UCN: 522022CF009348XXXXCF

FL0520000

COMPLAINT/ARREST A	COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA									<u> </u>			
OBTS#				SO22-305232				DOCK	роскет# 1908937				
Person ID 312000026				SSN#									
Charge Description X Felony Misdemeano	r Warrant T	raffic [Ordinance	Traff	ic Cita	tion #	(if any)		Cou	rt Case #			
Charge LEAVING SCENE OF AN CRASH INVOLVING DEATH				AGE6RVE				22-09348-CF-1					
Defendant's Name (Last, First, Middle)			DOB	OB		Sex Race Ht		Ht	Wt Hair		Eyes	Skin	
MOLINA-SALLES, JUAN ARIEL			05/06/	5/06/1990		M	Н	510	300	BRO	BRO	MED	
lias DL#				State	Scar	cars/Marks/Tattoos/Physical Features							
Local Address (Street, City, State, Zip Code) 3012 N ALBANY AVE TAMPA FL 33607					Telephone Place of Birth Citizenship 865-900-7086 HONDURAS NO			ıip					
Permanent Address (Street, City, State, Zip Code) 3012 N ALBANY AVE TAMPA FL 33607					Telephone Ea 865-900-7086			Employe	mployed by / School				
Weapon Seized Type Indicati					N UNK Indication of Mo Health Issues				ntal Y N UNK Indication of Y N UNK				
Co-Defendant's Name (Last, First, Middle)					DOB			Sex	Race	In Custody Yes No			
A.										☐Felony	Misdem	eanor	
Co-Defendant's Name (Last, First, Middle)					DOB			Sex	Race	In Custody	y □Yes	□No	
										Felony Misdemeanor			
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 22 day of SEPTEMBER 2022, at approximately 10:46 PM , at													
Contrary to Florida Statute/Ordinance 316	.027(2)(C) - F1												
ARREST DATE: 9/23/2022 Time 8:20 AM . Aggravating/Mitigating Factors													
Booking Officer: RIVERA-PEREZ, M 59262 Amount of Bond 100000.00 Bond Out Date													
Victim Notified of Advisory?Yes No Medical Treatment 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: 9/23/2022 2:27:46 PM													
				REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) OATE OFFICER HOURS X PAY RATE OR COST 12 29.14 \$349.68						[
h-Gr			09/2	09/23/2022 12 35.00 420					,				
Declarant Signature Agency													
			OTI	HER – Desc	ribe								
Printed Name Declarant ID#			Con	Continuation sheet Yes No TOTAL \$ \$769.68									

COCR59 (Revised 10/2014) 989138 Copies to:

Court

Court Case No:

22-09348-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 □ B. The Court investigated Defendant □ C. The Court investigated Defendant □ D. The Defendant waived the right to 	ards solvency and found the Defect of solvency and provisionally a	ndant financially able ppointed the Public De	
DATE AND T	IME	/ JUE	OGE
☐ I hereby waive the right to counsel☐ I, having been found solvent and an appearance in this case or until I☐	financially able to secure cou		•
	-	DEPEND AND	mig gygyy amy my m
		DEFENDAN	T'S SIGNATURE
Thumb Print			
I HEREBY acknowledge receipt of a c	opy of the foregoing Complain	and Advisory.	
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY	'S SIGNATURE	DATE

COCR59 (Revised 02/2014)