

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

OBTS #	REPORT # <b>SO20-71519</b>		DOCKET # <b>1832859</b>							
Person ID	<b>311288484</b>		SSN# [REDACTED]							
Charge Description	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Warrant	<input type="checkbox"/> Traffic	<input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #			
Charge <b>DOMESTIC BATTERY</b>						<b>20-03196-MM-1</b>				
Defendant's Name (Last, First, Middle) <b>TODOROVIC, DRAGAN</b>			DOB <b>08/01/1960</b>	Sex <b>M</b>	Race <b>W</b>	Ht <b>511</b>	Wt <b>185</b>	Hair <b>GRY</b>	Eyes <b>BRO</b>	Skin <b>LGT</b>
Alias	DL #	State FL		Scars/Marks/Tattoos/Physical Features						
Local Address (Street, City, State, Zip Code) <b>1967 CORMORANT CT CLEARWATER FL 33762</b>				Telephone <b>727-244-3053</b>	Place of Birth <b>BOSNIA</b>	Citizenship <b>USA</b>				
Permanent Address (Street, City, State, Zip Code) <b>1967 CORMORANT CT CLEARWATER FL 33762</b>				Telephone <b>727-244-3053</b>	Employed by / School <b>CATALENT</b>					
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
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 05 day of MARCH, 2020, at approximately 8:37 AM, at 1967 CORMORANT CT #521, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE IRENA TODOROVIC, THE DEFENDANT'S WIFE AND CO-HABITANT, AGAINST THE WILL OF IRENA TODOROVIC, TO WIT: PUSHED VICTIM DOWN ONTO THE GROUND, CAUSING INJURY TO HER LEFT LEG AND KNEE AREA TO THE POINT OF DISCOLORATION AND SWELLING.

DEFENDANT BEGAN ARGUING WITH VICTIM OVER RECENT FILING FOR DIVORCE. DURING THE ARGUMENT, VICTIM WAS IN FEAR AND BEGAN RECORDING THE DEFENDANT WITH HER CELL PHONE. DEFENDANT BEGAN STRUGGLING WITH THE VICTIM OVER THE PHONE AND DURING THE STRUGGLE, FORCEFULLY PUSHED THE VICTIM DOWN ONTO THE GROUND CAUSING DISCOLORATION AND SWELLING TO VICTIM'S LEFT LEG AND KNEE AREA. DEFENDANT AND VICTIM ARE MARRIED WITH CHILDREN WHO ALL RESIDE AT THE OCCURRED LOCATION.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/5/2020 Time 9:14 AM Aggravating/Mitigating Factors DOMESTIC RELATED  
 Booking Officer: POWERS, M 54040 Amount of Bond NONE 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: HIRE SPOK NOW  
 The probable cause determination is passed for:  24 Hrs  24 Hrs on showing of extraordinary circumstances Received by Booking: 3/5/2020 12:17:06 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.

[Signature]  
 PINELLAS COUNTY SHERIFF  
 Declarant Signature Agency  
 DEPUTY GABRIEL JOHNSON 60208 311389164  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE 03/05/2020 OFFICER G. JOHNSON HOURS X PAY RATE 2 25.00 OR COST \$50.00  
 OTHER - Describe \_\_\_\_\_  
 Continuation sheet  Yes  No TOTAL \$ 50.00

FILED  
 COURT ASSISTANCE  
 2020 MAR -6 PM 1:56  
 KEN BUI  
 CLERK OF CIRCUIT COURT  
 AND COMPTROLLER

500ft NO FIA

**Defendant** TODOROVIC, DRAGAN

**Court Case No:** 20-03196-MM-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:

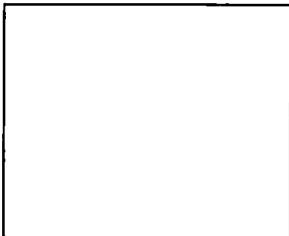
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

3/10/20

DATE AND TIME

Holly J. Shinniger  
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