

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # _____

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

AGENCY REPORT # FMC2404 AGENCY NAME FMC ORI # _____

LOCATION OF OFFENSE Tampa Bay Waters DATE OF OFFENSE 7/27/24 TIME OF OFFENSE 1728 hours

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

COURT: TAMPA COURT PLANT CITY CT

LOCATION OF ARREST Tampa Bay Waters DATE OF ARREST 7/27/24 TIME OF ARREST 1748 hours

BOOKING # 24-25392 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
- REQUEST FOR:**
- Direct File/SAO Review Ordinance
 - Warrant Pickup
 - Summons Other
 - Juvenile Pickup
- NOTICE TO APPEAR:**
- Arresting officer
 - Booking supervising officer

NAME: Powers Colin Patrick ALIAS _____

RACE: Last First Middle

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 01 1997 MO / DAY / YEAR APPROXIMATE AGE

COMPLEXION Fair BUILD medium

HEIGHT 6'01" WEIGHT 195

COLOR: EYES Brown/green HAIR Brown

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 743a Bonaventure Drive Ph #: _____

Permanent Address (Street, Apt. #, City, State, Zip) Tampa, FL 33607 Ph #: _____

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

Driver's License No. P678-115-97-407-0 State FL SS # _____ PLACE OF BIRTH New Jersey US 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/TYPER
<u>327.35(1)</u>					<u>operating a vessel while normal faculties impaired</u>	<u>642935</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

HILLSBOROUGH COUNTY COC
JUL 28 24 PM 1:10

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) _____

White - Clerk of Court Green - State Attorney Canary - Arresting Agency Pink - Central Booking/Detention Center Gold - Collected - Detention

ADMINISTRATION
DEPENDANT/DEPENDENT
CO-DEFENDANT(S)
CHARGE(S)
REPORT #
EVIDENCE LIST
NOTICE TO APPEAR

FWC 2400006551

1973460

AGENCY REPORT # FWC 2400006551 AGENCY NAME FWC

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant
By Officer T. Botte with FWC was on marked patrol when I observed vessel (FL 945054) operating on the States of the water and the subject in actual physical control of the vessel. I conducted a safety inspection with the subject and observed signs of impairment. I asked the subject to perform SFSTs. The subject complied. The subject performed poorly and was placed under arrest for boating under the influence.

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

OFFICER LT. JOHN P. BURKS POLICE REPORT WRITTEN: Yes No
I.D. # N618 Dist. & Squad SW-TAMPA OFFICER T. Botte (FWC) I.D. # _____ Dist. & Squad SW-Tampa

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF JULY, 2024
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] P604
AFFIANT, Print/Type Name Ofc. T. Botte

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

1973460

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

V. State of Florida

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	
Home Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Business Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Home Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Business Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Home Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Business Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Home Address (Street, Apartment Number)		City	State	Zipcode	Phone	
Business Address (Street, Apartment Number)		City	State	Zipcode	Phone	

AGENCY NAME VICTIM NOTIFICATION

WITNESSES