

UCN: 522020MM006438XXXXMM

FL0528000

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

OBTS #		REPORT # FWSW20OFF01624	DOCKET # 1837992
Person ID 311523678		SSN# 000-00-0000	
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)	Court Case #
Charge BOATING UNDER THE INFLUENCE		V653926	20-06438-MM-1
Defendant's Name (Last, First, Middle) MALDONADO, RYAN DAVID		DOB 05/16/1993	Sex M Race W Ht 5 Wt 6 Hair BLK Eyes BRO Skin FAR
Alias N/A	DL # M435724931760	State FL	Scars/Marks/Tattoos/Physical Features N/A
Local Address (Street, City, State, Zip Code) 1303 E OSBORNE AVE TAMPA FL 33603		Telephone	Place of Birth US Citizenship U.S.A.
Permanent Address (Street, City, State, Zip Code) 1303 E OSBORNE AVE TAMPA FL 33603		Telephone	Employed by / School MER
Weapon Seized Type ☐ Yes ☒ No	Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☐ Y ☒ N ☐ UNK
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody ☐ Yes ☐ No ☐ Felony ☐ Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody ☐ Yes ☐ No ☐ Felony ☐ Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 23 day of MAY, 2020, at approximately 4:35 PM, at V, in Pinellas County did:

THEN AND THERE UNLAWFULLY OPERATE, AND/OR BE IN ACTUAL PHYSICAL CONTROL OF A VESSEL, 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/HER) NORMAL FACULTIES WERE IMPAIRED.

BRAC: REFUSED BREATH: REFUSED
BALANCE: (ENTER BALANCE) EYES: RED GLASSY
PRIOR CONVICTIONS: UNKNOWN

COURT INFORMATION:
DATE: (3RD TUESDAY FROM DATE OF ARREST)
1:30PM ROOM 15
14250 49TH STREET NORTH, CLEARWATER, FLORIDA, 33762
CITATION #: (ENTER CITATION #)

(ENTER SUFFICIENT FACTS/DATA FOR THE COURT TO ESTABLISH PROBABLE CAUSE DETERMINATION)

Contrary to Florida Statute/Ordinance 327.35.1

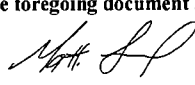
ARREST DATE: 5/23/2020 Time 4:35 PM . Aggravating/Mitigating Factors FAILED SFSTS **CB**

Booking Officer: ROBINSON, CYNTHIA 56730 Amount of Bond 500 Bond Out Date 05/23/20 Time 22:00 ☐ 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: 5/23/2020 5:53:37 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.  Declarant Signature OFFICER MATT LAMOUREUX P162 Printed Name FLORIDA FISH & WILDLIFE Agency 311193149 Declarant ID#	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</th> </tr> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>COST</th> </tr> <tr> <td colspan="4" style="height: 40px;"> 2020 MAY 24 AM 6:18 </td> </tr> <tr> <td colspan="4">OTHER - Describe <u>INVESTIGATIVE</u></td> </tr> <tr> <td colspan="3">Continuation sheet ☐ Yes ☒ No</td> <td>TOTAL \$ <u>0.00</u></td> </tr> </table>	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				DATE	OFFICER	HOURS X PAY RATE	COST	2020 MAY 24 AM 6:18				OTHER - Describe <u>INVESTIGATIVE</u>				Continuation sheet ☐ Yes ☒ No			TOTAL \$ <u>0.00</u>
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Defendant MALDONADO, RYAN DAVID **Court Case No:** 20-06438-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.

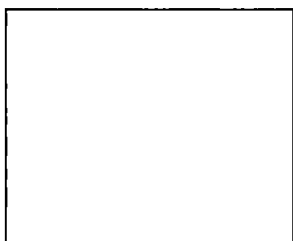
I FURTHER CERTIFY THAT:

- ☐ 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