

**Pasco Sheriff's Office**  
**Public Records Exemptions**

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20-005676

Records are provided in accordance with Florida Statutes and the Public Records Law.  
The following has been redacted from your report pursuant to Florida Statute:

- Abuse Hot Line Information - FS 39.202
- Account Numbers - FS 119.071(5)b
- Active Investigation - FS 119.071(2)(c)1
- 911 Caller Information - FS 365.171(12)
- Child Abuse - FS 119.071(2)(h)1
- Confidential Informants - FS 119.071(2)(f)
- Criminal Intelligence Information - FS 119.071(2)(h)2
- David - FS 322.142(4)
- FCIC/NCIC Information - FS 943.053(2) & (3)
- Juvenile Offender Records - FS 985.04(1)
- Law Enforcement Personnel Information - FS 119.071(4)
- Marsy's Law - Victim Information - FS 119.071(2)(h)1
- Medical - FS 119.0712(1)
- Sexual Offense - FS 119.071(2)(h)1 & FS 794.024
- Social Security Number - FS 119.071(5)(5)
- Threat Assesment FS 119.071 (3)(a)1(b)
- Undercover Personnel - FS 119.071(4)c
- Other: \_\_\_\_\_

PASCO COUNTY COMPLAINT AFFIDAVIT

PSO FLO 510000  NPR PD FLO 510200  PR PD FLO 510400  
 DC PD FLO 510100  ZPD FLO 510300  FHP FLO 279000

ORIS NUMBER ARREST <input checked="" type="checkbox"/> ALL THAT APPLY CHECK ONLY ONE LOCATION OF ARREST (INCLUDE NAME OF BUSINESS) 9820 GREY FOX LN PORT RICHEY 34668 DATE OF ARREST 02/08/2020 TIME OF ARREST 22:03 BOOKING DATE 2/9 BOOKING TIME 0020 JAIL NUMBER 236248 SPN NUMBER 00584533 FILE NUMBER DOC NUMBER FBI NUMBER 666892ED5	FELONY <input type="checkbox"/> MISD. <input type="checkbox"/> CO. ORD. <input type="checkbox"/> CIVIL INF. <input type="checkbox"/> SHIFT <b>3RD</b> SECTOR <b>06</b> SEC. TWP. RING. AGENCY REPORT NUMBER <b>20-005676</b> 1. FELONY <input checked="" type="checkbox"/> 2. TRAFFIC/FELONY <input type="checkbox"/> 3. MED. <input checked="" type="checkbox"/> 4. MED. TRAFFIC <input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER <input type="checkbox"/> 7. V.O.P. <input type="checkbox"/> 8. PROBABLE CAUSE <input checked="" type="checkbox"/> 9. CIVIL INF. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> MANDATORY APPEARANCE <input type="checkbox"/> JUVENILE <input type="checkbox"/> REQUEST FOR <input type="checkbox"/> CHECK ONLY ONE <input type="checkbox"/> WARRANT <input type="checkbox"/> CAPAS <input type="checkbox"/> SUMMONS <input type="checkbox"/> JUV PICK-UP <input checked="" type="checkbox"/> REVIEWED BY ASSISTANT STATE ATTORNEY LOCATION OF OFFENSE (BUSINESS NAME, ADDRESS) PORT RICHEY, FL WEAPON SEIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>NOT APPLICABLE</b> WEAPON TYPE F.P.S.S. Notified <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Juv. <input type="checkbox"/> Elderly <input type="checkbox"/> Handicap Domestic Related <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
NAME (LAST, FIRST, MIDDLE) <b>LEVINE, ANDREW TYLER</b> ALIAS <b>LEUINE, ANDREW</b> RACE <input type="checkbox"/> W - WHITE <input type="checkbox"/> H - HISPANIC <input type="checkbox"/> B - BLACK <input type="checkbox"/> I - AMERICAN INDIAN <input type="checkbox"/> O - ORIENTAL / ASIAN CODE <b>W</b> SEX <b>M</b> DATE OF BIRTH <b>04/22/1991</b> AGE <b>28</b> HEIGHT <b>6'00"</b> WEIGHT <b>160</b> EYE COLOR <b>BROWN</b> HAIR COLOR <b>BROWN</b> COMPLEXION <b>DRK</b> BUILD <b>THIN</b> SCARS, MARKS, TATTOOS, ETC. INDICATION OF ALCOHOL INFLUENCE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> DRUG INFLUENCE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	PHYSICAL ADDRESS (STREET & APT #) (CITY) (STATE) ZIP PHONE <b>9831 GRAY FOX LN, PORT RICHEY, FL 34668 (727) 478-5153</b> MAILING ADDRESS (STREET & APT #) (CITY) (STATE) ZIP PHONE <b>GREEN THUMB LANDSCAPE</b> BUSINESS ADDRESS (NAME & STREET) (CITY) (STATE) ZIP PHONE OCCUPATION <b>LABORER</b> DRIVERS LICENSE STATE / NUMBER SOCIAL SECURITY NUMBER INS NUMBER PLACE OF BIRTH CITIZENSHIP <b>FL L150018911420 WEST PALM BEACH, FL, US</b>
