

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

|                                                                     |                                                                                               |                                                                                                      |                                                                                               |                                                                      |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| OBTS #                                                              | REPORT # 2019-90535                                                                           |                                                                                                      | DOCKET # 1822301                                                                              |                                                                      |
| Person ID                                                           | 311428534                                                                                     |                                                                                                      | 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)                                                                   |                                                                      |
| Charge                                                              | BATTERY; DOMESTIC                                                                             |                                                                                                      | Court Case # 19-18907-MM-1                                                                    |                                                                      |
| Defendant's Name (Last, First, Middle)                              | DOB                                                                                           | Sex                                                                                                  | Race                                                                                          | Ht                                                                   |
| TIRADO, MADELYNE                                                    | 10/25/1977                                                                                    | F                                                                                                    | W                                                                                             | 504                                                                  |
| Wt                                                                  | Hair                                                                                          | Eyes                                                                                                 | Skin                                                                                          |                                                                      |
| 180                                                                 | BRO                                                                                           | BRO                                                                                                  | MED                                                                                           |                                                                      |
| Alias                                                               | DL #                                                                                          | State                                                                                                | Scars/Marks/Tattoos/Physical Features                                                         |                                                                      |
|                                                                     | T630-540-77-885-0                                                                             | FL                                                                                                   |                                                                                               |                                                                      |
| Local Address (Street, City, State, Zip Code)                       | Telephone                                                                                     | Place of Birth                                                                                       | Citizenship                                                                                   |                                                                      |
| 12001-DR MLK JR ST #3202 ST PETERSBURG FL 33716                     | 727-400-5497                                                                                  | IL                                                                                                   | USA                                                                                           |                                                                      |
| Permanent Address (Street, City, State, Zip Code)                   | Telephone                                                                                     | Employed by / School                                                                                 |                                                                                               |                                                                      |
| 12001-DR MLK JR ST #3202 ST PETERSBURG FL 33716                     | 727-400-5497                                                                                  | SYNOVUS MTG                                                                                          |                                                                                               |                                                                      |
| Weapon Seized Type                                                  | Indication of Drug Influence                                                                  | Indication of Mental Health Issues                                                                   | Indication of Alcohol Influence                                                               |                                                                      |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>        | Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <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 24 day of NOVEMBER, 2019,

at approximately 3:22 AM, at 4000-PARK BLVD, PINELLAS PARK FL 33781, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE ENOCK TIRADO, HUSBAND AND CO-HABITANT, AGAINST THE WILL OF VICTIM, TO-WIT: DEFENDANT AND HER EXTREMELY INTOXICATED HUSBAND WERE PUT IN A CAB BY THE MANAGER OF APPLEBEES DUE TO THEIR LEVEL OF INTOXICATION AND THE VICTIM'S BELLIGERENT BEHAVIOR IN THE RESTAURANT. IN THE PRESENCE OF 3 POLICE OFFICERS, DEFENDANT THREW THE CONTENTS OF A CUP OF WATER IN VICTIM'S FACE AND REPEATEDLY SLAPPED HIM ON THE TOP OF THE HEAD CAUSING NO INJURY AFTER VICTIM YELLED AT HER. VICTIM WAS TOO INTOXICATED TO RECALL THE BATTERY AND HE WAS TRANSPORTED TO THE HOSPITAL DUE TO HIS IMPAIRMENT.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 11/24/2019 Time 3:22 AM

Aggravating/Mitigating Factors

Booking Officer: WERNER 59414 Amount of Bond NO BOND 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: \_\_\_\_\_

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 11/24/2019 4:24:11 AM

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]  
 Declarant Signature  
 PINELLAS PARK POLICE  
 Agency  
 OFFICER SHANNON ROZZI 349  
 1889895  
 Printed Name  
 Declarant ID#

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

| DATE                                                                                       | OFFICER | HOURS X PAY RATE | OR | COST    |
|--------------------------------------------------------------------------------------------|---------|------------------|----|---------|
| 11/24/2019                                                                                 | ROZZI   | 2 25.00          |    | \$50.00 |
|                                                                                            |         |                  |    |         |
|                                                                                            |         |                  |    |         |
|                                                                                            |         |                  |    |         |
| OTHER - Describe _____                                                                     |         |                  |    |         |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 50.00 |         |                  |    |         |

**Defendant** TIRADO, MADELYNE

**Court Case No:** 19-18907-MM-1

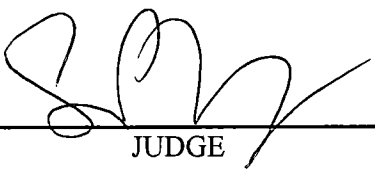
**ADVISORY AND SOLVENCY HEARING**

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.

\_\_\_\_\_  
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