

0516769 2020 OCT 07 25 AM 11:11
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias
1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-074147	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) 21880 South State Road 7, Boca Raton, FL 33428			Location of Offense (Business Name, Address) 21880 South State Road 7, Boca Raton, FL 33428			
Date of Arrest 06/01/2020	Time of Arrest 22:36	Booking Date 06/02/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle 21880 South State Road 7, Boca Raton, FL 33428

Name (Last, First, Middle) Pandya, Kaylesh, Kumar								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/15/1981	Height 5'07	Weight 180	Eye Color brown	Hair Color brown	Complexion	Build			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) tattoo left chest					Marital Status Single	Religion Hindou	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 400 Nw 107th Ave, Fort Lauderdale, FL 33324				(City)	(State)	(Zip)	Phone (954) 303 2088		Residence Type: 1. City 3. Florida 2. County 4. Out of State 3		
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		Address Source DL		
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation physician		
D/L Number, State P530511814150, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) London, UK		Citizenship US			

Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent Name (Last) (First) (Middle)		Residence Phone				
Legal Custodian		Business Phone				
Other:						
Address (Street, Apt. Number)		(City)	(State)	(Zip)		

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)	Relationship	Date	Time
The above address 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 (Phone 355-2528) informed of any change of address.			School Attended
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			Grade
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics	U. Unknown Z. Other
Charge Description Driving Under the Influence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)(c)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-074147	Warrant / Capias Number		Bond		OR		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996					
Court Date and Time Month July Day 27 Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM					
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 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 06/01/2020	

HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) D/S POINTU P.		(PRINT) Kaylesh Pandya	
Intake Department #	Pouch #	Transporting Officer D/S POINTU P.	ID # 16032	Agency PBSO	PAGE 1 of 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile		N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 20-074147					
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Special Notes		
		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Defendant Name (Last, First, Middle) Pandya Kaylesh					Race W	Sex M	Date of Birth 11/15/1981			
Charge Driving Under Influence					Charge	Charge	Charge	Charge	Charge	Charge
Victim Name (Last, First, Middle) State Of Florida					Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)		City		State		Zip		Phone		Address Source
Business Address (Street, Apt. Number)		City		State		Zip		Phone		Occupation
<p>The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>1st</u> day of <u>June</u> 20<u>20</u> at <u>10:02</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>										

While on unformed patrol in a marked Palm Beach County Sheriff's Office patrol vehicle, I was waved down at the Lowes parking lot (0 FL-7 Boca Raton FL, 33428 in unincorporated Boca Raton) by an unknown driver stating the driver in front of her had been drinking. The woman then rolled her window up and drove away after making the comment. I followed the gray Ford truck FL Tag# ARGQ16 the woman stated was driving drunk onto Palmetto Park Rd going West bound in the middle left lane. The Ford truck then quickly changed lanes to the far right lane to go North on State Road 7 after observing me behind him. The Ford truck then turned back into the same parking lot he just left from, hitting multiple curbs, and then putting the car into park. Before approaching the Ford truck he put the car back into drive and went to the Walgreens located just south of the parking lot he was in. I relocated to the Walgreens where the Ford truck was in a parking spot. The driver observed me starting to approach behind him and attempted to leave. I made contact with the driver (who was identified through his FL D.L as Kaylesh Pandya) of the ford truck for a welfare check because of his driving patten. Pandya had slurred speech and an open can of Mike Cold Hard Lemonade in the vehicle. I then contacted D/S Pointu # 16032 who then made contact with the driver.

The foregoing instrument was sworn to and affirmed before me this <u>1st</u> day of <u>June</u> 20 <u>20</u> , by:	
<u>D/S Pointu 16032</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S J. G. 110 35623</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF June 2020, AT 22:02 AM PM

SUBJECT: Pandya, Kaylesh, Kumar CASE NUMBER: 20-074147

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

A Ford F150 bearing Florida tag ARGQ16 was seen by D/S Giglio driving westbound on Palmetto Park Road, East of the intersection of US Highway 441 in unincorporated Boca Raton. The Ford then abruptly changed lane to turn North on S SR7 and entered the parking lot of the Walgreens located at 21880 South State Road 7. The Ford drove over multiple curbs and then parked. The driver and only occupant of the vehicle was identified by his Florida Driver's License as Kaylesh Pandya.

OBSERVATION OF DRIVER:

Appeared drowsy. An open can of Mike Cold Hard Lemonade was in the center console, was almost empty and was still cold to the touch.

DRIVER'S STATEMENTS:

Admitted drinking a can of Loco a few hours earlier.

ODORS:

no odor noticed

GENERAL OBSERVATIONS

SPEECH: slow, slurred

ATTITUDE: cooperative, respectful

CLOTHING: red shirt, black pants, black flip flops

MEDICAL/OTHER: [REDACTED]

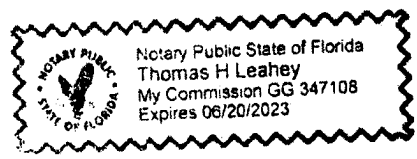
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of June 2020 by D/S POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Pandya, Kaylesh, Kumar

CASE NUMBER 20-074147

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

No resting nystagmus. VGN. LOC. Onset at 3rd Swayed back and front.

