

UCN: \*\*\*

FL0520000

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

|                                                                                                                                                                                                         |                               |                                                                                                                            |                                                                                                                                  |                             |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  |                               | REPORT # <b>SO20-43682</b>                                                                                                 |                                                                                                                                  | DOCKET # <b>1830150</b>     |                                                                                                                                             |
| Person ID <b>2461452</b>                                                                                                                                                                                |                               |                                                                                                                            | SSN# <span style="background-color: black; color: black;">[REDACTED]</span>                                                      |                             |                                                                                                                                             |
| 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<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                            |                               |                                                                                                                            | <b>AD0AUYE</b>                                                                                                                   |                             | <b>AD0AVYE-1</b>                                                                                                                            |
| Defendant's Name (Last, First, Middle)<br><b>DLUGOZIMA, PAUL D</b>                                                                                                                                      |                               | DOB<br><b>12/18/1985</b>                                                                                                   | Sex<br><b>M</b>                                                                                                                  | Race<br><b>W</b>            | Ht<br><b>600</b>                                                                                                                            |
|                                                                                                                                                                                                         |                               | Wt<br><b>330</b>                                                                                                           | Hair<br><b>BRO</b>                                                                                                               | Eyes<br><b>BRO</b>          | Skin<br><b>MED</b>                                                                                                                          |
| Alias                                                                                                                                                                                                   | DL # <b>D422-684-85-458-0</b> | State<br><b>FL</b>                                                                                                         | Scars/Marks/Tattoos/Physical Features                                                                                            |                             |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br><b>100 1ST AVE N UNIT 3002 SAINT PETERSBURG FL 33701</b>                                                                                               |                               |                                                                                                                            | Telephone<br><b>727-300-9052</b>                                                                                                 | Place of Birth<br><b>NC</b> | Citizenship<br><b>USA</b>                                                                                                                   |
| Permanent Address (Street, City, State, Zip Code)<br><b>100 1ST AVE N UNIT 3002 SAINT PETERSBURG FL 33701</b>                                                                                           |                               |                                                                                                                            | Telephone<br><b>727-300-9052</b>                                                                                                 | Employed by / School        |                                                                                                                                             |
| Weapon Seized Type<br><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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK               |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               |                               |                                                                                                                            | DOB                                                                                                                              | Sex                         | Race                                                                                                                                        |
|                                                                                                                                                                                                         |                               |                                                                                                                            |                                                                                                                                  |                             | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><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 09 day of FEBRUARY, 2020,

at approximately 12:06 AM, at GANDY BLVD & BRIGHTON BAY BLVD NE, in Pinellas County did:

REASON FOR STOP: THE DEFENDANT WAS ON RADAR AT 71MPH IN A POSTED 55MPH ZONE. THE DEFENDANT WAS THEN PACED AT 68MPH IN A 50MPH ZONE. WHEN CONTACT WAS MADE WITH THE DEFENDANT HE SHOWED SIGNS OF IMPAIRMENT.

THEN AND THERE UNLAWFULLY DRIVE AND/OR BE IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WITHIN PINELLAS COUNTY, FLORIDA WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, A CONTROLLED SUBSTANCE AND/OR ANY CHEMICAL SUBSTANCE TO THE EXTENT THAT HIS NORMAL FACULTIES WERE IMPAIRED.

BRAC: REFUSED BREATH: DISTINCT  
BALANCE: SWAYING EYES: BLOODSHOT WATERY GLASSY  
PRIOR CONVICTIONS: NONE

DEFENDANT SHOWED INDICATORS OF IMPAIRMENT DURING FIELD SOBRIETY TESTS.

COURT INFORMATION: CRIMINAL JUSTICE CENTER TRAFFIC COURT 03/04/2020 AT 1:30PM  
CITATION #: AD0AUYE

Contrary to Florida Statute/Ordinance 316.193.1

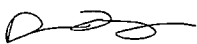
ARREST DATE: 2/9/2020 Time 12:39 AM . Aggravating/Mitigating Factors CORRECT CITATION #AD0AVYE

Booking Officer: LEVEA 59816 Amount of Bond 500\*\*\* 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: 2/9/2020 1:35:25 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.<br><br><br>DEPUTY DAMON LANEY 58140<br>Printed Name |  | REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)                             |                    |
|                                                                                                                                                                                                                                                                                   |  | DATE<br>02/09/2020                                                          | OFFICER<br>D.LANEY |
|                                                                                                                                                                                                                                                                                   |  | HOURS X PAY RATE<br>3 25.00                                                 | OR COST<br>\$75.00 |
| PINELLAS COUNTY SHERIFF<br>Agency                                                                                                                                                                                                                                                 |  |                                                                             |                    |
| 03190766<br>Declarant ID#                                                                                                                                                                                                                                                         |  |                                                                             |                    |
|                                                                                                                                                                                                                                                                                   |  | OTHER – Describe _____                                                      |                    |
|                                                                                                                                                                                                                                                                                   |  | Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|                                                                                                                                                                                                                                                                                   |  | TOTAL \$ 75.00                                                              |                    |

FILED  
 COURT ASSISTANCE  
 2020 FEB -9 AM 7:33  
 CRIMINAL JUSTICE CENTER  
 TRAFFIC COURT

**Defendant** DLUGOZIMA, PAUL D **Court Case No:** AD0AVYE-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.

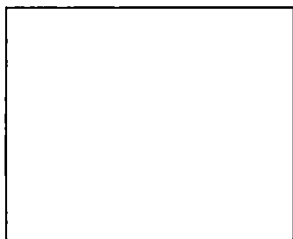
**I FURTHER CERTIFY THAT:**

- ☐ 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