

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # \_\_\_\_\_

COURT CASE/  
J.F. ID # \_\_\_\_\_ SAO # \_\_\_\_\_ OBTS # \_\_\_\_\_

AGENCY REPORT # FHP22 ON0303420 AGENCY NAME FHP ORI # \_\_\_\_\_

LOCATION OF OFFENSE 1-27555 mm38 DATE OF OFFENSE 06/16/22 TIME OF OFFENSE 00:34

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

COURT:  
TAMPA COURT  PLANT CITY CT

LOCATION OF ARREST 1-27555 35 DATE OF ARREST 06/16/22 TIME OF ARREST 01:04

BOOKING # 2022-16528 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

**REQUEST FOR:**  
 Direct File/SAO Review  Traffic FEL  
 Warrant  Ordinance  
 Summons  Pickup  
 Juvenile Pickup  Other

**NOTICE TO APPEAR:**  
 Arresting officer  
 Booking supervising officer

NAME Difatta Chloe Suzanne ALIAS \_\_\_\_\_  
 RACE: Last First Middle COMPLEXION Med BUILD Ang  
 W-White | American Indian/Alaskan Native | HW-Hispanic White | HB Hispanic Black | B-Black | O-Oriental/Asian  
 Race HW SEX F D.O.B. 12 2005 18  
 MO / DAY / YEAR APPROXIMATE AGE  
 HEIGHT 5'11 WEIGHT 97  
 COLOR: EYES Brn HAIR Blk

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 817 W Country Club dr Tampa, FL 33612 Ph #: \_\_\_\_\_

Permanent Address (Street, Apt. #, City, State, Zip) 817 W Country Club dr Tampa, FL 33612 Ph #: \_\_\_\_\_

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

Driver's License No. D130-117-03-872-0 State FL SS # \_\_\_\_\_ PLACE OF BIRTH Maryland 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 (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

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
<u>316.193</u>			<u>M</u>		<u>DUI</u>	<u>ATTMGT</u>	<u>N/A</u>

**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

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
			CLERK OF CIRCUIT COURT 22 JUN 17 AM 5:21

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  COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET   
 (Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602 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) \_\_\_\_\_

ADMINISTRATION

DEFENDANT/DEPENDENT

CO-DEFENDANT(S)

CHARGE(S)

REPORT #

EVIDENCE LIST

AGENCY NAME  
NOTICE TO APPEAR

2035639

AGENCY REPORT # FHPADON 030311

AGENCY NAME FHP

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

On the above date and time on a scene of an accident Sgt Moore and myself observed a vehicle being operated by Mrs. Difatta pass by the scene at 100mph. While catching up to the vehicle she was observed going in and out of traffic at a high rate of speed. Upon catching up to the vehicle I observed her fail to maintain a single lane. Sgt Moore attempted a traffic stop. The vehicle was slow to stop. While speaking with Mrs. Difatta I observed signs of intoxication. I conducted SFSEs and based off my observation I observed she was impaired. I transported her to HCSO where she provided a breath sample of .146 and .136.

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

OFFICER G. Earlywine  
I.D. # 5043 Dist. & Squad Tampa, C  
(Please Print The Above Information)

POLICE REPORT WRITTEN: Yes  No   
OFFICER G. Earlywine I.D. # 5043 Dist. & Squad C/Tampa

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
SGT Jce DAY OF June, 20 22  
120619  
NAME/Title of Person Authorized to Administer Oath.

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 [Signature]  
AFFIANT, Print/Type Name G. Earlywine

**NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.**

CLERK OF COURT

SAO FORM-425. 10/03

WITNESS STATUS:  V-VICTIM  C-Complainant  W-All Other Witnesses  Check If Witness Was Sworn

2035639

<input type="checkbox"/>	STATUS	Last	First	Middle	Race	Sex	Date of Birth
	Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
	Business Address (Street, Apartment Number)			City	State	Zipcode	Phone
<input type="checkbox"/>	STATUS	Last	First	Middle	Race	Sex	Date of Birth
	Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
	Business Address (Street, Apartment Number)			City	State	Zipcode	Phone
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	Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
	Business Address (Street, Apartment Number)			City	State	Zipcode	Phone

CLERK OF CIRCUIT COURT  
22 JUN 17 10:21

PROBABLE CAUSE STATEMENT

REPORT #

VICTIM NOTIFICATION

AGENCY NAME

WITNESSES