

CRIMINAL REPORT AFFIDAVIT/HILLSBOROUGH COUNTY, FLORIDA

<input type="radio"/> Supplemental Page <input type="radio"/> Plant City Courthouse <input type="radio"/> Notice To Appear			CRA #: TI24000096		
<input type="radio"/> Fel <input checked="" type="radio"/> Misd <input type="radio"/> (APAD) Adult Pre-Arrest Div <input type="radio"/> Traffic <input type="radio"/> Tampa Ord <input type="radio"/> Juv Delinq <input type="radio"/> JAAP			Booking #: 2024-9220		
Arrest Type: <input checked="" type="radio"/> PC <input type="radio"/> Warrant <input type="radio"/> PC VOP/VOCC			Request: <input type="radio"/> Warrant <input type="radio"/> SAO Review Direct File <input type="radio"/> JUV Pick-Up Order		
Court Case #		Family #		SOID #	
<div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>	
Agency: <input type="radio"/> HCSO <input type="radio"/> TPD <input type="radio"/> PCPD <input type="radio"/> TTPD <input type="radio"/> FHP			Report # 2024-00442		Report Written
<input checked="" type="radio"/> Other: TIAPD					<input checked="" type="radio"/> Yes <input type="radio"/> No
Offense Location: 4235 BESSIE COLEMAN RD, TAMPA, FL 33607			Offense Date: 03/19/2024		Offense Time: 1732
Arrest Location: 4235 BESSIE COLEMAN RD, TAMPA, FL 33607			Arrest Date: 03/19/2024		Arrest Time: 1732
Defendant: Last Name		First Name		Middle Name	<input type="radio"/> Gang
PATEL		SHAIL		NITIN	Name:
Race	Gender	DOB	DL#	State	POB (City, State)
Asian	<input checked="" type="radio"/> M <input type="radio"/> F	04/07/1994	F1398922	CALIFORNIA	CALIFORNIA
Address Street:		NOB OAK AVE	City:	TAMPA	State: FLORIDA Zip: 33654
School (JUV)			Parent/Guardian (JUV)		
No Co-defendants Found					
Statute	Level	Degree	Charge	Count	Citation # DV
784.03(1)(A)1	Misd	F	BATTERY (BATT1100)	1	<input type="radio"/>
784.03(1)(A)1	Misd	F	BATTERY (BATT1100)	1	<input type="radio"/>
856.011	Misd	S	DISORDERLY INTOXICATION (MISC0018)	1	<input type="radio"/>
The undersigned swears there are reasonable grounds to believe that the above named defendant in Hillsborough County, Florida, did: On above date and time the defendant, Shail Patel, identified by his California DL# [REDACTED] boarded his flight and began acting erratically yelling and cursing at the passengers. He stated on the aircraft "fuck you blue eyed white devils I'm gonna take this plane down with all you mother fuckers on it" and became aggressive, striking the victim in his hand and face with an open hand and spitting on him. The defendant was slurring his speech, had blood shot eyes and a strong odor of an alcoholic beverage was emitting from his breath. The defendant was detained by passengers on the aircraft in the jet bridge before being handcuffed and placed under arrest.					
Pursuant to Florida Statute §92.525 and under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true to the best of my knowledge. For Notices to Appear, I also certify that a complete list of witnesses and evidence known to me is attached.					
Affiant:	G Maggiasco Digitally signed on 2024.03.19 18:55:06		Officer # 10608	DIST: SQUAD: D	SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE Corporal T Olsen Digitally signed on 2024.03.19 18:56:40 Officer # 12116
Judgment requested against defendant for agency investigative cost per Florida Statute 938.27: _____					
Additional Victims / Witnesses					
Victim	Last Name: STINSON		First: KENNETH	M: D Race: W Gender: <input checked="" type="radio"/> M <input type="radio"/> F DOB: [REDACTED]	
Address: CONFIDENTIAL		City: LEVITTOWN	State: PENNSYLVANIA	Zip: 19057	Primary Ph#: [REDACTED]
Sworn: <input checked="" type="radio"/> Yes <input type="radio"/> No		Email:		Vine: <input type="radio"/> Yes <input checked="" type="radio"/> No	

Clerk of Court

(SERVICE OF COURT DOCUMENTS may be served on the State Attorney's office at !MailProcessingStaff@sao13th.com)

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Agency
Report # 2024-00442

**CRIMINAL REPORT AFFIDAVIT/
HILLSBOROUGH COUNTY, FLORIDA**

CRA #: T124000096

Witness	Last Name: MCLAUGHLIN	First: JOHN	M: J	Race: W	Gender: <input checked="" type="radio"/> M <input type="radio"/> F	DOB: [REDACTED]
Address:	CONFIDENTIAL	City: PHILADELPHIA	State: PENNSYLVANIA	Zip: 19154	Primary Ph#: (267) [REDACTED]	
Sworn: <input checked="" type="radio"/> Yes <input type="radio"/> No	Email:				Vine: <input type="radio"/> Yes <input checked="" type="radio"/> No	

Clerk of Court

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