Use Ballpoint Pen
Press Firmly

2137424

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # 70

ADMINISTRATION

COURT CASE/ J.F. ID # _____ SAO # _____ OBTS # _____

AGENCY REPORT # 22-31898 AGENCY NAME Tampa PD ORI # _____

LOCATION OF OFFENSE Central Av N / Wilder Av E DATE OF OFFENSE 1/23/22 TIME OF OFFENSE 2347

WITHIN:
TAMPA ☒ PLANT CITY ☐ TEMPLE TERRACE ☐ UNINCORPORATED AREA ☐ SUPPLEMENTAL CRA ATTACHED ☐

COURT:
TAMPA COURT ☒ PLANT CITY CT ☐

LOCATION OF ARREST Central Av N / Wilder Av E DATE OF ARREST 1/23/22 TIME OF ARREST 2356

BOOKING # 2022-1950 SOID # _____ WEAPON TYPE _____ WEAPON SEIZED Yes ☐ No ☐

ARREST
☒ Probable Cause ☐ Adult
☐ Capias ☐ Juvenile
☐ Fugitive Warrant ☐ Delinquency
☐ VOP/VOCC ☐ Dependency
☐ Warrant ☐ Felony
☐ Juvenile Pickup ☐ Misdemeanor
☒ Traffic MISD
☐ Traffic FEL
☐ Ordinance
☐ Pickup
☐ Other

REQUEST FOR:
☐ Direct File/SAO Review
☐ Warrant
☐ Summons
☐ Juvenile Pickup

NOTICE TO APPEAR:
☐ Arresting officer
☐ Booking supervising officer

DEFENDANT/DEPENDENT

NAME Keating (Last) Charles (First) Gordon (Middle) ALIAS _____

RACE: W-White I-American Indian/Alaskan Native HW-Hispanic White HB Hispanic Black B-Black O-Oriental/Asian
Race W SEX M D.O.B. 11 / 16 / 1990 (MO / DAY / YEAR) APPROXIMATE AGE _____

COMPLEXION Med BUILD Med
HEIGHT 6 WEIGHT 61
COLOR: EYES Blu HAIR Bro

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 6916 N. Highland Ave Tampa FL 33604 Ph #: _____

Permanent Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Business Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Driver's License No. K352147904160 State FL SS # [redacted] PLACE OF BIRTH FL DOC # _____

Gang Member: Yes ☐ No ☒ Gang Name _____

SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) _____

IF JUVENILE:
School Name _____
Mother/Guardian _____ Address _____ Ph #: _____
Father/Guardian _____ Address _____ Ph #: _____
Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ _____ ☐ Other _____

CO-DEFENDANT(S)

Co-Defendant (Last, First, Middle _____ Sex: ____ Race: ____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle _____ Sex: ____ Race: ____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

CHARGE(S)

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
316.193 (1)			M		DUI	AENG4YE	

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present
ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other
Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

EVIDENCE LIST

A LIST OF TANGIBLE EVIDENCE (If none, write "None") **(Evidence List must be provided for all NOTICES TO APPEAR)**

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION

NOTICE TO APPEAR

Mandatory Appearance in Court ☐ You need not appear in Court, but must comply with instructions on Reverse Side. ☐

COURT INFORMATION: You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐ (Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602

COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐ PLANT CITY, FLORIDA 33566

Division _____ COURTROOM # _____ ON _____ ,20 ____ , AT _____ a.m. ☐ p.m. ☐

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant/Juvenile _____ Parent or Guardian (If Juvenile) _____

White - Clerk of Court **Green** - State Attorney **Canary** - Arresting Agency **Pink** - Central Booking/Detention Center **Goldenrod** - Defendant

PROBABLE CAUSE STATEMENT

AGENCY REPORT # 22-31898 AGENCY NAME TPD 2137424

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant

The On 01/23/2022 at 2347 hrs, a traffic stop was conducted on a white 2020 Toyota Fourrunner with Florida tag T8166 after it was observed travelling northbound in the southbound travel lane of Central Av N south of the intersection with Osborne Av E. Contact was made with the driver/defendant who was observed to have bloodshot/glassy eyes, slurred speech, difficulty providing the required documentation and was unsteady on his feet. Additional clues of impairment were observed during SFSTs and he was arrested for DUI. After being read Implied Consent, the defendant refused to submit to testing.
The defendant was positively identified via FLOL

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: $ _____

OFFICER G. Landry
I.D. # 412 71977 Dist. & Squad 21012
(Please Print The Above Information)

POLICE REPORT WRITTEN: Yes ☒ No ☐
OFFICER G. Landry I.D. # 71977 Dist. & Squad 21012

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF January , 20 22

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

AFFIANT, Signature _____

HILLS. CO. JAIL 2022 JAN 24 AM 8:34
CLERK OF CIRCUIT COURT
2023 JAN 25 AM 8:34

REPORT # 22-31898 AGENCY NAME TPD REPORT # 22-31898