

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO14-543609</b>		DOCKET # <b>1620296</b>	
Person ID <b>3341524</b>		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>POSSESSION OF MARIJUANA</b>				<b>14-28668-MM-1</b>
Defendant's Name (Last, First, Middle) <b>WINT, MICHAEL WALTER</b>		DOB <b>04/10/1996</b>	Sex <b>M</b>	Race <b>W</b>
		Ht <b>511</b>	Wt <b>160</b>	Hair <b>BRO</b>
		Eyes <b>BLU</b>	Skin	
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features NONE	
Local Address (Street, City, State, Zip Code) <b>3532 WOODRIDGE PL PALM HARBOR FL 34684</b>		Telephone <b>724-714-2951</b>	Place of Birth	Citizenship US
Permanent Address (Street, City, State, Zip Code) <b>3532 WOODRIDGE PL PALM HARBOR FL 34684</b>		Telephone <b>724-714-2951</b>	Employed by / School RUMBA GRILL	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 11:22 PM, at 3746 LEEDS CT, PALM HARBOR, in Pinellas County did:

Unlawfully have in HIS care, custody and control, a substance defined by Florida State Statute chapter 893, to wit: Cannabis Sativa, commonly known as marijuana. The cannabis did weigh APPROXIMATELY 2 GRAMS, an amount less than 20 grams. A presumptive test was positive.

DEF AND HIS PASSENGERS WERE SMOKING MARIJUANA AND MAKING A BLOUNT WHEN APPROACHED BY AFFIANT. WHEN THE DOOR OPENED TO THE VEH A HEAVY CLOUD OF MARIJUANA SMOKE CAME ROLLING OUT OF THE DOOR. DEF ADMITTED MEETING ELIJAH JOHNSON AT THE LOCATION, TO OBTAIN THE MARIJUANA.

Contrary to Florida Statute/Ordinance 893.13.6B.

ARREST DATE: 12/30/2014 Time 12:22 AM Aggravating/Mitigating Factors \_\_\_\_\_

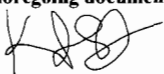
Booking Officer: DYAR 56751 Amount of Bond 150 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 2:07:33 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
PINELLAS COUNTY SHERIFF  
Declarant Signature Agency

DEPUTY KEVIN JUDD 52182 290627  
Printed Name Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	DEP K JUDD	2.5 25.00		\$62.50
12/30/2014	DEP M. GUARNERI	1.5 25.00		37.5

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No TOTAL \$ 100.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT #	2014076643		DOCKET #	1620297	
Person ID				SSN#			
3271030							
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance				Traffic Citation # (if any)		Court Case #	
Charge DISORDERLY INTOXICATION (PUBLIC PLACE)						14-20653-CF-2	
Defendant's Name (Last, First, Middle)			DOB	Sex	Race	Ht	Wt
WATTS, DARRYL GERARD			09/18/1960	M	B	600	270
Hair			Eyes	Skin			
BLK			BRO	DRK			
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features				
Local Address (Street, City, State, Zip Code)			Telephone		Place of Birth		Citizenship
1120 N BETTY LN CLEARWATER FL 33755			443-414-5216				USA
Permanent Address (Street, City, State, Zip Code)			Telephone		Employed by / School		
1120 N BETTY LN CLEARWATER FL 33755			443-414-5216		NONE		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014, at approximately 1:30 AM, at 451 34TH ST N, in Pinellas County did:

THE DEFENDANT WAS THEN AND THERE UNLAWFULLY INTOXICATED (BLOODSHOT WATERY EYES, POOR BALANCE, STRONG ODOR OF ALCOHOL ON HIS PERSON, AND SLURRED SPEECH) WHILE IN PUBLIC. HE WAS YELLING PROFANITY AND TRYING TO FIGHT WITH PEOPLE ALONG THE STREET. HE WAS GIVEN WARNINGS TO STOP, BUT HE CONTINUED AND WAS ARRESTED.

Contrary to Florida Statute/Ordinance 856.011.

ARREST DATE: 12/30/2014 Time 1:30 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond 100 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 2:21:24 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.  <div style="text-align: center;">             ST. PETERSBURG POLICE            Declarant Signature Agency            OFFICER MICHAEL ROMANO 43524 02802501            Printed Name Declarant ID#         </div>		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <td>DATE</td> <td>OFFICER</td> <td>HOURS X PAY RATE</td> <td>OR</td> <td>COST</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$0.00</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="5">Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$0.00</u></td> </tr> </table>	DATE	OFFICER	HOURS X PAY RATE	OR	COST					\$0.00	OTHER – Describe _____					Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$0.00</u>				
DATE	OFFICER	HOURS X PAY RATE	OR	COST																		
				\$0.00																		
OTHER – Describe _____																						
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$0.00</u>																						

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014076643		DOCKET # 1620297	
Person ID 3271030		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE (COCAINE)				14-20653-CF-1
Defendant's Name (Last, First, Middle) WATTS, DARRYL GERARD		DOB 09/18/1960	Sex M	Race B
Ht 600		Wt 270	Hair BLK	Eyes BRO
Skin DRK		Scars/Marks/Tattoos/Physical Features		
Alias	DL #	State FL		
Local Address (Street, City, State, Zip Code) 1120 N BETTY LN CLEARWATER FL 33755		Telephone 443-414-5216	Place of Birth	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 1120 N BETTY LN CLEARWATER FL 33755		Telephone 443-414-5216	Employed by / School NONE	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 1:30 AM, at 451 34TH ST N, in Pinellas County did:

THE DEFENDANT DID THEN AND THERE UNLAWFULLY HAVE IN HIS POSSESSION A GLASS CRACK PIPE WITH BURNT BRILLO AND COCAINE RESIDUE MARKS INSIDE OF IT. THE CRACK PIPE WAS LOCATED ON THE DEFENDANT SEARCH INCIDENT TO ARREST, AS HE WAS ALREADY ARRESTED FOR DISORDERLY INTOXICATION. POST MIRANDA- THE DEFENDANT SAID THAT SOMEONE MUST HAVE PUT THE CRACK PIPE IN HIS POCKET. THE CRACK PIPE IS BEING SENT TO THE LAB FOR TESTING.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/30/2014 Time 1:30 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond 2,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 2:19:46 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

M. Romano  
Declarant Signature  
ST. PETERSBURG POLICE  
Agency  
OFFICER MICHAEL ROMANO 43524 02802501  
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
				\$0.00
OTHER – Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ \$0.00				

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>2014-076645</b>		DOCKET # <b>1620298</b>	
Person ID <b>206836</b>	SSN#			
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge TRESPASS IN STRUCTURE OR CONVEYANCE (AFTER WARNING)				<b>14-28669-MM-2</b>
Defendant's Name (Last, First, Middle) <b>JONES, MARVIN BARNARD</b>		DOB <b>06/30/1972</b>	Sex <b>M</b>	Race <b>B</b>
		Ht <b>506</b>	Wt <b>165</b>	Hair <b>BLK</b>
		Eyes <b>BRO</b>	Skin <b>DRK</b>	
Alias	DL #	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>2056 UPTON COURT SOUTH ST PETERSBURG FL 33712</b>		Telephone <b>727-557-4181</b>	Place of Birth	Citizenship <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>2056 UPTON COURT SOUTH ST PETERSBURG FL 33712</b>		Telephone <b>727-557-4181</b>	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,  
at approximately 1:30 AM, at OBAMA EXPRESS 1400 18 AVENUE SOUTH ST PETERSBURG, in Pinellas County did:  
Did, willfully enter upon or remain on the property of Obama Express located at 1400 18 avenue south st. petersburg, fl 33705 without being authorized, licensed, or invited to enter or remain therein the said, or having been authorized, licensed, or invited to enter or remain, the said Defendant was warned by Greg Jarmin an authorized representative of owner, to depart and refused to do so. The defendant was trespassed on 4/22/2012 permanently by Officer R. Madison of the St. Petersburg Police Department.

Contrary to Florida Statute/Ordinance 810.08.

ARREST DATE: 12/30/2014 Time 1:50 AM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 250 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 2:45:05 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
ST. PETERSBURG POLICE  
Declarant Signature \_\_\_\_\_ Agency \_\_\_\_\_  
OFFICER NICHOLAS LAZZARI 32959 01908120  
Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	N. LAZZARI	1.5	25.00	\$37.50
12/30/0123	R. LARSON	1	25.00	25
01/22/3020				

OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$62.50

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-076645		DOCKET # 1620298	
Person ID 206836	SSN#			
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge POSSESSION OF DRUG PARAPHERNALIA			14-28669-MM-1	
Defendant's Name (Last, First, Middle) JONES, MARVIN BARNARD	DOB 06/30/1972	Sex M	Race B	Ht 506
		Wt 165	Hair BLK	Eyes BRO
Skintone DRK				
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2056 UPTON COURT SOUTH ST PETERSBURG FL 33712		Telephone 727-557-4181	Place of Birth	Citizenship US
Permanent Address (Street, City, State, Zip Code) 2056 UPTON COURT SOUTH ST PETERSBURG FL 33712		Telephone 727-557-4181	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 1:30 AM, at OBAMA EXPRESS 1400 18 AVENUE SOUTH ST PETERSBURG, in Pinellas County did:

Unlawfully use or have in his possession, custody, or control a certain item of drug paraphernalia with the intent to use said paraphernalia for unlawfully smoking, ingesting or injecting a dangerous drug controlled by Chapter 893 of Florida State Statutes into the human body, to-wit: glass crack pipe used to ingest crack cocaine. pipe found in cigarette package search incident to a lawful arrest for trespass after warning.

