

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

| | | | | | | | | | | | |
|---|--|--------------------------------------|---|----------------------------------|------------------------------------|---|--|--------------|---|------|--|
| OBTS # | REPORT # 2021-006023 | | | | DOCKET # 1856571 | | | | | | |
| Person ID | 1566510 | | | | SSN# [REDACTED] | | | | | | |
| 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 ATTEMPTED MURDER IN THE FIRST DEGREE | | | | | | 21-01513-CF-1 | | | | | |
| Defendant's Name (Last, First, Middle) | | | DOB | Sex | Race | Ht | Wt | Hair | Eyes | Skin | |
| WHITFIELD, CORNELIUS TREVION | | | 05/09/1989 | M | B | 5'6 | 119 | BLK | BRO | MED | |
| Alias | DL # | State | Scars/Marks/Tattoos/Physical Features | | | | | | | | |
| | W314118891691 | FL | MULTIPLE TATTOOS | | | | | | | | |
| Local Address (Street, City, State, Zip Code) | | | | | Telephone | Place of Birth | Citizenship | | | | |
| 2968 EMERSON AVENUE SOUTH ST PETERSBURG FL 33712 | | | | | 3528358735 | FL | USA | | | | |
| Permanent Address (Street, City, State, Zip Code) | | | | | Telephone | Employed by / School | | | | | |
| 2968 EMERSON AVENUE SOUTH ST PETERSBURG FL 33712 | | | | | 3528358735 | N/A | | | | | |
| Weapon Seized Type | | | Indication of Drug Influence | | | Indication of Mental Health Issues | | | Indication of Alcohol Influence | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | | | 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 16 day of FEBRUARY, 2021, at approximately 4:00 PM, at 2968 EMERSON AVE S, in Pinellas County did:

UNLAWFULLY, AND FROM A PREMEDITATED DESIGN TO EFFECT THE DEATH OF SHIRLEYLENE HARILAL, A HUMAN BEING, DID ATTEMPT TO KILL THE SAID VICTIM, BY SHOOTING WITH A GUN, IN AN ATTEMPT TO INFLICT MORTAL WOUNDS.

SHIRLEYLENE HARILAL EXITED THE RESIDENCE AND TOLD OFFICERS AND A DETECTIVE AT THE SCENE THAT SHE WAS SHOT BY HER SON. HARILAL IDENTIFIED HER SON, CORNELIUS WHITFIELD, AS THE PERSON WHO SHOT HER. HARILAL ALSO STATED THAT THERE WERE FIVE PEOPLE IN THE HOME, THREE OF THEM WERE SHOT, A SMALL CHILD, AND HER SON CORNELIUS WHITFIELD AS THE PERSON WHO SHOT HER. WITHIN THE HOME THREE ADULT FAMILY MEMBERS WERE FOUND DECEASED FROM APPARENT GUNSHOT WOUNDS AFTER WHITFIELD SURRENDERED TO MEMBERS OF THE SWAT TEAM.

Contrary to Florida Statute/Ordinance 782.04.1A

ARREST DATE: 2/16/2021 Time 4:52 PM . Aggravating/Mitigating Factors MULTIPLE MURDER CHARGES

Booking Officer: EELLS, C 56501 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: 2/17/2021 12:06:53 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.

[Signature]
 Declarant Signature 6:10 PM ST. PETERSBURG POLICE Agency
 DETECTIVE AMALIA ANAMUAH-MENSAH 469190469136V 14003
 Printed Name Amalia Anamuah-Mensah Declarant ID# 0469136

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) | | | | | |
|--|----------------|------------------|----|------|----------|
| DATE | OFFICER | HOURS X PAY RATE | OR | COST | |
| 02/16/2021 | ANAMUAH-MENSAH | 12 25.00 | | | \$300.00 |
| 02/16/2021 | HARRIS, JASON | 12 25.00 | | | 300 |
| OTHER - Describe _____ | | | | | |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>\$600.00</u> | | | | | |

Defendant WHITFIELD, CORNELIUS TREVION

Court Case No: 21-01513-CF-1

ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

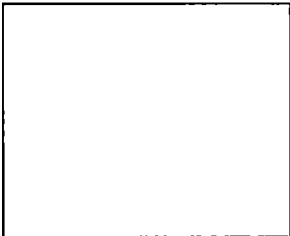
I FURTHER CERTIFY THAT:

- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME

JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



Thumb Print

DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE

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

| | | | | | | | | | | | | | | | | | | | |
|---|--|---|----------------------------------|----------------------------------|------------------------------------|-----------------------------|---------------------------------------|---|----------------------|------|------------------|-----|---------------------------------|---|-----|------|-----|------|-----|
| OBTS # | REPORT # 2021-006023 | | | | DOCKET # 1856571 | | | | | | | | | | | | | | |
| Person ID | 1566510 | | | SSN# | [REDACTED] | | | | | | | | | | | | | | |
| 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 | TAMPERING WITH PHYSICAL EVIDENCE | | | | | 21-01513-CF-2 | | | | | | | | | | | | | |
| Defendant's Name (Last, First, Middle) | WHITFIELD, CORNELIUS TREVION | | | DOB | 05/09/1989 | Sex | M | Race | B | Ht | 5'6 | Wt | 119 | Hair | BLK | Eyes | BRO | Skin | MED |
| Alias | DL # | W314118891691 | | | State | FL | Scars/Marks/Tattoos/Physical Features | | | | MULTIPLE TATTOOS | | | | | | | | |
| Local Address (Street, City, State, Zip Code) | 2968 EMERSON AVENUE SOUTH ST PETERSBURG FL 33712 | | | | | Telephone | 3528358735 | | Place of Birth | FL | Citizenship | | USA | | | | | | |
| Permanent Address (Street, City, State, Zip Code) | 2968 EMERSON AVENUE SOUTH ST PETERSBURG FL 33712 | | | | | Telephone | 3528358735 | | Employed by / School | | | N/A | | | | | | | |
| Weapon Seized | Type | Indication of Drug Influence | | | Y | N | UNK | Indication of Mental Health Issues | | | Y | N | UNK | Indication of Alcohol Influence | | | Y | N | UNK |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | | | | | <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 16 day of FEBRUARY, 2021, at approximately 10:30 PM, at 1301 1ST AVE N, in Pinellas County did:

DID KNOWINGLY ALTER, DESTROY, CONCEAL, OR REMOVE ANY RECORD, DOCUMENT, OR THING, TO-WIT: FINGERNAIL CLIPPINGS, KNOWING THAT A CRIMINAL TRIAL OR PROCEEDING OR AN INVESTIGATION BY A DULY CONSTITUTED PROSECUTING AUTHORITY OR LAW ENFORCEMENT AGENCY WAS PENDING OR WAS ABOUT TO BE INSTITUTED, WITH THE PURPOSE TO IMPAIR ITS VERITY OR AVAILABILITY IN SUCH PROCEEDING OR INVESTIGATION.

AS THE FORENSIC TECHNICIAN WAS CLIPPING THE DEFENDANT'S NAILS AND OBTAINING SCRAPINGS HE INTENTIONALLY HIT THE COLLECTION PAPER TO DISCARD THE CLIPPINGS AND SCRAPINGS ON THE FLOOR.

Contrary to Florida Statute/Ordinance 918.13.1A

ARREST DATE: 2/16/2021 Time 4:52 PM . Aggravating/Mitigating Factors MUTLIPLE MURDER CHARGES

Booking Officer: EELLS, C 56501 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: 2/17/2021 12:19:12 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]
 Declarant Signature
 DETECTIVE AMALIA ANAMUAH-MENSAH 46910
 Printed Name
 ST. PETERSBURG POLICE AGENCY
 Agency
 Declarant ID#

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) | | | | | |
|---|----------------|-------|------------|----|----------|
| DATE | OFFICER | HOURS | X PAY RATE | OR | COST |
| 02/16/2021 | ANAMUAH-MENSAH | 12 | 25.00 | | \$300.00 |
| 02/16/2021 | HARRIS, JASON | 12 | 25.00 | | 300 |

OTHER - Describe _____
 Continuation sheet Yes No TOTAL \$ 600.00

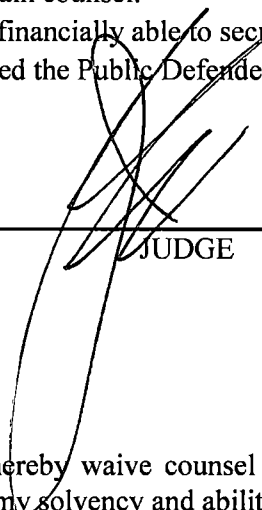
ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

I FURTHER CERTIFY THAT:

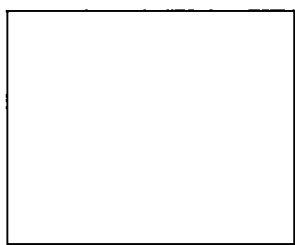
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME



JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



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DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE DEFENDANT'S ATTORNEY'S SIGNATURE DATE

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

| | | | | | |
|---|---|---|--|---|-----------|
| OBTS # | REPORT # 2021-006023 | | DOCKET # 1856571 | | |
| Person ID 1566510 | SSN# [REDACTED] | | | | |
| 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 MURDER IN THE FIRST DEGREE | | | 21-01513-CF-3 | | |
| Defendant's Name (Last, First, Middle) WHITFIELD, CORNELIUS TREVION | DOB 05/09/1989 | Sex M | Race B | Ht 5'5 | Wt 145 |
| Alias | DL # W314-118-89-169-1 | State FL | Scars/Marks/Tattoos/Physical Features MULTIPLE TATTOOS | | |
| Local Address (Street, City, State, Zip Code) 2968 EMERSON AV S ST. PETERSBURG FL 33712 | Telephone | Place of Birth FLORIDA | Citizenship US | | |
| Permanent Address (Street, City, State, Zip Code) 2968 EMERSON AV S ST. PETERSBURG FL 33712 | Telephone | Employed by / School N/A | | | |
| 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 16 day of FEBRUARY, 2021, at approximately 3:56 PM, at 2968 EMERSON AV S ST. PETERSBURG FL, in Pinellas County did: UNLAWFULLY, AND FROM A PREMEDITATED DESIGN TO EFFECT THE DEATH OF SALLIE WHITFIELD (B/F; 04/19/1937), A HUMAN BEING, DID SHOOT THE VICTIM THE SAID SALLIE WHITFIELD, WITH A GUN, THEREBY INFLICTING UPON THE SAID SALLIE WHITFIELD MORTAL WOUNDS, OF WHICH SAID MORTAL WOUNDS, AND BY THE MEANS AFORESAID AND AS A DIRECT RESULT THEREOF, THE SAID SALLIE WHITFIELD DIED.

AT APPROXIMATELY 1556 HOURS OFFICERS RESPONDED TO A PERSON SHOT CALL IN THE AREA OF EMERSON AV S AND 30TH ST S. UPON ARRIVING TO THE SCENE OFFICERS MADE CONTACT WITH SHIRLEYLEENE HARILAL (B/F; 07/25/1970) WHO WAS SUFFERING FROM A GUNSHOT WOUND. HARILAL ADVISED OFFICERS THAT UPON RETURNING HOME TO HER RESIDENCE AT 2968 EMERSON AV S SHE OBSERVED ADDITIONAL ADULT FAMILY MEMBERS DECEASED IN THE RESIDENCE. HARILAL ADVISED OFFICERS THAT WHILE IN THE HOUSE THE DEFENDANT HAD SHOT HER. ST. PETERSBURG POLICE DEPARTMENT SWAT TEAM RESPONDED TO THE RESIDENCE AT 2968 EMERSON AV S AND THE DEFENDANT WAS TAKEN INTO CUSTODY. LOCATED IN THE THE HOUSE WAS SALLIE WHITFIELD WHO HAD BEEN KILLED BY WHAT APPEARED TO BE A GUN SHOT WOUND.

Contrary to Florida Statute/Ordinance 782.04.1A4
 ARREST DATE: 2/16/2021 Time 4:52 PM . Aggravating/Mitigating Factors MULTIPLE MURDER CHARGES

Booking Officer: EELLS, C 56501 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: 2/17/2021 12:24:22 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 JASON HARRIS 43932
 Printed Name

 Declarant ID#

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

| DATE | OFFICER | HOURS X PAY RATE | OR | COST |
|------------|------------|------------------|----|---------|
| 02/17/2021 | J.A.HARRIS | 2 25.00 | | \$50.00 |
| | | | | |
| | | | | |

 OTHER - Describe _____
 Continuation sheet Yes No TOTAL \$ 50.00

Defendant WHITFIELD, CORNELIUS TREVION

Court Case No: 21-01513-CF-3

ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

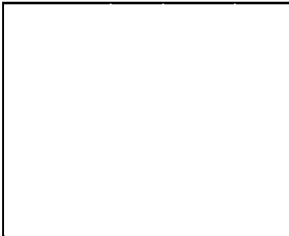
I FURTHER CERTIFY THAT:

- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME

JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



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DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE

