

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

OBTS #	REPORT # 2020-008674	DOCKET # 1832334
Person ID 311484708	SSN# 000-00-0000	
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 DISORDERLY INTOXICATION (DISTURBANCE)		20-02941-MM-1
Defendant's Name (Last, First, Middle) WIESE, TREVOR THOMAS	DOB 05/29/1997	Sex M Race W Ht 6'0 Wt 190 Hair BLN Eyes BLU Skin
Alias	DL #	State Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 1413 14 AV SE FOREST LAKE MN 55025	Telephone 6515831728	Place of Birth MN Citizenship US
Permanent Address (Street, City, State, Zip Code) 1413 14 AV SE FOREST LAKE MN 55025	Telephone 6515831728	Employed by / School SOUTH ST PAUL MN POLICE
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Indication of Alcohol Influence Y N UNK <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 29 day of FEBRUARY, 2020, at approximately 2:06 AM, at 270 1 AV N, in Pinellas County did:

WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE, TO-WIT: THE DEF WAS FOUND TO BE HIGHLY INTOXICATED. HE HAD BLOOD SHOT WATERY EYES, SLURRED SPEECH, AND A STRONG ODOR OF ALCOHOL EMANTING FROM HIS PERSON. THE DEF WAS OBSERVED EXCHANGING WORDS WITH ANOTHER CITIZEN IN AN AGGRESSIVE MANNER. THE DEF THEN ENGAGED IN A PHYSICAL BRAWL WITH THE OTHER CITIZEN CREATING A DISTURBANCE AND PUBLIC SAFETY RISK AS CITIZENS FLED TO AVOID DANGER. THE DEF WAS TAKEN INTO CUSTODY WHILE STILL BRAWLING.

FILED
 COURT ASSISTANCE
 2020 FEB 29 AM 7:28
 KEN BURKE
 CLERK OF CIRCUIT COURT
 AND COMPTROLLER

Contrary to Florida Statute/Ordinance 856.011

ARREST DATE: 2/29/2020 Time 2:06 AM . Aggravating/Mitigating Factors _____

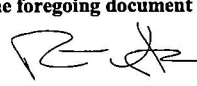
Booking Officer: WERNER 59414 Amount of Bond 100 Bond Out Date _____ Time _____ a.m. p.m.

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: 2/29/2020 3:49:53 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 _____ Agency ST. PETERSBURG POLICE

OFFICER ROBERT SNIPPE 46154 03321890
 Printed Name _____ Declarant ID# _____

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
02/29/2020	R. SNIPPE	2 30.00		\$60.00

OTHER - Describe _____

Continuation sheet Yes No TOTAL \$ 60.00

Defendant WIESE, TREVOR THOMAS

Court Case No: 20-02941-MM-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:

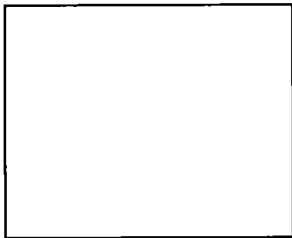
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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