Contrary to Florida Statute/Ordinance 893.147.

ARREST DATE: 12/30/2014 Time 1:50 AM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 150 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 2:45:00 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
ST. PETERSBURG POLICE  
Declarant Signature Agency

OFFICER NICHOLAS LAZZARI 32959 01908120

Printed Name Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	N. LAZZARI	1.5 25.00		\$37.50
12/30/2014	R. LARSON	1 25.00		25
12/30/2014	E. SMITH	1 25.00		25

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No TOTAL \$ 87.50

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>CW14-176280</b>		DOCKET # <b>1620301</b>	
Person ID <b>01771217</b>		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>DISORDERLY CONDUCT</b>				<b>14-28671-MM-1</b>
Defendant's Name (Last, First, Middle) <b>ROCKER II, ANDRE DENNARD</b>		DOB <b>04/05/1984</b>	Sex <b>M</b>	Race <b>B</b>
		Ht <b>603</b>	Wt <b>160</b>	Hair <b>BLK</b>
		Eyes <b>BRO</b>	Skin <b>DRK</b>	
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features <b>TATTOO RT ARM- BRENDA</b>	
Local Address (Street, City, State, Zip Code) <b>1329 N MLK AVE CLEARWATER FL 33755</b>		Telephone	Place of Birth	Citizenship <b>USA</b>
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School <b>UNEMPLOYED</b>	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 1:31 AM, at 1329 N MLK AVE A, in Pinellas County did:

Did then and there engage in such conduct as to constitute disorderly conduct, to-wit: subject was screaming and yelling out in the street causing several people to call the police department reference his screaming and yelling at 0130 am, which constituted a breach of the peace.

Upon my arrival, I could hear the subject screaming and yelling inside the building. I made contact with him and he came outside. Once outside, he sat on the ground and I tried to talk with him several times, but he continued to yell obscenities so loudly which was causing a neighbor across the street to come outside due to the disturbance the subject was causing.

Contrary to Florida Statute/Ordinance 877.03.

ARREST DATE: 12/30/2014 Time 1:31 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond 250 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:00:02 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
CLEARWATER POLICE DEPT.

Declarant Signature \_\_\_\_\_ Agency \_\_\_\_\_

OFFICER J. ADKISSON 4063 01969668

Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	ADKISSON	3.0 29.14		\$87.42
12/30/2014	MCMULLEN	1.0 29.14		29.14

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No TOTAL \$ 116.56

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO14-543517</b>		DOCKET # <b>1620291</b>	
Person ID <b>02573888</b>	SSN#			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge <b>VOP - FELONY DWLSR</b>			<b>1405342CFANO-1</b>	
Defendant's Name (Last, First, Middle) <b>DENIS, YOELSY</b>	DOB <b>02/10/1993</b>	Sex <b>M</b>	Race <b>W</b>	Ht <b>509</b>
		Wt <b>155</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>
Alias	DL #	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features <b>CROSS R SHOULDER</b>	
Local Address (Street, City, State, Zip Code) <b>11209 CREEK HAVEN DR RIVERVIEW FL 33569</b>		Telephone <b>727-218-9879</b>	Place of Birth	Citizenship <b>CUBA</b>
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 9:00 PM, at 5721 15TH AVE N, in Pinellas County did:

Violate the conditions of his felony probation as set forth under court case number, 1405342CFANO out of Pinellas County, Florida on 06/27/14 for a period of one year to wit: Def was arrest for domestic battery.

Contrary to Florida Statute/Ordinance 322.34 / 948.06

ARREST DATE: 12/29/2014 Time 9:30 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond ZERO Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 12:27:36 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
PINELLAS COUNTY SHERIFF

Declarant Signature \_\_\_\_\_ Agency \_\_\_\_\_

DEPUTY ROBERT WEIL 58371 02715887

Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	WEIL	3 25.00		
12/29/2014	JONES	3 25.00		

OTHER - Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO14-543517</b>		DOCKET # <b>1620291</b>	
Person ID <b>02573888</b>		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>BATTERY; DOMESTIC</b>				<b>14-28665-MM-1</b>
Defendant's Name (Last, First, Middle) <b>DENIS, YOELSY</b>		DOB <b>02/10/1993</b>	Sex <b>M</b>	Race <b>W</b>
		Ht <b>509</b>	Wt <b>155</b>	Hair <b>BLK</b>
		Eyes <b>BRO</b>	Skin <b>MED</b>	
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features <b>CROSS R SHOULDER</b>	
Local Address (Street, City, State, Zip Code) <b>11209 CREEK HAVEN DR RIVERVIEW FL 33569</b>		Telephone <b>727-218-9879</b>	Place of Birth	Citizenship <b>CUBA</b>
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
		Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 9:00 PM, at 5721 157TH AVE N, in Pinellas County did:

Actually and intentionally touch or strike Chelsea Manzella, his ex-girlfriend and co-habitant, against the will of Chelsea Manzella, to-wit: Def struck victim on the face with multiple punches leaving abrasions and bruising to the right check bone area of the victim. Victim also has bruising on both arms in which Def attempted to restrain victim. Victim and Def were involved in a romantic relationship for four months and resided together for three and half months. Def was also observed pulling the victim by her hair out of vehicle in which they were riding in.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 12/29/2014 Time 10:29 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond ZERO Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 12:27:51 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

*RA Weil*

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY ROBERT WEIL 58371

02715887

Printed Name

Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	WEIL	3 25.00		\$75.00
12/29/2014	JONES	3 25.00		75

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$150.00



## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT # <b>14012329</b>	DOCKET # <b>1620293</b>
Person ID <b>2801389</b>		SSN#	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)	
Charge <b>ASSAULT; AGGRAVATED</b>		Court Case # <b>14-20658-CF-3</b>	
Defendant's Name (Last, First, Middle) <b>TERRELL, ERIC MONROE</b>		DOB <b>09/21/1988</b>	Sex <b>M</b> Race <b>B</b> Ht <b>601</b> Wt <b>160</b> Hair <b>BLK</b> Eyes <b>BRO</b> Skin <b>DRK</b>
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) <b>2450 13TH AVE N APT 204 ST PETERSBURG FL 33713</b>		Telephone	Place of Birth <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>2450 13TH AVE N APT 204 ST PETERSBURG FL 33713</b>		Telephone	Employed by / School
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014, at approximately 10:15 PM, at 100 EAST BAY DRIVE, in Pinellas County did:

Did then and there intentionally and unlawfully threaten to do violence to the juvenile victim while having the apparent ability to carry out said threat and did create a well founded fear in the victim that such violence was imminent and in the commission of said assault did use a deadly weapon, to-wit: a dark colored revolver, a better description of which to the State Attorney is unknown, by pointing the gun in the face of the victim with the firearm the Defendant at the time of the assault not having the intent to kill the victim.

Offender told the victim to run with the gun in his face. The victim, 9 yrs old, was visibly terrified upon our arrival.

Contrary to Florida Statute/Ordinance 784.021.1A.

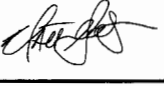
ARREST DATE: 12/29/2014 Time 10:15 PM . Aggravating/Mitigating Factors armed carjacking, fleeing and eluding high speed

Booking Officer: DYAR 56751 Amount of Bond 10,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 1:10:32 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.   Declarant Signature  OFFICER MATTHEW GOSIER 493 Printed Name		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> </thead> <tbody> <tr> <td>12/29/2014</td> <td>M. GOSIER</td> <td>5 25.00</td> <td></td> <td></td> </tr> <tr> <td>12/29/2014</td> <td>S. ALLRED</td> <td>3 25.00</td> <td></td> <td></td> </tr> <tr> <td>12/29/2014</td> <td>R. TINDALL</td> <td>3 25.00</td> <td></td> <td></td> </tr> </tbody> </table> OTHER – Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$0.00</u>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/29/2014	M. GOSIER	5 25.00			12/29/2014	S. ALLRED	3 25.00			12/29/2014	R. TINDALL	3 25.00		
DATE	OFFICER	HOURS X PAY RATE	OR	COST																		
12/29/2014	M. GOSIER	5 25.00																				
12/29/2014	S. ALLRED	3 25.00																				
12/29/2014	R. TINDALL	3 25.00																				

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 14012329		DOCKET # 1620293	
Person ID 2801389	SSN#			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge CARJACKING (WITH WEAPON OR FIREARM)			14-20658-CF-1	
Defendant's Name (Last, First, Middle) TERRELL, ERIC MONROE	DOB 09/21/1988	Sex M	Race B	Ht 601
		Wt 160	Hair BLK	Eyes BRO
SKIN DRK				
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2450 13TH AVE N APT 204 ST PETERSBURG FL 33713		Telephone	Place of Birth	Citizenship US
Permanent Address (Street, City, State, Zip Code) 2450 13TH AVE N APT 204 ST PETERSBURG FL 33713		Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 10:15 PM, at 100 EAST BAY DR, in Pinellas County did:

By force, violence, assault or putting Jason Perlman in fear, take a motor vehicle from the person or custody of Jason Perlman with intent to temporarily or permanently deprive Jason Perlman of motor vehicle and in the course of committing said robbery the said defendant did carry a weapon, to-wit: The weapon used appeared to be a small caliber revolver, dark in color.

