

UCN: \*\*\*\*\*

FL0529000

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

|                                                                                              |                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                  |                                                                                                                                             |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                       | REPORT # FHP19-130411                                                                                                                                                                |                                                                                                                                     | DOCKET # 1822383                                                                                                                 |                                                                                                                                             |
| Person ID                                                                                    | 311428608                                                                                                                                                                            |                                                                                                                                     | SSN# [REDACTED]                                                                                                                  |                                                                                                                                             |
| Charge Description                                                                           | Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance <input type="checkbox"/> | Traffic Citation # (if any)                                                                                                         |                                                                                                                                  | Court Case #                                                                                                                                |
| Charge<br>DRIVING UNDER THE INFLUENCE WITH PROPERTY DAMAGE                                   |                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                  | A76UYIE-1                                                                                                                                   |
| Defendant's Name (Last, First, Middle)<br>MCMANAWAY, RANDY JOSEPH                            |                                                                                                                                                                                      | DOB<br>07/01/1979                                                                                                                   | Sex<br>M                                                                                                                         | Race<br>W                                                                                                                                   |
| Ht<br>507                                                                                    |                                                                                                                                                                                      | Wt<br>170                                                                                                                           | Hair<br>BRO                                                                                                                      | Eyes<br>BLU                                                                                                                                 |
| Skin<br>LGT                                                                                  |                                                                                                                                                                                      | Scars/Marks/Tattoos/Physical Features<br>LEFT FOREARM, RIGHT ARM, RIGHT LOWER LEG, RIGHT SHOULDER                                   |                                                                                                                                  |                                                                                                                                             |
| Alias                                                                                        | DL # M-255-730-79-241-0                                                                                                                                                              | State<br>FL                                                                                                                         |                                                                                                                                  |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br>2654 SOUTH DR APT 1 CLEARWATER FL 33759     |                                                                                                                                                                                      | Telephone<br>727-221-2995                                                                                                           | Place of Birth<br>CA                                                                                                             | Citizenship<br>US                                                                                                                           |
| Permanent Address (Street, City, State, Zip Code)<br>2654 SOUTH DR APT 1 CLEARWATER FL 33759 |                                                                                                                                                                                      | Telephone<br>727-221-2995                                                                                                           | Employed by / School<br>LEW ELECTRIC                                                                                             |                                                                                                                                             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Indication of Drug Influence<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>                                                        | Indication of Mental Health Issues<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | Indication of Alcohol Influence<br>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<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 24 day of NOVEMBER, 2019, at approximately 10:35 PM, at NB N MCMULLEN BOOTH RD AT DREW ST, in Pinellas County did:

REASON FOR CONTACT: AT FAULT IN A REAR-END CRASH

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: 0.000/0.000 BREATH: NORMAL  
BALANCE: POOR EYES: GLASSY, WATERY  
PRIOR CONVICTIONS: NONE.

DEFENDANT PERFORMED POORLY ON FIELD SOBRIETY TESTS.

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT 12/12/2019 AT 9:00 AM CITATION #: A76UYIE

DEFENDANT ADMITTED TO TAKING MULTIPLE PAIN MEDICATIONS, INCLUDING TRAMADOL AT 9PM PRIOR TO THE CRASH, POST MIRANDA. HE FAILED TO STOP AT A RED LIGHT, AND REAR ENDED THE VICTIM. HE WAS READ IMPLIED CONSENT FOR URINE TWICE AND REFUSED A URINE SAMPLE.

Contrary to Florida Statute/Ordinance 316.193.3.C.1

ARREST DATE: 11/24/2019 Time 11:49 PM

. Aggravating/Mitigating Factors SB

Booking Officer: GUGLIOTTA, A 54151

Amount of Bond 500

Bond Out Date 11-25-19 Time 9:33 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: 11/25/2019 1:24:25 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.

Declarant Signature [Signature] FHP PINELLAS

Agency

TROOPER WILLIAM SMITH 3469

3306492

Printed Name

Declarant ID#

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

| DATE       | OFFICER          | HOURS X PAY RATE | OR | COST     |
|------------|------------------|------------------|----|----------|
| 11/25/2019 | WILLIAM T. SMITH | 6 25.00          |    | \$150.00 |

OTHER – Describe TRANSPORT MILEAGE 15

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$165.00

**Defendant** MCMANAWAY, RANDY JOSEPH

**Court Case No:** A76UYIE-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.

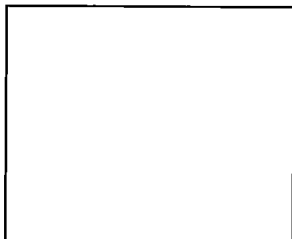
**I FURTHER CERTIFY THAT:**

- ☐ 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