


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

OBTS #	REPORT # SO23-82366	DOCKET # 1924180
Person ID 311678534	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 ON A PERSON 65 YEARS OF AGE OR OLDER		23-02557-CF-1
Defendant's Name (Last, First, Middle) EDWARDS, ROSA ELAINE	DOB 05/27/1999	Sex F Race B Ht 54 Wt 135 Hair BLK Eyes BRO Skin
Alias	DL #	State FL Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth FL Citizenship USA
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
Co-Defendant's Name (Last, First, Middle) HALL, ANIESHA	DOB 12/19/2003	Sex F Race B In Custody <input type="checkbox"/> Yes <input checked="" 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 12 day of MARCH, 2023, at approximately 10:15 PM, at 7179 40TH AVE N, in Pinellas County did:
DID ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE, AGAINST THE WILL OF WILLIE WILLIAMS, A PERSON 65 YEARS OF AGE OR OLDER.

THE DEFENDANT IS A CAREGIVER AT INSPIRED LIVING ALF AT THE ABOVE LOCATION. VIA SECURITY FOOTAGE, YOUR AFFIANT OBSERVED THE DEFENDANT GRAB AHOLD OF THE VICTIM'S ARM IN A FORCEFUL MANNER WHILE PULLING HIM TOWARDS HER. THIS CAUSED THE VICTIM TO FALL TO THE GROUND. THE VICTIM WAS HOLDING A WHEELCHAIR OF ANOTHER PATIENT IN WHICH THE OTHER PATIENT WAS SITTING IN DURING THIS ALTERCATION. WHEN THE VICTIM FELL TO THE GROUND, THE OTHER PATIENT FELL FROM HER WHEELCHAIR. THE VICTIM AND THE OTHER PATIENT FELL IN A FORCEFUL MANNER. THE DEFENDANT THEN BACKED AWAY AND DID NOT ASSIST THE VICTIM OFF THE GROUND. THE VICTIM WAS 65 YEARS OR OLDER AT THE TIME OF THE INCIDENT WITH A BIRTHDAY OF 08/21/1948.

Contrary to Florida Statute/Ordinance 784.08(2)(C) - F3
 ARREST DATE: 3/14/2023 Time 8:22 PM . Aggravating/Mitigating Factors _____
 Booking Officer: GRIEVES, A 57622 Amount of Bond 2,500 Bond Out Date SB 3/15 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: 3/14/2023 9:59:52 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.  PINELLAS COUNTY SHERIFF Agency DEPUTY JOSHUA BERROTH 59804 311076545 Printed Name Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 03/14/2023 OFFICER J. BERROTH HOURS X PAY RATE 6 29.14 OR COST \$174.84
	OTHER - Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 174.84

Defendant EDWARDS, ROSA ELAINE

Court Case No: 23-02557-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.

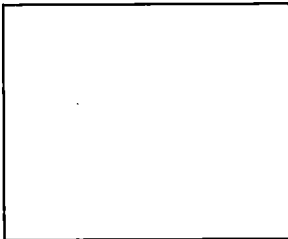
I FURTHER CERTIFY THAT:

- 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 # SO23-82366		DOCKET # 1924180	
Person ID 311678534	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 BATTERY ON A PERSON 65 YEARS OF AGE OR OLDER			23-02557-CF-2	
Defendant's Name (Last, First, Middle) EDWARDS, ROSA ELAINE	DOB 05/27/1999	Sex F	Race B	Ht 54
	Wt 135	Hair BLK	Eyes BRO	Skin
Alias	DL # E363-725-99-687-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 234 27TH ST S ST. PETERSBURG FL 33712	Telephone 7272811756	Place of Birth FL	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 234 27TH ST S ST. PETERSBURG FL 33712	Telephone 7272811756	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) HALL, ANJESHA	DOB 12/19/2003	Sex F	Race B	In Custody <input type="checkbox"/> Yes <input checked="" 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 12 day of MARCH, 2023,

at approximately 10:15 PM, at 7179 40TH AVE N, in Pinellas County did:

DID ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE, AGAINST THE WILL OF IVA DEAR, A PERSON 65 YEARS OF AGE OR OLDER.

THE DEFENDANT IS A CAREGIVER AT INSPIRED LIVING ALF AT THE ABOVE LOCATION. VIA SECURITY FOOTAGE, YOUR AFFIANT OBSERVED THE DEFENDANT GRAB AHOLD OF ANOTHER PATIENTS ARM IN A FORCEFUL MANNER WHILE PULLING HIM TOWARDS HER. THIS CAUSED THE PATIENT TO FALL TO THE GROUND. THE PATIENT WAS HOLDING THE VICTIM'S WHEELCHAIR WHEN THE PATIENT FELL TO THE GROUND, CAUSING THE VICTIM'S WHEELCHAIR TO TIP OVER AND THE VICTIM FALL TO THE GROUND. THE VICTIM AND THE OTHER PATIENT FELL IN A FORCEFUL MANNER. THE DEFENDANT THEN BACKED AWAY AND DID NOT ASSIST THE VICTIM OR THE THER PATIENT OFF THE GROUND. THE VICTIM WAS 65 YEARS OR OLDER AT THE TIME OF THE INCIDENT WITH A BIRTHDAY OF 02/07/1935.

Contrary to Florida Statute/Ordinance 784.08(2)(C) - F3

ARREST DATE: 3/14/2023 Time 8:22 PM . Aggravating/Mitigating Factors _____

Booking Officer: GRIEVES, A 57622 Amount of Bond 2,500 Bond Out Date SB 3/15 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: 3/14/2023 10:00:00 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.

Josh Berroth

PINELLAS COUNTY SHERIFF

Declarant Signature _____ Agency _____

DEPUTY JOSHUA BERROTH 59804 311076545

Printed Name _____ Declarant ID# _____

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
03/14/2023	J. BERROTH	6 29.14		\$174.84

OTHER - Describe _____

Continuation sheet Yes No TOTAL \$ 174.84

Defendant EDWARDS, ROSA ELAINE

Court Case No: 23-02557-CF-2

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.

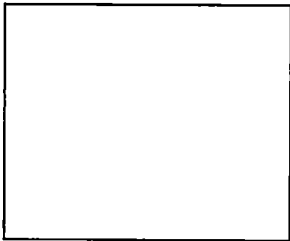
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DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE