

0517427

COMM 5541 #3153

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20086671	
Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 02
Location of Arrest (Including Name of Business)			Location of Offense (Business)			
Date of Arrest 07/11/2020	Time of Arrest 1400	Booking Date	Booking Time	Jail Date	Jail Time	Location of Jail

Name (Last, First, Middle) Mujumcar, Rahul,		Alias (Name, DOB, Soc. Sec. #, Etc)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex w m	Date of Birth 7/2/77	Height 5-9	Weight 200	Eye Color br	Hair Color br
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status m	Religion uk	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
DL Number, State M-253-720-77-242-0	Soc Sec Number	INS Number	Place of Birth (City, State)		Citizenship	
				Brazil	Braz	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony		
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony		
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Residence Phone
Notified by (Name)			Date	Time	Juvenile Disposition 1. Mediated/processed with Dept and Released.	2. TOT HRS / DYS	3. Incarcerated
Released To (Name)			Relationship		Date	Time	

The above address provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by (Name) No (Reason)

Property Crime? Yes No

Description of Property

Value of Property

School Attended

Grade

Drug Activity	S. Sell	R. Smuggle	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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #														
Domestic Battery	2	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	784.03 1A1															
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond													
			20086671															
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #														
		<input type="checkbox"/> Y <input type="checkbox"/> N																
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond													
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #														
		<input type="checkbox"/> Y <input type="checkbox"/> N																
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond													

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time AM 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 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.

07/11/2020

Signature of Defendant (or Juvenile and Parent /Custodian)

Date Signed

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) A. Rosenberg	(PRINT) JUL 11 PM 4:52
Transporting Officer A. Rosenberg	ID # 7739	Agency PBSO
Witness here if subject signed with an -X	PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT		1 Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile n
OBTS Number					
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20086671		
CHARGES	Charge Type: Check as many as apply.		Special Notes:		
DEF	Name (Last, First, Middle) Mujumcar, Rahul,		Alias	Race w	Sex m
CHARGES	Charge Description Domestic Battery		784.03 1A1		
VICTIM	Victim's Name (Last, First, Middle) Tears, Marie,		Race w	Sex	Date of Birth 6/10/69
ADMINISTRATIVE	Local Address (Street, Apt. Number)		(City)	(State)	(zip)
ADMINISTRATIVE	Business Address (Name, Street)		(City)	(State)	(zip)
<p>The undersigned certifies and 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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>11</u> day of <u>July</u> 20<u>20</u> at <u>1:45</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On July 11th 2020, I responded to [REDACTED] in reference to a domestic battery. I arrived on scene and spoke with victim (Marie Tears) and daughter (Zoe Tears). Marie States that she was having a verbal argument with her husband defendant (Rahul Mujumder) which turned into a physical confrontation. Rahul grabbed Marie by the upper arms and shook her. Marie advises is that her daughter Zoe try to intervene and Rahul grabbed Zoey and shook her by the shoulders pushing her into a wall. Marie States that she told Rahul that he was that she was going to call the police and he grabbed a steak knife. Raul took the steak knife and cut is lower forearms and began bleeding stating that he was going tell to tell the police state Marie had cut him with a knife. The daughter Joey who also lives in the home gave the same statement stating that Rahul had grabbed his mother and shook her and then grabbed her and pushed her into a wall. I observed no physical injuries to either of the victims Palm Beach County fire rescue responded to the scene and attended to Rahul's forearms. Rahul was transported to Delray freestanding hospital and medically cleared. At this time the probable cause exists to charge Rahul with domestic battery according to Florida state statute 784.03 (1A1) and was transported to Palm Beach County jail.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		A. Rosenberg		
ADMINISTRATIVE	(Signature of Arresting/Investigative Officer)				
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>July</u> 20 <u>20</u> by <u>DS Rosenberg</u>				
ADMINISTRATIVE	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		DS <u>01317 0</u>		
ADMINISTRATIVE	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				
		PAGE 1 OF 1			

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Mujumcar, Rahul, DOB: 7/2/77 / Case #: 20086671

Victim: Tears, Marie, DOB: 6/10/69/ Race: w Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: Zoe Tears DOB: 09/01/2003

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () -

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: _____

Phone: Home _____ Work () - Cell () -

Employer: _____

Name of Relative: _____ Phone () -

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- **Attempted Murder**
- Stalking (F.S. 784.048)
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.)
- Sexual Offense (Ch. 794)
- **Attempted Sexual Offense**

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

1. Incident Report #: 20086671 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Mujumcar, Rahul,
D.O.B. 7/2/77 Race: w Sex: m
2. Warrant # (s): _____
- 3.a. Victim's name: Tears, Marie, D.O.B. 6/10/69 Race: w Sex: _____
Address: _____
City: _____
Home #- _____ Work #: 0 Other: _____
- b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: Tears, Marie,

Deputy's Name: DS Rosenberg I.D.# 7739 Date: 07/11/2020

White Corrections or State Attorney (Warrant Application) Yellow Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Mujumcar, Rahul,**
COURT CASE/WARRANT#:
(FOR WARRANTS USE ONLY)