WALK & TURN:

Did not maintain the instructional stance. Did not walk heel to toe at each step. Stepped off the line on step 5. Used his arms to balance. Improper turn.

ONE LEG STAND:

Initially raised his left leg. Lowered it on the count of 5. Then raised his right leg. Lowered it on the count of 10. Towards the end of the task, his left leg was shaking.

FINGER TO NOSE:

Touched the septum of his nose on step 1. Touched above the top of his nose on step 4. Touched the side of his nose on steps 2 and 5. Was hovering over his nose on steps 4 to 6. Had to be reminded to lower his hand on steps 1, 2, 4 and 5. Eyelid fluttering.

ROMBERG ALPHABET:

Swayed front and back more than two inches. Modified Romberg stopped the 30s count at 50s.

BREATH TEST RESULTS: 0.000 0.000

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

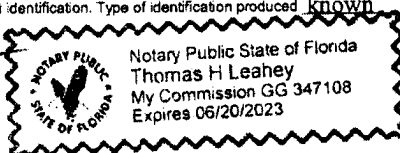
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of June 2020 by D/S POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Thomas Leahey (#19183)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 06/01/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 23:23
Subject's Name: KAYLESH K PANDYA DOB: 11/15/1981 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:48
	Air Blank	0.000	23:48
	Control Test	0.081	23:48
	Air Blank	0.000	23:49
	Subject Sample #1	0.000	23:49
	Air Blank	0.000	23:50
	Air Blank	0.000	23:52
	Subject Sample #2	0.000	23:52
	Air Blank	0.000	23:52
	Control Test	0.081	23:53
	Air Blank	0.000	23:53
	Diagnostics Check	OK	23:53

Cylinder Lot: 28719080A1
Exp: 12/05/2021

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Thomas H Leahy Date: 06/01/2020
Signature

Sworn to (or affirmed) before me this 01st day of June, 2020
D/S P Pointu #16032
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy
subject stated he had a drink several hours ago - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2323 hrs

subject agreed to take breath test
tech read breath test results & subject understood breath test results

A/O requested urine sample @ 2255

subject agreed to supply urine sample @ 2255

A/O read I/C & subject understood I/C

A/O read rights & subject understood rights

A/O conducted Q&A

subject answered questions

subject supplied urine sample @ 0003

WITNESS LIST

CASE NUMBER: 20-074147

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: D/S Giglio

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SUBJECT: Panda Kaylesh K

CASE NUMBER: 20-074147

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am D/S P Pointa #16032 of the POSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Pandya, Kaaylesk K CASE NUMBER: 20-074147

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? 182 HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? 1/2 WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? ND

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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)
L/E Exemptions	<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.	
Public Info. Exemptions	<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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020013990	Date: 6/2/2020
	Specialist Name/ID: Gammage/5660



FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **ADBN1JE**

County: **PALM BEACH**

County Code: **06 SB**

City:

City Code: **00**

Date/Time: **Tue 06/02/2020 00:30 AM**

Agency Type: **SO**

VIOLATOR

First Name: **KAYLESH**

Middle: **KUMAR**

Last: **PANDYA**

DOB: **11/15/1981**

Address: **400 NW 107TH AVE**

City: **FORT LAUDERDALE**

State: **FL**

Zip: **33324**

Telephone:

Race: **O**

Sex: **M**

Hgt: **507**

DL #: **P530511814150**

DL State: **FL**

Lic. Expires: **2024**

CDL: **N**

Ethnicity:

Class: **E**

Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2018**

Veh. Tag: **ARGQ16**

Color: **SIL**

Trailer Tag:

Make: **FORD**

Yr. Tag Expires: **20**

State: **FL**

Style: **PK**

Comm. Mtr. Veh.: **N**

Plac. Haz. Mat: **N**

>= 16 Passengers: **N**

Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:

21880 SOUTH STATE ROAD 7, BOCA RATON, FL

Located	Ft.	Miles	Of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,

D.U.I. - URINE SAMPLE RETRIEVED

316.193(1)(A)

Speed - Enhanced Penalty Zone: **N**

Unlawful Speed:

Posted Speed:

Crash: **N**

Prop. Dam.: **N**

Prop. Dam. Amt.:

Aggressive Driv: **N**

Injury: **N**

Ser. Injury: **N**

Fatal: **N**

Red Light/Stop Sign: **N**

Companion Citation Number(s):

Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.:

COURT INFORMATION

Criminal Violation, Court Required

SOUTH COUNTY COURTHOUSE

200 W. ATLANTIC AVE., COURTROOM 1

DELRAY BEACH, FL 33444

Court Date: **07/27/2020**

Court Time: **8:30 AM**

Civil Penalty: **TO BE SET**

Arrest Delivered To:

On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: **x**

Signature of Officer:

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

Officer name: **D/S. P. POINTU**

Officer ID: **16032**

Case number: **20-074147**

Troop/Unit: **D7 RP**

Misc:

Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE**

Agency #: