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2065615

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # 123

ADMINISTRATION

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

AGENCY REPORT # 22-31875 AGENCY NAME TAMPA PD ORI # _____

LOCATION OF OFFENSE HOWARD AV N/ GREEN ST W DATE OF OFFENSE 1/23/22 TIME OF OFFENSE 2329

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

COURT:
TAMPA COURT ☒ PLANT CITY CT ☐

LOCATION OF ARREST HOWARD AV N/ GREEN ST W DATE OF ARREST 1/23/22 TIME OF ARREST 2352

BOOKING # 2022-1951 SOID # _____ WEAPON TYPE NA WEAPON SEIZED Yes ☐ No ☒

ARREST
☒ Probable Cause ☐ Capias ☐ Fugitive Warrant ☐ VOP/VOCC ☐ Warrant ☐ Juvenile Pickup
☒ Adult ☐ Juvenile ☐ Delinquency ☐ Dependency ☐ Felony ☐ 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 DOUGAN JOHN GIGLIO (Last / First / 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. 02 / 11 / 2003 (MO / DAY / YEAR) APPROXIMATE AGE 18

COMPLEXION FAIR BUILD THIN
HEIGHT 6 00 WEIGHT 180
COLOR: EYES BRO HAIR BRO

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 17931 BARN CLOSE DR LUTZ FL 33559 Ph #: _____

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

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

Driver's License No. D250 467 03 0510 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 _____

HILLS. CO. JAIL 2022 JAN 24 AM 2:27

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 (4)	N	N	TM		DUI OVER .15	AGN64XE	NA

2022 JAN 25 CLERK CIRCUIT COURT

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 # 22-31875 **AGENCY NAME** TAMPA PD

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

THE DEFENDANT WAS DRIVING A BLACK FORD 4D BEARING FL MS 71BBKZ. LT. FELTS 43131 STOPPED THE DEFENDANT FOR DRIVING THE WRONG WAY ON A ONE WAY ROAD (SOUTHBOUND ON HOWARD AV N). UPON CONTACT THE DEFENDANT EXHIBITED INDICATORS OF IMPAIRMENT TO INCLUDE SLURRED SPEECH, GLASSY EYES, THE ODOR OF AN ALCOHOLIC BEVERAGE EMANATING FROM HIS BREATH AND UNSTEADINESS ON HIS FEET. THE DEFENDANT PARTIALLY PASSED IN STEP 1 WHICH SHOWED FURTHER INDICATORS OF IMPAIRMENT AND WAS SUBSEQUENTLY ARRESTED FOR DUI.

THE DEFENDANT PROVIDED BREATH SAMPLES OF .184 / .181

THE DEFENDANT WAS ~~ARRESTED FOR~~ DOLO VIA FL DL

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: $ 70.00

OFFICER S. BRAUN I.D. # 49751 Dist. & Squad SOD 1515
(Please Print The Above Information)

POLICE REPORT WRITTEN: Yes ☒ No ☐
OFFICER T. BARN I.D. # 50918 Dist. & Squad SOD/515

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th 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 _____

AGENCY NAME TAMPA PD REPORT # 22-31875

RT # 22-31875