UCN: 522019CT090545000A

FL0521400

COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA DOCKET # 1823336 REPORT # 2019-053038 OBTS# SSN# Person ID 1287800 Charge Description Felony X Misdemeanor Warrant Traffic Ordinance Traffic Citation # (if any) Court Case # DRIVING UNDER THE INFLUENCE AAM6ZKE AAM6ZKE-1 Defendant's Name (Last, First, Middle) Sex Race Ht Wt Hair Eves Skin BROWN, TRICINA DE MINT 07/30/1971 W 501 130 BLN HAZ Scars/Marks/Tattoos/Physical Features Alias State B650-804-71-770-0 Place of Birth Citizenship Local Address (Street, City, State, Zip Code) Telephone 727 4526087 **FLORIDA** US 801 74TH AVE N ST PETERSBURG FL 33702 Employed by / School Permanent Address (Street, City, State, Zip Code) Telephone 801 74TH AVE N ST PETERSBURG FL 33702 727 4526087 JOHN HOPKINS Y N UNK Indication of Mental Y N UNK Indication of N UNK Weapon Seized Type Indication of ☐Yes ☑No Drug Influence 🔲 🗵 **Health Issues** Alcohol Influence 🗶 🔲 🔲 Co-Defendant's Name (Last, First, Middle) DOB Sex Race In Custody ☐ Yes ☐ No ☐Felony ☐Misdemeanor Co-Defendant's Name (Last, First, Middle) DOR Sex Race In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor 2019 The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>04</u> day of DECEMBER ____ 26 AVE N / 4TH ST N at approximately ____11:13 .in Pinellas County did: REASON FOR STOP:SPEEDING THE DEFENDANT DID THEN AND THERE DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE TO WIT:2001 NISSAN FRONTIER TAG#INLM50 WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE AND/OR A CHEMICAL/CONTROLLED SUBSTANCE TO THE EXTENT HER NORMAL FACULTIES WERE IMPAIRED. THE DEFENDANT WAS STOPPED FORSPEEDING .THE DEFENDANT EXHIBITED BLOODSHOT, WATERY EYES, A DAZED, AND BLANK EXPRESSION ON HER FACE AND AN ODOR OF AN ALCOHOLIC BEVERAGE ON HER BREATH AND SHE WAS UNSTEADY ON HER FEET. THE DEF EXHIBITED FURTHER SIGNS OF IMPAIRMENT ON THE FIELD SOBRIETY TESTS. **BAC: REFUSED** SKOW PRIOR DUI CONVICTIONS: 3/17/1994 #029618J **DUI CITATION: AAM6ZKE** COURT DATE:01/08/2020 PINELLAS COUNTY CRIMINAL JUSTICE CENTER AT 1:30 PM Contrary to Florida Statute/Ordinance 316.193.1 ARREST DATE: 12/5/2019 Time 12:08 AM . Aggravating/Mitigating Factors Booking Officer: FALLAHEE, GEORGE 55259 500*** **Bond Out Date** Time □a.m. □p.m. Amount of Bond Medical Treatment to Victim? ☐Yes ☐ No Injuries to Victim? __ Yes __ No Victim Notified of Advisory? 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: 12/5/2019 2:37:51 AM REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have **OFFICER** HOURS X PAY RATE COST DATE read the foregoing document and that the facts in it are true. 12/05/2019 \$75.00 S. MCCULLOUGH ST. PETERSBURG POLICE Declarant Signature Agency OFFICER SEAN MCCULLOUGH 44650 10747825 OTHER - Describe TOTAL \$ \$75.00 **Printed Name Declarant ID#** Continuation sheet [lYes [

Court Case No:

AAM6ZKE-1

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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:

☐ B. The Court investigated Defendant	hat he has retained counsel or will retain counsel. 's solvency and found the Defendant financially able to secure counsel. 's solvency and provisionally appointed the Public Defender. counsel at the first appearance only.
DATE AND T	ME JUDGE
	at the first appearance only. financially able to secure counsel, hereby waive counsel until my attorney file a written request for a review of my solvency and ability to secure counsel
	DEFENDANT'S SIGNATURE
Thumb Print	
I HEREBY acknowledge receipt of a c	opy of the foregoing Complaint and Advisory.
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY'S SIGNATURE DATE