

UCN: 522022CF009348XXXXCF

FL0520000

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

OBTS #		REPORT # SO22-305232	DOCKET # 1908937
Person ID	312000026	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	LEAVING SCENE OF AN CRASH INVOLVING DEATH	AGE6RVE	22-09348-CF-1
Defendant's Name (Last, First, Middle)	MOLINA-SALLES, JUAN ARIEL	DOB	05/06/1990
Sex	M	Race	H
Ht	510	Wt	300
Hair	BRO	Eyes	BRO
Skin	MED		
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code)	3012 N ALBANY AVE TAMPA FL 33607	Telephone	865-900-7086
Place of Birth	HONDURAS	Citizenship	NO
Permanent Address (Street, City, State, Zip Code)	3012 N ALBANY AVE TAMPA FL 33607	Telephone	865-900-7086
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 22 day of SEPTEMBER, 2022, at approximately 10:46 PM, at [REDACTED], in Pinellas County did:

THEN AND THERE DID DRIVE A VEHICLE, TO-WIT: CAT 930M FRONT END LOADER, BEARING PRODUCT ID#: CAT0930MCKTG04741, WHICH WAS INVOLVED IN A CRASH INVOLVING THE DEATH OF [REDACTED] AND SAID DEFENDANT DID WILLFULLY FAIL TO STOP SAID VEHICLE AT THE SCENE OF THE CRASH UNTIL HE HAD FULFILLED THE REQUIREMENTS OF FSS 316.062, TO-WIT: THE DEFENDANT DID NOT GIVE HIS NAME AND ADDRESS AND THE REGISTRATION NUMBER OF THE VEHICLE HE WAS DRIVING AND DID NOT RENDER REASONABLE ASSISTANCE TO PERSONS INJURED IN THE CRASH.

ON SEPTEMBER 22, 2022, AT APPROXIMATELY 2240 HOURS, [REDACTED] WAS FUNCTIONING IN AN OFF-DUTY CAPACITY IN FULL UNIFORM. DEPUTY [REDACTED] PARKED [REDACTED] FULLY ILLUMINATED PATROL VEHICLE IN THE SOUTHBOUND LANES OF I275 SOUTH, JUST NORTH OF EXIT 30. DEPUTY [REDACTED] WAS BLOCKING THE RIGHT TWO LANES OF THE ROADWAY, PROVIDING ROADSIDE SAFETY AND VISIBILITY FOR WORKERS PERFORMING CONSTRUCTION/MAINTENANCE TO THE ROADWAY.

AT APPROXIMATELY 2243 HOURS, [REDACTED] EXITS [REDACTED] MARKED PATROL VEHICLE AND WALKS ACROSS THE FRONT OF THE VEHICLE TOWARD THE PASSENGER SIDE. ULTIMATELY TOWARD THE SHOULDER OF THE ROADWAY. AT APPROXIMATELY 2246 HOURS, A FRONT END LOADER IS SEEN TRAVELING ALONG THE SHOULDER OF THE AREA OF [REDACTED] SHORTLY AFTER, [REDACTED] WAS STRUCK BY THE FRONT END LOADER, CAUSING FATAL INJURIES TO [REDACTED].

THE OPERATOR OF THE FRONT END LOADER, AN EMPLOYEE WITH THE WORKERS PERFORMING MAINTENANCE TO THE ROADWAY, WAS IDENTIFIED AND LATER ARRESTED.

UPON A POST-MIRANDA INTERVIEW OF THE DEFENDANT, HE ADMITTED TO STRIKING [REDACTED], WHILE OPERATING THE FRONT END LOADER. THE DEFENDANT STATED HE CONTINUED OPERATING THE VEHICLE AND AFTER BEING NOTIFIED BY OTHERS ON-SCENE THAT [REDACTED] WAS DECEASED, THE DEFENDANT FLED THE SCENE.

Contrary to Florida Statute/Ordinance 316.027(2)(C) - F1.


ARREST DATE: 9/23/2022 Time 8:20 AM. Aggravating/Mitigating Factors [REDACTED]

Booking Officer: RIVERA-PEREZ, M 59262 Amount of Bond 100000.00 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: 9/23/2022 2:27:46 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.  Declarant Signature _____ Agency _____ Printed Name _____ Declarant ID# _____		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>09/23/2022</td> <td>[REDACTED]</td> <td>12 29.14</td> <td></td> <td>\$349.68</td> </tr> <tr> <td>09/23/2022</td> <td>[REDACTED]</td> <td>12 35.00</td> <td></td> <td>420</td> </tr> </tbody> </table> OTHER - Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 769.68	DATE	OFFICER	HOURS X PAY RATE	OR	COST	09/23/2022	[REDACTED]	12 29.14		\$349.68	09/23/2022	[REDACTED]	12 35.00		420
DATE	OFFICER	HOURS X PAY RATE	OR	COST													
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Defendant MOLINA-SALLES, JUAN ARIEL **Court Case No:** 22-09348-CF-1

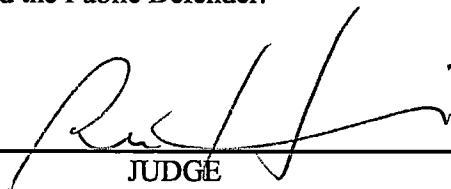
ADVISORY AND SOLVENCY HEARING

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 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