Employed by / School                                                                  |                                       |                                                                                       |
| 1481 SAN ROY DR DUNEDIN FL 34698                                       | 7272441752                                                                                                                                                                           | ABZ PACKAGING                                                                         |                                       |                                                                                       |
| Weapon Seized Type                                                     | Indication of                                                                                                                                                                        | Y N UNK                                                                               | Indication of Mental                  | Y N UNK                                                                               |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA | Drug Influence                                                                                                                                                                       | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Health Issues                         | <input type="checkbox"/> <input checked="" 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                              |
|                                                                        |                                                                                                                                                                                      |                                                                                       |                                       | <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                              |
|                                                                        |                                                                                                                                                                                      |                                                                                       |                                       | <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 NOVEMBER, 2019,

at approximately 1:03 AM, at COURTNEY CAMPBELL CAUSEWAY CLW FL 33759, in Pinellas County did:

DID UNLAWFULLY OPERATE A MOTOR VEHICLE IN THE STATE OF FLORIDA WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE AND / OR CONTROLLED SUBSTANCE TO THE EXTENT THAT HIS NORMAL FACULTIES WERE IMPAIRED. THE DEF. WAS OPERATING A 2016 HYUNDAI ELANTRA 4 DR, SILVER IN COLOR BEARING A FL TAG OF EIAM03. THE DEF. WAS STOPPED FOR SPEEDING, 90 MPH IN A 60 MPH ZONE. THE DEF. HAD THE STRONG ODOR OF AN ALCOHOLIC BEVERAGE ON HIS BREATH AS HE SPOKE, BLOODSHOT GLASSY EYES AND WAS UNSTEADY ON HIS FEET AS HE STOOD AND WALKED. THE DEF. DID POORLY ON FST'S. POST MIRANDA THE DEF. REFUSED TO ANSWER ANY QUESTIONS.

BREATH TEST RESULTS WERE: .217 / .249 / .224

NO. CO. TRAFFIC COURT MONDAY 12-2-19 @ 0900 HOURS.  
CITATION NUMBER: ACEV4LE

Contrary to Florida Statute/Ordinance 316.193.1

ARREST DATE: 11/10/2019 Time 1:31 AM . Aggravating/Mitigating Factors NO PRIOR DUI

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 500\*\*\* Bond Out Date \_\_\_\_\_ Time 10:50 ☐ 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: 11/10/2019 4:15:35 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.

*David Bruneau*

CLEARWATER POLICE DEPT.

Declarant Signature

Agency

OFFICER DAVID BRUNEAU 5285

00920616

Printed Name

Declarant ID#

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

| DATE       | OFFICER  | HOURS X PAY RATE | OR | COST    |
|------------|----------|------------------|----|---------|
| 11/10/2019 | BRUNEAU  | 3.0 29.14        |    | \$87.42 |
|            | B. ALLEN | 1.0 29.14        |    | 29.14   |

OTHER – Describe VIDEO 3.50

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$120.06

**Defendant** CUTRO, TREVOR WILSON **Court Case No:** ACEV4LE-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.

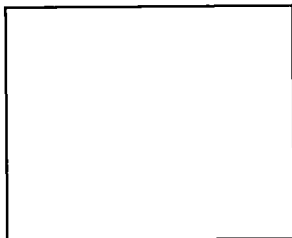
**I FURTHER CERTIFY THAT:**

- ☐ 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