UCN: 522020CF002114XXXXCF

FL0521100

'COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA REPORT # 2020-11749 DOCKET# 1831888 OBTS# Person ID SSN# 311481913 Charge Description X Felony Misdemeanor Warrant Traffic Ordinance Traffic Citation # (if any) Court Case # Charge BATTERY; AGGRAVATED ON AN ELDERLY PERSON (DOMESTIC) 20-02114-CF-1 Defendant's Name (Last, First, Middle) Ht Sex Race Hair Skin Eyes FLATBUSH, VUI THI 04/14/1952 F Α 5'2 110 **GRY BRO** Scars/Marks/Tattoos/Physical Features F431-878-52-634-0 Local Address (Street, City, State, Zip Code) Telephone Place of Birth Citizenship 10300 42ND ST N CLEARWATER FL 33762 832-666-5212 USA VIETNAM Permanent Address (Street, City, State, Zip Code) Telephone Employed by / School 10300 42ND ST N CLEARWATER FL 33762 832-666-5212 Weapon Seized Type Y N UNK Indication of Mental Y N UNK Indication of Indication of N UNK □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) DOB Sex Race In Custody ☐Yes ☐No Felony Misdemeanor 2020 The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the day of FERRUARY 4800 83RD TER N PINELLAS PARK, FL 33781 10:00 at approximately _,in Pinellas County did: DID INTENTIONALLY OR KNOWINGLY TOUCH OR STRIKE, AGAINST THE WILL OF HANH THI VO, A PERSON 65 YEARS OF AGE OR OLDER, THEREBY INTENTIONALLY OR KNOWINGLY CAUSING GREAT BODILY HARM, PERMANENT DISABILITY, OR PERMANENT DISFIGUREMENT TO HANH THI VO. THE DEFENDANT, VUI FLATBUSH, ARRIVED AT HER SISTERS', HANH THI VO, RESIDENCE IN ORDER TO DISCUSS FAMILY MATTERS. HANH WAS OUTSIDE RETRIEVING MAIL UPON THE ARRIVAL OF VUI WHERE THE TWO ENGAGED IN A VERBAL CONFRONTATION. THE CONFRONTATION ESCALATED WHICH RESULTED IN VUI SLAPPING HANH ON THE LEFT SIDE OF HER FACE ONE TIME. HANH SUSTAINED SWELLING TO THE LEFT SIDE OF HER FACE AND LEFT EYE AND WAS TRANSPORTED TO A LOCAL HOSPITAL VIA A FRIEND TO ASSESS HER INJURIES. IT WAS LATER DETERMINED THAT DUE TO THE TRAUMA SUSTAINED, HANH NEEDED SURGERY TO HER LEFT EYE. AS A RESULT OF THE ALTERCATION HANH'S EYE LENS BECAME DETACHED AND HAD TO BE REMOVED, LEAVING HANH BLIND IN HER LEFT EYE. Contrary to Florida Statute/Ordinance 784.08.2.A ARREST DATE: 2/25/2020 _Time 8:40 AM . Aggravating/Mitigating Factors Booking Officer: POWERS, M 54040 NONE ∐am. ∐p.m. Amount of Bond **Bond Out Date** ĭ Yes Victim Notified of Advisory? __Yes __ No Injuries to Victim? Yes No Medical Treatment to CI 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: 2/25/2020 10:29:40 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 read the foregoing document and that the facts in it are true. **OFFICER** HOURS X PAY RATE COST 02/25/2020 \$100.00 PINELLAS PARK POLICE Declarant Signature Agency **OFFICER THERESA DAUGHETEE 572** 311164971 OTHER - Describe **Printed Name** Declarant ID# Continuation sheet Yes L TOTAL \$ \$100.00

Court Case No:

20-02114-CF-1

files

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:

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☐ A. Defendant has advised the Court	that he has retained counsel or w	ill retain counsel.	
☐ B. The Court investigated Defendan	t's solvency and found the Defer	dant financially able to see	cure counsel.
☐ C. The Court investigated Defendan	- -	•	
☐ D. The Defendant waived the right t		•	Den
DATE AND T	IME	JUDGE	
☐ I hereby waive the right to counsel☐ I, having been found solvent and an appearance in this case or until I☐	financially able to secure coun		
	_	DEFENDANT'S S	SIGNATURE
Thumb Print			
I HEREBY acknowledge receipt of a c	opy of the foregoing Complaint	nd Advisory.	
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY'S	SIGNATURE D	DATE