The defendant approached the victim in a parking lot as he was retrieving items from his vehicle. The defendant then pointed a small caliber revolver and pointed in the face of the victim and stated, "Drop the keys to the car and run." Post Miranda the defendant confessed to the car not being his and stated he saw the doors to the car were open and was looking for someplace to sleep. The defendant then stated the next thing he knew he was being chased by the police. Offender when asked, stated there was no gun, that he used a wallet to get the car.

(ENTER SUFFICIENT FACTS/DATA FOR THE COURT TO ESTABLISH PROBABLE CAUSE DETERMINATION)

Contrary to Florida Statute/Ordinance 812.133

ARREST DATE: 12/29/2014 Time 10:38 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond ZERO Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 12:52:51 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

LARGO POLICE DEPT.

Declarant Signature

Agency

OFFICER MATTHEW GOSIER 493

310207195

Printed Name

Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS	X PAY RATE	OR	COST
12/29/2014	M. GOSIER	5	25.00		\$125.00
12/29/2014	S. ALLRED	3	25.00		75
12/29/2014	R. TINDALL	3	25.00		75

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$275.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 14-012329		DOCKET # 1620293	
Person ID 02801389		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge FLEEING AND ELUDING POLICE OFFICER (HIGH SPEED OR WANTON DISREGARD)				14-20658-CF-2
Defendant's Name (Last, First, Middle) TERRELL II, ERIC MONROE		DOB 09/21/1988	Sex M	Race B
Ht 600		Wt 166	Hair BLK	Eyes BRO
Skin DRK		Scars/Marks/Tattoos/Physical Features BOTH FOREARMS		
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) TRANSIENT		Telephone	Place of Birth	Citizenship USA
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School UNEMPLOYED	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 10:20 PM, at SR 686 & US HWY 19, in Pinellas County did:

While operating a motor vehicle upon a street or highway, and while having knowledge that he had been directed to stop by a duly authorized Police Officer who was at the time in an authorized law enforcement patrol vehicle with agency markings and insignias prominently displayed with emergency lights and siren activated, and during the course of the fleeing or attempted eluding, did drive at a high speed, or in a manner which demonstrated a wanton disregard for the safety of persons or property. To wit: def had just committed an armed carjacking. Officers made contact with the def as he was driving the stolen vehicle. Officers activated overhead emergency lights and sirens, signaling for the def to stop. The def failed to stop and fled from the officers, running multiple red lights and traveling at speeds up to 120mph, showing a wanton disregard for the safety of other motorists on the road. Def issued citation 6486WBP, CALL OF COURT. NFI

Contrary to Florida Statute/Ordinance 316.1935.3

ARREST DATE: 12/30/2014 Time 10:36 AM Aggravating/Mitigating Factors ARMED CARJACKING, AGG ASSAULT W/FIR

Booking Officer: DYAR 56751 Amount of Bond 20,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 12:54:14 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

SE  
Declarant Signature  
OFFICER STEVEN ALLRED 329  
Printed Name  
LARGO POLICE DEPT.  
Agency  
01782287  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 12/29/2014 OFFICER SALLRED HOURS X PAY RATE 4 25.00 OR COST \$100.00  
OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$100.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 14012329		DOCKET # 1620293	
Person ID 2801389		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge ASSAULT; AGGRAVATED				14-20658-CF-4
Defendant's Name (Last, First, Middle) TERRELL, ERIC MONROE		DOB 09/21/1988	Sex M	Race B
Ht 601		Wt 160	Hair BLK	Eyes BRO
Skin DRK		Scars/Marks/Tattoos/Physical Features		
Alias	DL #	State		
Local Address (Street, City, State, Zip Code) 2450 13TH AVE N APT 204 ST PETERSBURG FL 33713		Telephone	Place of Birth	Citizenship US
Permanent Address (Street, City, State, Zip Code) 2450 13TH AVE N APT 204 ST PETERSBURG FL 33713		Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
		Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 10:15 PM, at 100 EAST BAY DRIVE, in Pinellas County did:

Did then and there intentionally and unlawfully threaten to do violence to Jason Perlman while having the apparent ability to carry out said threat and did create a well founded fear in Jason Perlman that such violence was imminent and in the commission of said assault did use a deadly weapon, to-wit: a dark colored revolver, a better description of which to the State Attorney is unknown, by pointing the gun in the face of Jason Perlman with the firearm the Defendant at the time of the assault not having the intent to kill Jason Perlman.

The defendant pointed the firearm in the face of the victim and stated, "Drop your keys and run." Upon my arrival, the victim was visibly terrified and shaking.

Contrary to Florida Statute/Ordinance 784.021.1A.

ARREST DATE: 12/29/2014 Time 10:38 PM . Aggravating/Mitigating Factors armed carjacking, fleeing and eluding high speed

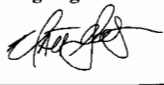
Booking Officer: DYAR 56751 Amount of Bond 10,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 1:10:53 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
 Declarant Signature  
 OFFICER MATTHEW GOSIER 493  
 Printed Name  
 LARGO POLICE DEPT.  
 Agency  
 310207195  
 Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	M. GOSIER	5 25.00		
12/29/2014	S. ALLRED	3 25.00		
12/29/2014	R. TINDALL	3 25.00		

OTHER – Describe \_\_\_\_\_  
 Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-76628		DOCKET # 1620293	
Person ID 02801389		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge RESISTING AN OFFICER; WITHOUT VIOLENCE (OBSTRUCTION)				14-28670-MM-1
Defendant's Name (Last, First, Middle) TERRELL II, ERIC MONROE		DOB 09/21/1988	Sex M	Race B
Ht 600		Wt 166	Hair BLK	Eyes BRO
Skin DRK				
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features BOTH FOREARMS	
Local Address (Street, City, State, Zip Code) TRANSIENT		Telephone	Place of Birth	Citizenship USA
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School UNEMPLOYED	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 10:53 PM, at 22 AVE NORTH AND 22ND ST NORTH, in Pinellas County did:

Unlawfully obstruct or oppose Officer A. Franklin, a duly and legally constituted law enforcement officer of the St. Petersburg Police, while in the lawful execution of a legal duty, which consisted of Fleeing from the police in a carjacked vehicle without offering or doing violence to the person of the officer.

The def was fleeing from police in a carjacked vehicle. The def crashed his vehicle and bailed on foot. I gave chase after the subject in my unmarked and then exited on foot. I was in full uniform and screaming police while the def was still running. I caught the subject on foot and he was taken into custody.

Contrary to Florida Statute/Ordinance 843.02

ARREST DATE: 12/29/2014 Time 10:55 PM Aggravating/Mitigating Factors COMMITTED A CARJACKING

Booking Officer: DYAR 56751 Amount of Bond 500 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 12:54:38 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

*A. A. Franklin*

ST. PETERSBURG POLICE

Declarant Signature

Agency

OFFICER AARON FRANKLIN 42888

02695083

Printed Name

Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/0014	FRANKLIN	2.5 25.00		\$62.50

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ 62.50

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 14-012329		DOCKET # 1620293	
Person ID 02801389		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge DRIVING WHILE DRIVER'S LICENSE SUSPENDED/REVOKED (FIRST OFFENSE)				6487WBP-1
Defendant's Name (Last, First, Middle) TERRELL II, ERIC MONROE		DOB 09/21/1988	Sex M	Race B
Ht 600		Wt 166	Hair BLK	Eyes BRO
Skin DRK				
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features BOTH FOREARMS	
Local Address (Street, City, State, Zip Code) TRANSIENT		Telephone	Place of Birth	Citizenship USA
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School UNEMPLOYED	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 10:20 PM, at SR 686 & US HWY 19, in Pinellas County did:

Did drive a motor vehicle upon a highway in the state of Florida during a time period when his driver's license had been cancelled, suspended, or revoked. To wit: def committed armed carjacking and then fled from officers at a high rate of speed. During this time, the def was operating a stolen motor vehicle upon the roadways of this state while his license was suspended. Def's license was most recently suspended indefinitely on 05/07/2012 for failure to pay traffic fines. Def issued citation number 6487WBP, call of court due to related felony charge. NFI

Contrary to Florida Statute/Ordinance 322.34.2.A.

ARREST DATE: 12/29/2014 Time 10:36 PM . Aggravating/Mitigating Factors FLEEING AND ELUDING, ARMED CARJACKIN

Booking Officer: DYAR, DANIEL 56751 Amount of Bond 250 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 1:11:20 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

Signature LARGO POLICE DEPT.  
Declarant Signature Agency  
OFFICER STEVEN ALLRED 329 01782287  
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 12/29/2014 OFFICER SALLRED HOURS X PAY RATE 4 25.00 OR COST  
OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-076637		DOCKET # 1620300	
Person ID 3326014		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge BURGLARY; CONVEYANCE UNOCCUPIED				14-20660-CF-1
Defendant's Name (Last, First, Middle) HENDERSON, AKEEM JAIWAN		DOB 06/07/1991	Sex M	Race B
		Ht 510	Wt 220	Hair BLK
		Eyes BRO	Skin	
Alias FOSTER, ERIC	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2435 27TH ST S ST.PETE FL 33711		Telephone	Place of Birth	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 2435 27TH ST S ST.PETE FL 33711		Telephone	Employed by / School WENDYS	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle) EDWARDS, JULIUS		DOB 10/02/1997	Sex M	Race B
				In Custody <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014, at approximately 11:05 PM, at 637 3RD AVE S, ST.PETERSBURG, FL, in Pinellas County did:

Unlawfully and without invitation or license did enter or remain in that certain conveyance, to-wit: 2004 Toyota Avalon bearing FL tag 309-WZC the property of The American Stage Co., Inc, with the intent to commit an offense therein and the said conveyance at the time was not open to the public. Your affiant witnessed the defendant enter the unlocked passenger side front door of said vehicle and sit in the passenger seat for approximately 15 seconds while he went through the glove compartment and center console. The defendant did not have permission to enter said vehicle. The defendant then fled the scene along with his accomplices, and was apprehended a short distance away.