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

| | | | | |
|---|---|---|--|---|
| OBTS # | REPORT # 2021-006023 | | DOCKET # 1856571 | |
| Person ID 1566510 | SSN# [REDACTED] | | | |
| 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 MURDER IN THE FIRST DEGREE | | | 21-01513-CF-4 | |
| Defendant's Name (Last, First, Middle) WHITFIELD, CORNELIUS TREVION | DOB 05/09/1989 | Sex M | Race B | Ht 5'6 |
| | | Wt 119 | Hair BLK | Eyes BRO |
| | | | Skin MED | |
| Alias | DL # W314118891691 | State FL | Scars/Marks/Tattoos/Physical Features MULTIPLE TATTOOS | |
| Local Address (Street, City, State, Zip Code) 2968 EMERSON AVENUE SOUTH ST PETERSBURG FL 33712 | Telephone 3528358735 | Place of Birth FL | Citizenship USA | |
| Permanent Address (Street, City, State, Zip Code) 2968 EMERSON AVENUE SOUTH ST PETERSBURG FL 33712 | Telephone 3528358735 | Employed by / School N/A | | |
| 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"/> | Indication of Alcohol Influence 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 16 day of FEBRUARY, 2021, at approximately 4:00 PM, at 2968 EMERSON AVE S, in Pinellas County did:

UNLAWFULLY, AND FROM A PREMEDITATED DESIGN TO EFFECT THE DEATH OF PATRICIA ANN WHITFIELD SHARPE, A HUMAN BEING, DID SHOOT THE SAID PATRICIA ANN WHITFIELD SHARPE, WITH A GUN, THEREBY INFLECTING UPON THE SAID PATRICIA ANN WHITFIELD SHARPE MORTAL WOUNDS, OF WHICH SAID MORTAL WOUNDS, AND BY THE MEANS AFORESAID AND AS A DIRECT RESULT THEREOF, THE SAID PATRICIA ANN WHITFIELD SHARPE DIED.

SHIRLEYLENE HARILAL EXITED THE RESIDENCE AND TOLD OFFICERS AND A DETECTIVE AT THE SCENE THAT SHE WAS SHOT BY HER SON. HARILAL IDENTIFIED HER SON, CORNELIUS WHITFIELD, AS THE PERSON WHO SHOT HER. HARILAL ALSO STATED THAT THERE WERE FIVE PEOPLE IN THE HOME, THREE OF THEM WERE SHOT, A SMALL CHILD, AND HER SON CORNELIUS WHITFIELD AS THE PERSON WHO SHOT HER.

Contrary to Florida Statute/Ordinance 782.04.1A4

ARREST DATE: 2/16/2021 Time 4:52 PM . Aggravating/Mitigating Factors MULTIPLE MURDER CHARGES

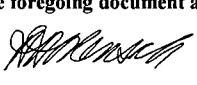
Booking Officer: EELLS, C 56501 Amount of Bond NO BOND Bond Out Date _____ Time _____ a.m. p.m.

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 48 Hrs on showing of extraordinary circumstances Received by Booking: 2/17/2021 12:06:34 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
 DETECTIVE AMALIA ANAMUAH-MENSAH 46910
 Printed Name
 0460116
 Declarant ID#

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) | | | | | |
|---|----------------|-------|------------|----|-----------------|
| DATE | OFFICER | HOURS | X PAY RATE | OR | COST |
| 02/16/2021 | ANAMUAH-MENSAH | 12 | 29.14 | | \$349.68 |
| 02/16/2021 | HARRIS, JASON | 12 | 29.14 | | 349.68 |
| OTHER - Describe _____ | | | | | |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | TOTAL \$ 699.36 |

Defendant WHITFIELD, CORNELIUS TREVION

Court Case No: 21-01513-CF-4

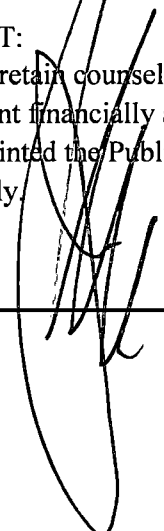
ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

I FURTHER CERTIFY THAT:

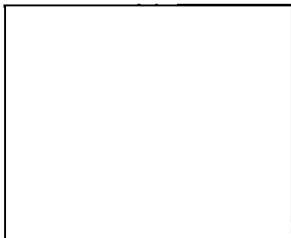
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME



JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



Thumb Print

DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE

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

| | | | | | |
|---|---|---|--|---|-----------|
| OBTS # | REPORT # 2021-006023 | | DOCKET # 1856571 | | |
| Person ID 1566510 | SSN# [REDACTED] | | | | |
| 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 MURDER IN THE FIRST DEGREE | | | 21-01513-CF-5 | | |
| Defendant's Name (Last, First, Middle) WHITFIELD, CORNELIUS TREVION | DOB 05/09/1989 | Sex M | Race B | Ht 5'5 | Wt 145 |
| Alias | DL # W314-118-89-169-1 | State FL | Scars/Marks/Tattoos/Physical Features MULTIPLE TATTOOS | | |
| Local Address (Street, City, State, Zip Code) 2968 EMERSON AV S ST. PETERSBURG FL 33712 | Telephone | Place of Birth FLORIDA | Citizenship US | | |
| Permanent Address (Street, City, State, Zip Code) 2968 EMERSON AV S ST. PETERSBURG FL 33712 | Telephone | Employed by / School N/A | | | |
| 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 16 day of FEBRUARY, 2021,

at approximately 3:56 PM, at 2968 EMERSON AV S ST. PETERSBURG FL, in Pinellas County did:

UNLAWFULLY, AND FROM A PREMEDITATED DESIGN TO EFFECT THE DEATH OF ANTONIO GRAHAM (B/M; 12/21/1975), A HUMAN BEING, DID SHOOT THE VICTIM THE SAID ANTONIO GRAHAM, WITH A GUN, THEREBY INFLECTING UPON THE SAID ANTONIO GRAHAM MORTAL WOUNDS, OF WHICH SAID MORTAL WOUNDS, AND BY THE MEANS AFORESAID AND AS A DIRECT RESULT THEREOF, THE SAID ANTONIO GRAHAM DIED.

AT APPROXIMATELY 1556 HOURS OFFICERS RESPONDED TO A PERSON SHOT CALL IN THE AREA OF EMERSON AV S AND 30TH ST S. UPON ARRIVING TO THE SCENE OFFICERS MADE CONTACT WITH SHIRLEYLEENE HARILAL (B/F; 07/25/1970) WHO WAS SUFFERING FROM A GUNSHOT WOUND. HARILAL ADVISED OFFICERS THAT UPON RETURNING HOME TO HER RESIDENCE AT 2968 EMERSON AV S SHE OBSERVED ADDITIONAL ADULT FAMILY MEMBERS DECEASED IN THE RESIDENCE. HARILAL ADVISED OFFICERS THAT WHILE IN THE HOUSE THE DEFENDANT HAD SHOT HER. HARILAL ADVISED THAT ANTONIO GRAHAM HAD ENTERED THE HOUSE WITH HER AND THAT SHE FLED THE HOUSE DURING THE SHOOTING. ST. PETERSBURG POLICE DEPARTMENT SWAT TEAM RESPONDED TO THE RESIDENCE AT 2968 EMERSON AV S AND THE DEFENDANT WAS TAKEN INTO CUSTODY. LOCATED IN THE THE HOUSE WAS ANTONIO GRAHAM WHO HAD BEEN KILLED BY WHAT APPEARED TO BE A GUN SHOT WOUND.

Contrary to Florida Statute/Ordinance 782.04.1A4

ARREST DATE: 2/16/2021 Time 4:52 PM. Aggravating/Mitigating Factors MULTIPLE MURDER CHARGES

Booking Officer: EELLS, C 56501 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: 2/17/2021 12:15:00 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.

Jason Harris
 Declarant Signature
 OFFICER JASON HARRIS 43932
 Printed Name

ST. PETERSBURG POLICE
 Agency
 028601315SV 1800
 Declarant ID#

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) | | | | |
|--|------------|------------------|----|---------|
| DATE | OFFICER | HOURS X PAY RATE | OR | COST |
| 02/17/2021 | J.A.HARRIS | 2 25.00 | | \$50.00 |
| OTHER - Describe | | | | |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 50.00 | | | | |

Defendant WHITFIELD, CORNELIUS TREVION

Court Case No: 21-01513-CF-5

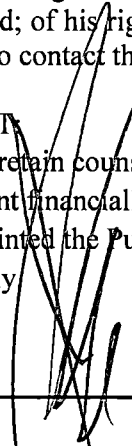
ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

I FURTHER CERTIFY THAT:

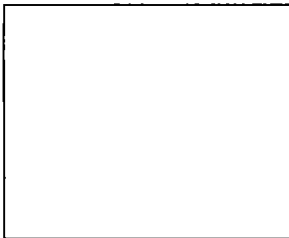
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME



JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



Thumb Print

DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE