Use Ballpoint Pen
Press Firmly

2035641

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # _____

ADMINISTRATION

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

AGENCY REPORT # FHP22ON030934O AGENCY NAME FHP ORI # _____

LOCATION OF OFFENSE I-275 NB MM41 DATE OF OFFENSE 6-19-22 TIME OF OFFENSE 02:25

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

COURT:
TAMPA COURT ☒ PLANT CITY CT ☐

LOCATION OF ARREST I-275 NB MM41 DATE OF ARREST 06-19-22 TIME OF ARREST 02:44

BOOKING # 2022-16866 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 Holk (Last) Nathan (First) Scott (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. MO 03 / DAY 04 / YEAR 1987 APPROXIMATE AGE

COMPLEXION light BUILD Avg
HEIGHT 5'11 WEIGHT 190
COLOR: EYES Blu HAIR Brn

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 17509 Edinburg drive Tampa, Fl 33647 Ph #: 360-305-0276

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

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

Driver's License No. WDLIN6740538 State WA SS # [redacted] PLACE OF BIRTH Oak Harbor 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
316.1930(1)			M		DUI	A7976VE	

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

REPORT # _____

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.

AGENCY NAME _____

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

2035641

PROBABLE CAUSE STATEMENT

REPORT # ______

AGENCY REPORT # FHP22OFF030814   AGENCY NAME FHP

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

On the above date and time I observed the defendant traveling at a high rate of speed. Sgt Moore stated to me he observed the vehicle traveling 103mph in a posted 55mph zone. A Traffic stop was conducted and upon speaking with the driver I detected a strong odor of an alcoholic beverage emanating from his breath. I observed his eyes to be glossy and blood shot and he had slurred speech. Due to my observation I asked him to preform SFST'S to which he consented to only 1 exercise. I observed 6 out of 6 on HGN. Mr Halk refused further testing and was arrested. I transported him to HCSO Jail where he provided a Breath sample of .167 and .180

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

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF June, 20 22
[signature] #253069
NAME/Title of Person Authorized to Administer Oath.

POLICE REPORT WRITTEN: Yes ☒ No ☐
OFFICER C. Farkowitz   I.D. # 5043   Dist. & Squad C, Tampa

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] 5043

AFFIANT, Print/Type Name C. Farkowitz

AGENCY NAME ______

VICTIM NOTIFICATION

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

WITNESSES

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

2035641

☐ 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

☐ 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

☐ 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

☐ 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

☐ 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

☐ 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