Contrary to Florida Statute/Ordinance 810.02.4B.

ARREST DATE: 12/29/2014 Time 11:10 PM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 5,000 Bond Out Date \_\_\_\_\_ Time ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:05:02 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
ST. PETERSBURG POLICE  
Declarant Signature Agency

OFFICER TIMOTHY SAMMETINGER 28778 01122372  
Printed Name Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	T. SAMMETINGER	3.0 25.00		\$75.00

OTHER - Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ 75.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-76635		DOCKET # 1620300	
Person ID 3326014		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge RESISTING AN OFFICER; WITHOUT VIOLENCE (OBSTRUCTION)				14-20659-CF-2
Defendant's Name (Last, First, Middle) HENDERSON, AKEEM JAIWAN		DOB 06/07/1991	Sex M	Race B
		Ht 510	Wt 220	Hair BLK
		Eyes BRO	Skin	
Alias FOSTER, ERIC	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2435 27TH ST S ST.PETE FL 33711		Telephone	Place of Birth	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 2435 27TH ST S ST.PETE FL 33711		Telephone	Employed by / School WENDYS	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
		Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 11:05 AM, at 600 BLK 4 AVE S, in Pinellas County did:

The defendant did then and there unlawfully obstruct or oppose C. Turbee, a duly and legally constituted law enforcement officer of the ST. Petersburg Police Dept., while in the lawful execution of a legal duty, which consisted of arresting suspects that just committed a vehicle burglary without offering or doing violence to the person of the officer.

The defendant was confronted by police after committing a vehicle burglary, the defendant fled from the officer and was apprehend a short time after.

Contrary to Florida Statute/Ordinance 843.02.

ARREST DATE: 12/29/2014 Time 11:05 PM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 150 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:01:35 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
Declarant Signature  
ST. PETERSBURG POLICE  
Agency

DETECTIVE ANTHONY PETERSON 29355 1285828  
Printed Name Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	A PETERSON	3 29.14		\$87.42

OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ 87.42



## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT # <b>2014-76635</b>	DOCKET # <b>1620300</b>
Person ID <b>3326014</b>		SSN#	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)	
Charge <b>BURGLARY; CONVEYANCE UNOCCUPIED</b>		Court Case # <b>14-20659-CF-1</b>	
Defendant's Name (Last, First, Middle) <b>HENDERSON, AKEEM JAIWAN</b>		DOB <b>06/07/1991</b>	Sex <b>M</b> Race <b>B</b> Ht <b>510</b> Wt <b>220</b> Hair <b>BLK</b> Eyes <b>BRO</b> Skin
Alias <b>FOSTER, ERIC</b>	DL #	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) <b>2435 27TH ST S ST.PETE FL 33711</b>		Telephone	Place of Birth <b>USA</b>
Permanent Address (Street, City, State, Zip Code) <b>2435 27TH ST S ST.PETE FL 33711</b>		Telephone	Employed by / School <b>WENDYS</b>
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014, at approximately 11:00 PM, at 600 BLK 2 AVE S, in Pinellas County did:

The defendant did then and there unlawfully and without invitation or license did enter or remain in that certain conveyance, to-wit: a 2004 white Infiniti, FI tag 171TQP, the property of Joesph Chambers, with the intent to commit an offense therein and the said structure at the time was not open to the public.

The defendant along with several other co-defendants were walking the streets downtown St Pete. pulling on vehicle door handles looking for unlocked vehicles. They came upon the victim's vehicle and entered the vehicle. Several of the suspects including the defendant went through the victim's vehicle looking for property. These actions were observed by Dets. from the CASE unit. The defendant felt the area on sight of the police and was apprehended near by. The defendant also had property from the victim's vehicle in his pocket when he was arrested.

Contrary to Florida Statute/Ordinance 810.02.4B.


ARREST DATE: 12/29/2014 Time 11:05 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond 5,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:02:08 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.   _____ Declarant Signature		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>12/29/2014</td> <td>A PETERSON</td> <td>3 29.14</td> <td></td> <td>\$87.42</td> </tr> </table>		DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/29/2014	A PETERSON	3 29.14		\$87.42
DATE	OFFICER	HOURS X PAY RATE	OR	COST									
12/29/2014	A PETERSON	3 29.14		\$87.42									
DETECTIVE ANTHONY PETERSON 29355 _____ Printed Name		ST. PETERSBURG POLICE _____ Agency											
1285828 _____ Declarant ID#		OTHER – Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>87.42</u>											

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-076637		DOCKET # 1620300	
Person ID 3326014	SSN#			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge VOP - (GRAND THEFT MOTOR VEHICLE)			14-15959-CF-1	
Defendant's Name (Last, First, Middle) HENDERSON, AKEEM JAIWAN	DOB 06/07/1991	Sex M	Race B	Ht 510
		Wt 220	Hair BLK	Eyes BRO
Alias FOSTER, ERIC	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2435 27TH ST S ST.PETE FL 33711	Telephone	Place of Birth	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 2435 27TH ST S ST.PETE FL 33711	Telephone	Employed by / School WENDYS		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 11:05 PM, at 637 3RD AV S, in Pinellas County did:

Violate the conditions of his felony probation as set forth under court case number Pinellas County case 1415959 on 10/22/14 for a period of 1 and a half years(4/21/16) to wit: The Defendant was arrested for 2 counts of Vehicle Burglary Unoccupied and one count of resisting an officer without violence(2014-076637).

Contrary to Florida Statute/Ordinance 812.014 / 948.06.

ARREST DATE: 12/29/2014 Time 11:10 PM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: FISCHER, J 58328 Amount of Bond NO BOND Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:10:23 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
Declarant Signature  
OFFICER KEVIN HASKINS 45130  
Printed Name  
ST. PETERSBURG POLICE  
Agency  
03011682  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 12/29/2014 OFFICER HASKINS HOURS X PAY RATE 2 25.00 OR COST \$50.00  
OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ 50.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>2014-076624</b>		DOCKET # <b>1620286</b>	
Person ID <b>310306462</b>		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>BATTERY; ON SECURITY PERSONAL</b>				<b>14-20661-CF-1</b>
Defendant's Name (Last, First, Middle) <b>SAPLE, ALYSSA NICOLE</b>		DOB <b>08/14/1990</b>	Sex <b>F</b>	Race <b>W</b>
		Ht <b>5'3</b>	Wt <b>140</b>	Hair <b>BRO</b>
		Eyes <b>BRO</b>	Skin <b>LGT</b>	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>540 TRINITY LANE ST PETERSBURG FL 33716</b>		Telephone	Place of Birth	Citizenship <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>540 TRINITY LANE ST PETERSBURG FL 33716</b>		Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 9:51 PM, at 16 2 ST N, in Pinellas County did:

Then and there knowingly, actually, and intentionally touch or strike (SECURITY OFC. JACOB BOCCIS), a security officer of the (JANUS LIVE SECURITY), against the will of (JACOB BOCCIS) while said officer was engaged in the lawful performance of (HIS) duties, to-wit: (VICTIM WAS ESCORTING THE DEFENDANT OFF JANUS LIVE PROPERTY). The defendant knowing (JACOB BOCCIS TO BE A SECURITY OFFICER) to be a security officer.

(Defendant was being escorted out of a concert by Janus live security officers, who were wearing marked security shirts at the time of the battery. Defendant was refusing to leave, security officer Boccis began escorting her out of the venue. The defendant then began slapping the victim in the chest over and over. She then poked him in the chest numerous times. This battery was witnessed by two other security officers, and a fire inspector.)

Contrary to Florida Statute/Ordinance 784.07

ARREST DATE: 12/29/2014 Time 9:51 PM Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 5,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 11:31:15 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
 Declarant Signature \_\_\_\_\_ ST. PETERSBURG POLICE  
 \_\_\_\_\_ Agency  
 OFFICER MISTY SWANSON 44246 02909469  
 Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE OFFICER HOURS X PAY RATE OR COST  
 \_\_\_\_\_ \$0.00  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER – Describe \_\_\_\_\_  
 Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>2014-076624</b>		DOCKET # <b>1620286</b>	
Person ID <b>310306462</b>		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>BATTERY; ON A FIRE FIGHTER/ INSPECTOR</b>				<b>14-20661-CF-2</b>
Defendant's Name (Last, First, Middle) <b>SAPLE, ALYSSA NICOLE</b>		DOB <b>08/14/1990</b>	Sex <b>F</b>	Race <b>W</b>
		Ht <b>5'3</b>	Wt <b>140</b>	Hair <b>BRO</b>
		Eyes <b>BRO</b>	Skin <b>LGT</b>	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>540 TRINITY LANE ST PETERSBURG FL 33716</b>		Telephone	Place of Birth	Citizenship <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>540 TRINITY LANE ST PETERSBURG FL 33716</b>		Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 9:51 PM, at 16 2 ST N, in Pinellas County did:

Then and there knowingly, actually, and intentionally touch or strike (JANINE MOJADO), a fire inspector of the (ST PETERSBURG FIRE DEPT.), against the will of (JANINE MOJADO) while said officer was engaged in the lawful performance of (HER) duties, to-wit: (VICTIM WAS ATTEMPTING TO REMOVE THE DEFENDANT FROM JANUS LIVE AND ALSO GET THE DEFENDANT OUT OF THE STREET). The defendant knowing (JANINE MOJADO) to be a firefighter/fire inspector officer.

