

UCN: ***

FL0520000

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

OBTS #		REPORT # SO20-59992	DOCKET # 1831756
Person ID	311480182	SSN#	[REDACTED]
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)	Court Case #
Charge	DRIVING UNDER THE INFLUENCE BAL .15 OR GREATER OR MINOR IN VEHICLE		AD0AX8E-1
Defendant's Name (Last, First, Middle)	HEFFNER, YVETTE MARIE	DOB	01/23/1971
Sex	F	Race	W
Ht	505	Wt	140
Hair	BRO	Eyes	BRO
Skin	FAR		
Alias	DL # 012910738	State CO	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code)	14231 BAYSHORE DR #6 MADEIRA BEACH FL 33708	Telephone	727-688-4195
Place of Birth	MO	Citizenship	USA
Permanent Address (Street, City, State, Zip Code)	14231 BAYSHORE DR #6 MADEIRA BEACH FL 33708	Telephone	727-688-4195
Employed by / School			
Weapon Seized Type	☐ Yes ☒ No	Indication of Drug Influence	☐ Y ☒ N ☐ UNK
Indication of Mental Health Issues	☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence	☒ Y ☐ N ☐ UNK
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 23 day of FEBRUARY, 2020,

at approximately 10:27 PM, at PARKS ST N & 48TH AVE N, in Pinellas County did:

REASON FOR STOP: THE DEFENDANT WAS STOPPED BY LIEUTENANT EULER FOR SPEEDING. THE DEFENDANT WAS DOING 76MPH IN A POSTED 45MPH ZONE. WHEN LIEUTENANT EULER STOPPED THE DEFENDANT SHE SHOWED SIGNS OF IMPAIRMENT.

THEN AND THERE UNLAWFULLY DRIVE AND/OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WITHIN PINELLAS COUNTY, FLORIDA WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, A CONTROLLED SUBSTANCE AND/OR ANY CHEMICAL SUBSTANCE TO THE EXTENT THAT HER NORMAL FACULTIES WERE IMPAIRED HAVING A BAL OF .15 OR GREATER OR A MINOR IN VEHICLE.

BRAC: .167 / .165 BREATH: DISTINCT
BALANCE: UNSTAEADY, SWAYINNG EYES: BLOODSHOT, GLASSY, WATERY
PRIOR CONVICTIONS: NONE

DEFENDANT SHOWED INDICATORS OF IMPAIRMENT DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: CRIMINAL JUSTICE CENTER TRAFFIC COURT 03/18/2020 @ 1:30 PM
CITATION #: AD0AX8E

Contrary to Florida Statute/Ordinance 316.193.4

ARREST DATE: 2/23/2020 Time 11:04 PM . Aggravating/Mitigating Factors U/BOR

Booking Officer: EELLS, C 56501 Amount of Bond 500** Bond Out Date 02/24/20 Time N/A 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: 2/24/2020 12:35:58 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.  PINELLAS COUNTY SHERIFF Declarant Signature DEPUTY DAMON LANEY 58140 Printed Name 03190766 Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>02/23/2020</td> <td>D. LANEY</td> <td>3 25.00</td> <td></td> <td>\$75.00</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet ☐ Yes ☐ No</td> <td>TOTAL \$ <u>75.00</u></td> </tr> </table>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	02/23/2020	D. LANEY	3 25.00		\$75.00	OTHER – Describe _____					Continuation sheet ☐ Yes ☐ No				TOTAL \$ <u>75.00</u>
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COCR59 (Revised 10/2014)

831589 Copies to:

Court

Defendant HEFFNER, YVETTE MARIE **Court Case No:** AD0AX8E-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.

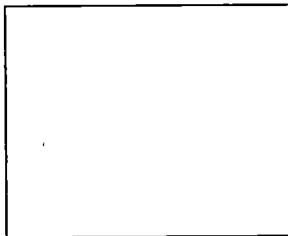
I FURTHER CERTIFY THAT:

- ☐ 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