CO-DEFENDANT NAME (LAST, FIRST, MIDDLE) RACE SEX DATE OF BIRTH AGE CO-DEFENDANT NAME (LAST, FIRST, MIDDLE) RACE SEX DATE OF BIRTH AGE NAME OF PARENT OR CUSTODIAN (LAST, FIRST, MIDDLE) RESIDENTIAL PHONE ADDRESS (STREET, APT NUMBER) BUSINESS PHONE NOTIFIED BY (NAME) DATE TIME JUVENILE DISPOSITION 1. HANDLED / PROCESSED WITHIN DEPT. AND RELEASED 2. TURNED OVER TO HRS / CIV 3. INCARCERATED (COUNTY JAIL) CODE RELEASED TO (NAME) RELATIONSHIP DATE TIME	CHARGE DESCRIPTION STATUTE VIOLATION NUMBER NCIC # COURT CASE # <b>BATTERY 784.03.1A1 1319 2020 CF 00822 AWS, 2</b> ACTIVITY: N N/A P. POSSESS S. SELL B. BUY T. TRAFFIC R. SMUGGLE D. DELIVER E. USE K. DISPENSE / DISTRIBUTE M. MANUFACTURE / PRODUCE / CULTIVATE Z. OTHER CODE <b>N</b> AMOUNT TYPE: N N/A A. AMPHETAMINE B. BARBITURATE C. COCAINE E. HEROIN H. HALLUCINOGEN M. MARIJUANA O. OPIUM / DERIV P. PARAPHERNALIA / EQUIPMENT S. SYNTHETIC U. UNKNOWN Z. OTHER CODE <b>N</b>
CHARGE DESCRIPTION STATUTE VIOLATION NUMBER NCIC # COURT CASE # <b>BATTERY 784.03.1A1 1319 2020 CF 00822 AWS, 2</b> ACTIVITY: N N/A P. POSSESS S. SELL B. BUY T. TRAFFIC R. SMUGGLE D. DELIVER E. USE K. DISPENSE / DISTRIBUTE M. MANUFACTURE / PRODUCE / CULTIVATE Z. OTHER CODE <b>N</b> AMOUNT TYPE: N N/A A. AMPHETAMINE B. BARBITURATE C. COCAINE E. HEROIN H. HALLUCINOGEN M. MARIJUANA O. OPIUM / DERIV P. PARAPHERNALIA / EQUIPMENT S. SYNTHETIC U. UNKNOWN Z. OTHER CODE <b>N</b>	REQUEST FOR INVESTIGATIVE COSTS RECOVERY FSS 938.27(1) CJS # <b>5603</b> # of Investigative hrs. <b>4</b> x <b>26</b> = <b>104</b> THE UNDERSIGNED CERTIFIED 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 <b>8</b> DAY OF <b>February</b> , 20 <b>20</b> AT <b>9:15</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (SPECIFICALLY INCLUDE FACTS CONSTITUTING CAUSE FOR ARREST.)
PROBABLE CAUSE STATEMENT The defendant, Andrew Levine was observed grabbing his dog by the back of his neck picking it off of the ground. The defendant continued to drag the dog for approximately one hundred yards. During that time witnesses stated the dog was yelping in pain for the full time the defendant was dragging him. The dog was able to pull away from the defendant running away; the dog was unable to be located. The defendant was involved in a physical altercation with the two victim`s (victim 1) and (victim 2). During the altercation the defendant pushed victim 1 while the victim was standing in the front yard of his own property. The defendant then punched victim 1 in the face. The defendant then approached victim 2. The *** Continued *** P.C. EXISTS FOR CHARGE(S) JUDGE'S SIGNATURE DATE <b>High Board</b>	NOTICE I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED WHEN I AM NOTIFIED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED ONCE I AM NOTIFIED, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. IF CITED FOR A CIVIL INFRACTION, I AGREE TO APPEAR BEFORE THE COUNTY COURT OR COMPLY WITH THE REQUIREMENTS FOR PAYING THE FINE AND MEETING ANY OTHER SPECIFIED CONDITIONS AS INDICATED ON THE BACK SIDE OF THIS AFFIDAVIT. SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR CUSTODIAN DATE <b>SMITH-LONG, J. 5603</b>
ADMINISTRATIVE MIRANDA WARNING <input type="checkbox"/> HOLD FOR OTHER AGENCY VERIFIED BY ADULT ONLY <input type="checkbox"/> HOLD FOR FIRST APPEARANCE DO NOT BOND OUT - REASON: UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING (DOCUMENT) AND THAT THE FACTS STATED IN IT ARE TRUE. TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE <b>SMITH-LONG, J. 5603</b> NAME (PRINTED) CJS #	BOND / COURT INFO DATE VICTIM NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/> BOND TYPE 1. ROR 2. CASH 3. SURETY 4. BAIL / BOND 5. CERT. 6. OTHER BOND CHARGE # <b>1000</b> BOND CHARGE # <b>1000</b> RETURNABLE COURT DATE RETURNABLE COURT TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. RELEASE DATE RELEASE TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. RELEASING OFFICER PAGE 1 OF 3



