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OBT Number		ARREST / NOTICE TO APPEAR		1 Arrest 3 Request for Warrant 2 N.T.A. 4 Request for Capias		1 JUVENILE		N	
Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 22-001784</b>					
Charge Type: Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized		Enter Type <b>UNARMED</b>		Multiple Clearance Indicator		1	
Location of Arrest (Including Name of Business) <b>4970 N CITATION DR</b>				Location of Offense (Business Name, Address) <b>4970 N CITATION DR 201, DELRAY BEACH, FL 33445</b>					
Date of Arrest <b>02/08/2022</b>		Time of Arrest <b>19:19</b>		Booking Date <b>02/08/2022</b>		Booking Time <b>19:29</b>		Jail Date	
Jail Time		Jail Time		Jail Time		Jail Time		Location of Vehicle	
Name (Last, First, Middle) <b>RATHINAM, ANAND</b>									
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>01/19/1988</b>		Height <b>5'10</b>		Weight <b>160</b>	
Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>		Complexion <b>OLIVE</b>		Build <b>SMALL</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>		Religion <b>HINDU</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>4970 N CITATION DR 201, DELRAY BEACH, FL 33445</b>				(City) <b>Delray Beach</b>		(State) <b>FL</b>		(Zip) <b>33445</b>	
Permanent Address (Street, Apt. Number) <b>4970 N CITATION DR 201, DELRAY BEACH, FL 33445</b>				(City) <b>Delray Beach</b>		(State) <b>FL</b>		(Zip) <b>33445</b>	
Business Address (Name, Street) <b>4970 N CITATION DR 201, DELRAY BEACH, FL 33445</b>				(City) <b>Delray Beach</b>		(State) <b>FL</b>		(Zip) <b>33445</b>	
D/L Number, State <b>R355000880190 / FL</b>				Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>INDIA, India</b>	
Citizenship <b>US</b>				Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Other <input type="checkbox"/>				Name (Last, First, Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number) <b>4970 N CITATION DR 201, DELRAY BEACH, FL 33445</b>				(City) <b>Delray Beach</b>		(State) <b>FL</b>		(Zip) <b>33445</b>	
Notified by: (Name)				Relationship		Date		Grade	
Released To: (Name)				Relationship		Date		Grade	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N N/A P Possess S Sell B Buy T Traffic R Smuggle D Deliver E Use K Disperse/ Distribute M Manufacture/ Produce/ Cultivate Z Other				Drug Type N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium/Deriv. P Paraphernalia/ Equipment S Synthetic U Unknown Z Other		Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #	
Charge Description <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>				Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>	
Offense # <b>22-001784</b>				Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
Charge Description				Drug Activity		Drug Type		Amount / Unit	
Offense #				Counts		Domestic Violence		Warrant / Capias Number	
Charge Description				Drug Activity		Drug Type		Amount / Unit	
Offense #				Counts		Domestic Violence		Warrant / Capias Number	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By	
Transported By <b>MARC.B</b>				Date Transported <b>02/08/2022</b>		Time Transported <b>19:43</b>		Other	
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>03/03/2022 08:30:00</b>		No Photo Available	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed			
HOLD for Other Agency				Name Verification (Printed by Arrestee)		(PRINT)		PAGE	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>MARC, BERNENDE</b>		I.D. # <b>1111</b>		Agency <b>DBPD</b>	
Pouch #				Transferring Officer <b>MARC,B</b>		I.D. # <b>1111</b>		Agency <b>DBPD</b>	
Witness here if subject signed with an "X"				Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"	

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT


SCANNED

FEB 09 2022

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/08/2022 19:19</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 22-001784</b>	
	Name (Last, First, Middle) <b>RATHINAM, ANAND</b>				Alias	Race <b>I</b>
D E F	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>					
	Victim's Name (Last, First, Middle) <b>MOHANASUNDARAM, KALPANA SREE</b>				Race <b>I</b>	Sex <b>F</b>
C H R G	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4970 N CITATION DR 201, DELRAY BEACH, FL 33445</b>				Phone <b>(561) 706-8146</b>	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source Occupation	
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>ABRASION ON FAC3E</b>			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
A D D I T I O N A L  I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>HUSBAND/WIFE</b>					
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>VICTIM</b> WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>PERSONAL/HANDS</b> WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: <b>AHANA RATHINAM/2</b> H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>					
N A R R	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Marc</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>8</u> day of <u>February</u> , <u>2022</u> . <u>RUSCZYK, JONATHAN N</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>02/08/2022 19:19</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   22-001784</b>
	Agency ORI Number <b>FL 0500400</b>			

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:

On February 08, 2022, at 1911 hours, I arrived at 4970 N Citation Drive, Apt 201, in reference to a domestic battery. Upon my arrival, I met with the victim, Kalpana Mohanasundaram, and daughter Ahana Rathinam in her arms.

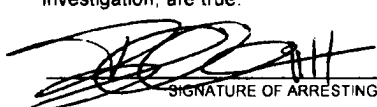
Kalpna Mohanasundaram stated the following: At approximately 1830 hours, her husband, Anand Rathinam returned home with their daughter Ahana Rathinam. They purchased a small meal for Ahana Rathinam. While Ahana Rathinam was eating her fries, Anand Rathinam took several fries. When she observed Anand Rathinam consuming the French fries, they had a verbal argument about it. The argument grew into a physical altercation where Anand Rathinam struck her multiple times on her face with an open hand. She does not recall the exact number of strikes, but she immediately contacted Delray Beach Police Department.

Post Miranda Warnings, Anand Rathinam confessed to striking his wife approximately 3-4 times on her face.

Based on the facts stated above, probable cause exists to charge the defendant, Anand Rathinam, with a domestic simple battery per FSS 784.03 (1A1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Narc personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of February, 2022.

RUSCZYK, JONATHAN N.  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

**Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 22-1784 Agency: FBPD  
Offense: Simple Battery  
Suspect/Offender: Rathnam, Anand  
D.O.B.: 1/19/1988 Race: Indian/Asian Sex: Male
2. Warrant #(s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Mohanasundaram, Kalpana  
Address: 4970 12 Cation, Apt 221  
City: Delray Beach State: FL Zip: 33445  
Home #: 561 7068146 Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. Victim's next of kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Marc B I.D.: 111 Date: 2/8/2022

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #:  
(FOR WARRANTS USE ONLY)



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
<b>Public Info. Exemptions</b>	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2022003689

**Date:** 2/9/2022

**Specialist Name/ID:** Pinkneya/7796