(VICTIM WAS ASSISTING IN THE REMOVAL OF AN UNCOOPERATIVE SUBJECT FROM THE JANUS LIVE VENUE. THE VICTIM WAS IN THE PERFORMANCE OF HER REGULAR DUTIES AS A FIRE INSPECTOR FOR THE CITY OF ST PETERSBURG AND WAS WEARING A MARKED UNIFORM. THE VICTIM ATTEMPTED TO ASSIST WITH REMOVING THE DEFENDANT FROM JANUS LIVE. THE DEFENDANT WAS REMOVED AND THREW HERSELF IN THE STREET. THE VICTIM ATTEMPTED TO GET THE DEFENDANT OUT OF THE STREET. THE DEFENDANT BEGAN SWINGING HER FIST AT THE VICTIM, STRIKING HER TWICE. THIS WAS WITNESSED BY THREE OTHER SUBJECTS.)

Contrary to Florida Statute/Ordinance 784.07.

ARREST DATE: 12/29/2014 Time 9:51 PM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 5,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 11:52:29 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
 Declarant Signature \_\_\_\_\_ ST. PETERSBURG POLICE  
 OFFICER MISTY SWANSON 44246 02909469  
 Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
				\$0.00
OTHER - Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$0.00</u>				

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014076653		DOCKET # 1620302	
Person ID 02475752		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge BATTERY; AGGRAVATED				14-20662-CF-1
Defendant's Name (Last, First, Middle) DAVIS, MARLUS A		DOB 04/10/1970	Sex F	Race B
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2324 13 ST S ST PETERSBURG FL		Telephone 217-6367	Place of Birth	Citizenship US
Permanent Address (Street, City, State, Zip Code) 2324 13 ST S ST PETERSBURG FL		Telephone 217-6367	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014, at approximately 3:00 AM, at 2325 13 ST S, in Pinellas County did:

Did intentionally or knowingly touch or strike, against the will of Stacy Cooper thereby causing great bodily harm, permanent disability, or permanent disfigurement to Stacy Cooper.

The Def. was having an argument with the victim. The Def. and the victim then engaged in a physical altercation. The Def. and the victim broke it up and separated. The victim went into the bathroom. The Def. walked into the bathroom and threw an object at the victim. The victim was struck in the face, causing an approximately one inch laceration over her eyeball. The victims injury will require stitches.

Contrary to Florida Statute/Ordinance 784.045.1A1.

ARREST DATE: 12/30/2014 Time 3:15 AM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 10,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 4:10:49 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
Declarant Signature  
ST. PETERSBURG POLICE  
Agency  
OFFICER ERIC SMITH 45794  
Printed Name  
03253345  
Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	E. SMITH	2 25.00		\$50.00
12/30/2014	D. LESPERANCE	2 25.00		50

OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$100.00

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-076651		DOCKET # 1620303	
Person ID 310306465		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge BATTERY; DOMESTIC				14-28672-MM-1
Defendant's Name (Last, First, Middle) BRUNNER, ASHLEY RENE A		DOB 07/19/1993	Sex F	Race W
		Ht 503	Wt 115	Hair BLN
		Eyes BLU	Skin FAR	
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features BACK NECK - CANCER	
Local Address (Street, City, State, Zip Code) 344 4TH ST S APT 6 ST PETERSBURG FL 33701		Telephone 217-898-5788	Place of Birth	Citizenship US
Permanent Address (Street, City, State, Zip Code) 344 4TH ST S APT 6 ST PETERSBURG FL 33701		Telephone 217-898-5788	Employed by / School SLOPPY PELICAN	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 2:46 AM, at 344 4TH ST S, APT 6, in Pinellas County did:

Actually and intentionally touch or strike Jonah Rehak, her boyfriend and co-habitant, against the will of Rehak, to-wit: striking him with an open hand multiple times and grabbing his neck, causing scratch marks and bruising. Post-miranda, Brunner admitted to grabbing him and striking him multiple times.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 12/30/2014 Time 3:21 AM. Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond ZERO Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 4:28:50 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
 Declarant Signature \_\_\_\_\_ ST. PETERSBURG POLICE  
 \_\_\_\_\_ Agency  
 OFFICER MICHAEL KARAYIANES 44464 02937032  
 Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	KARAYIANES	2 25.00		\$50.00

OTHER - Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No TOTAL \$ 50.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT # <b>SO14-543829</b>		DOCKET # <b>1620304</b>																															
Person ID <b>002981120</b>			SSN#																																
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance			Traffic Citation # (if any)		Court Case #																														
Charge <b>WARRANT ARREST FTA FAILURE TO COMPLY</b>					<b>14-26624-MM-1</b>																														
Defendant's Name (Last, First, Middle) <b>ELLISON, JARROD ROBERT</b>		DOB <b>03/06/1982</b>	Sex <b>M</b>	Race <b>U</b>	Ht <b>61</b>																														
		Wt <b>170</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin																														
Alias	DL #	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features <b>MULT TATTOOS</b>																																
Local Address (Street, City, State, Zip Code) <b>609 S MLK JR AVE #C CLEARWATER, FL 33756</b>			Telephone	Place of Birth	Citizenship <b>USA</b>																														
Permanent Address (Street, City, State, Zip Code) <b>609 S MLK JR AVE #C CLEARWATER, FL 33756</b>			Telephone	Employed by / School <b>CES</b>																															
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK																															
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race																														
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race																														
<p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>30</u> day of <u>DECEMBER</u>, 2014,</p> <p>at approximately <u>3:51</u> AM, at <u>609 S MARTIN LUTHER KING JR AVE #C CLEARWATER</u>, in Pinellas County did:</p> <p><b>ARREST ON PINELLAS COUNTY FLORIDA WARRANT #: 14-26624-MM</b></p> <p><b>BOND: 513.00</b></p> <p><b>WARRANT ISSUE DATE: 20141222</b></p> <p><b>I HAVE NO KNOWLEDGE OF THIS CASE.</b></p> <p><b>WARRANT CANCELLED:</b></p> <p><b>DATE: 12/30/2014 4:41:28 AM</b></p> <p><b>CLERK: 56615</b></p> <p><b>DEPUTY: 58328</b></p>																																			
<p>Contrary to Florida Statute/Ordinance <u>327.72</u></p> <p>ARREST DATE: <u>12/30/2014</u> Time <u>3:51 AM</u> . Aggravating/Mitigating Factors _____</p> <p>Booking Officer: <u>FISCHER, J 58328</u> Amount of Bond <u>513.00</u> Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Court reviewed this complaint and finds there: <input type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____</p> <p>The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 4:41:36 AM</p>																																			
<p>Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.</p> <p><i>Craig Beroshok</i></p> <p>_____ Declarant Signature</p> <p>DEPUTY CRAIG BEROSHOK 54815 Printed Name</p>			<p>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>12/30/2014</td> <td>BEROSHOK</td> <td>1 25.00</td> <td></td> <td>\$25.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>OTHER – Describe _____</p> <p>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>25.00</u></p>			DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/30/2014	BEROSHOK	1 25.00		\$25.00																				
DATE	OFFICER	HOURS X PAY RATE	OR	COST																															
12/30/2014	BEROSHOK	1 25.00		\$25.00																															

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-076635		DOCKET # 1620299	
Person ID 310306466		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge RESISTING AN OFFICER; WITHOUT VIOLENCE (OBSTRUCTION)				14-20663-CF-2
Defendant's Name (Last, First, Middle) BROWN, DELLION MAURICE		DOB 06/15/1995	Sex M	Race B
Height 6'1		Weight 165	Hair BRO	Eyes BRO
Skin DRK				
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2511 IMALY CT S ST. PETERSBURG FL 33710		Telephone	Place of Birth	Citizenship U.S.
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School UNEMPLOYED	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle) BOONE, CHRIS		DOB 03/27/1997	Sex M	Race B
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014, at approximately 11:00 PM, at 201 6 ST S, ST. PETERSBURG FL, in Pinellas County did:

Unlawfully obstruct or oppose K9 Ofc. Turbee, a duly and legally constituted law enforcement officer of the St. Petersburg Police dept, while in the lawful execution of a legal duty, which consisted of making an arrest for Vehicle burglary without offering or doing violence to the person of the officer.

K9 Ofc. Turbee attempted to make contact with the def. in his full St. Petersburg Police Uniform, operating a Marked Police cruiser. Probable cause was established for Vehicle Burglary. Contact was made and the def. fled on foot. K9 Ofc. Turbee located the def hiding in the bushes along the alley in the 600-block of 4 Ave S

Contrary to Florida Statute/Ordinance 843.02

ARREST DATE: 12/29/2014 Time 11:00 PM Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: DYAR 56751 Amount of Bond 150 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:00:47 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
Declarant Signature  
OFFICER THOMAS QUALEY 43350  
Printed Name  
ST. PETERSBURG POLICE  
Agency  
02502866  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	DET. T. QUALEY	2 25.00		\$50.00
OTHER – Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 50.00				



## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-076635		DOCKET # 1620299	
Person ID 310306466		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge BURGLARY; CONVEYANCE UNOCCUPIED				14-20663-CF-1
Defendant's Name (Last, First, Middle) BROWN, DELLION MAURICE		DOB 06/15/1995	Sex M	Race B
		Ht 6'1	Wt 165	Hair BRO
		Eyes BRO	Skin DRK	
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2511 IMALY CT S ST. PETERSBURG FL 33710		Telephone	Place of Birth	Citizenship U.S.
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School UNEMPLOYED	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle) BOONE, CHRIS		DOB 03/27/1997	Sex M	Race B
			In Custody <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
			In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014,

at approximately 11:00 PM, at 201 6 ST S, ST. PETERSBURG FL, in Pinellas County did:

Unlawfully and without invitation or license did enter or remain in that certain conveyance, to-wit: White 2004 Infinity G35 Bearing FL Tag # 171-TQP the property of Joseph Chambers, with the intent to commit an offense therein and the said structure at the time was not open to the public.

The def. and co-defs were observed walking down alleys, and parking lots pulling on parked car door handles. The def. was observed by undercover detectives acting as a "look-out" while the co-defs were observed entering the vehicle via a unlocked drier side door. The def. and co-defs ran from police and were eventually taken into custody.

Contrary to Florida Statute/Ordinance 810.02.4B

ARREST DATE: 12/29/2014 Time 11:00 PM Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: DYAR 56751 Amount of Bond 5,000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 3:01:08 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

Declarant Signature \_\_\_\_\_ ST. PETERSBURG POLICE  
Agency

OFFICER THOMAS QUALEY 43350 02502866  
Printed Name Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	DET. T. QUALEY	2 25.00		\$50.00

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ 50.00



## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-074896		DOCKET # 1617483	
Person ID 3024915	SSN#			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge GRAND THEFT >\$300 BUT <\$5000			14-20609-CF-8	
Defendant's Name (Last, First, Middle) LAMBERT, CHRISTOPHER	DOB 04/29/1988	Sex M	Race B	Ht 509
Wt 155	Hair BLK	Eyes BRO	Skin DRK	
Alias LAMBERT, CHRISTOPHER HOMER	DL #	State	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2716 47TH AV. N. ST. PETERSBURG FL 33714	Telephone 727-303-9217	Place of Birth	Citizenship U.S.	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School NONE		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2014,  
at approximately 9:24 PM, at 510 CENTRAL AVENUE (REGIONS BANK), in Pinellas County did:  
the suspect did then and there unlawfully, knowingly, and intentionally enter the bank where he removed \$1475.00 from his account which had been deposited there illegally by him depositing a counterfeit into the account. The suspect, thereby, obtained the money of the bank, thereby depriving them of their money. The suspect was positively identified via bank security video.

Contrary to Florida Statute/Ordinance 812.014.

ARREST DATE: 12/29/2014 Time 3:50 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:56:28 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

MD RR  
Declarant Signature ST. PETERSBURG POLICE  
Agency

DETECTIVE MARK MARLAND 28543 01105369  
Printed Name Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	MARLAND	4 25.00		\$100.00

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No TOTAL \$ 100.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-074896		DOCKET # 1617483	
Person ID 3024915		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge UTTERING COUNTERFEIT INSTRUMENT (CHECK)		14-20609-CF-7		
Defendant's Name (Last, First, Middle) LAMBERT, CHRISTOPHER		DOB 04/29/1988	Sex M	Race B
Ht 509		Wt 155	Hair BLK	Eyes BRO
Skin DRK		Scars/Marks/Tattoos/Physical Features		
Alias LAMBERT, CHRISTOPHER HOMER	DL #	State	Employed by / School NONE	
Local Address (Street, City, State, Zip Code) 2716 47TH AV. N. ST. PETERSBURG FL 33714		Telephone 727-303-9217	Place of Birth	Citizenship U.S.
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School NONE	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 01 day of DECEMBER, 2014, at approximately 1:13 PM, at 510 CENTRAL AVENUE (REGIONS BANK), in Pinellas County did: the suspect did then and there unlawfully, knowingly, and intentionally enter the Regions Bank where he uttered a counterfeit check payable to him for \$1500.00. The amount of the check was credited to his account. The suspect was positively identified via bank security video.

Contrary to Florida Statute/Ordinance 831.09

ARREST DATE: 12/29/2014 Time 3:45 PM Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:58:05 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

*MDRL*

ST. PETERSBURG POLICE

Declarant Signature

Agency

DETECTIVE MARK MARLAND 28543

01105369

Printed Name

Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	MARLAND	4 25.00		\$100.00

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$100.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 14-074896		DOCKET # 1617483	
Person ID 3024915		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge GRAND THEFT				14-20609-CF-6
Defendant's Name (Last, First, Middle) LAMBERT, CHRISTOPHER		DOB 04/29/1988	Sex M	Race B
Ht 509		Wt 155	Hair BLK	Eyes BRO
Skin DRK		Scars/Marks/Tattoos/Physical Features		
Alias LAMBERT, CHRISTOPHER HOMER		DL #	State	
Local Address (Street, City, State, Zip Code) 2716 47TH AV. N. ST. PETERSBURG FL 33714		Telephone 727-303-9217	Place of Birth	Citizenship U.S.
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School NONE	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 26 day of NOVEMBER, 2014, at approximately 9:24 PM, at 510 CENTRAL AVENUE (REGIONS BANK), in Pinellas County did:

the suspect did then and there unlawfully, knowingly, and intentionally enter the Regions bank where he removed \$725.00 from his account which had been illegally deposited into his account via a counterfeit check made payable to him. When the suspect took the money he, thereby, deprived the bank of their money.

Contrary to Florida Statute/Ordinance 812.014.

ARREST DATE: 12/29/2014 Time 3:45 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:56:10 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

MDRR  
Declarant Signature  
DETECTIVE MARK MARLAND 28543  
Printed Name  
ST. PETERSBURG POLICE  
Agency  
01105369  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 12/29/2014 OFFICER MARLAND HOURS X PAY RATE 4 25.00 OR COST \$100.00  
OTHER – Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$100.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>14-074896</b>	DOCKET # <b>1617483</b>
Person ID <b>3024915</b>		SSN#
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)
Charge <b>UTTERING COUNTERFEIT INSTRUMENT (CHECK)</b>		Court Case # <b>14-20609-CF-5</b>
Defendant's Name (Last, First, Middle) <b>LAMBERT, CHRISTOPHER</b>	DOB <b>04/29/1988</b>	Sex <b>M</b> Race <b>B</b> Ht <b>509</b> Wt <b>155</b> Hair <b>BLK</b> Eyes <b>BRO</b> Skin <b>DRK</b>
Alias <b>LAMBERT, CHRISTOPHER HOMER</b>	DL #	State
Local Address (Street, City, State, Zip Code) <b>2716 47TH AV. N. ST. PETERSBURG FL 33714</b>		Scars/Marks/Tattoos/Physical Features
Telephone <b>727-303-9217</b>		Place of Birth
Permanent Address (Street, City, State, Zip Code)		Citizenship <b>U.S.</b>
Telephone		Employed by / School <b>NONE</b>
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		
Co-Defendant's Name (Last, First, Middle)	DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 25 day of NOVEMBER, 2014, at approximately 2:58 PM, at 510 CENTRAL AVENUE (REGIONS BANK), in Pinellas County did:

the suspect did then and there unlawfully, knowingly, and intentionally enter the Regions bank where he uttered a counterfeit check made payable to himself for \$750.00. The check was accepted for deposit into the suspect's account. The suspect was positively identified via bank security.

Contrary to Florida Statute/Ordinance 831.09.

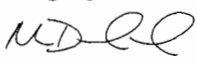
ARREST DATE: 12/29/2014 Time 3:45 PM Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:57:55 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.   _____ Declarant Signature  DETECTIVE MARK MARLAND 28543 Printed Name ST. PETERSBURG POLICE Agency 01105369 Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <td>DATE</td> <td>OFFICER</td> <td>HOURS X PAY RATE</td> <td>OR</td> <td>COST</td> </tr> <tr> <td>12/29/2014</td> <td>MARLAND</td> <td>4 25.00</td> <td></td> <td>\$100.00</td> </tr> </table> _____ _____ OTHER – Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$100.00</u>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/29/2014	MARLAND	4 25.00		\$100.00
DATE	OFFICER	HOURS X PAY RATE	OR	COST							
12/29/2014	MARLAND	4 25.00		\$100.00							

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>2014-074896</b>		DOCKET # <b>1617483</b>	
Person ID <b>3024915</b>	SSN#			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge <b>GRAND THEFT &gt;\$300 BUT &lt;\$5000</b>			<b>14-20609-CF-4</b>	
Defendant's Name (Last, First, Middle) <b>LAMBERT, CHRISTOPHER</b>	DOB <b>04/29/1988</b>	Sex <b>M</b>	Race <b>B</b>	Ht <b>509</b>
Wt <b>155</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin <b>DRK</b>	
Alias <b>LAMBERT, CHRISTOPHER HOMER</b>	DL #	State	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>2716 47TH AV. N. ST. PETERSBURG FL 33714</b>	Telephone <b>727-303-9217</b>	Place of Birth	Citizenship <b>U.S.</b>	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School <b>NONE</b>		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 20 day of NOVEMBER, 2014, at approximately 9:09 PM, at 510 CENTRAL AVENUE 9REGIONS BANK, in Pinellas County did:

the suspect did then and there unlawfully, knowingly, and intentionally enter the Regions bank where he removed \$877.00 from his account the money had been put into the account illegally by uttering a counterfeit check to obtain a credit to the account. When the suspect removed the money from the bank he, thereby, removed money that belonged to the bank and was intended for him. The suspect was positively identified via bank security video.

Contrary to Florida Statute/Ordinance 812.014.

ARREST DATE: 12/29/2014 Time 3:30 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:56:00 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

MDRR  
Declarant Signature  
DETECTIVE MARK MARLAND 28543  
Printed Name  
ST. PETERSBURG POLICE  
Agency  
01105369  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/29/2014	MARLAND	4 25.00		\$100.00
OTHER - Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>100.00</u>				

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2014-074896		DOCKET # 1617483	
Person ID 3024915		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge UTTERING COUNTERFEIT INSTRUMENT (CHECK)				14-20609-CF-3
Defendant's Name (Last, First, Middle) LAMBERT, CHRISTOPHER		DOB 04/29/1988	Sex M	Race B
Ht 509		Wt 155	Hair BLK	Eyes BRO
Skin DRK		Scars/Marks/Tattoos/Physical Features		
Alias LAMBERT, CHRISTOPHER HOMER	DL #	State	Employed by / School NONE	
Local Address (Street, City, State, Zip Code) 2716 47TH AV. N. ST. PETERSBURG FL 33714		Telephone 727-303-9217	Place of Birth	Citizenship U.S.
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School NONE	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 19 day of NOVEMBER, 2014,

at approximately 11:37 PM, at 5728 GULFPORT BLVD (REGIONS BANK), in Pinellas County did:

the suspect did then and there unlawfully, knowingly, and intentionally enter the Regions Bank where he uttered a counterfeit check for \$900.00 made payable to himself. The suspect was positively identified via bank security video.

Contrary to Florida Statute/Ordinance 831.09

ARREST DATE: 12/29/2014 Time 3:30 PM Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:57:46 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

MDR  
Declarant Signature  
DETECTIVE MARK MARLAND 28543  
Printed Name  
ST. PETERSBURG POLICE  
Agency  
01105369  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 12/29/2014 OFFICER MARLAND HOURS X PAY RATE 4 25.00 OR COST \$100.00  
OTHER - Describe \_\_\_\_\_  
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$100.00



## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT # <b>2014-074896</b>	DOCKET # <b>1617483</b>
Person ID <b>3024915</b>		SSN#	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)	
Charge <b>GRAND THEFT &gt;\$300 BUT &lt;\$5000</b>		Court Case # <b>14-20609-CF-2</b>	
Defendant's Name (Last, First, Middle) <b>LAMBERT, CHRISTOPHER</b>		DOB <b>04/29/1988</b>	Sex <b>M</b> Race <b>B</b> Ht <b>509</b> Wt <b>155</b> Hair <b>BLK</b> Eyes <b>BRO</b> Skin <b>DRK</b>
Alias <b>LAMBERT, CHRISTOPHER HOMER</b>	DL #	State	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) <b>2716 47TH AV. N. ST. PETERSBURG FL 33714</b>		Telephone <b>727-303-9217</b>	Place of Birth <b>U.S.</b>
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School <b>NONE</b>
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 08 day of NOVEMBER, 2014, at approximately 9:00 AM, at 3399 66 STREET NORTH (REGIONS BANK), in Pinellas County did:

the suspect did then and there unlawfully, knowingly, and intentionally enter the Regions bank where he removed \$575.00 from his account which had been illegally deposited into his account via a counterfeit check made payable to him. When the suspect took the money he, thereby, deprived the bank of their money.

Contrary to Florida Statute/Ordinance 812.014.


ARREST DATE: 12/29/2014 Time 3:30 PM Aggravating/Mitigating Factors VOP ALL READY AND A UTTERING

Booking Officer: RUIZ, H 54843 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:55:47 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.   _____ Declarant Signature  DETECTIVE MARK MARLAND 28543 Printed Name ST. PETERSBURG POLICE Agency 01105369 Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>12/29/2014</td> <td>MARLAND</td> <td>4 25.00</td> <td></td> <td>\$100.00</td> </tr> </table> OTHER – Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$100.00</u>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/29/2014	MARLAND	4 25.00		\$100.00
DATE	OFFICER	HOURS X PAY RATE	OR	COST							
12/29/2014	MARLAND	4 25.00		\$100.00							

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT #	<b>SO14-543212</b>		DOCKET #	<b>1620114</b>	
Person ID <b>3125598</b>				SSN#			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance				Traffic Citation # (if any)		Court Case #	
Charge INTRO/POSS CONTRABAND IN A COUNTY DETENTION FACILITY						<b>14-20657-CF-1</b>	
Defendant's Name (Last, First, Middle) <b>ROBINSON, TALIA LATRICE</b>			DOB <b>08/01/1988</b>	Sex <b>F</b>	Race <b>B</b>	Ht <b>509</b>	Wt <b>175</b>
Hair <b>BLK</b>		Eyes <b>BRO</b>	Skin				
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features				
Local Address (Street, City, State, Zip Code) <b>TRANSIENT</b>			Telephone		Place of Birth		Citizenship <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>TRANSIENT</b>			Telephone		Employed by / School		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 28 day of DECEMBER, 2014,  
at approximately 2:00 AM, at 14400 49TH STREET NORTH CLEARWATER, FL, in Pinellas County did:

Did unlawfully introduce into or possess upon the grounds of the Pinellas County Jail, a county detention facility, or did give to or receive from any inmate of the Pinellas County Jail contraband, to-wit: During the booking procedure, the defendant was asked if she had any drugs on her, she stated she might. Inmate Robinson checked in her bra, under her left breast and said, "I have weed and I forgot it was there."

A Presumptive Field Test was conducted and the green leafy substance and it tested positive for Marijuana.

Post Miranda, Defendant admitted the Marijuana was hers.

Contrary to Florida Statute/Ordinance 951.22.

ARREST DATE: 12/29/2014 Time 5:42 PM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: FISCHER, J 58328 Amount of Bond 5000.00 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 6:19:25 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.  <div style="text-align: center;">             Deputy Paul Lindner            PINELLAS COUNTY SHERIFF         </div> <div style="display: flex; justify-content: space-between;"> <div>             Declarant Signature               DEPUTY PAUL LINDNER 55862              Printed Name           </div> <div>             Agency               02283626              Declarant ID#           </div> </div>	<div style="text-align: center;"> <b>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</b> </div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DATE 12/29/2014</td> <td style="width:25%;">OFFICER LINDNER</td> <td style="width:25%;">HOURS X PAY RATE 2 25.00</td> <td style="width:25%;">OR COST \$50.00</td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table> <div>             OTHER – Describe _____              Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No           </div> <div style="text-align: right;">             TOTAL \$ <u>50.00</u> </div>	DATE 12/29/2014	OFFICER LINDNER	HOURS X PAY RATE 2 25.00	OR COST \$50.00																
DATE 12/29/2014	OFFICER LINDNER	HOURS X PAY RATE 2 25.00	OR COST \$50.00																		

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #		REPORT # <b>CW14-160192</b>		DOCKET # <b>1618715</b>	
Person ID <b>1903519</b>			SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance			Traffic Citation # (if any)		Court Case #
Charge <b>GRAND THEFT MOTOR VEHICLE</b>					<b>14-20649-CF-1</b>
Defendant's Name (Last, First, Middle) <b>ROBERTS, BRET A</b>		DOB <b>06/16/1986</b>	Sex <b>M</b>	Race <b>W</b>	Ht <b>507</b>
				Wt <b>120</b>	Hair <b>BRO</b>
				Eyes <b>BRO</b>	Skin <b>MED</b>
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features		
Local Address (Street, City, State, Zip Code) <b>9073 FAIRWEATHER DR LARGO FL 33772</b>			Telephone <b>7276573667</b>	Place of Birth	Citizenship <b>USA</b>
Permanent Address (Street, City, State, Zip Code) <b>9073 FAIRWEATHER DR LARGO FL 33772</b>			Telephone	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race
					In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)			DOB	Sex	Race
					In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 22 day of NOVEMBER, 2014, at approximately 12:00 AM, at 1814 SUNSET POINT RD, in Pinellas County did:

Did knowingly and unlawfully obtain to use or endeavor to obtain or to use, the property, to-wit: 2009 Toyota Corolla with FL Registration 967KJC, with the intent to deprive Tassenda Mills of a right to the property or a benefit derived there from, or with intent to appropriate the property to his own or the use of any person not entitled thereto.

The def did take the spare key to the vehicle from between the victim's mattresses without consent of the victim. He then took the vehicle without her consent and drove to St Petersburg to use narcotics. Post Miranda the def stated he knew he was not supposed to take the vehicle and did not have the victim's permission. He stated he did not know where the vehicle was as the key and vehicle were stolen from him when he was passed out in St Pete.

Contrary to Florida Statute/Ordinance 812.014.2C6.

