

COMPLAINT/ARREST AFFIDAVIT POLICE CASE NO. **2009-26546R**

SPECIAL OPERATION: FELONY MISD TRAFFIC JUV DV MOVES CIV INF WARRANT FUGITIVE WARRANT: In state Out of state

DEFENDANT'S NAME (LAST, FIRST, MIDDLE): **DONOVAN, JEFFREY THOMAS** ALIAS and / or STREET NAME: _____

DOB (MM/DD/YYYY): [REDACTED] AGE: **41** RACE: **W** SEX: **M** ETHNICITY: **ANG** HEIGHT: **600** WEIGHT: **180** HAIR COLOR: **BRO** HAIR LENGTH: **SHT** HAIR STYLE: **STR** EYES: **BLU** SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description): **N/A** PLACE OF BIRTH (City, State/Country): **MASSACHUSETTS**

LOCAL ADDRESS (Street, Apt. Number) (City) (State) (Zip) PHONE (Area Code) (Number) CITIZENSHIP: **USA**

PERMANENT ADDRESS (Street, Apt. Number) (City) (State/Country) (Zip) PHONE (Area Code) (Number) OCCUPATION: **ACTOR**

DRIVER'S LICENSE NUMBER/STATE: [REDACTED] SOCIAL SECURITY NO.: [REDACTED] WEAPON SEIZED? Type: Yes No

ARREST DATE (MM/DD/YYYY): **07/12/2009** ARREST TIME (HHMM): **2350** ARREST LOCATION (Include (Inter) of Business): **23 ST / PINE TREE DR**

CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	IN CUSTODY	FELONY	JUVENILE
1. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARGES	CHARGE AB	COUNTS	FL STATUTE NUMBER	VIOL OF SECT	CODE OF	UDR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. DUI (REFUSAL)	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	316.193					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AVW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #: 8249-XET
2.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AVW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
3.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AVW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
4.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AVW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:

On the **11** day of **JULY** 20 **09** at **2350** (HHMM) at **2300 BLE / PINE TREE DR.** (Location, include (Inter) of Business) (Narrative, be specific)

AT LISTED TIME, I WAS STOPPED AT A RED LIGHT ON PINE TREE DR AT 23 STREET FACING SOUTH. AT THIS TIME, I HEARD A LOUD TIRE SCREECH BEHIND ME AND OBSERVED A SET OF HEADLIGHTS APPROACHING. I THEN OBSERVED THIS VEHICLE QUICKLY SWERVE TO THE LEFT IN ORDER TO AVOID STRIKING THE REAR OF MY VEHICLE. I THEN STEPPED OUT OF MY VEHICLE AND APPROACHED THE DCF, WHO WAS DRIVING A 2009

HOLD FOR OTHER AGENCY VERIFIED BY: _____

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S / COMPLAINANT'S SIGNATURE: **M. VALDES** COURT ID NUMBER/LOC. CODE: **758 (02)** AGENCY NAME: **MPBD**

SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS **12** DAY OF **JULY** 20 **09** AT **ST. JAMES**

Signature of Defendant / Juvenile and Parent or Guardian: _____

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT		POLICE CASE NO.
		CONTINUATION		2009-26546R
JAIL NO.	COURT CASE NO.			
IDS NO.	AGENCY CODE	MUNICIPAL P.D. DEF. ID NO.	MOPD RECORDS AND ID NO.	
	02			

DEFENDANT'S NAME (LAST, FIRST, MIDDLE)			DOB (MM/DD/YYYY)	
DONOVAN, JEFFREY THOMAS			[REDACTED]	
4.	ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
5.	ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL. STATUTE NUMBER	VIOL. OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<input type="checkbox"/> F.B. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.B. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.B. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.B. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

BLACK 2 DOOR AUDI (FL-553XJG). AT THIS TIME I OBSERVED THE DCF HAD BLOODSHOT/WATERY EYES. I ASKED THE DCF IF HE WAS ALLRIGHT TO WHICH HE ANSWERED, "SORRY, I DIDN'T SEE THE RED LIGHT OR YOUR STOPPED CAR". I THEN SMELLED A STRONG ODOR OF ALCOHOLIC BEVERAGE COMING FROM THE DCF'S BREATH AND OBSERVED THE DCF HAD A FLUSHED FACE. I ASKED THE DCF IF HE HAD ANYTHING TO DRINK AND HE ANSWERED, "I HAD THREE DRINKS AT THE FOUNTAINEBLEAU". I THEN ASKED DCF TO PERFORM SFST'S ON A WELL LIT/LEVELLED AREA, TO WHICH HE AGREED. DCF DID NOT PERFORM TO STANDARDS. DCF ARRESTED AND TRANSPORTED TO MOPD. WHILE ENROUTE TO MOPD, DCF SPONTANEOUSLY STATED, "I REALLY THINK I'M ONLY BORDER LINE AND NOT TOO DRUNK". DCF REFUSED BREATH TEST.

* DCF ALSO STATED "THE ONLY MISTAKE I MADE TONIGHT WAS DRINKING BENADRYL WITH 3 GLASSES OF WINE!"

HOLD FOR OTHER AGENCY Name:	VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	<input type="checkbox"/> I understand that should I voluntarily fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvenile and Family Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	SWORN TO AND SUBSCRIBED BEFORE ME	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
M.V. VALDES OFFICER'S / COMPLAINTANT'S SIGNATURE	758 (02) COURT ID NUMBER/LOC. CODE	THE UNDERSIGNED AUTHORITY THIS 12 DAY OF JULY 09	Signature of Detendant / Juvenile and Parent or Guardian
M.V. VALDES NAME (Printed)	MOPD AGENCY NAME	Deputy of the Court or Notify Public	