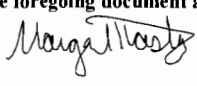
ARREST DATE: 12/29/2014 Time 3:23 PM. Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: FIELDS, K 54822 Amount of Bond 5000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☒ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 3:27:50 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.   CLEARWATER POLICE DEPT. Declarant Signature _____ Agency _____ DETECTIVE MARGARET HASTY 7180 029257566 Printed Name _____ Declarant ID# _____		<b>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> </thead> <tbody> <tr> <td>12/29/2014</td> <td>MD HASTY</td> <td>4 29.14</td> <td></td> <td>\$116.56</td> </tr> <tr> <td>12/29/2014</td> <td>G SMITH</td> <td>2 29.14</td> <td></td> <td>58.28</td> </tr> <tr> <td colspan="5">OTHER - Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>TOTAL \$ <u>174.84</u></td> </tr> </tbody> </table>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/29/2014	MD HASTY	4 29.14		\$116.56	12/29/2014	G SMITH	2 29.14		58.28	OTHER - Describe _____					Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL \$ <u>174.84</u>
DATE	OFFICER	HOURS X PAY RATE	OR	COST																							
12/29/2014	MD HASTY	4 29.14		\$116.56																							
12/29/2014	G SMITH	2 29.14		58.28																							
OTHER - Describe _____																											
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL \$ <u>174.84</u>																							

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS#	REPORT # <b>2014-076585</b>	DOCKET # <b>1620256</b>
Person ID <b>1336653</b>	SSN#	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #
Charge <b>D.W.L.S.R. FELONY (CAUSING INJURY)</b>	<b>A1BAMFP</b>	<b>14-20639-CF-2</b>
Defendant's Name (Last, First, Middle) <b>ANDERSON, MICHAEL CHARLES</b>	DOB <b>11/13/1985</b>	Sex <b>M</b> Race <b>B</b> Ht <b>507</b> Wt <b>260</b> Hair <b>BLK</b> Eyes <b>BRO</b> Skin <b>DRK</b>
Alias	DL #	State FL Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) <b>TRANSIENT</b>	Telephone <b>727-608-2660</b>	Place of Birth <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>TRANSIENT</b>	Telephone <b>727-608-2660</b>	Employed by / School <b>NONE</b>
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle) <b>MAZYCK, CAILA T</b>	DOB <b>04/16/1995</b>	Sex <b>F</b> Race <b>B</b> In Custody <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of DECEMBER, 2014, at approximately 5:53 PM, at 38TH AVE N & I-275 NB ON-RAMP, in Pinellas County did:

Did operate a motor vehicle upon the highways of this State during a time period when his driver's license had been revoked; the said defendant having been previously convicted of DWLSR five (5) times on the following dates: 10/11/2005, 12/5/2005, 5/18/2006, 9/7/2007, 5/19/2011. And, by careless or negligent operation of the motor vehicle, caused serious bodily injury to another human being.

The defendant was driving southbound on the 38th Ave N northbound on-ramp, which is a northbound-only direction. The defendant then crashed, causing disabling damage to two other cars, waiting at a red light on 38th Ave N. The defendant then fled from the vehicle, and was apprehended.

Citation was issued with a court date of Call of the Court

Contrary to Florida Statute/Ordinance 322.34.6


ARREST DATE: 12/29/2014 Time 6:00 PM . Aggravating/Mitigating Factors NDL, RECKLESS & HIT AND RUN W/ INJURIE

Booking Officer: FISCHER, J 58328 Amount of Bond 5000.00 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/29/2014 10:41:31 PM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.   Declarant Signature OFFICER CAROLYN SCHWALM 44829 Printed Name	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>12/29/2014</td> <td>C. SCHWALM</td> <td>5 25.00</td> <td></td> <td>\$125.00</td> </tr> </table> OTHER – Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>125.00</u>	DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/29/2014	C. SCHWALM	5 25.00		\$125.00
DATE	OFFICER	HOURS X PAY RATE	OR	COST							
12/29/2014	C. SCHWALM	5 25.00		\$125.00							

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO14-543877</b>		DOCKET # <b>1620308</b>	
Person ID <b>1230099</b>		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>DRIVING WHILE DRIVER'S LICENSE SUSPENDED/REVOKED</b>		<b>A30WWNE</b>		<b>A30WWNE-1</b>
Defendant's Name (Last, First, Middle) <b>SEAY, JAMES WALTER</b>		DOB <b>06/03/1983</b>	Sex <b>M</b>	Race <b>B</b>
Alias		DL #	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features <b>TT: R FOREARM&gt;"ANASTIA";L SHOULDER&gt;FOXY</b>
Local Address (Street, City, State, Zip Code) <b>1402 30 ST S ST PETERSBURG FL 33713</b>		Telephone <b>727- 418-4532</b>	Place of Birth	Citizenship <b>YES</b>
Permanent Address (Street, City, State, Zip Code) <b>1402 30 ST S ST PETERSBURG FL 33713</b>		Telephone <b>727- 418-4532</b>	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 4:41 AM, at 2695 SUNSET POINT RD, in Pinellas County did:

Did drive a motor vehicle upon a highway in the state of Florida during a time period when his driver's license had been cancelled, suspended, or revoked.

Citation #:A30WWNE Court: NORTH COUNTY TRAFFIC COURT 01/23/2015 AT 10:00AM Reason for suspension: POSSESSION OF CONTROLLED SUBSTANCE. Suspended on 05/01/2014

WHILE ON ROUTINE PATROL I OBSERVED A SILVER IMPALA WITH DARK WINDOW TINT AND I WAS UNABLE TO DETERMINE THE NUMBER OF OCCUPANTS INSIDE. I CONDUCTED A TRAFFIC STOP AND MADE CONTACT WITH THE DRIVER/DEFENDANT WHO STATED HIS LICENSE WAS SUSPENDED AS HE PRODUCED HIS FL ID CARD.

Contrary to Florida Statute/Ordinance 322.34.2.A.

ARREST DATE: 12/30/2014 Time 4:57 AM . Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: RUIZ, H 54843 Amount of Bond 250 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 5:52:20 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

*Dep. West*

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY STEPHEN WEST 57441

02800763

Printed Name

Declarant ID#

## REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	WEST, S	1 25.00		\$25.00
12/30/2014	JOHNSON, A	1 25.00		25

OTHER – Describe \_\_\_\_\_

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$50.00

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO14-543815</b>		DOCKET # <b>1620307</b>	
Person ID <b>03219941</b>		SSN#		
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>POSSESSION OF MARIJUANA</b>				<b>14-20664-CF-2</b>
Defendant's Name (Last, First, Middle) <b>JOHNSON, STEPHANIE LYNN</b>		DOB <b>09/14/1972</b>	Sex <b>F</b>	Race <b>W</b>
		Ht <b>502</b>	Wt <b>135</b>	Hair <b>BRO</b>
		Eyes <b>BRO</b>	Skin <b>FAR</b>	
Alias	DL #	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>TRANSIENT</b>		Telephone <b>727-485-4820</b>	Place of Birth	Citizenship <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>TRANSIENT</b>		Telephone <b>727-485-4820</b>	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle) <b>ALBRIGHT, DEVIN, DANIEL</b>		DOB <b>04/12/1979</b>	Sex <b>M</b>	Race <b>B</b>
			In Custody <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
			In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014,

at approximately 3:08 AM, at GANDY BLVD WEST OF THE TOWERS, in Pinellas County did:

Unlawfully have in her care, custody and control, a substance defined by Florida State Statute chapter 893, to wit: Cannabis Sativa, commonly known as marijuana. The cannabis did weigh an amount less than 20 grams. A presumptive test was positive.

Deputies approached a suspicious vehicle, and a clear baggie containing a green, leafy substance was in plain view on the floor of the backseat. The substance was within reach of the defendant.

Contrary to Florida Statute/Ordinance 893.13.6B.

ARREST DATE: 12/30/2014 Time 4:01 AM. Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: RUIZ, H 54843 Amount of Bond 150 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 5:47:39 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
 Declarant Signature  
 DEPUTY EVAN LEDERMAN 58744  
 Printed Name  
 PINELLAS COUNTY SHERIFF  
 Agency  
 03325609  
 Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	DEP. E. LEDERMAN	4 25.00		\$100.00
OTHER – Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$100.00				

## COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO14-543815</b>		DOCKET # <b>1620307</b>	
Person ID <b>03219941</b>		SSN#		
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)		Court Case #
Charge <b>POSSESSION OF CONTROLLED SUBSTANCE</b>				<b>14-20664-CF-1</b>
Defendant's Name (Last, First, Middle) <b>JOHNSON, STEPHANIE LYNN</b>		DOB <b>09/14/1972</b>	Sex <b>F</b>	Race <b>W</b>
Ht <b>502</b>		Wt <b>135</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>
Alias	DL #	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>TRANSIENT</b>		Telephone <b>727-485-4820</b>	Place of Birth	Citizenship <b>US</b>
Permanent Address (Street, City, State, Zip Code) <b>TRANSIENT</b>		Telephone <b>727-485-4820</b>	Employed by / School	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle) <b>ALBRIGHT, DEVIN, DANIEL</b>		DOB <b>04/12/1979</b>	Sex <b>M</b>	Race <b>B</b>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of DECEMBER, 2014, at approximately 3:08 AM, at GANDY BLVD WEST OF THE TOWERS, in Pinellas County did:

Then and there unlawfully have in her possession, custody, or control a certain controlled substance, to-wit: a white, chalky substance weighing less than 1 gram.

As deputies approached a suspicious vehicle, a baggie containing a white, chalky substance was in plain view on the floor being the driver's seat. A presumptive test showed positive for cocaine.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/30/2014 Time 4:01 AM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: RUIZ, H 54843 Amount of Bond 2000 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Victim Notified of Advisory? ☐ Yes ☐ No Injuries to Victim? ☐ Yes ☐ No Medical Treatment to Victim? ☐ Yes ☐ No

The Court reviewed this complaint and finds there: ☐ is probable cause ☐ is not probable cause to detain defendant ☐ Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/30/2014 6:20:14 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

  
 Declarant Signature \_\_\_\_\_  
 DEPUTY EVAN LEDERMAN 58744  
 Printed Name \_\_\_\_\_  
 PINELLAS COUNTY SHERIFF  
 Agency \_\_\_\_\_  
 03325609  
 Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/30/2014	DEP. E. LEDERMAN	4 25.00		\$100.00
OTHER - Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>100.00</u>				